

**MARTIN LUTHER KING, JR.  
OUTPATIENT CENTER  
POLICY AND PROCEDURE**

<b>DIVISION:</b> Clinical	<b>NUMBER:</b> 2.328
<b>SUBJECT:</b> ON-DEMAND HIV SCREENING STANDARDIZED PROCEDURE FOR RN'S AND STANDARDIZED PROTOCOL FOR LVN'S AND CMA'S	
<b>SECTION:</b> Provision of Services	<b>PAGE:</b> 1 <b>OF:</b> 4
<b>APPROVED BY:</b> POLICY AND PROCEDURE COMMITTEE OPC MEDICAL EXECUTIVE COMMITTEE	<b>EFFECTIVE DATE:</b>
<b>TO BE PERFORMED BY:</b> All applicable staff	<b>APPROVAL DATE:</b> 09/05/2018

**1.0 Functions to be performed:**

The specified functions may be performed by the following personnel for any asymptomatic patient who presents to the MLK OPC Urgent Care and requests Human Immunodeficiency Virus (HIV) screening.

- Registered Nurse (RN)
- Licensed Vocational Nurse (LVN)
- Certified Medical Assistant (CMA)

**2.0 Specific goals:**

- 2.1 To provide nurse- or CMA-directed HIV screening for all asymptomatic patients who may request this in the Urgent Care setting.
- 2.2 To additionally provide screening for other Sexually Transmitted Infections (STIs) as appropriate.
- 2.3 To provide linkage to ongoing health services for primary care or HIV care as appropriate.

**3.0 Procedure and Requirements:**

- 3.1 Confirm patient identity/demographics and register patient for new encounter in ORCHID;
- 3.2 In ORCHID under the heading "Diagnosis and Problems", enter diagnosis code "UC – STD Evaluation";
- 3.3 Print the following designated educational materials available in ORCHID: *"If You Think You Have an STD"*, *"What are Sexually Transmitted Diseases (STDs)?"*, and *"Understanding STDs"*; provide these materials to the patient with instructions to first read these in the waiting room and then subsequently return for the remainder of the screening process;
- 3.4 Upon patient's return, measure and record body temperature;
  - 3.4.1 If febrile, refer patient to provider for evaluation;
- 3.5 Assess if patient reports experiencing subjective fevers, viral symptoms, or new genital discharge or sores;
  - 3.5.1 If patient reports any of these symptoms, refer patient to provider for evaluation;
- 3.6 In ORCHID under the "Ambulatory Care Intake and History" heading and "Social History" section, complete the following sexual history intake questions based on patient's reporting:

3.6.1 “What is your current gender identity?”

3.6.2 “Sexual behavior”

3.6.3 “STI risk factors since last visit”

3.6.3.1 Determine if any reported “STI risk factors since last visit” have occurred in the last 72 hours or if patient is a victim of sexual assault; if so, refer patient to provider for evaluation;

- 3.7 Offer patient HIV screening and additional screening for Chlamydia, Gonorrhea, and Syphilis;
- 3.8 Provide patient any associated instructions to self-collect urine or rectal specimens; and
- 3.9 Instruct patient to wait in the waiting room for result of HIV Antigen/Antibody serum test to determine further management

#### **4.0 Specific Requirements:**

- 4.1 Use the STI Order Set in ORCHID;
- 4.2 Activate the HIV antigen/antibody serum test with Order Priority “STAT”;
- 4.3 Activate Rapid Plasma Reagin (RPR) if patient requests, with Order Priority “Routine”;
- 4.4 Activate orders for Chlamydia/Gonorrhea RNA, TMA - Source: Urine, Rectal, and/or Oral as appropriate, using search term “Aptima”, with Order Priority “Routine”;
- 4.5 Select “Per Protocol”; and
- 4.6 Assign result for all nurse-directed screening to the Chief Medical Officer or designee.

#### **5.0 Notification of Negative HIV Result**

- 5.1 If the RN, LVN, or CMA identifies a negative result, s/he should offer the patient prepared printed information regarding safer sexual practices, HIV Pre-Exposure Prophylaxis (PrEP), and sexually transmitted infections (STIs), and connect the patient to medical primary care if needed through NERF process.

#### **6.0 Notification of Positive HIV Result**

- 6.1 Nurse should alert attending provider to the positive result and transition the patient to a face-to-face visit with provider to disclose results;
- 6.2 During Business Hours, Nurse should call Oasis and the designated employee should report to Urgent Care and accompany patient to Oasis for linkage to services; and
- 6.3 After hours, Nurse should verify the patient’s phone number and send an ORCHID message with subject “POSITIVE HIV SCREEN” to Oasis care management team, which is to reach out to patient on the next business day for secondary linkage to care.

#### **7.0 Experience & Training:**

The RN or LVN must hold a current and valid license to practice as a Registered Nurse or Licensed Vocational Nurse, and the CMA must hold a current and valid Medical Assistant certificate.

#### **8.0 Initial and Continuing Evaluation of Competence:**

The RN, LVN, or CMA should receive training and education by certified proctors. Training consists of lecture, didactic training, practice session followed by skills validation and successful completion of a written test. Remediation should be provided if needed. Only those staff who successfully pass

all skills validation testing with a score of 80% or greater will be authorized to perform the Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's. Additionally, the RN, LVN, or CMA is required to pass competency annually thereafter.

#### **9.0 Written Record of Authorized Personnel to Perform Standardized Procedure:**

9.1 Nursing Education and Development Department should maintain a master record of all staff authorized to perform this Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's.

9.2 Each area supervisor should also keep a record at the facility and in the employee area file.

#### **10.0 Scope of Supervision:**

The Supervising Clinic Nurse (SCN)/Nurse Manager (NM) are responsible for continued observation/monitoring and validation of staff performance. The CMA Clinical performance is under the supervision of the Medical Doctor or designee. The RN, LVN, CMA should always consult with the Urgent Care provider in any area of question, prior to taking action to initiate the Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's.

#### **11.0 Immediate Communication with Patient's Physician:**

If the patient presents with any acute complaints, the RN, LVN, CMA should immediately notify the Urgent Care Provider. If the LVN and/or CMA are first to identify the patient's acute complaint, he/she should immediately notify the RN or Provider.

#### **12.0 Limitations on Settings:**

This Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's is for implementation in the Urgent Care.

#### **13.0 Patient Record Keeping Requirements:**

The RN, LVN, or CMA authorized to implement the Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's should document in the patient's medical record. Documentation should include:

- The description or category that the clinical staff utilized to implement the Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's (See Attachment I);
- Which orders were placed;
- Instructions given to the patient; and
- Any follow-up appointment scheduled.

#### **14.0 Method of Periodic Review of the Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's:**

The Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's should be reviewed as indicated but not less than every two years.

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**Prepared by:**

**Approvals:**

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Date: \_\_\_\_\_

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Date: \_\_\_\_\_

Signature(s) on File.

**Procedure History:**

<b>Date</b>	<b>Department</b>	<b>Procedure #</b>	<b>Comments</b>	<b>Next Review Due</b>
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