



UNIVERSITETET I BERGEN

*Det medisinske fakultet*

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Document owner:

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Organizational placement: Faculty of  
Medicine

# 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

Section 2.5: The binder with the necessary forms has been moved to room 8445.

Links to NAV have been updated.

### 2.3 Abbreviations

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

### 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 8<sup>th</sup> floor containing the necessary documentation to be used following stabs and cut wounds where there is a risk of exposure to biological factors.

**Primary contact:** Siv Lise Bedringaas **room 8445**

The binder is placed on the top shelf in the section behind the door.

**The plastic pocket contains:**

- Self-Declaration form
- Requisition form for MFB / EMD (legevakten)
- Patient consent form
- Injury form (NAV)

### 3. Roles and responsibilities

<b>Role</b>	<b>Responsibility / Task</b>
<b>HSE-coordinator at the department</b>	<ul style="list-style-type: none"> <li>• Contact with BHT</li> <li>• Ensure that all forms are always updated at the department</li> <li>• Provide training</li> </ul>
<b>Occupational physician / Nurse</b>	<ul style="list-style-type: none"> <li>• Sign requisitions</li> <li>• Perform / participate in risk assessment of infection</li> <li>• Follow-up the injured person</li> </ul>
<b>Employer</b>	<ul style="list-style-type: none"> <li>• Report the accident / injury to NAV</li> <li>• Follow-up the injured person</li> </ul>
<b>Injured employee</b>	<ul style="list-style-type: none"> <li>• Perform first aid</li> <li>• Fill in self-declaration form</li> <li>• Provide the “0” blood sample</li> <li>• Contact the BHT and the immediate supervisor</li> <li>• Report HSE nonconformities</li> <li>• Complete the occupational injury form to be sent to NAV if a doctor is contacted</li> <li>• Follow BHT’s suggestions and recommendations</li> </ul>
<b>Employee</b>	<ul style="list-style-type: none"> <li>• Acquire knowledge of the nature of the procedure</li> <li>• Provide help in case of accident / injury</li> </ul>
<b>Blood sample reception at the hospital (MBF)</b> Weekdays Kl. 08.00 -15.00	<ul style="list-style-type: none"> <li>• Take the “0”-blood sample</li> <li>• Send the results to BHT</li> </ul>
<b>“Legen på Høyden”</b> Weekdays Kl. 08.00 -15.00	<ul style="list-style-type: none"> <li>• Take the “0”-blood sample</li> <li>• Send the results to BHT</li> <li>• Conduct risk assessment</li> <li>• Commence any treatment</li> </ul>
<b>Emergency Medical Service (Legevakten)</b> After kl. 15.00 <b>Weekend / Holidays</b>	<ul style="list-style-type: none"> <li>• Take the “0”-blood sample</li> <li>• Send the results to BHT</li> <li>• Conduct risk assessment</li> <li>• Commence any treatment</li> </ul>
<b>On-duty physician responsible for infectious disease</b>	<ul style="list-style-type: none"> <li>• Start any treatment</li> <li>• Hospitalization in case of serious risk of infection</li> </ul>

## 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
- 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"> <li>• Take the “0”-blood sample</li> <li>• Send results to BHT</li> </ul>	2. floor HUS by the escalator
Weekdays Kl. 08.00 - 15.00	Legene på høyden (alternative)  Must be contacted before 14.00.	<ul style="list-style-type: none"> <li>• Take the “0”-blood sample</li> <li>• Send results to BHT</li> <li>• Conduct risk assessment</li> </ul>	<a href="#">Christies gate 13</a> (Entrance 1. floor)  Tlf: <b>52 69 51 51</b>

After kl. 15.00 Weekend Holiday	Emergency Medical Service (Legevakten)	<ul style="list-style-type: none"> <li>• Take the "0"- blood sample</li> <li>• Send results to BHT</li> <li>• Conduct risk assessment</li> </ul>	<a href="#">Solheimsgaten 9.</a>  Tlf: <b>55 56 87 60</b>
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- 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).

### 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](mailto: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](mailto:Gunvor.Landro@uib.no) and [bht@uib.no](mailto:bht@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/en/hms-portalen>)
- NAV's occupational injury form is completed together with the Head of administration if a blood sample has been taken. <https://www.nav.no/report-occupational-injury#report>

5.7 Flow sheet



**Injury**



**Perform necessary first aid:**

- Rinse extensively with water
- Disinfect
- Apply bandages



**Obtain folder with required documents**



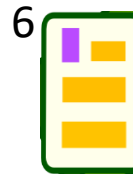
- Fill out self-declaration form
- Immediately contact supervisor/Head of administration
- Report HSE-nonconformity



- 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 fluids<sup>1</sup>

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)

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<sup>1</sup> 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

