



UNIVERSITETET I BERGEN

Det medisinske fakultet

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Medicine

Signature:

SOP for immediate action and follow-up of puncture and cut injuries in case of exposure to biological factors



The purpose of this procedure is to prevent / reduce the development of disease when an employee has been exposed to biological factors. The procedure is to ensure that employees and managers are familiar with procedures for measures and treatment in the event of stabs and cuts.

All employees are obliged to familiarize themselves with the procedure and to help when injury occurs.

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2. General Overview

2.1 This procedure applies to

- Department of Biomedicine
- Clinical Institute 1
- Clinical Institute 2
- Occupational Health Service (BHT)

2.2 Changes from last version

This is the first version

2.3 Abbreviations

GMM	Genetically Modified Microorganisms
BHT	Occupational Health Service
MBF	Medical Biochemistry and Pharmacology (Formerly LKB)
LKB	Clinical Biochemistry Laboratory

2.4 Definitions

“0”-test sample	Blood sample taken to determine status less than 48 hours after the incident. This is the starting reference point for further testing.
Organism	Cell, bacterium, virus, human, animal etc.
Source person	A person who has donated blood or other bodily fluid

2.5 Forms belonging to the procedure

Our department has a plastic pocket at the SafetyZone in the 5th, 6th and 7th floor containing the necessary documentation to be used following stabs and cut wounds where there is a risk of exposure to biological factors. Contact: Emil Hausvik, 55 58 60 41 emil.hausvik@uib.no or Bård Sværi, 55 58 68 32, Bard.Svari@uib.no.

The plastic pocket contains:

- Requisition form for MFB / Emergency Medical Department

SOP for immediate action and follow-up of puncture and cut injuries in case of exposure to biological factors By Siv Lise Bedringaas, Bård Sværi, Gunvor Røssland Landro, Bente Lise Lillebø og Stein Inge Stigen for The Faculty of Medicine and the section for HSE, preparedness and BHT, University of Bergen

- Self-Declaration form
- Injury form (to be filled in for NAV)

3. Roles and responsibilities

Role	Responsibility / Task
HSE-coordinator at the department	<ul style="list-style-type: none"> • Contact with BHT • Ensure that all forms are always updated at the department • Provide training
Occupational physician / Nurse	<ul style="list-style-type: none"> • Sign requisitions • Perform / participate in risk assessment of infection • Follow-up the injured person
Employer	<ul style="list-style-type: none"> • Report the accident / injury to NAV • Follow-up the injured person
Injured employee	<ul style="list-style-type: none"> • Perform first aid • Fill in self-declaration form • Provide the “O” blood sample • Contact the BHT and the immediate supervisor • Report HSE nonconformities • Complete the occupational injury form to be sent to NAV if a doctor is contacted • Follow BHT’s suggestions and recommendations
Employee	<ul style="list-style-type: none"> • Acquire knowledge of the nature of the procedure • Provide help in case of accident / injury
Blood sample reception at the hospital (MBF) Weekdays Kl. 08.00 -15.00	<ul style="list-style-type: none"> • Take the “O”-blood sample • Send the results to BHT
“Legen på Høyden” Weekdays Kl. 08.00 -15.00	<ul style="list-style-type: none"> • Take the “O”-blood sample • Send the results to BHT • Conduct risk assessment • Commence any treatment
Emergency Medical Service (Legevakten) After kl. 15.00 Weekend / Holidays	<ul style="list-style-type: none"> • Take the “O”-blood sample • Send the results to BHT • Conduct risk assessment • Commence any treatment
On-duty physician responsible for infectious disease	<ul style="list-style-type: none"> • Start any treatment • Hospitalization in case of serious risk of infection

4. Preventative measures

4.1 Vaccine status and vaccination

Everyone who works with blood / blood products and/or microorganisms must check their own vaccine status.

Vaccine status can be checked here: <https://helsenorge.no/vaksiner/mine-vaksiner>

All who potentially can be exposed to infection should be offered vaccination. Although vaccination is a voluntary offer, in some cases the employer may order compulsory vaccination.

