Document Type:	Standard Operating Procedure	
Reference Number: **1828**	Version Number: **4**	Next Review Date: **5 July 2022**
Title:	**Blood Borne Virus Testing Procedure**	
Document Author:	Clinical Lead Torbay Drug & Alcohol Service	
Applicability:	All clinical staff as defined in document	

1. Purpose of this document:

This procedure states the method and process for undertaking blood borne virus testing for hepatitis C and Human Immunodeficiency Virus 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 precursor to undergo the dried blood spot test for BBV screening. Determine allergy status with plasters
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 a HALO ID number 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 completed 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.
10. 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.)
11. 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.
12. The staff member will explain the procedure for the dried blood spot test to the service user in preparation for the sample collection.
13. Clean the area from which the sample is to be taken with a swab (inner aspect of finger).
14. Remove the protective cap from the lancet, press against the chosen sample site.
15. Press the trigger on the lancet.
16. Wait until a blood droplet is formed, wipe from finger with swab, wait for another droplet 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.
17. Provide a plaster for the service user to cover the site and stem bleeding.
18. Dispose of the lancet in a suitable sharps container
19. The blood spot(s) should be allowed to dry for 30 seconds then packaged into a clear sealed bag which is placed in the bag attached to the request form.
20. Complete the testing request form and place in the sealed postal envelope along with the sample. Ensure Donor Consent signed by Service User. Consent form uploaded to HALO casenotes.
21. Arrangements on how and where the test result will be given should be arranged prior to the service user leaving the appointment.
22. 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	

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.

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

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, Louisirirotchanakul 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.

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	1828		
Document title:	Blood Borne Virus Testing Procedure SOP		
Purpose of document:	This procedure states the method and process for undertaking blood borne virus testing for hepatitis C and Human Immunodeficiency Virus utilising dried blood spot testing.		
Date of issue:	5 July 2019	**Next review date:**	5 July 2022
Version:	4	**Last review date:**	
Author:	Clinical Lead Torbay Drug & Alcohol Service		
Directorate:	Community		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group Meeting		
Date approved:	21 November 2018		
Links or overlaps with other policies:	Production and Control of Clinical Policies, Guidelines, Protocols and Standard Operating Procedure. 1847 - Blood Borne Virus (BBV) Testing Policy for Substance Misuse Service		

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Please select *Yes*	*No*
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☐
Does this document have training implications? *If yes please state:*	☐	☐

Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
July 2012	1	New SOP	Care and Clinical Policies Group Meeting
November 2014	2	Periodical Review	Care and Clinical Policies Group Meeting
2 December 2016	3	Revised	Care and Clinical Policies Group Meeting
5 July 2019	4	Revised	Care and Clinical Policies Group Meeting

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.

NHS
South Devon and Torbay
Clinical Commissioning Group

NHS
Torbay and South Devon
NHS Foundation Trust

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	Clinical Lead Torbay Drug & Alcohol Service		

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 ☐ Nox	Disability	Yes ☐ Nox	Sexual Orientation	Yes ☐ Nox
Race	Yes ☐ Nox	Gender	Yes ☐ Nox	Religion/Belief (non)	Yes ☐ Nox
Gender Reassignment	Yes ☐ Nox	Pregnancy/ Maternity	Yes ☐ Nox	Marriage/ Civil Partnership	Yes ☐ Nox

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 ☐ Nox
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☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes x No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes x No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ Nox
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 ☐ Nox
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**

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	Clinical Lead Torbay Drug & Alcohol Service	**Signature**	
Validated by (line manager)		**Signature**	

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☐

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our GDPR page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our Data Protection site on the public internet.