



University Hospitals of Leicester
NHS Trust



**Standard Operating Procedure:
Emergency Department Blood Borne Virus Screening (ED BBV Screening)**

Emergency Department: University Hospitals of Leicester

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ED Standard Operating Procedure: Blood Borne Virus Screening
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1. Background

1.1. The Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C are all blood borne viruses.

1.2. Hepatitis C is now essentially a curable disease due to the advent of Direct Acting Antiviral Treatments (DAAs).

1.3. Treatment of HIV has massively improved over the last 30 years with the use of antiretroviral (ARV) medicines. People living with HIV and taking ARVs regularly can expect to have undetectable viral loads (meaning they cannot transmit the virus) and a normal life expectancy.

1.4. Hepatitis B does not have the same treatment base but early detection of deteriorating liver function can ensure patients receive timely interventions and avoid repercussions of liver cirrhosis.

1.5. As a result of these medical advances, the UK Government created the HIV Action Plan. Its main aim is to achieve zero HIV transmissions in England by 2030. As part of a wider strategy it has been recommended that Emergency Department (ED) opt-out HIV testing should be undertaken in all high and very high risk areas of HIV prevalence; Leicester is a high risk area.

1.6. The NHS England Hepatitis C Virus Elimination Programme is a UK Government initiative, which began in 2015, to try and eliminate Hepatitis C as a major public health concern by 2030. In an attempt to locate all individuals living with Hepatitis C it has been recommended that Emergency Departments offer opt-out Hepatitis C screening.

1.7. Hepatitis B testing was felt to be a cost-effective and simple addition to the above proposed tests. It is often the most common of the blood borne viruses (BBVs) to be identified in pre-existing screening sites. Leicester also has a high prevalence of Hepatitis B.

2. Objectives

2.1. The objective of this document is to outline the process of providing opt-out blood borne virus screening within Leicester's Emergency Department.

3. Scope

3.1. This Standard Operating Procedure (SOP) covers the Emergency Department (including MIAMI) at Leicester Royal Infirmary.

3.2. This document is of relevance to all levels of clinical staff within the ED who may be involved in the taking of blood from patients attending the ED.

3.3. It is also important for the ED operational team to be aware of this programme.

3.4. This is a non-targeted screening programme and not testing due to clinical suspicion. If clinicians have concerns due to high-risk factors or clinical suspicion they should proceed with testing, clinical management and referral as usual.

3.5. This programme is undertaken in partnership with other UHL services including the Infectious Diseases team and Pathology Service.

3.5.1. Therefore, this SOP sits alongside other SOPs for the BBV Screening Programme from UHL Infectious Diseases team, the Hepatitis C Operational Delivery Network and the Pathology Service.

4. Consent

- 4.1. This is an “opt-out” screening programme.
- 4.2. Opt-out consent means that all patients will be screened unless they specifically decline testing.
- 4.3. We do not have to gain specific consent from the patient to undertake the screening tests; in the same way that we do not gain specific consent for other individual blood tests done within the Emergency Department, such as liver function tests, coagulation or group and screen.
- 4.4. To ensure that patients are made aware of our participation in the national screening programme, posters (Appendix 3) in English and other languages commonly spoken in Leicester, Leicestershire and Rutland will be displayed on the television screens in the waiting room.
- 4.5. Some patients may wish to have further information regarding the screening process. In this case, a patient information leaflet (PIL) has been developed. This can be found in appendix 4 as well as printed from the tablets in ED or from the ED area of UHLConnect.

5. Testing procedure

- 5.1. Inclusion criteria:
 - 5.1.1. All Type 1, adult (>18 years) patients attending the Emergency Department (including MIAMI) should be screened for HIV antibodies, Hepatitis C antibodies and Hepatitis B surface antigen.
- 5.2. Exclusion criteria:
 - 5.2.1. A patient declines to undergo the screening.
 - 5.2.2. The patient has already undergone the ED BBV screening within the past 12 months.
- 5.3. Indecision about whether to screen a patient:
 - 5.3.1. The only firm exclusion criteria from receiving the BBV screen are listed above; however, circumstances may arise where a staff member is unsure about whether performing the BBV screen on a patient is the correct action to take. In this case advice should be sought from a senior colleague (Nurse coordinating the area or doctor leading the area of ED) and a decision can be made based on the clinical context.
- 5.4. Who performs the test?
 - 5.4.1. The BBV screening test should be taken by whichever member of clinical staff is bleeding the patient the first time.
 - 5.4.1.1. This can be HCAs, Nurses, Doctors, ACPs; anyone who is trained and competent at phlebotomy within their ED role.
- 5.5. How to do the test:

