UNIVERSITETET I BERGEN

Det medisinske fakultet

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Owner of the document: IBM

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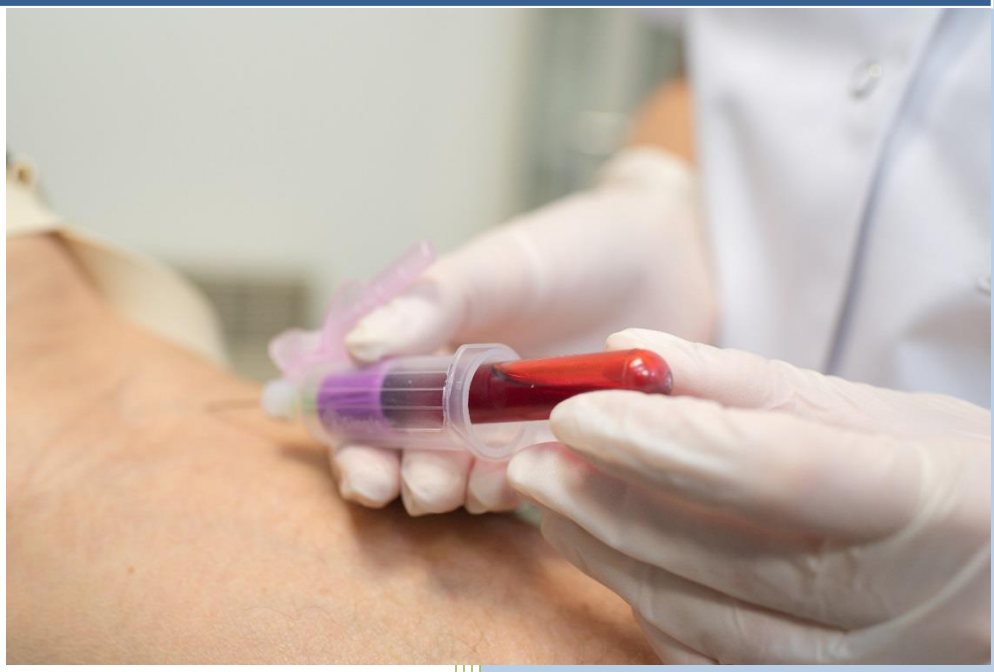
Organizational placement: Medical Faculty

SOP for immediate action and follow-up of puncture and cut injuries in case of exposed 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 ensures that employees and managers are familiar with routines and treatments in case of puncture wounds and cuts.

All employees are obliged to familiarize themselves with this procedure and to help others when an accident occurs.

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2. General Overview

2.1 This procedure applies to

This SOP has been prepared for the Department of Biomedicine (IBM), Institute for Clinical Science (K2), Institute for Clinical Research (K1), and Occupational Health Service (BHT).

Each institute has its own version, this only applies to IBM.

2.2 Changes from last version

- Section 7.1: New requisition form for an additional blood test
- Section 2.5: The binder with the necessary forms is located on the safety zones at 5th, 6th and 7th floor west entrances
- Links to NAV have been updated: Employer send a form to NAV digitally.

2.3 Abbreviations

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

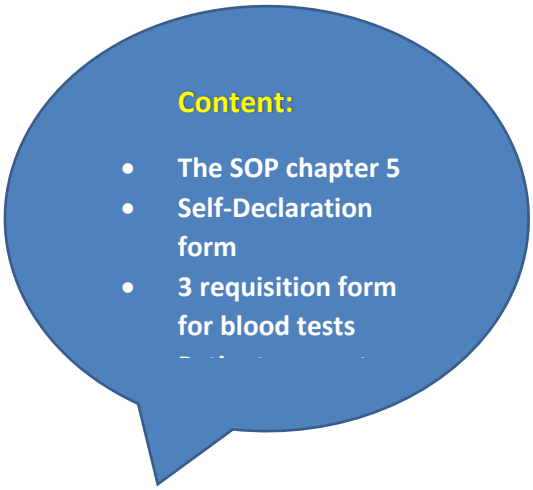
2.4 Definitions

"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 body fluid

2.5 Location Forms belonging to the procedure

Primary contact: Juha Vahokoski, +47 55 58 60 53

The binder is placed at The Safety zones at west entrances 5th, 6th and 7th floor.



3. Roles and responsibilities

Role	Responsibility / Task
HSE-coordinator at the department	• Contact with BHT • Ensure that all forms are always updated at the department • Provide training
Occupational physician / Nurse	• Sign requisitions • Perform / participate in risk assessment of infection • Follow-up the injured person
Employer	• Report the accident / injury to NAV • Follow-up the injured person
Injured employee	• Perform first aid • Fill in self-declaration form • Provide the "0" 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	• 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	• Take the "0"-blood sample • Send the results to BHT
Outpatient clinic for blood sampling **Zander Kaaes gate 7** **Opening hours**	• Take the "0"-blood sample • Send the results to BHT • Conduct risk assessment • Commence any treatment
Emergency Medical Service (Legevakten)	• Take the "0"-blood sample • Send the results to BHT

After kl. 15.00 **Weekend / Holidays**	• Conduct risk assessment • Commence any treatment
On-duty physician responsible for infectious disease	• 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
- 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 Treatment by a doctor

5.2.1 Blood sample of employee / student

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.

5.2.2 Risk of infection

For known **hepatitis B** or **hepatitis C** infection:

- Contact the Emergency Medical Service (Legevakten) immediately.

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.

5.2.3 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 GMO 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:

- Report to your PI and head of department / department management

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)	• Take the "0"-blood sample • Send results to BHT	2. floor HUS by the escalator
Weekdays **Opening hours**	Outpatient clinic for blood sampling Zander Kaaes gate 7	• Take the "0"-blood sample • Send results to BHT • Conduct risk assessment	Adr Zander Kaaes gate 7 Tlf: 55 97 52 95
After kl. 15.00 Weekend Holiday	Emergency Medical Service (Legevakten)	• Take the "0"-blood sample • Send results to BHT • Conduct risk assessment	Solheimsgaten 9. **Tlf: 116 117**

- Remember to bring the **forms** (from the folder, see 2.5, or printouts, see chapter 7) to the blood sample site / doctor
- Fill out **the self-declaration form** (can be done later but should be done before contact with a doctor or the BHT).
- **Vaccination status**

5.2.4 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 Follow-up

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

5.3.1 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.