Employees who are not vaccinated against hepatitis B should do so by contacting BHT (see 5.2). Employees who work with other pathogens should vaccinate themselves if such a vaccine is available.

4.2 Immunosuppressive treatment

It is recommended that people under immunosuppressive therapy should not work with biological factors.

4.3 Risk assessment of own work

- The working operations must be risk-assessed.
- All workers should have the necessary knowledge of the various biological factors they can come into contact with through their work.

It is recommended that one has a comprehensive overview of information on all cell lines/microorganisms used in the laboratory.

4.4 Working alone

Work where there is a potential risk of serious infection should be avoided outside normal working hours.

If this cannot be avoided, then the employee must have discussed the situation with their immediate superior. Together they must find a satisfactory working solution, for example:

- The timing of the operation if pre-determined
- A colleague is nearby
- A mobile telephone or other way of notification must be readily available

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- The manager is notified when the work is done

See also: [Working alone in hazardous working environment](#)

5. Procedure following an injury

This procedure applies in cases where an employee has a cut or puncture wound which may have been exposed to a biological factor, such as a blood product, cell line or microorganisms.



In the event of a stab or cut injury where there is no risk of exposure, perform regular first aid and contact the emergency services if the injury requires treatment by a physician.

5.1 Perform first aid

- Following stab wounds/cuts, allow wounds to bleed, but to not induce bleeding.
- Immediately flush the exposed area with plenty of water for at least 10 minutes.
- In case of spillage of infectious material, disinfect the area with for example Chlorhexidine or Pyrisept for 3-4 minutes.
- Protect the wound with a patch or bandage.
- Obtain the folder containing the self-declaration form.
- Fill out the form (may be done later, but must be completed before the onset of medical treatment)



5.2 Perform blood tests

5.2.1 Employee who is injured

The injured person must provide a “0” blood sample as soon as possible and **no later than 48 hours** after the incident has occurred to determine the status before any infection occurs and this serves as the starting point for further testing and follow-up.



Available blood sampling sites depends on the time of the event:

When	Site	Task/responsibility	Location
Weekdays Kl. 08.00 - 15.00	Blood sample reception at the hospital (MBF)	<ul style="list-style-type: none"> • Take the “0”-blood sample • Send results to BHT 	2. floor HUS by the escalator
Weekdays Kl. 08.00 - 15.00	Legene på høyden (alternative)	<ul style="list-style-type: none"> • Take the “0”-blood sample 	Christies gate 13 (Entrance 1. floor)

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	Must be contacted before 14.00.	<ul style="list-style-type: none"> • Send results to BHT • Conduct risk assessment 	Tlf: 52 69 51 51
After kl. 15.00 Weekend Holiday	Emergency Medical Service (Legevakten)	<ul style="list-style-type: none"> • Take the "0"-blood sample • Send results to BHT • Conduct risk assessment 	Solheimsgaten 9. Tlf: 55 56 87 60

- Remember to bring the forms from the folder to the blood sample site / doctor (see 2.5). The requisition form is necessary to have the blood sample taken and get a consultation.
- Blood samples can be taken at Blood sample reception at the hospital (MBF) 2.floor, at Legene på høyden or at Legevakten.
- Fill out the self-declaration form (can be done later, but must be done before contact with a doctor or the BHT).
- Fill out electronic HSE-non-conformity (<https://avvik.app.uib.no>).

5.2.2 Source person: Patient / donor

If possible, it is an advantage to obtain a sample from the patient (the potential source of infection). Consent is obtained from the patient/ next of kin if this has not already been obtained. The patient must have a blood sample taken at Haukeland University Hospital, Blood sample reception at the hospital (MBF) second floor. The requisition form must contain the personal data of the injured individual involved and the date of injury.