- 5.5.1. Taking the blood samples for screening will be done using the same method and at the same time as taking the other (clinically indicated) blood tests; via the cannula or butterfly needle, for example.
- 5.5.2. The pathology request shall be made via NerveCentre by selecting the “ED BBV Screening” test.
- 5.5.3. The “ED BBV Screening” request can be found within each “ED Order Sets” and separately on the “ED Hot Lab” section of the NerveCentre Investigations tab (Appendix 1).
 - 5.5.3.1. If the patient has had the BBV screen within the last 12 months, a message will appear on NerveCentre alerting the staff member to this (see appendix 2)
 - 5.5.3.2. If this message is seen, the staff member should not proceed in taking any additional blood tests for the BBV screen.
- 5.5.4. The screening samples will be taken in a white virology bottle.
- 5.5.5. The sample will be labelled with NerveCentre pathology labels akin to other blood tests.
- 5.5.6. The sample will be placed in a separate, blue pathology bag and dispatched to the ED Hot Lab, along with the patient’s other blood tests.
- 5.6. Testing for clinical suspicion:
- 5.6.1. Testing, due to clinical suspicion, should be undertaken using the pre-existing pathology requests on NerveCentre Order Comms for HIV, Hepatitis C or Hepatitis B and not using the “ED BBV Screening” request (due to different turnaround times).

6. Results

- 6.1. Under no circumstances should Emergency Department staff be sharing the BBV screening results with our patients, as this requires specific counselling.

6.2. It is not the responsibility of the Emergency Department or Emergency Department staff to follow up on the results of the BBV screening tests taken within the Department.

6.2.1. The responsible bodies within UHL for each positive test result are outlined within Section 6.3 (below).

6.3. The process for informing patients of positive or negative results will be as follows. This information can be shared with patients at the point of enquiry, during testing or when seeing a clinician:

6.3.1. The turnaround times for the screening samples will typically be around 72 hours.

6.3.2. Negative results will not be relayed to the patient.

6.3.3. Positive results are made available to the infectious diseases (ID) team by the pathology service:

6.3.3.1. For positive HIV results, ID will endeavour to see patients in clinic within 24 hours of receipt of a positive result, dependent upon whether they are to be newly diagnosed or were lost to follow up.

6.3.3.2. For positive Hepatitis B results ID will follow up these patients either remotely or in clinic dependent upon other clinical factors.

6.3.3.3. Positive Hepatitis C results will be followed up by ID in clinic, dependent upon whether they are to be newly diagnosed or were lost to follow up.

APPENDIX 1:

The screenshot displays the Nervecentre EPR system interface. At the top, the header includes the Nervecentre logo and navigation links: Home, Patient List, Patient Detail, All Tasks, All Investigations, EWS Charts, Expects, Discharged, and Search. The patient information bar shows 'HOTEL, Tango' with ID 'S0049580' and status 'UNKNOWN'. Patient details include DOB '11 Jan 1990', Age '34y', Sex 'Male', Area 'Blue Majors', Consultant 'Esc', and Admission date '12 Sep 2024'. A red banner indicates a wait time of '> 24hrs'. The 'Investigations' tab is active, showing a search for 'bbv'. The 'Place Orders' section is open, displaying a list of folders (ED Order Sets, ED Hot Lab, ED Main Lab, ED XR Head, ED XR Trunk, ED XR Upper Limb, ED XR Lower Limb) and a list of services (APTT, Amylase - serum, Blood Culture, Blood Gases Arterial (POC), Blood Gases Capillary (POC), Blood Gases Venous (POC), Bone Profile). The 'Orders To Place' section shows 'ED BBV Screening' with a 'Next' button.

nervecentre
NEXT GENERATION EPR

HomePatient ListPatient DetailAll TasksAll InvestigationsEWS ChartsExpectsDischargedSearch

HOTEL, Tango
90049500UNKNOWN

11 Jan 199034y MaleBlue MajorsEsc12 Sep 202424hrs

ED Blue Majors

Search/RegisterSummaryPatient adminClinicalMedsInvestigationsCase NotesPrimary CareTEST