5.3.2 Follow-up from BHT/ GP

All inquiries to BHT and test answer will be sent directly to the BHT medical doctor who follows up cases with risk of transmission of infection. NB! This applies only when the enclosed requisition form is used.

Test result go to:

- BHT when the enclosed requisition form is used. BHT follows up cases with risk of infection transmission
- Or your GP who can be contacted via helsenorge.no

The occupational health service or GP can be contacted for further follow up.

- ❖ BHT sends test results and any summonses by post to the address in the National Population Register
- ❖ It is important to attend the follow-up appointment to which you are called to attend, so that any necessary measures can be implemented

5.4 Reporting

Notify as soon as possible:

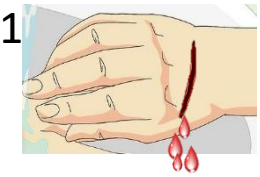
- Your PI / Head of Administration / HSE-coordinator

Fill out and submit the following forms: (see 6.3 for links**):**

- The HSE nonconformity form
- Send the **self declaration form**, to Occupational health service (UiB) in *ephorte*
- NAV's occupational injury form is completed together with the Head of administration in case of consultation or blood samples.

5.5 Flow sheet

1

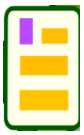


Injury

2

Perform necessary first aid:
- Rinse extensively with water
- Disinfect
- Apply bandages

3



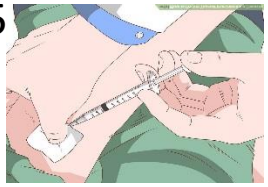
- Fill out self-declaration form
- Immediately contact supervisor/Head of administration
- Report HSE-nonconformity

Obtain folder with required documents

4

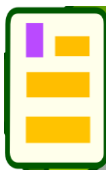
- Take «0»-blood sample
- Evaluate any risk of the injury with the responsible doctor

5



Receive preventative treatment if necessary

6



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

7

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[1]

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

6.3 Links

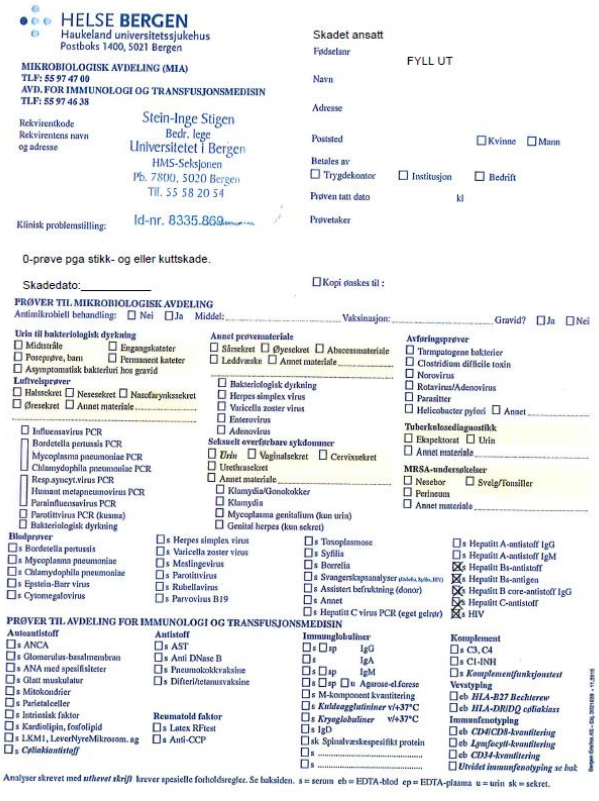
BHT, contact info	**https://www.uib.no/en/hms-portalen/147942/about-occupational-health-service**
First aid	https://www.uib.no/en/hms-portalen/79799/first-aid
HSE deviation reports	https://www.uib.no/en/hms-portalen/147849/report-hse-non-conformities
NAV occupational injury	https://www.nav.no/yrkesskade/en
form	https://www.nav.no/report-occupational-injury#report

7. Attachments

7.1 Requisition for blood samples

There are two different 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 TRANSFUSJONSMEDISIN
TLF: 55 97 46 38

Rekvirentkode
Rekvirentens navn og adresse
Stein-Inge Stigen
Bedr. lege
Universitetet i Bergen
HMS-Seksjonen
Pb. 7800, 5020 Bergen
Tlf. 55 58 20 54

Klinisk problemstilling:
Id-nr. 8335.869

0-prøve pga stikk- og eller kuttskade.

Skadedato:_____

Skadet ansatt
Fødselsnr
FYLL UT
Navn
Adresse
Poststed
☐ Kvinne ☐ Mann
Betales av
☐ Trygdekontor ☐ Institusjon ☐ Bedrift
Prøven tatt dato
kl
Prøvetaker

☐ Kopi ønskes til :

PRØVER TIL MIKROBIOLOGISK AVDELING
Antimikrobiell behandling: ☐ Nei ☐ Ja Middel:_____ Vaksinasjon:_____ Gravid? ☐ Ja ☐ Nei

Urin til bakteriologisk dyrkning
☐ Midtstråle ☐ Engangskateter
☐ Posepøve, barn ☐ Permanent kateter
☐ Asymptomatisk bakteriuri hos gravid

Luftveisprøver
☐ Halssekret ☐ Nesesekret ☐ Nasofarynkssekret
☐ Øresekret ☐ Annet materiale_____

☐ Influensavirus PCR
☐ Bordetella pertussis PCR
☐ Mycoplasma pneumoniae PCR
☐ Chlamydophila pneumoniae PCR
☐ Resp.syncyt.virus PCR
☐ Humant metapneumovirus PCR
☐ Parainfluensavirus PCR
☐ Parotittvirus PCR (kusma)
☐ Bakteriologisk dyrkning