5.3 Assessment of the source of infection, risk and treatment

Following exposure to blood, body fluids or other biological factors, preventative treatment should be considered when:

- The source of infection is a carrier of a human pathogenic organism against which the injured person is not vaccinated
- The source of infection is lentiviral / retroviral vectors (viruses) in connection with GMM work
- The source of infection is a laboratory animal
- The assessment indicates a high risk
- The source of infection is unknown

If the risk assessment indicates a high risk of infection, the employee / colleague should:

- Contact BHT as soon as possible
- Report to your PI and head of department / department management

5.4 Treatment

In order to ensure the best possible assessment, it is important that the doctor receives detailed information about the source of infection. It is therefore necessary that the self-declaration form is completed, and that the vaccine status of the injured person is known.



5.4.1 In case of a probable infection:

BHT: Contact BHT for further evaluation if the blood test is taken by the MFB.

- Business Nurse: **55 58 87 42** E-mail: Gunvor.Landro@uib.no
- For more telephone numbers, see: <https://www.uib.no/hms-portalen/111462/kontakt-bedriftshelsetjenesten>

The Emergency Department (Legevakten): If the “0”-blood sample is taken at the emergency department, any treatment is assessed there. Tel: 55 56 87 60

5.4.2 For known hepatitis B or hepatitis C infection:

- Contact the Emergency Department or Legene på Høyden immediately.

5.4.3 At risk for HIV / retrovirus exposure:

- Immediately contact Haukeland University Hospital tel. 05300, and ask to speak to the on-call infections doctor.

Preventative treatment should be started within 4 hours and no later than 48 hours.

5.5 Follow-up

BHT and the department are responsible for further follow-up. The process depending on the type of exposure the employee has been subject to.



5.5.1 Follow-up from BHT

All inquiries to BHT and test answer will be sent directly to the BHT doctor who follows up cases with risk of transmission of infection. The occupational health service calls for further follow-up. It is

important to attend the follow-up appointment to which you are called to attend, so that any necessary measures can be implemented.

5.5.2 Follow-up from the department

The Head of Administration assists in completing and sending a claim form to NAV and takes care of the employee in case of any sick leave or other needs in connection with the injury incurred.

5.6 Reporting

Notify as soon as possible:

- BHT **55 58 87 42** Gunvor Røssland Landro. Email: Gunvor.Landro@uib.no
 - <https://www.uib.no/hms-portalen/111462/kontakt-bedriftshelsetjenesten>
- Your PI / Head of Administration / HSE-coordinator

Fill out and submit the following form:

- The HSE nonconformity form (<https://www.uib.no/hms-portalen>) eller <https://avvik.app.uib.no/apex/f?p=692:1>
- NAV's occupational injury form is completed together with the Head of administration if a blood sample has been taken.
<https://www.nav.no/no/Bedrift/Tjenester+og+skjemaer/Meld+yркesskade+og+yркessykdom>

5.7 Flow sheet



Injury



Perform necessary first aid:

- Rinse extensively with water
- Disinfect
- Apply bandages



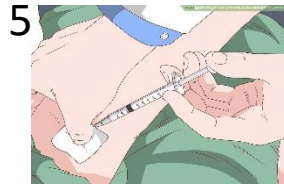
Obtain folder with required documents



- Fill out self-declaration form
- Immediately contact supervisor/Head of administration
- Report HSE-nonconformity



- Take «0»-blood sample
- Evaluate any risk of the injury with the responsible doctor



Receive preventative treatment if necessary



- Report HSE-nonconformity if not previously completed
- Fill in the form to NAV together with the Head of administration



Follow-up at the BHT and with the Head of administration

6. Appendix

6.1 Risk of transmission of infection

6.1.1 Risk of transmission of infection by contact with body fluids¹

The risk of transmission is related to the degree of contact with blood or other body fluids. There is no risk of transmission through contact with blood on intact skin. Skin-puncture injuries are considered the most common form of transmission of infection.

There is a risk of transmission of infection by contamination of a contaminated cannula

- Hepatitis B 10 – 30 %
- Hepatitis C 5 – 5 %
- HIV approx. 0.3% In the Nordic countries, transmission of HIV has never been proven following puncture damage.

