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Your Ref.
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Blood Testing Following Criminal Incidents Where There Is A Risk Of Infection: Proposals for Legislation

Thank you for a copy of this consultation document and the opportunity to comment on it. I am replying on behalf of NHS Argyll and Clyde.

Question 1/2. Medical information concerning an individual is confidential and should not be released without the individuals' consent. Some people have not been screened because they do not wish to know the result of a screening test, and they should continue to have the right to keep medical information about themselves confidential. Additionally, a screening test is only valid at the time at which it is carried out. Virological markers can change over time and become either positive or negative. There is also a "window period" when people who are infected would not have antibodies to the infections despite carrying a given virus.

Given the above, standard screening tests and precautions for all viruses would still require to be taken regardless of the results in medical notes or any test performed on a suspect at that time.

I do not therefore agree that any legislation should be enacted, nor do I believe that the legislation would be helpful to anyone who had been exposed to potentially infected blood.

Question 3. The same standard of protection should be available to anyone who believes that they have been exposed to potentially infected blood. All who have been put at risk should have access to prompt counselling, screening tests and prophylaxis as soon after the incident as possible. This may be provided by the occupational health department if appropriate or through the accident and emergency department of a hospital. Following assessment, which indicates that a significant exposure has in fact occurred, appropriate investigations and treatment can then be given. It is important that this assessment is in fact carried out, as someone may believe that they have been put at risk, but when the circumstances of the exposure are discussed there may have been no significant risk to the individual.

Question 4. As stated above, victims of serious physical or sexual assault require to be assessed and treated. Testing an assailant will not prevent the requirement that the victim should be assessed, screened and commenced on appropriate prophylaxis. Additionally, victims of sexual assault will require to be screened for a range of sexually transmissible diseases, and treated where appropriate. Legislation for hepatitis and HIV will not alter that.

Question 5. As stated in questions 1 and 2.

Question 6. As stated in questions 1 and 2.

Question 7. No. These individuals need to be assessed by someone who can assess the risks and give appropriate treatment.

Question 8. No

Question 9. It would serve no useful purpose.

Question 10. I do not think this information should be made available except to the patient and his/her medical attendants. If the patient chooses to make this information available to a given individual for a specific purpose that should be done on a voluntary basis, without undue pressure on the patient.

Question 11. There should be no costs and this situation should not arise.

Question 12. Support should be available for anyone who has been exposed to a potential risk of blood borne virus transmission. A statutory agency, a voluntary agency or a combination of both may provide this.

Yours sincerely

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