Annet prøvemateriale
☐ Sårsekret ☐ Øyesekret ☐ Abscessmateriale
☐ Leddvæske ☐ Annet materiale_____

☐ Bakteriologisk dyrkning
☐ Herpes simplex virus
☐ Varicella zoster virus
☐ Enterovirus
☐ Adenovirus

Seksuelt overførbare sykdommer
☐ Urin ☐ Vaginalsekret ☐ Cervixsekret
☐ Urethrasekret
☐ Annet materiale_____
☐ Klamydia/Gonokokker
☐ Klamydia
☐ Mycoplasma genitalium (kun urin)
☐ Genital herpes (kun sekret)

Avføringsprøver
☐ Tarmpatogene bakterier
☐ Clostridium difficile toxin
☐ Norovirus
☐ Rotavirus/Adenovirus
☐ Parasitter
☐ Helicobacter pylori ☐ Annet_____

Tuberkulosediagnostikk
☐ Ekspektorat ☐ Urin
☐ Annet materiale_____

MRSA-undersøkelser
☐ Nesebor ☐ Svelg/Tonsiller
☐ Perineum
☐ Annet materiale_____

Blodprøver
☐ s Bordetella pertussis
☐ s Mycoplasma pneumoniae
☐ s Chlamydophila pneumoniae
☐ s Epstein-Barr virus
☐ s Cytomegalovirus
☐ s Herpes simplex virus
☐ s Varicella zoster virus
☐ s Meslingevirus
☐ s Parottitvirus
☐ s Rubellavirus
☐ s Parvovirus B19
☐ s Toxoplasmose
☐ s Syfilis
☐ s Borrelia
☐ s Svangerskapsanalyser (Rubella, Syfilis, HIV)
☐ s Assistert befruktning (donor)
☐ s Annet
☐ s Hepatitt C virus PCR (eget gelrør)
☐ s Hepatitt A-antistoff IgG
☐ s Hepatitt A-antistoff IgM
☒ s Hepatitt Bs-antistoff
☒ s Hepatitt Bs-antigen
☒ s Hepatitt B core-antistoff IgG
☒ s Hepatitt C-antistoff
☒ s HIV

PRØVER TIL AVDELING FOR IMMUNOLOGI OG TRANSFUSJONSMEDISIN

Autoantistoff
☐ s ANCA
☐ s Glomerulus-basalmembran
☐ s ANA med spesifisiteter
☐ s Glatt muskulatur
☐ s Mitokondrier
☐ s Parietalceller
☐ s Intrinsisk faktor
☐ s Kardiolipin, fosfolipid
☐ s LKM1, LeverNyreMikrosom. ag
☐ s Cøliakiantistoff

Antistoff
☐ s AST
☐ s Anti DNase B
☐ s Pneumokokkvaksine
☐ s Difteri/tetanusvaksine

Reumatoid faktor
☐ s Latex RFtest
☐ s Anti-CCP

Immunoglobuliner
☐ s ☐ ep IgG
☐ s IgA
☐ s ☐ ep IgM
☐ s ☐ ep ☐ u Agarose-el.ferese
☐ s M-komponent kvantitering
☐ s Kuldeagglutininer v/+37°C
☐ s Kryoglobuliner v/+37°C
☐ s IgD
☐ sk. Spinalvæskespesifikt protein
☐ s _____
☐ s _____

Komplement
☐ s C3, C4
☐ s C1-INH
☐ s Komplementfunksjonstest

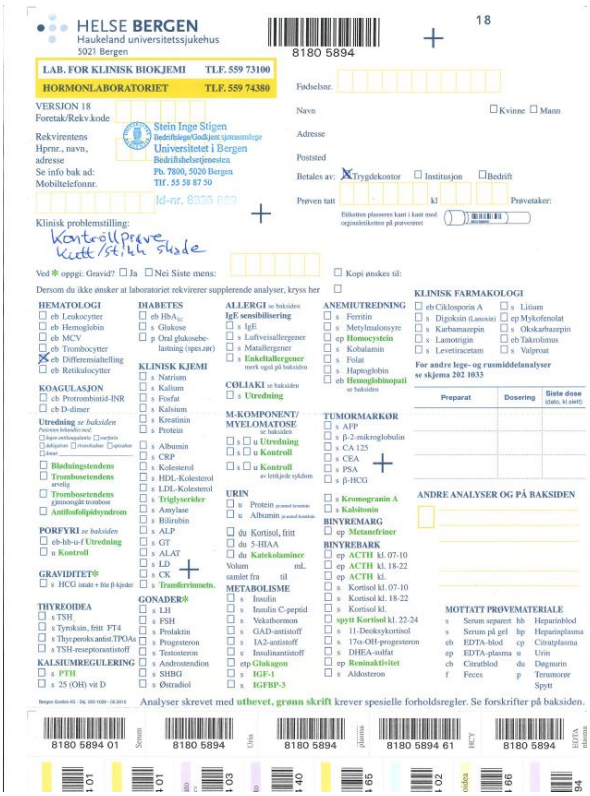
Vevstyping
☐ eb HLA-B27 Bechterew
☐ eb HLA-DR/DQ coliakiass

Immunfenotyping
☐ eb CD4/CD8-kvantifisering
☐ eb Lymfocytt-kvantifisering
☐ eb CD34-kvantifisering
☐ Utvidet immunfenotyping se bak

Analyser skrevet med uthevet skrift krever spesielle forholdsregler. Se baksiden. s = serum eb = EDTA-blod ep = EDTA-plasma u = urin sk = sekret.

Form 1: Infection

Applies to employee and patient/source person (2 separate forms)



HELSE BERGEN
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5021 Bergen

8180 5894

18

LAB. FOR KLINISK BIOKJEMI TLF. 559 73100
HORMONLABORATORIET TLF. 559 74380

VERSION 18
Foretak/Rekv.kode

Rekvirentens Hprnr., navn, adresse
Stein Inge Stigen
Bedriftslege/Godkjent sjørmannslege
Universitetet i Bergen
Bedriftshelsetjenesten
Pb. 7800, 5020 Bergen
Tlf. 55 58 87 50

Se info bak ad:
Mobiltelefonnr.