<b>BHT, contact info</b>	<a href="https://www.uib.no/hms-portalen/111462/kontakt-bedriftshelsetjenesten">https://www.uib.no/hms-portalen/111462/kontakt-bedriftshelsetjenesten</a>
<b>First aid</b>	<a href="https://www.uib.no/hms-portalen/74267/f%C3%B8rstehjelp">https://www.uib.no/hms-portalen/74267/f%C3%B8rstehjelp</a>
<b>HSE deviation reports</b>	<a href="https://avvik.app.uib.no/apex/f?p=692:1">https://avvik.app.uib.no/apex/f?p=692:1</a>
<b>NAV occupational injury form</b>	<a href="https://www.nav.no/yrkesskade/en">https://www.nav.no/yrkesskade/en</a>
	<a href="https://www.nav.no/report-occupational-injury#report">https://www.nav.no/report-occupational-injury#report</a>

## 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)**  
TELF: 55 97 47 09  
AVD. FOR IMMUNOLOGI OG TRANSFUSJONSMEISIN  
TELF: 55 97 46 38

Rekvirerende: Stein-Inge Stigen  
Bedr. lege  
Universitetet i Bergen  
HMS-Seksjonen  
Pb. 7800, 5020 Bergen  
Tlf. 55 58 20 54

Skadet ansatt  
Fødselsnr. FYLL UT  
Navn. FYLL UT  
Adresse. FYLL UT  
Poststed.  Kvinne  Mann  
Besles av.  Trykkeskontor  Institusjon  Bedrift  
Påvren tatt dato. M  
Påvretaker. FYLL UT

Klinisk problemstilling: Id-nr. 8335.869

O-prøve pga stikk- eller kuttskade.

Skadedato:  Kopi stukes til:

**PRØVER TIL MIKROBIOLOGISK AVDELING**  
Antimikrobiell behandling:  Nei  Ja Middelt:  Vaksinasjon:  Gravid?  Ja  Nei

Utsitt bakterielogisk dyrkning  
 Midstråle  Engangsplater  Porøprøve, barn  Permanent kateeter  Asymptomatisk bakteriefuri hos gravid

Leifveprøver  
 Håntesker  Nesetseker  Nasofaryngosekret  Øresesker  Annet materiale

Leifveprøver  
 Infusjonsvæsker  Breddelelel pormose PCR  Mycoplasma pneumoniae PCR  Chlamydia pneumoniae PCR  Respiratory virus PCR  Human metapneumovirus PCR  Parainfluenzavirus PCR  Parvovirus PCR (huam)  Bakteriologisk dyrkning

Blodprøver  
 Borrelia pertussis  Mycoplasma pneumoniae  Chlamydia pneumoniae  Epstein-Barr virus  Cytomegalovirus

**PRØVER TIL AVDELING FOR IMMUNOLOGI OG TRANSFUSJONSMEISIN**  
Antistoffet  
 ANCA  Glomerulus-basalmembran  ANA med spesifikiteter  Glat muskular  Mitokondier  Perinukleier  Intestinal faktor  Kardiolipin, foetalipid  LKM1, Leverfyrerikrosom. ag  Cytokine/antistoff

Antistoffet  
 AST  Anti DNase B  Pneuokokkvalvakin  Difteri/rotaviruskasin  Resmatoid faktor  Latex RFtest  Anti-CCP

Immunoglobuller  
 IgG  IgM  IgA  IgD  Agant-ei-forse  M-komponent kvantifering  Kulldeglutinasier vis37°C  Kysiglobuliner vis37°C  IgD  Spleinvarskespeifikt protein

Komplement  
 C3, C4  C1-INH  Komplementfunksjonstest

Versting  
 HLA-B27 Becherev  HLA-DR/DQ cofaktas  CD4/CD8-kvantisering  Lymfocytt-kvantisering  CD4-kvantisering  Utviklet immunfunktjning se hel

Analysere strevet med uttrevet skrift krever spesielle forholdsregler. Se bakdelen. s = serum eb = EDTA-blod ep = EDTA-plasma u = urin sk = sekret.

**HELSE BERGEN**  
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Postboks 1400, 5021 Bergen

**MIKROBIOLOGISK AVDELING (MIA)**  
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AVD. FOR IMMUNOLOGI OG TRANSFUSJONSMEISIN  
TELF: 55 97 46 38

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Universitetet i Bergen  
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Fødselsnr. FYLL UT  
Navn. FYLL UT  
Adresse. FYLL UT  
Poststed.  Kvinne  Mann  
Besles av.  Trykkeskontor  Institusjon  Bedrift  
Påvren tatt dato. M  
Påvretaker. FYLL UT

Klinisk problemstilling: Id-nr. 8335.869

O-prøve pga stikk- eller kuttskade. Kildeperson.

