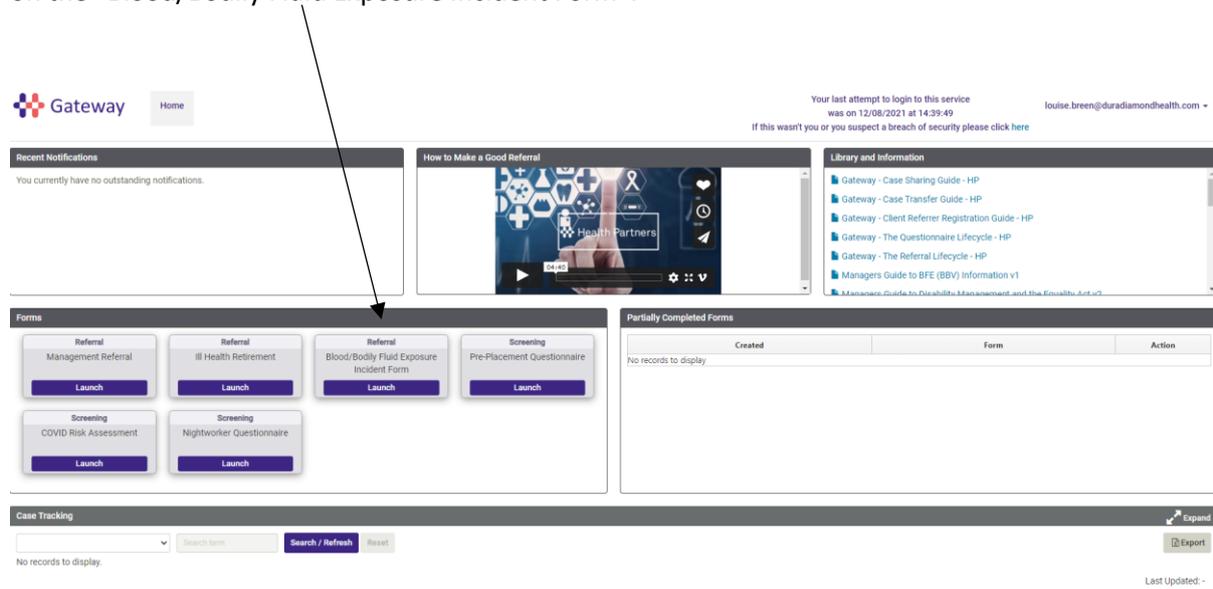


## A MANAGERS GUIDE TO SUBMITTING A REFERRAL FOLLOWING A BBV/BFE INCIDENT

### The Client Portal

Once an incident has taken place, the incident is logged on the Datix system. If further follow up is required, this must be referred into Occupational Health via the Client Portal using a Management Referral form.

Once you have registered for the portal, you will need to access your home page and click “Launch” on the “Blood/Bodily Fluid Exposure Incident Form”.



The screenshot shows the Gateway Client Portal interface. At the top, there is a 'Gateway Home' header and a login status for 'louise.breen@duradiamondhealth.com'. The main content area is divided into several sections: 'Recent Notifications' (empty), a video player for 'How to Make a Good Referral', a 'Library and Information' list, a 'Forms' section with buttons for 'Referral Management Referral', 'Referral Ill Health Retirement', 'Referral Blood/Bodily Fluid Exposure Incident Form', 'Screening Pre-Placement Questionnaire', 'Screening COVID Risk Assessment', and 'Screening Nightworker Questionnaire', and a 'Case Tracking' section at the bottom. An arrow points from the text above to the 'Launch' button for the 'Referral Blood/Bodily Fluid Exposure Incident Form'.

### Nuffield Health

#### QF1302 - Exposure Incident Form (Nuffield and Spire Healthcare)

**Introduction** 1 / 6

This referral form should be completed by the Human Resources Department or Line Manager responsible for the colleague. This form is confidential when complete and will form part of the colleague's occupational health record.

This form should be used for needlestick injuries, bodily fluid and blood borne virus exposures only.

You will then be asked to complete the colleague’s details. Any fields marked with a red Asterix are mandatory and must be completed before clicking next.

At any point throughout the referral, you can click “save” and this will save your partially completed form on your dashboard enabling you to pick up where you left off when you are ready.

# Nuffield Health

## QF1302 - Exposure Incident Form (Nuffield and Spire Healthcare)

Colleague's Details 2 / 6

Forename  \*

Surname  \*

Known as (if different)

Date of Birth   \*

Job Title  \*

Division  \*

Location  \*

Department  \*

PO / Cost Centre Number

Contact number  \*

Email Address  \*

Address Line1  \*

Address Line2  \*

Address Line3

County

Postcode  \*

Back Save Next

You will then be asked to complete details of the incident.

# Nuffield Health

## QF1302 - Exposure Incident Form (Nuffield and Spire Healthcare)

Details of Incident 3 / 6

Has the incident been reported on Datix?  Yes  No \*

Date of exposure   \*

Type of exposure

Sharps Injury

Splash Injury

Please provide further details of the exposure incident  \*

Was the colleague sent to A&E for emergency treatment/HIV Prophylaxis?  \*

Has injured employee had Hep B vaccination/proof of immunity  Yes  No  Unsure \*

Was a serum save undertaken  Yes  No  Unsure \*

Please detail any follow up action already taken  \*

Back Save Next

You will then be asked details of the source patient. If they are unknown please select no.

Nuffield Health  
QF1302 - Exposure Incident Form (Nuffield and Spire Healthcare)

Source Patient Details 4 / 6

Source Patient Known  Yes  No \*

Source Patient Name  \*

Source Patient Date of Birth  \*

Is Source Patient known or considered high risk for BBVs  Yes  No \*

Source Patient tested/to be tested as per policy:

Hep B Surface Antigen  Yes  No \*

HIV Antibody 1 and 2  Yes  No \*

Hep C Antibody  Yes  No \*

[Back](#) [Save](#) [Next](#)

You will also have the opportunity to add any supporting documents that may be relevant, and these can be added by clicking add files on the next page

Nuffield Health  
QF1302 - Exposure Incident Form (Nuffield and Spire Healthcare)

Supporting Documents 5 / 6

Please provide us with any supporting documents you feel may be relevant to this incident. (Please do not upload encrypted or password protected documents) [Add Files](#)

[Back](#) [Save](#) [Next](#)

The final page all options need to be selected which just confirms the colleague is aware of the OH referral.

Nuffield Health  
QF1302 - Exposure Incident Form (Nuffield and Spire Healthcare)

Declaration 6 / 6

I confirm the colleague is aware of this referral. (Please note the employee may request access to this document as part of their medical record at any time).

I confirm the colleague is aware they may receive e-mails from the OH Service, requesting further information prior to his/her assessment and to create a portal account.

I confirm the colleague is aware that the OH Service will collect and process their data, as defined by the current data protection legislation, to provide occupational health advice and may give advice based on the information contained in the referral without an assessment

[Back](#) [Save](#) [Complete](#)

Then click “Complete”. This will then be triaged by a Clinician and contact will be made with Colleague and/or referring Manager to discuss next steps. An outcome report will also be produced detailing any advice and recommendations. This will be placed on the portal when available and a notification will be issued to alert you of this.

Should you have any queries please contact;

Customer Associate Team

[Nuffieldteam@healthpartners.uk.com](mailto:Nuffieldteam@healthpartners.uk.com)

01273 443757