Id-nr. 8335.869

Klinisk problemstilling:
Kontroll prøve kutt/stikk skade

Ved * oppgi: Gravid? ☐ Ja ☐ Nei Siste mens:

Dersom du ikke ønsker at laboratoriet rekvirerer supplerende analyser, kryss her ☐

Fødselsnr.
Navn ☐ Kvinne ☐ Mann
Adresse
Poststed
Betales av: ☒ Trygdekontor ☐ Institusjon ☐ Bedrift
Prøven tatt kl Prøvetaker:

☐ Kopi ønskes til:

HEMATOLOGI
☐ eb Leukocytter
☐ eb Hemoglobin
☐ eb MCV
☐ eb Trombocytter
☒ eb Differensialtelling
☐ eb Retikulocytter

KOAGULASJON
☐ eb Protrombintid-INR
☐ eb D-dimer
Utredning se baksiden

DIABETES
☐ eb HbA_{1c}
☐ s Glukose
☐ p Oral glukosebelastning (spes.rør)

KLINISK KJEMI
☐ s Natrium
☐ s Kalium
☐ s Fosfat
☐ s Kalsium
☐ s Kreatinin
☐ s Protein
☐ s Albumin
☐ s CRP
☐ s Kolesterol
☐ s HDL-Kolesterol
☐ s LDL-Kolesterol
☐ s Triglyserider
☐ s Amylase
☐ s Bilirubin
☐ s ALP
☐ s GT
☐ s ALAT
☐ s LD
☐ s CK
☐ s Transferrinmetn.

GONADER*
☐ s LH
☐ s FSH
☐ s Prolaktin
☐ s Progesteron
☐ s Testosteron
☐ s Androstendion
☐ s SHBG
☐ s Østradiol

ALLERGI se baksiden
IgE sensibilisering
☐ s IgE
☐ s Luftvei sallergener
☐ s Matallergener
☐ s Enkeltallergener merk også på baksiden

CØLIAKI se baksiden
☐ s Utredning

M-KOMPONENT/ MYELOMATOSE se baksiden
☐ s ☐ u Utredning
☐ s ☐ u Kontroll
☐ s ☐ u Kontroll se lettkjede sykdom

URIN
☐ u Protein
☐ u Albumin

METABOLISME
☐ s Insulin
☐ s Insulin C-peptid
☐ s Veksthormon
☐ s GAD-antistoff
☐ s IA2-antistoff
☐ s Insulinantistoff
☐ etp Glukagon
☐ s IGF-1
☐ s IGFBP-3

ANEMIUTREDNING
☐ s Ferritin
☐ s Metylmalonsyre
☐ ep Homocystein
☐ s Kobalamin
☐ s Folat
☐ s Haptoglobin
☐ eb Hemoglobinopati se baksiden

TUMORMARKØR
☐ s APP
☐ s β-2-mikroglobulin
☐ s CA 125
☐ s CEA
☐ s PSA
☐ s β-HCG

☐ s Kromogranin A
☐ s Kalsitonin

BINYREMARG
☐ ep Metanefriner

BINYREBARK
☐ ep ACTH kl. 07-10
☐ ep ACTH kl. 18-22
☐ ep ACTH kl.
☐ s Kortisol kl. 07-10
☐ s Kortisol kl. 18-22
☐ s Kortisol kl.
spytt Kortisol kl. 22-24
☐ s 11-Deoksykortisol
☐ s 17α-OH-progesteron
☐ s DHEA-sulfat
☐ ep Reninaktivitet
☐ s Aldosteron

KLINISK FARMAKOLOGI
☐ eb Ciklosporin A ☐ s Litium
☐ s Digoksin (Lanoxin) ☐ ep Mykofenolat
☐ s Karbamazepin ☐ s Okskarbazepin
☐ s Lamotrigin ☐ eb Takrolimus
☐ s Levetiracetam ☐ s Valproat

For andre lege- og rusmiddelanalyser se skjema 202 1033

Preparat	Dosering	Siste dose (dato, kl slett)

ANDRE ANALYSER OG PÅ BAKSIDEN

MOTTATT PRØVEMATERIALE
s Serum separert hb Heparinblod
s Serum på gel hp Heparinplasma
eb EDTA-blod cp Citratplasma
ep EDTA-plasma u Urin
cb Citratblod du Dagsurin
f Feces p Terumerør Spytt

Analyser skrevet med uthevet, grønn skrift krever spesielle forholdsregler. Se forskrifter på baksiden.

8180 5894 01 Serum 8180 5894 Urin 8180 5894 plasma 8180 5894 61 HCY 8180 5894 EDTA plasma

Form 2: Hematology

Applies to employee

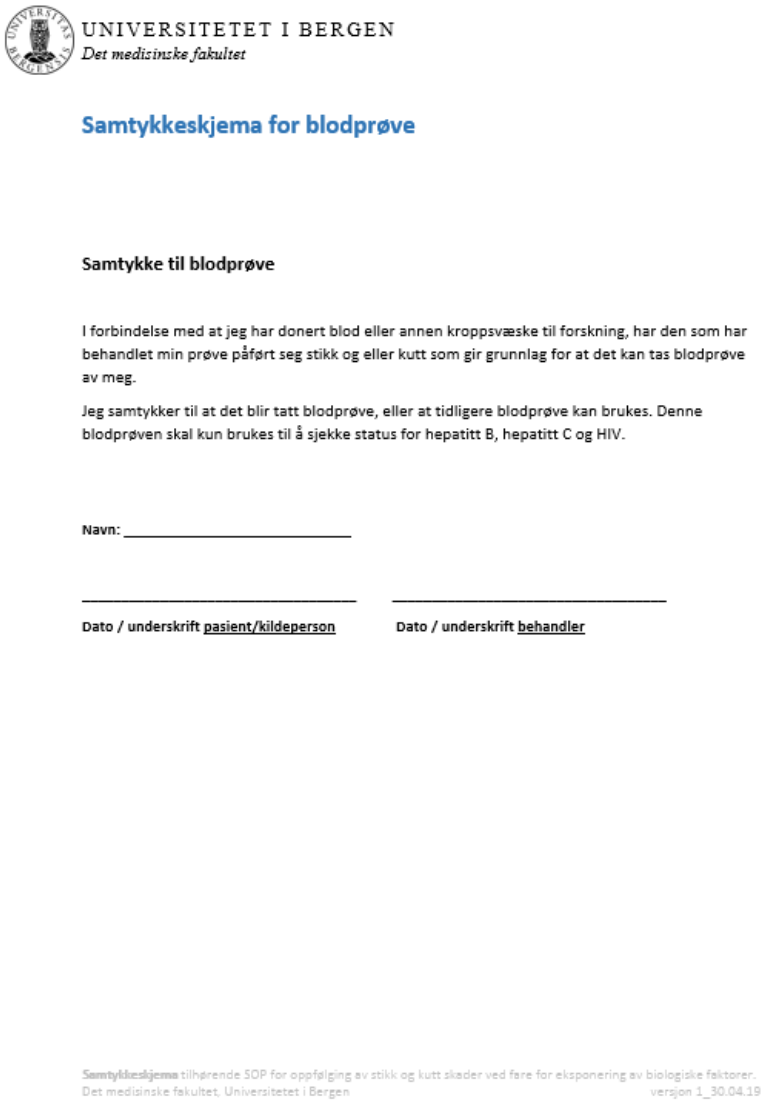
Link to the forms:

