

# Patient Consent Form Following a Staff Sharps/ Splash Incident

Information and advice for patients

## Occupational Health and Wellbeing Service

### Introduction

Very rarely blood contains viruses, which can be contagious if they come into contact with damaged skin or following a sharps injury. As health care staff may work for many years in close contact with their patients, the risk of being contaminated with blood is ever present. The fear of catching a blood borne virus is therefore very real.

### The Help We Need

When a member of staff is exposed to blood, they themselves may require treatment. In deciding which treatment is best we need your help in checking your blood for three important viruses, Hepatitis B, Hepatitis C and HIV. These are the same tests that are undertaken when you donate blood. You have not been singled out. It is Trust policy to approach all patients in this situation.

The chance of any of these viruses being present in your blood is extremely small. However, should this be the case, you will be told by your doctor and all necessary arrangements for further care and treatment will be made.

Please feel free to ask any further questions of the health care worker who has asked you for this consent. Your consent is entirely voluntary, but, if given, it will help us to reassure and treat the member of staff involved in this incident.

People often worry that if they have an HIV test, this will affect any later request for life insurance, etc. The position of the Association of British Insurers is that insurance companies should not ask whether you have had an HIV test. They should only ask if you have had a positive HIV test or are receiving treatment for HIV/AIDS. Therefore, a negative HIV test, taken purely because someone has been exposed to your blood, should have no impact on a future request for insurance.

### Further information

Association of British insurers

A guide to HIV and life insurance

Website: <https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/hiv-and-insurance-guide.pdf>

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### Consent

I, (insert name) \_\_\_\_\_, of (address) \_\_\_\_\_

(\*tick whichever statement applies)

\*  do consent

\*  do not consent

to a blood test for Hepatitis B Virus, Hepatitis C Virus and Human Immunodeficiency Virus (HIV). I understand that the results will be made known to the injured member of staff, recorded in their Occupational Health notes and my General Practitioner will be informed.

I understand that this request is being made only as part of the management of an incident of an individual who has been accidentally exposed to my blood or other body fluid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If consent is given, this section of the form should be detached and placed in the clinical notes. The information page should be given to the patient.

If the patient does not consent, this should not be filed in the clinical notes

Please inform Occupational health if the patient does or does not consent.

Thank you for your assistance.

For further information please see:

Association of British insurers (2016).

HIV and life insurance. Available at: <https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/hiv-and-insurance-guide.pdf> (Accessed 31 March 2022).

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The Occupational Health and Wellbeing Service welcomes feedback from its users. Please email our generic email address at [swbh.ohreferrals@nhs.net](mailto:swbh.ohreferrals@nhs.net) if you wish to tell us about 'what we have done well' or if you have ideas about 'how we can do better'.



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ML6715  
Issue Date: April 2022  
Review Date: April 2025