Skadedes initialer:  skadedato:  Kopi stukes til:

**PRØVER TIL MIKROBIOLOGISK AVDELING**  
Antimikrobiell behandling:  Nei  Ja Middelt:  Vaksinasjon:  Gravid?  Ja  Nei

Utsitt bakterielogisk dyrkning  
 Midstråle  Engangsplater  Porøprøve, barn  Permanent kateeter  Asymptomatisk bakteriefuri hos gravid

Leifveprøver  
 Håntesker  Nesetseker  Nasofaryngosekret  Øresesker  Annet materiale

Leifveprøver  
 Infusjonsvæsker  Breddelelel pormose PCR  Mycoplasma pneumoniae PCR  Chlamydia pneumoniae PCR  Respiratory virus PCR  Human metapneumovirus PCR  Parainfluenzavirus PCR  Parvovirus PCR (huam)  Bakteriologisk dyrkning

Blodprøver  
 Borrelia pertussis  Mycoplasma pneumoniae  Chlamydia pneumoniae  Epstein-Barr virus  Cytomegalovirus

**PRØVER TIL AVDELING FOR IMMUNOLOGI OG TRANSFUSJONSMEISIN**  
Antistoffet  
 ANCA  Glomerulus-basalmembran  ANA med spesifikiteter  Glat muskular  Mitokondier  Perinukleier  Intestinal faktor  Kardiolipin, foetalipid  LKM1, Leverfyrerikrosom. ag  Cytokine/antistoff

Antistoffet  
 AST  Anti DNase B  Pneuokokkvalvakin  Difteri/rotaviruskasin  Resmatoid faktor  Latex RFtest  Anti-CCP

Immunoglobuller  
 IgG  IgM  IgA  IgD  Agant-ei-forse  M-komponent kvantifering  Kulldeglutinasier vis37°C  Kysiglobuliner vis37°C  IgD  Spleinvarskespeifikt protein

Komplement  
 C3, C4  C1-INH  Komplementfunksjonstest

Versting  
 HLA-B27 Becherev  HLA-DR/DQ cofaktas  CD4/CD8-kvantisering  Lymfocytt-kvantisering  CD4-kvantisering  Utviklet immunfunktjning se hel

Analysere strevet med uttrevet skrift krever spesielle forholdsregler. Se bakdelen. s = serum eb = EDTA-blod ep = EDTA-plasma u = urin sk = sekret.

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

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



## 6.4.4 Occupational injury form, page 1

Nullstill Nullstill skjemaet før du lukker det

# FOLKETRYGDEN

Dette eksemplaret skal melder sende NAV, se pkt VI i orienteringen til melder.

**Melding om yrkesskade eller yrkessykdom påført under arbeid på norsk eller utenlandsk landterritorium**

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	Arbeidsforholdet varte fra til
<b>Kompetansenivå</b> 10-årig grunnskole <input type="checkbox"/> 1-3 år på videregående skoles nivå <input type="checkbox"/> 1-3 års utdanning utover videregående skoles nivå <input type="checkbox"/> Universitet/høgskoleutdanning med varighet 4 år eller mer <input type="checkbox"/>	<b>Art av arbeidsforhold da ulykken inntraff eller da skadelig påvirkning fant sted</b> Arbeidstaker (tjenesteforhold) <input type="checkbox"/> Selvstendig næringsdrivende <input type="checkbox"/> Frilanser <input type="checkbox"/>		Hvis selvstendig/frilanser, frivillig yrkesskadetrygdet? Ja <input type="checkbox"/> Nei <input type="checkbox"/>		

### 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 <input type="checkbox"/> Nei <input type="checkbox"/>	
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	Under overtidarb	Utenfor arbeidstid
		Bare dagtid (06.00-21.00)		Ja <input type="checkbox"/> Nei <input type="checkbox"/>	Inne <input type="checkbox"/> Ute <input type="checkbox"/>	På vei til/fra arbeid? Ja <input type="checkbox"/> Nei <input type="checkbox"/>	Ja <input type="checkbox"/> Nei <input type="checkbox"/>
Lønnsform da ulykken skjedde	Timelønn/fast lønn	På vanlig arbeidsplass?	Ja <input type="checkbox"/> Nei <input type="checkbox"/>	Hadde skadede nødv. opplæring for å utføre arb.operasjonen? Ja <input type="checkbox"/> Nei <input type="checkbox"/>			
På vei mellom arbeidssteder? Ja <input type="checkbox"/> Nei <input type="checkbox"/>	Meldt arbeidstilsynet? Ja <input type="checkbox"/> Nei <input type="checkbox"/>						
<b>A Type ulykke</b> Oder - se orienteringen	<b>B Bakgrunn</b> Oder - se orienteringen	<b>C Skadens art</b> Oder - se orienteringen	<b>Skadet kroppsdel</b> Oder - se orienteringen				
Oppgi kode (eventuelt flere)	Oppgi kode (eventuelt flere)	Oppgi kode (eventuelt flere)	Oppgi kode (eventuelt flere)				
<b>E Kontakt - skademodus</b> Oder - se orienteringen	<b>F Type arbeidsplass</b> Oder - se orienteringen	<b>G Avvik</b> Oder - se orienteringen	<b>H Antatt fravær</b> Oder - se orienteringen				
Oppgi kode (eventuelt flere)	Oppgi kode (eventuelt flere)	Oppgi kode (eventuelt flere)	Oppgi 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 yrkessykdommen? Ja <input type="checkbox"/> Nei <input type="checkbox"/>
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/report-occupational-injury#report>