Employee

Patient/source

Employee

7.2 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

Link to the form:

Samtykke

7.3 Self-declaration form

Self-declaration form for puncture and cut injuries

Name: _____Groupe: _____Time: _____ Dato: _____

Vacine status: Hepattitis B☐ Tetanus ☐ Other: _____

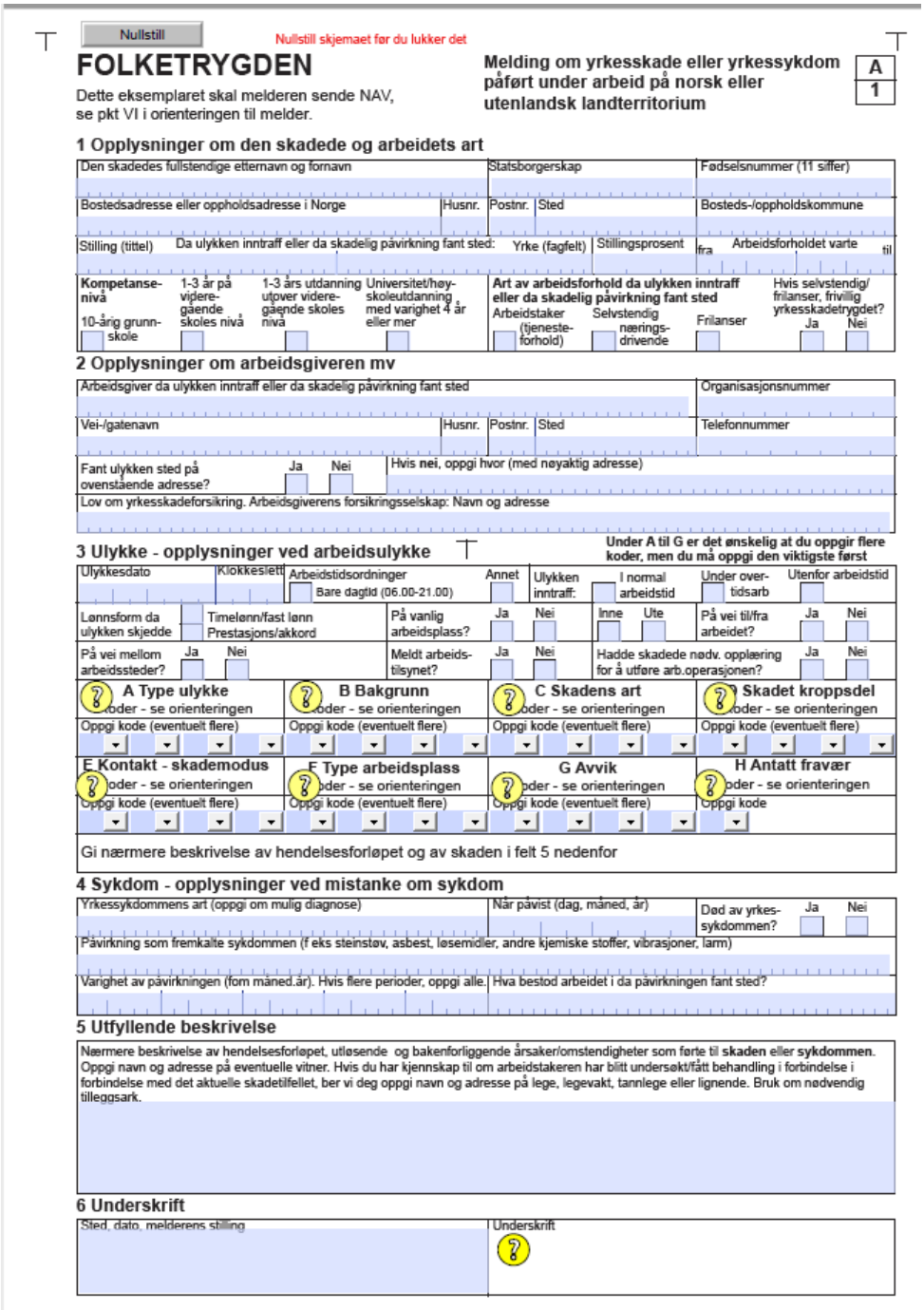
TYPE OF WORK	DESCRIVE THE TYPE OF ECPOSURE
BLOD OG KROPPSVÆSKER	Blood☐ Other body fluids: _____ Known infection in patient: _____
RETROVIRAL VECTORS (GMM)	Vector/- system: _____ Type of gene insert:_____ ☐ ☐ Mutatetd Not mutated ☐ Origin of the gene: Human other: _____ Function of the gene: _____ Recipient organism: _____
HUMAN PATOGENIC BACTERIA AND VIRUSES	Name: _____ Type: Bacteria☐ Viruses☐ Other: _____ Disease: _____
CELL LINES	Name: _____Human☐ Other: _____ Tissue type: _____ Cell type: _____ Disease: _____