InvestigationsPlace Order

Search:bbv

Place Orders

Search Results

By ProviderPathologyImagingHaematologyChemistryMicrobiology / VirologyImmunologyCath LabCardiac InvestigationsVascular Studies UnitClinical GeneticsBy SpecialityEmergency MedicineGeneral MedicineSpecialist MedicineAnaesthesia & Intensive careSurgeryMaternityDentistryPaediatricsPsychiatryOtherOutpatientsBy order setOrder set

ED Order Sets

ED Hot LabED Main LabED XR HeadED XR TrunkED XR Upper LimbED XR Lower LimbED UltrasoundED CTED MRI

ED Adults

ED Paeds

Order sets

+ ED Acute Abdominal pain
+ ED Acute confusion
+ ED Acute gastroenteritis
+ ED Breathlessness - Asthma
+ ED Breathlessness - Heart failure
+ ED Breathlessness - PE
+ ED Chest pain - Cardiac
+ ED DKA
+ ED DVT
+ ED Flank pain
+ ED Haematemesis / Upper GI bleed
+ ED Haemoptysis
+ ED Hip Fracture
+ ED Hypertension - Severe
+ ED Jaundice
+ ED PR bleed
+ ED PV bleed
+ ED Palpitations
+ ED Seizures
+ ED Septic Arthritis
+ ED Stroke
+ ED Syncope
+ ED Tonsillitis
+ ED Urinary retention

Orders To Place

ED Acute confusion

Full Blood CountUrea & ElectrolytesLiver Function TestC reactive proteinED BBV Screening

ED DKA

Full Blood CountUrea & ElectrolytesLiver Function TestBlood Gases Venous (POC)Coagulation screenED BBV Screening

ED Haemoptysis

Full Blood CountUrea & ElectrolytesCoagulation screenBlood Gases Venous (POC)ED BBV Screening

ED PV bleed

Full Blood CountUrea & ElectrolytesCoagulation screenED BBV Screening

Next


logged in as adam.clark (logout) (F9 Lock)

University Hospitals Leicester UAT (Dev) System

v8.1.5

APPENDIX 2

APPENDIX 3



Opt-out Testing for HIV, Hepatitis C and Hepatitis B

Everyone aged 18 and older who has their blood tested in our Emergency Department (A&E) now has it tested for HIV, hepatitis B and hepatitis C. It's important to get diagnosed early as treatment is life-saving and free from the NHS. **Your results are confidential.**

If you do not wish to be tested, please let a member of staff know before your blood test.

HIV TESTING HEP-B TESTING HEP-C TESTING HIV TESTING HEP-B TESTING HEP-C TESTING HIV TESTING HEP-B TESTING HEP-C TESTING

APPENDIX 4

Screening for bloodborne viruses (Emergency Department)

Emergency Medicine

Information for Patients

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Why are these illnesses being tested for?

- People suffer from HIV, Hepatitis B and Hepatitis C (bloodborne viruses) because they are diagnosed too late.
- We want to stop this happening by finding people with these illnesses and helping them get treatment.
- It is worth getting treatment for these illnesses because:
 - HIV treatment can be very successful. In some cases it can be successful enough to avoid many of the health problems that come with having HIV and also stop it being passed from person to person.
 - Hepatitis C is curable using medications.
 - If Hepatitis B is found quickly then any problems it causes can be found earlier and managed better.

Does everyone who comes to the Emergency department get these tests?

No. You will only have these tests if you are having blood tests done to look into the problem that has brought to the hospital today.

How long does it take to get the results?

We aim for these tests to be done within 3 days of being taken. We would expect you to get news of a positive result within a week of the tests being taken. This is not a guarantee.

We will not contact you if you have a negative result. No news is good news.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk



Who will give me the results if they are positive?

A professional trained in giving this kind of news will contact you. They work for the Infectious Diseases team.

Are results confidential?

Yes, the results are confidential.

What if I do not want to have the tests?

You just need to tell the staff member taking your blood test. The staff member may ask you why you do not want the tests taken. This is only for us to learn why people do not want the tests. It is not a judgement of your choice.

Can these tests be done elsewhere?

Hepatitis B

Contact your GP and ask for a test

Hepatitis C

You can order a testing kit to your home using <https://heptest.nhs.uk>

You can also visit your GP and ask for a test

HIV

You can order an HIV testing kit to your home using <https://leicestersexualhealth.nhs.uk/online-testing-kit#>

You can also see your GP and ask for a test

For more information: <https://www.leicestershospitals.nhs.uk/aboutus/our-news/press-release-centre/2024/life-saving-testing-for-hiv-hepatitis-b-and-c-rolls-out-in-leicesters-hospitals-emergency-department/>

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



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