In Norway, the prevalence of Hepatitis B and C is greatest among injecting drug users. The prevalence of HIV-positive is greatest among people from Africa and Southeast Asia. There has been an increase in infection among homosexuals in recent years, while for injecting addicts there is little chance of new infection. Therefore, the chance that a patient is infected with Hepatitis B, C or HIV will be low as long as he/she does not belong to one of these risk groups.

6.1.2 Risk of transmission of infection using Retroviral / Lentiviral vectors (viruses) in connection with work on gene-modified microorganisms (GMM)

A stab wound/ cutaneous injury is the highest risk factor for transmission of infection when working with Lentiviral vectors in the laboratory. The other type of exposure hazard is from airborne aerosols via the respiratory tract, partly due to spills or too much pipetting.

Exposure can lead to one-off infections with the transmission of viral genetic material that can result in:

- Mutations
- Development of oncogenesis
- Generation of replication competent lentivirus (RKL)

¹ Norwegian Institute of Public Health: <http://www.uib.no/fg/dyreavdelingen/66095/kontroll-med-smitte-patogener-og-mikrobiell-status>

6.1.3 Risk of transmission of infection following working with human pathogenic bacteria and viruses

Transmission of infection by stab-wounds and cut injuries by direct exposure to bacteria and viruses is considered high. Exposure risk depends on the type of pathogen and this must be evaluated for each type.

6.1.4 Risk of transmission of infection when working with cell lines

The greatest risk of exposure when working with cell lines is the presence of pathogenic agents. Commercially available cell lines have been tested for a range of potential pathogenic viruses and bacteria. Cell lines infected with agents that can induce moderate disease are marked with a higher risk level (BSL 2). Cell line providers recommend that all cell lines, although labelled as BSL 1, be treated as potential carrier at the BSL 2 level, as they cannot test for all types of viruses and bacteria.

The closer the genetic similarity the cell line has to human cells, the higher risk of transmission of infection. This is due to the relationship of the host and the human immunological response factors. Human cell lines therefore pose the greatest risk. Other factors that also need to be considered are the concentration of cells and the number of cell lines one has been exposed to.

The risk of transmission of cells from human or other animal species is considered minimal.

6.1.5 Risk of infection when working with research animals (mice and rats)

Infectious material can be transmitted following skin damage, via the respiratory tract or by means of using aerosols for example, during cleaning cages or the animals' own activity. Infection can also be transmitted through surgery and dissection.

Possible exposure hazards:

- Development of allergy to test animals
- Zoonoses (infectious diseases that can be latent in the experimental animal. Some of these can be very dangerous for humans.)
- Injection of material meant for injection into a test animal (e.g. cancer cells, cytostatic drugs, other agents used for treatment)

6.2 Laws and regulations

The Working Environment Act § 4-5	<i>Especially regarding chemical and biological health hazards</i>
Internal control regulations § 5 paragraph 6	<i>Reduce risk conditions</i>
Regulations on the execution of work Chapter 6 § 31-3	<i>Work environments that may cause exposure to biological factors. Registration of workers using biological factors.</i>
Regulations on reorganizing and participation chapters. 7-11, 13	<i>Risk assessment, training, information, planning, facilitation, work instructions, company health service, reporting obligation and protective equipment.</i>
Workplace regulations chapters. 5 and 8	<i>Signs, marking/labelling of possible exposure to biological factors</i>
Contingency Protection Act § 3-2 and § 6-1	<i>(Prior) survey of employees and students</i>
National Insurance Act Chapter. 13	<i>Occupational injury coverage</i>

6.3 Links

BHT, contact info	https://www.uib.no/hms-portalen/111462/kontakt-bedriftshelsetjenesten
First aid	https://www.uib.no/hms-portalen/74267/f%C3%B8rstehjelp
HSE deviation reports	https://avvik.app.uib.no/apex/f?p=692:1
NAV occupational injury form	https://www.nav.no/no/Bedrift/Tjenester+og+skjemaer/Meld+yrkeskade+og+yrkessykdom

6.4 Appendix

6.4.1 Requisition for blood sample to be taken

There are two forms, one for the injured worker and one concerning the source of infection (if relevant).

NB! When obtaining a blood sample from the source person, remember the consent form.