Link to the forms:

Egenerklæring

Self-declaration form

7.4 Occupational injury form



Nullstill

Nullstill skjemaet før du lukker det

FOLKETRYGDEN

Dette eksemplaret skal melderen 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

Kompetanse-nivå | 10-årig grunn-skole | 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: Arbeidstaker (tjeneste-forhold) | Selvstendig næring-sdrivende | 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 forsikringsselskap: 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: Bare dagtid (06.00-21.00) | Annet | Ulykken inntraff: I normal arbeidstid | Under over-tidsarb | Utenfor arbeidstid

Lønnsform da ulykken skjedde | Timelønn/fast lønn | Prestasjons/akkord | På vanlig arbeidsplass? Ja | Nei | Inne | Ute | På vei til/fra arbeidet? Ja | Nei

På vei mellom arbeidssteder? Ja | Nei | Meldt arbeids-tilsynet? Ja | Nei | Hadde skadede nødv. opplæring for å utføre arb.operasjonen? Ja | Nei

A Type ulykke koder - se orienteringen | Oppgi kode (eventuelt flere)

B Bakgrunn koder - se orienteringen | Oppgi kode (eventuelt flere)

C Skadens art koder - se orienteringen | Oppgi kode (eventuelt flere)

D Skadet kroppsdel koder - se orienteringen | Oppgi kode (eventuelt flere)

E Kontakt - skademodus koder - se orienteringen | Oppgi kode (eventuelt flere)

F Type arbeidsplass koder - se orienteringen | Oppgi kode (eventuelt flere)

G Avvik koder - se orienteringen | Oppgi kode (eventuelt flere)

H Antatt fravær koder - se orienteringen | 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 yrkes-sykdommen? Ja | Nei

Påvirkning som fremkalte 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

This form will be delivered digitally to NAV by the employer, contact HSE-coordinator or Head of Administration to fill out the form.

Self-declaration form for puncture and cut injuries

Name: _____Groupe: _____Time: _____ Dato: _____

Vaccine status: Hepatitis B ☐ Tetanus ☐ Other: _____

TYPE OF WORK	DESCRIBE THE TYPE OF EXPOSURE
BLOD OG KROPPSVÆSKER	Blood ☐ Other body fluids: _____ Known infection in patient: _____
RETROVIRAL VECTORS (GMM)	Vector/- system: _____ Type of gene insert:_____ Mutated ☐ Not mutated ☐ Origin of the gene: Human ☐ other: _____ Function of the gene: _____ Recipient organism: _____
HUMAN PATOGENIC BACTERIA AND VIRUSES	Name: _____ Type: Bacteria ☐ Viruses ☐ Other: _____ Disease: _____
CELL LINES	Name: _____Human☐ Other: _____ Tissue type: _____ Cell type: _____ Disease: _____
FLUID FROM LABORATORY ANIMALS	Mouse ☐ Rat ☐ Other: _____ Injected organism: Human ☐ Other: _____ Cell type: _____ Disease: _____ Genetic mutation: _____ Known infection in the laboratory animal: _____

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**

HELSE BERGEN
Haukeland universitetssjukehus
Postboks 1400, 5021 Bergen

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

Skadet ansatt

Fødselsnr

Navn

Adresse

Rekvirentkode
Rekvirentens navn og adresse

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

Id-nr. 8335.869

Poststed ☐ Kvinne ☐ Mann

Betales av
☐ Trygdekontor ☐ Institusjon ☐ Bedrift

Prøven tatt dato kl

Klinisk problemstilling:

Prøvetaker

0-prøve pga stikk- og eller kuttskade.

Skadedato:_____

☐ Kopi ønskes til :

PRØVER TIL MIKROBIOLOGISK AVDELING

Antimikrobiell behandling: ☐ Nei ☐ Ja Middel: ..... Vaksinasjon: ..... Gravid? ☐ Ja ☐ Nei

Urin til bakteriologisk dyrkning
☐ Midtstråle ☐ Engangskateter
☐ Poseprøve, barn ☐ Permanent kateter
☐ Asymptomatisk bakteriuri hos gravid

Luftveisprøver
☐ Halssekret ☐ Nesesekret ☐ Nasofarynkssekret
☐ Øresekret ☐ Annet materiale .....

☐ Influensavirus PCR
☐ Bordetella pertussis PCR
☐ Mycoplasma pneumoniae PCR
☐ Chlamydophila pneumoniae PCR
☐ Resp.syncyt.virus PCR
☐ Humant metapneumovirus PCR
☐ Parainfluensavirus PCR
☐ Parotittvirus PCR (kusma)
☐ Bakteriologisk dyrkning

Annet prøvemateriale
☐ Sårsekret ☐ Øyesekret ☐ Abscessmateriale
☐ Leddvæske ☐ Annet materiale .....

☐ Bakteriologisk dyrkning
☐ Herpes simplex virus
☐ Varicella zoster virus
☐ Enterovirus
☐ Adenovirus

Seksuelt overførbare sykdommer
☐ *Urin* ☐ Vaginalsekret ☐ Cervixsekret
☐ Urethrasekret
☐ Annet materiale .....

☐ Klamydia/Gonokokker
☐ Klamydia
☐ Mycoplasma genitalium (kun urin)
☐ Genital herpes (kun sekret)

Avføringsprøver
☐ Tarmpatogene bakterier
☐ Clostridium difficile toxin
☐ Norovirus
☐ Rotavirus/Adenovirus
☐ Parasitter
☐ Helicobacter pylori ☐ Annet .....

Tuberkulosediagnostikk
☐ Ekspektorat ☐ Urin
☐ Annet materiale .....

MRSA-undersøkelser
☐ Nesebor ☐ Svelg/Tonsiller
☐ Perineum
☐ Annet materiale .....

