

| Blood Borne Virus Testing Procedure | |
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| Standard Operating Procedure (SOP) | |
| Ref No: 1828 | |
| Version: 3 | |
| Prepared by: Karen Bennett | |
| Presented to: Care & Clinical Policies Group | Date: 16 November 2016 |
| Ratified by: Care & Clinical Policies Group | Date: 16 November 2016 |
| | Review date: 02 December 2018 |
| Relating to policies: | Production and Control of Clinical Policies, Guidelines, Protocols and Standard Operating Procedure. Blood Borne Virus Testing Policy for Substance Misuse Service 1847 |

1. Purpose of this document:

This procedure states the method and process for undertaking blood borne virus testing for hepatitis C and HIV utilising dried blood spot testing.

2. Scope of this SOP: -

Applicable to all clinical staff working within the Torbay Drug and Alcohol Service (TDAS) (nurses, social workers, doctors, addictions counsellors and allied health professionals).

3. Competencies required:

All staff will have undergone pre and post-test discussion training in relation to BBV testing as well as local training in using the dried blood spot testing technique.

4. Procedure / Steps:

1. The Torbay Drug & Alcohol Service Manager and Clinical Team Leader will ensure that all staff are fully aware and up-to-date with this Standard Operating Procedures (SOP). Including recording that the staff member has the relevant competencies and has read and understood this SOP.
2. A reference copy of this SOP will be kept in a designated easily accessible file within the Torbay Drug & Alcohol Service.

3. Signed consent will be obtained from the service user as a necessary pre-condition to undergo the dried blood spot test for BBV screening.
4. This consent will cover both the permission for the test to be undertaken, and how the service user would like to be given the result.
5. The anonymity of the testing method will be explained to the service user in terms of tests being sent to the designated laboratory with an ID and not including any of the service users identifiable information and the results being recorded on HALO for statistical purposes
6. Pre-test discussion will be given prior to testing.
7. The pre-test section of the pre/post-test discussion form will be completed by the staff member in conjunction with the service user.
8. The service user will be asked to sign the form as confirmation of their consent to the testing procedure.
9. Non consent will result in testing not taking place without exception. The environment for the testing must be considered, and ideally be in a private room without any disturbance with all equipment necessary at hand (test kit, gloves, hand washing facilities, sharps disposal box, plasters etc.)
10. Universal precautions will be followed without exception due to the risk of cross infection and exposure to body fluids (blood). Always wear gloves and a disposable apron and wash hands prior to and following the procedure.
11. The staff member will explain the procedure for the dried blood spot test to the service user in preparation for the sample collection.
12. Clean the area from which the sample is to be taken with a swab (inner aspect of finger).
13. Remove the protective cap from the testing device, press against the chosen sample site.
14. Press the trigger on the lancet.
15. Wait until a blood droplet is formed and dab onto the blood collection card (the blood can be encouraged by gently squeezing the finger), filling all of the circles with the blood sample to ensure enough for testing.
16. Provide a plaster for the service user to cover the site and stem bleeding.
17. Dispose of the lancet in a suitable sharps container.

18. The blood spot(s) should be allowed to dry for 30 seconds than packaged into a clear sealed bag which is placed in the bag attached to the request form.
19. Complete the testing request form and place in the sealed postal envelope along with the sample.
20. Arrangements on how and where the test result will be given should be arranged prior to the service user leaving the appointment.
21. The envelope should be placed in the designated area for posting.

5. Monitoring tool:

Standards:

| Item | % | Exceptions |
|--|--|-----------------------------------|
| Offered Testing | 100 | Nil |
| Uptake testing for Hep C | 70 | Refusals/Not appropriate to offer |
| How will monitoring be carried out? | Via NDTMS returns, internal and external service audit and supervision | |
| When will monitoring be carried out? | Quarterly | |
| Who will monitor compliance with the guideline? | Service Manager, TDAS Clinical Team Lead | |
| <p>Equality Statement. The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy</p> | | |

References:

- 8.1 Journal Clinical Microbiology. 2002 Sep;40(9):3512-4.
Simple and reliable method for detection and genotyping of hepatitis C virus RNA in dried blood spots stored at room temperature.
Solmone M, Girardi E, Costa F, Pucillo L, Ippolito G, Capobianchi MR.

8.2 Journal Virological Methods. 2005 Sep;128(1-2):128-34.
Usage of dried blood spots for molecular diagnosis and monitoring HIV-1 infection. Uttayamakul S, Likanonsakul S, Sunthornkachit R, Kuntiranont K, Louisirochanakul S, Chaovavanich A, Thiamchai V, Tanprasertsuk S, Sutthent R.

6.3 Drug Misuse and dependence: UK Guidelines on clinical management (2007) London, Department of Health (England) the Scottish Government, Welsh Assembly Government and Northern Ireland executive.

