

MLK-OPC URGENT CARE ON-DEMAND HUMAN IMMUNODEFICIENCY VIRUS SCREENING

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING ELIGIBILITY CRITERIA - Select relevant criteria; if unknown, treat as having never received HIV screening

NO HIV SEROLOGIC SCREENING INDICATED:

- Symptomatic patients (those with measured or subjective fevers, viral symptoms, or new genital discharge or sores) – **Must be referred to a provider**
- Patients with recent high-risk HIV exposure **must be referred to a provider** for post-exposure prophylaxis – recent high-risk exposure is defined as below:
 - In the last 72 hours, reporting:
 - o Condomless receptive or insertive vaginal or anal intercourse with a source who is HIV-infected
 - o Condomless receptive or insertive vaginal or anal intercourse with a source who is an injection drug user, sex worker, or man who has sex with men (MSM)
 - In the last 7 days, reporting:
 - o Percutaneous exposure to blood or body fluids contaminated with blood from a source who is HIV-infected, MSM, injects drugs, or works as a sex worker
 - o Sexual assault victimization
- Age under 13 years – **Refer to a provider**
- Age 13 years or older with any of the following conditions may be screened for other sexually transmitted infections (STIs), but not HIV:
 - Already received HIV screening in the last 7 days and without recent high-risk exposure as defined above
 - Prior diagnosis of HIV

HIV SEROLOGIC SCREENING INDICATED:

- Any patient age 13 years or older who requests HIV screening and does not meet any of the above described disqualifying screening criteria
- Any patient at high risk for HIV infection and not screened for HIV in the last year, unless the patient declines (opt-out screening). High risk individuals include those reporting one or more of the following risk factors:
 - Having had a new, or more than one, sex partner since their most recent HIV test
 - Sexual activity with any known or suspected HIV-infected persons
 - Possible non-monogamous partner
 - Personal or partner use of injection drugs
 - Inconsistent condom use
 - Other:
 - o History of sex with a person who is MSM in the past 12 months
 - o History of sex under the influence of any recreational drug or alcohol in the past 12 months
 - o Users of cocaine, crack, heroine, crystal or speed (methamphetamine), or poppers (amyl nitrate) in the past 12 months
 - o Persons who exchange sex for money or drugs

The above screening criteria are based on the Centers for Disease Control and Prevention (CDC) HIV Testing Guidelines: "Recommendations for HIV Screening of Gay, Bisexual, and Other Men Who Have Sex with Men" published in MMWR 2017;66(31);830-832, and "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings" published in MMWR 2006;55(RR-14);1-17, as well as Los Angeles County Dept. of Public Health Division of HIV and STD Programs' "Targeted HIV Screening Form v1.3 (updated 09/15/2017)."

--	--

RN/LVN/CMA Print Name: _____ Signature: _____ Date: _____ Time: _____

ON-DEMAND HUMAN IMMUNODEFICIENCY VIRUS SCREENING

STEP 1: PATIENT INTAKE & TRIAGE

- Confirm patient identity/demographics and register patient for new encounter in ORCHID
- In ORCHID under the heading "Diagnosis and Problems", enter diagnosis code "UC – STD Evaluation"
- 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
- Upon patient's return, measure and record body temperature
 - If febrile, refer patient to provider for evaluation
- Assess if patient reports experiencing subjective fevers, viral symptoms, or new genital discharge or sores
 - If patient reports any of these symptoms, refer patient to provider for evaluation
- In ORCHID under the "Ambulatory Care Intake and History" heading and "Social History" section, complete the following sexual history intake questions:
 - "What is your current gender identity?"
 - "Sexual behavior"
 - "STI risk factors since last visit"
 - 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

- TRIAGE DETERMINATION – HIV SCREENING NOT APPROPRIATE**
 - Patient is symptomatic or has recent high-risk HIV exposure as defined on Page 1 – Do not order HIV screening; **must refer to provider for evaluation**
 - Patient under 13 years of age – Screening not indicated; do not order HIV screening lab
 - Patient with past diagnosis of HIV or has already received HIV screening in the last 7 days – Screening not indicated; do not order HIV screening lab, but offer sexually transmitted infection (STI) screening (see below section) and provide patient with designated printed information about HIV Pre-Exposure Prophylaxis (PrEP) and STIs
 - Patient opts out of recommended HIV screening – Do not order HIV screening lab, but offer STI screening (see below section) and provide patient with designated printed information about HIV PrEP and STIs

HIV SCREENING NOT PERFORMED:

- Patient refused screening
- Patient with disqualifying condition, not needing referral to provider - other STI screening offered, and educational materials provided
- Patient with symptoms or recent high-risk HIV exposure - referred to provider for evaluation

RN/LVN/CMA Signature: _____ Date: _____ Time: _____

ON-DEMAND HUMAN IMMUNODEFICIENCY VIRUS SCREENING

STEP 2: LABORATORY ORDERS / STANDARDIZED PROCEDURE / PROTOCOL

TRIAGE DETERMINATION – HIV SCREENING IS APPROPRIATE (NONE OF THE ABOVE DISQUALIFYING CONDITIONS APPLY)

- Order HIV Antigen/Antibody Serum Test, with order priority “STAT”**
- Offer patient additional screening for Gonorrhea and Chlamydia; order any or all of the following as per patient’s request, using the ORCHID search term “*Aptima*”, with order priority “Routine” (*provide patient any associated instructions to self-collect urine or rectal specimens*):
 - Chlamydia/Gonorrhea RNA, TMA – Source: **Urine**
 - Chlamydia/Gonorrhea RNA, TMA – Source: **Oral**
 - Chlamydia/Gonorrhea RNA, TMA – Source: **Rectal**
- Offer patient additional screening for Syphilis; order if requested:
 - Rapid Plasma Reagin (RPR) serum, with order priority “Routine”
- Assign results for all nurse-directed screening orders to the Chief Medical Officer or designee
- Instruct patient to wait in the waiting room for result of HIV Antigen/Antibody serum test to determine further management

HIV SCREENING NOT PERFORMED:

- Patient refused screening
- Patient with disqualifying condition, not needing referral to provider - other STI screening offered, and educational materials provided
- Patient with symptoms or recent high-risk HIV exposure - referred to provider for evaluation

RN/LVN/CMA Signature: _____ Date: _____ Time: _____

STEP 3: HIV TEST RESULT FOLLOW-UP & LINKAGE TO CARE

- HIV ANTIGEN/ANTIBODY SERUM TEST RESULT IS NEGATIVE**
 - Ensure patient receives designated printed information regarding safer sexual practices, HIV PrEP, and STIs
 - Connect the patient to medical primary care if needed through NERF process

- HIV ANTIGEN/ANTIBODY SERUM TEST RESULT IS POSITIVE**
 - Alert attending provider to the positive result and transition the patient to a face-to-face visit with provider to disclose results
 - During business hours, call Oasis and the designated Oasis employee should report to Urgent Care to accompany patient to Oasis for linkage to services
 - After hours, 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

HIV TEST RESULT FOLLOW-UP :

- Test result negative - Patient provided designated printed information, connected to primary care as needed
- Test result positive during business hours – Transitioned to provider visit, confirmed Oasis employee has come to facilitate linkage to care
- Test result positive after hours – Transitioned to provider visit, verified patient’s phone number, and sent “POSITIVE HIV SCREEN” message to Oasis care management team in ORCHID

RN/LVN/CMA Signature: _____ Date: _____ Time: _____