Blodprøver
☐ s Bordetella pertussis
☐ s Mycoplasma pneumoniae
☐ s Chlamydophila pneumoniae
☐ s Epstein-Barr virus
☐ s Cytomegalovirus
☐ s Herpes simplex virus
☐ s Varicella zoster virus
☐ s Meslingevirus
☐ s Parotittvirus
☐ s Rubellavirus
☐ s Parvovirus B19
☐ s Toxoplasmose
☐ s Syfilis
☐ s Borrelia
☐ s Svangerskapsanalyser (Rubella, Syfilis, HIV)
☐ s Assistert befruktning (donor)
☐ s Annet
☐ s Hepatitt C virus PCR (eget gelrør)
☐ s Hepatitt A-antistoff IgG
☐ s Hepatitt A-antistoff IgM
☒ s Hepatitt Bs-antistoff
☒ s Hepatitt Bs-antigen
☒ s Hepatitt B core-antistoff IgG
☒ s Hepatitt C-antistoff
☒ s HIV

PRØVER TIL AVDELING FOR IMMUNOLOGI OG TRANSFUSJONSMEDISIN

Autoantistoff
☐ s ANCA
☐ s Glomerulus-basalmembran
☐ s ANA med spesifisiteter
☐ s Glatt muskulatur
☐ s Mitokondrier
☐ s Parietalceller
☐ s Intrinsisk faktor
☐ s Kardiolipin, fosfolipid
☐ s LKM1, LeverNyreMikrosom. ag
☐ s *Cøliakiantistoff*

Antistoff
☐ s AST
☐ s Anti DNase B
☐ s Pneumokokkvaksine
☐ s Difteri/tetanusvaksine

Reumatoid faktor
☐ s Latex RFtest
☐ s Anti-CCP

Immunglobuliner
☐ s ☐ sp IgG
☐ s IgA
☐ s ☐ sp IgM
☐ s ☐ sp ☐ u Agarose-el.forese
☐ s M-komponent kvantitering
☐ s *Kuldeagglutininer* v/+37°C
☐ s *Kryoglobuliner* v/+37°C
☐ s IgD
☐ sk Spinalvæskespesifikt protein
☐ s .....
☐ s .....

Komplement
☐ s C3, C4
☐ s C1-INH
☐ s *Komplementfunksjonstest*

Vevstyping
☐ eb *HLA-B27 Bechterew*
☐ eb *HLA-DR/DQ cøliakiass*

Immunfenotyping
☐ eb *CD4/CD8-kvantitering*
☐ eb *Lymfocytt-kvantitering*
☐ eb *CD34-kvantitering*
☐ *Utvidet immunfenotyping se bak*

Analyser skrevet med *uthevet skrift* krever spesielle forholdsregler. Se baksiden. s = serum eb = EDTA-blod ep = EDTA-plasma u = urin sk = sekret.

Bergen Grafisk AS - Skj. 2021028 - 11.2015

HELSE BERGEN
Haukeland universitetssjukehus
Postboks 1400, 5021 Bergen

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

kildeperson

Fødselsnr

Navn

Adresse

Rekvirentkode
Rekvirentens navn og adresse

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

Id-nr. 8335.869

Poststed ☐ Kvinne ☐ Mann

Betales av
☐ Trygdekontor ☐ Institusjon ☐ Bedrift

Prøven tatt dato kl

Klinisk problemstilling:

Prøvetaker

0-prøve pga stikk- og eller kuttskade. Kildeperson.

Skaddes initialer:_____, skadedato:_____ ☐ Kopi ønskes til :

PRØVER TIL MIKROBIOLOGISK AVDELING

Antimikrobiell behandling: ☐ Nei ☐ Ja Middel: ..... Vaksinasjon: ..... Gravid? ☐ Ja ☐ Nei

Urin til bakteriologisk dyrkning
☐ Midtstråle ☐ Engangskateter
☐ Poseprøve, barn ☐ Permanent kateter
☐ Asymptomatisk bakteriuri hos gravid

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☐ Halssekret ☐ Nesesekret ☐ Nasofarynkssekret
☐ Øresekret ☐ Annet materiale .....

.....

☐ Influensavirus PCR
☐ Bordetella pertussis PCR
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☐ Humant metapneumovirus PCR
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.....

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☒ s HIV

PRØVER TIL AVDELING FOR IMMUNOLOGI OG TRANSFUSJONSMEDISIN

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Reumatoid faktor
☐ s Latex RFtest
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Immunglobuliner
☐ s ☐ sp IgG
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☐ s ☐ sp ☐ u Agarose-el.forese
☐ s M-komponent kvantitering
☐ s *Kuldeagglutininer* v/+37°C
☐ s *Kryoglobuliner* v/+37°C
☐ s IgD
☐ sk Spinalvæskespesifikt protein
☐ s .....
☐ s .....

Komplement
☐ s C3, C4
☐ s C1-INH
☐ s *Komplementfunksjonstest*

Vevstyping
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Bergen Grafisk AS - Skj. 2021028 - 11.2015

HELSE BERGEN
Haukeland universitetssjukehus
5021 Bergen

8180 5894

18

LAB. FOR KLINISK BIOKJEMI **TLF. 559 73100**
HORMONLABORATORIET **TLF. 559 74380**

VERSJON 18
Foretak/Rekv.kode

Rekvirentens Hprnr., navn, adresse
Se info bak ad:
Mobiltelefonnr.

Stein Inge Stigen
Bedriftslege/Godkjent sjomannslege
Universitetet i Bergen
Bedriftshelsetjenesten
Pb. 7800, 5020 Bergen
Tlf. 55 58 87 50

Id-nr. 8385 899

Fødselsnr.

