

# Rapid HIV Test Staff Script

(Revised: 11/9/04)

Hello. My name is \_\_\_\_\_ and I work here at the hospital. We are offering free rapid HIV testing to everyone who comes into the ER. We can do what's needed for the test while you wait to be seen by the doctor and it won't interfere with the reason for your visit today. I will need to ask you some questions and if you decide you want the test, it will take about 30-40 minutes. May I talk more with you about this?

Yes

No

Complete questionnaire (attachment #1)

Discuss "Components of Informed Consent/Test Decision Counseling" with patient (attachment #2)

Does patient consent to being tested for HIV? (attachment #3)

No

Say: "Thank you for your time."

Place patient sticker on patient log sheet and complete.

Give patient appropriate paperwork and thank them for their time.

Yes

Collect sample for test. Inform patient that you will return shortly with the results.

Discuss with patient what they feel they can do to keep themselves from becoming infected with or transmitting HIV. (attachment #4)

Reactive result (preliminarily positive)

Non-reactive result (negative)

Notify attending physician

State: At this time, you are not showing signs of HIV infection. If you were infected within the last 3 months, it may not show up on this test. You may want to test again 3 months after the last time you may have been exposed to HIV.

**Provide privacy** (do not interfere with the treatment of patients). Ask patient: Are you ready to hear your test result? (Allow time for response). The test results show that it is very likely that you are infected with HIV but you won't know for sure until you get the results from your follow-up test. (Allow time for response). It is **very** important that you get follow-up medical care. In the meantime, it is recommended that you take precautions to avoid transmitting the virus. HIV infection is a medical problem for which there is very effective treatment that may help control the disease. The clinic we are referring you to has specialist doctors who are known for their ability to care for patients with HIV. They can: 1) Do a test to confirm that you have HIV; 2) Do further testing to see how serious the HIV infection is; 3) Arrange for treatment which may control the HIV and lessen the chance of infecting others; 4) Arrange for your care to be free if you have no insurance. May I schedule a follow-up appointment for you?

Yes

Schedule appointment and give information to patient.

No

Yes

State: It is **very** important that you follow up with medical care because you may be infected with HIV. Without additional testing, you won't know for sure. May I schedule an appointment for you?

No

Ask: What questions do you have?

Answer questions.

State: If you decide later that you would like to see a doctor, here is the clinic number and the name of a person who can help you there. Give patient clinic contact information.

# Components of Informed Consent Script (attachment #2)

## **Specimen Collection**

*Your finger will be pricked to create a small drop of blood. This blood will be collected for the screening test*

## **About the Test**

*The test will take about 20 minutes to complete. The test can tell you if you are showing possible signs of HIV infection. It takes about three months for your body to develop these signs of infection, so if you have been infected in the last three months it may not show in this test.*

## **Non-reactive**

*If the test does not show signs of HIV infection and you are concerned that you have been infected within the last three months, you may want to consider being tested for HIV again in another two to three months*

## **Reactive**

*If you are showing signs of infection, it will mean that you very likely have HIV and that you would need to take care to avoid infecting others. Another test would be required in order to tell you if you have HIV for certain.*

## **Confidentiality**

*Your name and all the information we have about you will be kept confidential and private.*

## **Who will know test results**

*I will know your test result and the doctor who is helping you today will be notified of your test result. No one else will be told your test result without your written permission. Your test results will be part of your medical records.*

## **If there is someone with the patient:**

*You can either have the person who is with you today leave the room when I give you your test result or you will need to give written permission for this person to hear your test result.*

## **Right to test anonymously**

*If you want to take the test, but you do not want anyone to know your real name, you can go to other places to take the test. You do not have to take this test today if you do not want to. I will give you a list of places you can go to be tested anonymously*

**Right to withdraw consent**

*If you decide that you do not want to be tested today or if you do not want to be given your test result, you can withdraw your consent any time before the test result comes back.*

**Questions**

*What questions do you have?*

**Signature**

*Would you like to take the HIV screening test today?*

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**YES** *By signing here on this form you are giving us permission to complete the screening test. (Indicate where to sign)*

- If anyone will be with the patient when the results are delivered, you must have patient write this person's name in the space provided on this document.
- Have patient sign "Important Health Information" (DCH-0675).
- Proceed with taking sample and leaving information for patient to read regarding HIV/STD prevention.

**NO** *By signing here (indicate where to sign) on this form, you are indicating that you have been counseled and have chosen NOT to be tested today.*

- Have patient sign "Important Health Information" (DCH-0675).
- Thank patient for their time, and provide prevention and anonymous testing referral list.

*Do you plan on being tested for HIV in the future at one of the anonymous test sites? (DOCUMENT THIS SOME HOW)*

## Essential Questions for HIV Testing (attachment #4)

- What do you know about how people get HIV?
- Knowing that, what do you think HIV has to do with you?
- What do you think that you can do to protect yourself?
- What have you done in the past to protect yourself?
- How will you make it work for you now?