6.4 Hepatitis C in England: An update 2007. London: Health Protection Agency Centre for Infections, December 2007.

Amendment History

| Issue | Status | Date | Reason for Change | Authorised |
|-------|----------|------------------|-------------------|----------------------------------|
| 1.0 | New Doc | July 2012 | New SOP | C&CP |
| 2.0 | Review | November 2014 | Periodical Review | C&CP |
| 3.0 | Ratified | 02 December 2016 | Revised | Care and Clinical Policies Group |
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The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

| Who may be affected by this document? | <i>Please select</i> | | | |
|--|---------------------------------|-------------------------------------|------------------------------|--------------------------|
| | Patient / Service Users | <input checked="" type="checkbox"/> | Visitors / Relatives | <input type="checkbox"/> |
| | General Public | <input type="checkbox"/> | Voluntary / Community Groups | <input type="checkbox"/> |
| | Trade Unions | <input type="checkbox"/> | GPs | <input type="checkbox"/> |
| | NHS Organisations | <input checked="" type="checkbox"/> | Police | <input type="checkbox"/> |
| | Councils | <input type="checkbox"/> | Carers | <input type="checkbox"/> |
| | Staff | <input type="checkbox"/> | Other Statutory Agencies | <input type="checkbox"/> |
| | Others (<i>please state</i>): | | | |

| | |
|--|--------------------------|
| Does this document require a service redesign, or substantial amendments to an existing process? | <input type="checkbox"/> |
|--|--------------------------|

If you answer yes to this question, please complete a full Quality Impact Assessment.

| | | | | |
|---|-------------------------|--------------------------|---|--------------------------|
| Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity? | Age | <input type="checkbox"/> | Disability | <input type="checkbox"/> |
| | Gender re-assignment | <input type="checkbox"/> | Marriage and Civil Partnership | <input type="checkbox"/> |
| | Pregnancy and maternity | <input type="checkbox"/> | Race, including nationality and ethnicity | <input type="checkbox"/> |
| | Religion or Belief | <input type="checkbox"/> | Sex | <input type="checkbox"/> |
| | Sexual orientation | <input type="checkbox"/> | NONE | |

If you answer yes to any of these strands, please complete a full Quality Impact Assessment.

| | |
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| If applicable, what action has been taken to mitigate any concerns? | |
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| | | | | |
|---|----------------------------------|-------------------------------------|------------------------------|-------------------------------------|
| Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i> | Patients / Service Users | <input checked="" type="checkbox"/> | Visitors / Relatives | <input type="checkbox"/> |
| | General Public | <input type="checkbox"/> | Voluntary / Community Groups | <input type="checkbox"/> |
| | Trade Unions | <input type="checkbox"/> | GPs | <input type="checkbox"/> |
| | NHS Organisations | <input checked="" type="checkbox"/> | Police | <input type="checkbox"/> |
| | Councils | <input type="checkbox"/> | Carers | <input type="checkbox"/> |
| | Staff | <input checked="" type="checkbox"/> | Other Statutory Agencies | <input checked="" type="checkbox"/> |
| | Details (<i>please state</i>): | | | |

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

| | | | | | |
|---|---|---|---|-----------------------------|---|
| Policy Title (and number) | | SOP Blood Borne Virus Testing 1828 | | Version and Date | V3 November 2016 |
| Policy Author | | Karen Bennett | | | |
| An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected. | | | | | |
| EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below | | | | | |
| Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below) | | | | | |
| Age | Yes <input type="checkbox"/> Nox <input type="checkbox"/> | Disability | Yes <input type="checkbox"/> Nox <input type="checkbox"/> | Sexual Orientation | Yes <input type="checkbox"/> Nox <input type="checkbox"/> |
| Race | Yes <input type="checkbox"/> Nox <input type="checkbox"/> | Gender | Yes <input type="checkbox"/> Nox <input type="checkbox"/> | Religion/Belief (non) | Yes <input type="checkbox"/> Nox <input type="checkbox"/> |
| Gender Reassignment | Yes <input type="checkbox"/> Nox <input type="checkbox"/> | Pregnancy/ Maternity | Yes <input type="checkbox"/> Nox <input type="checkbox"/> | Marriage/ Civil Partnership | Yes <input type="checkbox"/> Nox <input type="checkbox"/> |
| Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees) | | | | | Yes <input type="checkbox"/> Nox <input type="checkbox"/> |
| Please provide details for each protected group where you have indicated 'Yes'. | | | | | |
| VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion | | | | | |
| Is inclusive language ⁵ used throughout? | | | | | Yes x No <input type="checkbox"/> |
| Are the services outlined in the policy/procedure fully accessible ⁶ ? | | | | | Yes x No <input type="checkbox"/> |
| Does the policy/procedure encourage individualised and person-centered care? | | | | | Yes x No <input type="checkbox"/> |
| Could there be an adverse impact on an individual's independence or autonomy ⁷ ? | | | | | Yes <input type="checkbox"/> Nox <input type="checkbox"/> |
| If 'Yes', how will you mitigate this risk to ensure fair and equal access? | | | | | |
| EXTERNAL FACTORS | | | | | |
| Is the policy/procedure a result of national legislation which cannot be modified in any way? | | | | | Yes <input type="checkbox"/> Nox <input type="checkbox"/> |
| What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?) | | | | | |
| Review of Existing SOP | | | | | |
| Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions? | | | | | |
| ACTION PLAN: Please list all actions identified to address any impacts | | | | | |
| Action | Person responsible | | Completion date | | |
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| | | | | | |
| AUTHORISATION: | | | | | |
| By signing below, I confirm that the named person responsible above is aware of the actions assigned to them | | | | | |
| Name of person completing the form | Karen Bennett | | Signature | | |
| Validated by (line manager) | | | Signature | | |

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.