Navn ☐ Kvinne ☐ Mann

Adresse

Poststed

Betales av: ☒ Trygdekontor ☐ Institusjon ☐ Bedrift

Prøven tatt kl Prøvetaker:

Etiketten plasseres kant i kant med orginaletiketten på prøverøret

Klinisk problemstilling:
Kontrollprøve
Kutt/stikk skade

Ved * oppgi: Gravid? ☐ Ja ☐ Nei Siste mens: ☐ Kopi ønskes til:

Dersom du ikke ønsker at laboratoriet rekvirerer supplerende analyser, kryss her ☐

HEMATOLOGI
- ☐ eb Leukocytter
- ☐ eb Hemoglobin
- ☐ eb MCV
- ☐ eb Trombocytter
- ☒ eb Differensialtelling
- ☐ eb Retikulocytter

KOAGULASJON
- ☐ cb Protrombintid-INR
- ☐ cb D-dimer

Utredning *se baksiden*
Pasienten behandles med:
☐ *Ingen antikoagulantia* ☐ *warfarin*
☐ *dabigatran* ☐ *rivaroksaban* ☐ *apixaban*
☐ *Annet* _____

- ☐ **Blødningstendens**
- ☐ **Trombosetendens** arvelig
- ☐ **Trombosetendens** gjennomgått trombose
- ☐ **Antifosfolipidsyndrom**

PORFYRI *se baksiden*
- ☐ eb-hb-u-f **Utredning**
- ☐ u **Kontroll**

GRAVIDITET*
- ☐ s HCG intakt + frie β-kjeder

THYREOIDEA
- ☐ s TSH
- ☐ s Tyroksin, fritt FT4
- ☐ s Thyr.peroks.antist.TPOAs
- ☐ s TSH-reseptorantistoff

KALSIUMREGULERING
- ☐ s **PTH**
- ☐ s 25 (OH) vit D

DIABETES
- ☐ eb HbA_{1c}
- ☐ s Glukose
- ☐ p Oral glukosebelastning (spes.rør)

KLINISK KJEMI
- ☐ s Natrium
- ☐ s Kalium
- ☐ s Fosfat
- ☐ s Kalsium
- ☐ s Kreatinin
- ☐ s Protein
- ☐ s Albumin
- ☐ s CRP
- ☐ s Kolesterol
- ☐ s HDL-Kolesterol
- ☐ s LDL-Kolesterol
- ☐ s **Triglyserider**
- ☐ s Amylase
- ☐ s Bilirubin
- ☐ s ALP
- ☐ s GT
- ☐ s ALAT
- ☐ s LD
- ☐ s CK
- ☐ s **Transferrinmetn.**

GONADER*
- ☐ s LH
- ☐ s FSH
- ☐ s Prolaktin
- ☐ s Progesteron
- ☐ s Testosteron
- ☐ s Androstendion
- ☐ s SHBG
- ☐ s Østradiol

ALLERGI se baksiden
IgE sensibilisering
- ☐ s IgE
- ☐ s Luftveisallergener
- ☐ s Matallergener
- ☐ s **Enkeltallergener** merk også på baksiden

CØLIAKI se baksiden
- ☐ s **Utredning**

M-KOMPONENT/ MYELOMATOSE se baksiden
- ☐ s ☐ u **Utredning**
- ☐ s ☐ u **Kontroll**
- ☐ s ☐ u **Kontroll** av lettkjede sykdom

URIN
- ☐ u Protein pr.mmol kreatinin
- ☐ u Albumin pr.mmol kreatinin
- ☐ du Kortisol, fritt
- ☐ du 5-HIAA
- ☐ du **Katekolaminer**

Volum mL
samlet fra til

METABOLISME
- ☐ s Insulin
- ☐ s Insulin C-peptid
- ☐ s Veksthormon
- ☐ s GAD-antistoff
- ☐ s IA2-antistoff
- ☐ s Insulinantistoff
- ☐ etp **Glukagon**
- ☐ s **IGF-1**
- ☐ s **IGFBP-3**

ANEMIUTREDNING
- ☐ s Ferritin
- ☐ s Metylmalonsyre
- ☐ ep **Homocystein**
- ☐ s Kobalamin
- ☐ s Folat
- ☐ s Haptoglobin
- ☐ eb **Hemoglobinopati** se baksiden

TUMORMARKØR
- ☐ s AFP
- ☐ s β-2-mikroglobulin
- ☐ s CA 125
- ☐ s CEA
- ☐ s PSA
- ☐ s β-HCG
- ☐ s **Kromogranin A**
- ☐ s **Kalsitonin**

BINYREMARG
- ☐ ep **Metanefriner**

BINYREBARK
- ☐ ep **ACTH** kl. 07-10
- ☐ ep **ACTH** kl. 18-22
- ☐ ep **ACTH** kl.
- ☐ s Kortisol kl. 07-10
- ☐ s Kortisol kl. 18-22
- ☐ s Kortisol kl.
- ☐ **spytt Kortisol** kl. 22-24
- ☐ s 11-Deoksykortisol
- ☐ s 17α-OH-progesteron
- ☐ s DHEA-sulfat
- ☐ ep **Reninaktivitet**
- ☐ s Aldosteron

KLINISK FARMAKOLOGI
- ☐ eb Ciklosporin A
- ☐ s Digoksin (Lanoxin)
- ☐ s Karbamazepin
- ☐ s Lamotrigin
- ☐ s Levetiracetam
- ☐ s Litium
- ☐ ep Mykofenolat
- ☐ s Okskarbazepin
- ☐ eb Takrolimus
- ☐ s Valproat

For andre lege- og rusmiddelanalyser se skjema 202 1033

Preparat	Dosering	Siste dos (dato, kl.slet

ANDRE ANALYSER OG PÅ BAKSIDEN

MOTTATT PRØVEMATERIALE

s	Serum separert	hb	Heparinblod
s	Serum på gel	hp	Heparinplasn
eb	EDTA-blod	cp	Citratplasma
ep	EDTA-plasma	u	Urin
cb	Citratblod	du	Døgnurin
f	Feces	p	Terumorør
			Spytt

Bergen Grafisk AS - Skj. 202 1029 - 02.2015

Analyser skrevet med **uthevet, grønn skrift** krever spesielle forholdsregler. Se forskrifter på bakside

8180 5894 01 Serum | 8180 5894 Urin | 8180 5894 plasma | 8180 5894 61 HCY | 8180 5894 EDTA

isk kjemi 30 5894 01 | isk kjemi 30 5894 01 | atologi dato ☐ Retic ☐ MCV 30 5894 03 | lc dato 30 5894 40 | gi 30 5894 65 | gulasjon 30 5894 02 | ader/Thyroidea 30 5894 66 | /TAKRO