HELSE BERGEN
Haukeland universitetssjukehus
Postboks 1400, 5021 Bergen

MIKROBIOLOGISK AVDELING (MIA)
TLF: 55 97 47 00
AVD. FOR IMMUNOLOGI OG TRANSFUSJONSMEDESIN
TLF: 55 97 46 38

Rekvirerende: Stein-Inge Stigen
Rekvirerens navn og adresse: Bedr. lege Universitetet i Bergen HHS- Seksjonen Pb. 7800, 5020 Bergen Tlf. 55 58 20 54

Klinisk problemstilling: Id-nr. 8335.869

Skadet ansatt
Fødselsnr. Fyll ut
Navn Fyll ut
Adresse Fyll ut
Poststed Kvinne Mann
Betaltes av: Trygdekontor Institusjon Bedrift
Prøven tatt dato: M
Føvetaker

Skadedato: Kopi ønskes til:

PRØVER TIL MIKROBIOLOGISK AVDELING
Antimikrobiell behandling: Nei Ja Middelt: Vakusinjser: Gravidd? Ja Nei

Urte til bakteriologisk dyrking
 Midtenle Engspaltater Slåsekort Øysekort Abcesmateriale Anbefalingsprøver
 Poreprøve, barn Permanent kateter Ledrørsk Annet materiale Clostridium difficile toxin Norovirus
 Asymptomatisk bakteriefest hos gravid Bakteiologisk dyrking Rotavirus/Adenovirus Paratifer Helicobacter pylori Annet

Lufvelsprøver
 Halesekret Neseekret Nasofarynkssekret Halesekret Annet materiale

Infusjonsvirus PCR
 Bordetella pertussis PCR
 Mycoplasma pneumoniae PCR
 Chlamydia pneumoniae PCR
 Respiratory virus PCR
 Parainfluenza virus PCR
 Parvovirus PCR (humant)
 Bakteriologisk dyrking

Herpesprøver
 Herpes simplex virus Herpes zoster virus Herpes simplex virus Herpes zoster virus Herpes simplex virus Herpes zoster virus
 Mycoplasma genitalium (barn urin)
 Genital herpes (barn sekert)

PRØVER TIL AVDELING FOR IMMUNOLOGI OG TRANSFUSJONSMEDESIN

Antestoff ANCA AST Giomeroid basolenemhem ANA med spesifikiteter Glat muskular Mifokondier Reiterakteter Intestinal faktor Kardiolipin, fofofolipid LKM1, Levernyemikrosom. ag Cytokinaestoff

Antistoff AST Anti DNase B Pneumokokkvaksine Differ/rotavirusvaksine

Immunoglobuller IgG IgA IgM IgD Agglutinasjonsreaksjon

Komplement C3, C4 C1-INH Kvalitetskontroll

Westnyblag M-komponent kvantitering Kollektinjertur v/37°C Kryoglobulliner v/37°C IgD Splanterkspesifitt protein Immundefnypling CD4/CD8-kvantitering CD4-kvantitering CD4-kvantitering Utdelt immunofnypling se list

Reumatoid faktor Latex RFtest Anti-CCP

Analysere skrevet med **antiret skrift** krever spesielle forholdsregler. Se bakside. s = serum eb = EDTA-blod ep = EDTA-plasma u = urin ak = sekret.

HELSE BERGEN
Haukeland universitetssjukehus
Postboks 1400, 5021 Bergen

MIKROBIOLOGISK AVDELING (MIA)
TLF: 55 97 47 00
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Kildeperson
Fødselsnr. Fyll ut
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Adresse Fyll ut
Poststed Kvinne Mann
Betaltes av: Trygdekontor Institusjon Bedrift
Prøven tatt dato: M
Føvetaker

Skadede initialer: Skadedato: Kopi ønskes til:

PRØVER TIL MIKROBIOLOGISK AVDELING
Antimikrobiell behandling: Nei Ja Middelt: Vakusinjser: Gravidd? Ja Nei

Urte til bakteriologisk dyrking
 Midtenle Engspaltater Slåsekort Øysekort Abcesmateriale Anbefalingsprøver
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 Asymptomatisk bakteriefest hos gravid Bakteiologisk dyrking Rotavirus/Adenovirus Paratifer Helicobacter pylori Annet

Lufvelsprøver
 Halesekret Neseekret Nasofarynkssekret Halesekret Annet materiale

Infusjonsvirus PCR
 Bordetella pertussis PCR
 Mycoplasma pneumoniae PCR
 Chlamydia pneumoniae PCR
 Respiratory virus PCR
 Parainfluenza virus PCR
 Parvovirus PCR (humant)
 Bakteriologisk dyrking

Herpesprøver
 Herpes simplex virus Herpes zoster virus Herpes simplex virus Herpes zoster virus Herpes simplex virus Herpes zoster virus
 Mycoplasma genitalium (barn urin)
 Genital herpes (barn sekert)

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6.4.2 Consent form for blood sample



UNIVERSITETET I BERGEN
Det medisinske fakultet

Samtykkeskjema for blodprøve

Samtykke til blodprøve

I forbindelse med at jeg har donert blod eller annen kroppsvæske til forskning, har den som har behandlet min prøve påført seg stikk og eller kutt som gir grunnlag for at det kan tas blodprøve av meg.

Jeg samtykker til at det blir tatt blodprøve, eller at tidligere blodprøve kan brukes. Denne blodprøven skal kun brukes til å sjekke status for hepatitt B, hepatitt C og HIV.

Navn: _____

Dato / underskrift pasient/kildeperson

Dato / underskrift behandler

Samtykkeskjema tilhørende SOP for oppfølging av stikk og kutt skader ved fare for eksponering av biologiske faktorer.
Det medisinske fakultet, Universitetet i Bergen versjon 1_30.04.19

6.4.3 Self-declaration form

Egenerklæringskjema ved stikk og kuttskader

Navn: _____ Enhet: _____ Klokke: _____ Dato: _____

Vaksinestatus: Hepatitt B Tetanus Andre: _____

TYPE ARBEID	BESKRIV TYPE EKSPONERING
BLOD OG KROPPSVÆSKER	Blod <input type="checkbox"/> Annen kroppsvæske: _____ Kjent infeksjon hos pasient: _____
RETROVIRALE VEKTORER (GMM)	Vektor/- system: _____ Type geninnlegg: _____ Mutert <input type="checkbox"/> Ikke mutert <input type="checkbox"/> Genets Opprinnelse: Humant <input type="checkbox"/> Annet: _____ Genets funksjon: _____ Mottaker organisme: _____
HUMAN PATOGENE BAKTERIER OG VIRUS	Navn: _____ Type: Bakterie <input type="checkbox"/> Virus <input type="checkbox"/> Annet: _____ Sykdom: _____
CELLELINJER	Navn: _____ Human <input type="checkbox"/> Annet: _____ Vevstype: _____ Celletype: _____ Sykdom: _____
VÆSKE FRA FORSØKSDYR	Mus <input type="checkbox"/> Rotte <input type="checkbox"/> Annet: _____ Injisert organisme: Human <input type="checkbox"/> Annet: _____ Celletype: _____ Sykdom: _____ Genetisk mutasjon: _____ Kjent infeksjon hos forsøksdyret: _____

Egenerklæringskjema tilhørende SOP for oppfølging av stikk og kutt skader ved fare for eksponering av biologiske faktorer.

Det medisinske fakultet, Universitetet i Bergen

Versjon 1_ 30.04.19

Nullstill		Nullstill skjemaet før du lukker det			
FOLKETRYGDEN				Melding om yrkesskade eller yrkessykdom påført under arbeid på norsk eller utenlandsk landterritorium	
Dette eksemplaret skal melderer sende NAV, se pkt VI i orienteringen til melder.				A 1	
1 Opplysninger om den skadede og arbeidets art					
Den skadedes fullstendige etternavn og fornavn		Statsborgerskap		Fødselsnummer (11 siffer)	
Bostedsadresse eller oppholdsadresse i Norge		Husnr.	Postnr.	Sted	Bosteds-/oppholdskommune
Stilling (tittel)		Da ulykken inntraff eller da skadelig påvirkning fant sted:		Yrke (fagfelt)	Stillingsprosent
		fra		Arbeidsforholdet varte til	
Kompetansenivå	1-3 år på videre-gående skoles nivå	1-3 års utdanning utover videre-gående skoles nivå	Universitet/høy-skoleutdanning med varighet 4 år eller mer	Art av arbeidsforhold da ulykken inntraff eller da skadelig påvirkning fant sted	
10-årig grunnskole				Arbeidstaker (tjeneste-forhold)	Selvstendig nærings-drivende
				Frilanser	Hvis selvstendig/frilanser, frivillig yrkesskadetrygdet?
					Ja Nei
2 Opplysninger om arbeidsgiveren mv					
Arbeidsgiver da ulykken inntraff eller da skadelig påvirkning fant sted				Organisasjonsnummer	
Vei-/gatenavn				Husnr.	Postnr. Sted
				Telefonnummer	
Fant ulykken sted på ovenstående adresse?				Ja	Nei
				Hvis nei, oppgi hvor (med nøyaktig adresse)	
Lov om yrkesskadeforsikring. Arbeidsgiverens forsikringselskap: Navn og adresse					
3 Ulykke - opplysninger ved arbeidsulykke					
Under A til G er det ønskelig at du oppgir flere koder, men du må oppgi den viktigste først					
Ulykkesdato	Klokkeslett	Arbeidstidsordninger	Annet	Ulykken inntraff:	I normal arbeidstid
		Bare dagtid (06.00-21.00)			Under over-tidsarb
Lønnsform da ulykken skjedde	Timelønn/fast lønn	På vanlig arbeidsplass?	Ja	Nei	Utenfor arbeidstid
	Prestasjons/akkord		Inne	Ute	På vei til/fra arbeid?
			Ja	Nei	Ja
På vei mellom arbeidssteder?	Ja	Nei	Meldt arbeids-tilsynet?	Ja	Nei
			Ja	Nei	Hadde skadede nødv. opplæring for å utføre arb.operasjonen?
					Ja
					Nei
A Type ulykke	B Bakgrunn	C Skadens art	Skadet kroppsdel		
Opngi kode (eventuelt flere)	Opngi kode (eventuelt flere)	Opngi kode (eventuelt flere)	Opngi kode (eventuelt flere)		
E Kontakt - skademodus	F Type arbeidsplass	G Avvik	H Antatt fravær		
Opngi kode (eventuelt flere)	Opngi kode (eventuelt flere)	Opngi kode (eventuelt flere)	Opngi kode		
Gi nærmere beskrivelse av hendelsesforløpet og av skaden i felt 5 nedenfor					
4 Sykdom - opplysninger ved mistanke om sykdom					
Yrkessykdommens art (oppgi om mulig diagnose)		Når påvist (dag, måned, år)		Død av yrkes-sykdommen?	
				Ja	
				Nei	
Påvirkning som fremkalt sykdommen (f eks steinstøv, asbest, løsemidler, andre kjemiske stoffer, vibrasjoner, larm)					
Varighet av påvirkningen (fom måned.år). Hvis flere perioder, oppgi alle. Hva bestod arbeidet i da påvirkningen fant sted?					
5 Utfyllende beskrivelse					
Nærmere beskrivelse av hendelsesforløpet, utløsende og bakenforliggende årsaker/omstendigheter som førte til skaden eller sykdommen. Oppgi navn og adresse på eventuelle vitner. Hvis du har kjennskap til om arbeidstakeren har blitt undersøkt/fått behandling i forbindelse i forbindelse med det aktuelle skadetilfellet, ber vi deg oppgi navn og adresse på lege, legevakt, tannlege eller lignende. Bruk om nødvendig tilleggsark.					
6 Underskrift					
Sted, dato, melderens stilling			Underskrift		
			?		

<https://www.nav.no/no/Bedrift/Tjenester+og+skjemaer/Meld+yrkesskade+og+yrkessykdom>