

Instructions for Use of Forms

Informed Consent for HIV Testing Form

If consent for HIV testing is not incorporated into the counseling, testing, and referral (CTR) site's general consent for medical care, then the client must read and sign this form before the HIV test can be performed.

The form is maintained in the client's file at the CTR site.

Risk Assessment and Reduction Plan

Standard form SFN 58942, *Sexually Transmitted Infection/Human Immunodeficiency Virus/Hepatitis Risk Assessment and Reduction Plan* is used to assess at-risk clients within the CTR site. This form is designed to be self-administered. Once the client has completed the form, it should be reviewed by the counselor to determine what services and/or referrals the client should receive. In addition all clients should be offered appropriate counseling and educational materials tailored to their specific risks.

Risk Reduction Counseling Assessment

Standard form SFN 58941, *Pre- and Post-Test Counseling Assessment for HIV Testing* is used as a guide when performing risk reduction counseling for HIV testing. It is to be used by the counselor to document the pre- and post-test counseling process, any referrals, or other pertinent information that may be provided during the counseling session(s).

This form is maintained in the client's file at the CTR site.

HIV Request for Reimbursement

This form should be completed and submitted on a monthly basis to the North Dakota Department of Health (NDDoH) HIV/AIDS Program Manager. The reports are due 15 days after the end of the month (for example, January reimbursements are due February 15th). The final expenditure report ending December 31 must be received by February 15.

If you do not have any reimbursements for the month, please call or email the HIV Program Manager or HIV Prevention Coordinator to tell them you had no expenditures. You do not need to send in a blank form with no expenditures.

HIV oral fluid testing (OraSure) will be reimbursed as follows: \$5 a test, \$15 for pre-test counseling and \$15 for post-test counseling. HIV rapid testing will be reimbursed as follows: \$5 a test and \$20 for the one-step counseling. All of these charges should be placed on page two of the reimbursement form. Confirmatory HIV testing will only be reimbursed after a positive screening test result was given. This will be reimbursed as follows: \$5 for the test and \$15 for the post-test counseling. These charges will be placed on page one in the other category of the reimbursement form.

Note: The HIV prevention grant year is from January to December. All reimbursements should be cleared out at the beginning of each year and replaced with the sites new contract number.

Instructions for Use of Forms, Cont.

Ordering HIV Prevention Materials and Supplies

Use standard form SFN 52281, *HIV Prevention Supplies & Information Order*, when ordering prevention supplies and HIV testing forms. To avoid confusion, completely fill out the “ship to” section at the top of the form. Include your name since multiple orders may be received from one agency. Incomplete information may cause a delay in the order. Some prevention materials have a limit as to the quantity that may be ordered. If there is a quantity specified under the order limit, this is the maximum number allowable. This is the amount that will be sent out, even if the quantity ordered is higher. Please allow 1-2 weeks for delivery.

Mail or fax orders to RJ Jansen at 701-328-2499. If there are any questions regarding ordering, call 701-328-2376.

Instructions for Client Satisfaction Survey

The client satisfaction survey is an effective way to evaluate the delivery and services provided by the CTR site. The results of the survey will be used to help improve these services. It will also be used to evaluate how the client heard about the testing facilities so that NDDoH can determine which advertising methods are most effective.

The following is a guide for the minimum number of surveys that should be completed per calendar year. This is just a guide for a minimum number and more surveys may be completed.

Number of HIV Tests Conducted per Year	Minimum Number of Surveys to Complete
0-25	No minimum. Try and get as many as possible.
26-75	5-10
75+	10+

The surveys can be mailed to the HIV Prevention Coordinator with the HIV testing forms.

Survey results will provided upon request.

Instructions for Confidentiality Oath

This policy outlines confidentiality and security measures for the HIV/AIDS program and applies to contract agencies that do not currently have HIPPA policies and have access to HIV/AIDS information.

This form is to be used if the agency does not have HIPPA policies. If your agency has HIPPA policies the “Confidentiality Statement” will not need to be signed.

For agencies that do not have HIPPA policies the “Confidentiality Statement” will need to be signed by all staff that conduct HIV testing and have access to HIV/AIDS information. The HIV/AIDS Security Policy is required to be updated on an annual basis and because of this a new “Confidentiality Statement” will need to be signed each year. A copy of the signed policy will be mailed to the HIV Prevention Coordinator to be kept on file. See the Case Investigation Section for the complete HIV/AIDS Security Policy.

Instructions for HIV Test Form Part 1

Part 1: For All HIV Testing Events

The HIV test form part 1 is divided into six sections: 1. Agency; 2. Client; 3. HIV Test Information; 4. Risk Factors; 5. Session Activity; and 6. Use Fields. The section identifiers can be found in the blue bars on the test form. The following guidelines should be used when completing the HIV Test Form Part 1.

AGENCY SECTION

Form ID: A unique pre-printed number that identifies the testing event for a particular client. This is the bar code number located at the top right of the form. Additional labels with the Form ID can be found on the back of the yellow copy of Part 1.

Session Date: The date on which the session was delivered to the client.

Unique Agency Identification Number: Each agency will have its own unique number, which will be provided from the NDDoH. The previous three-digit number used on the purple bubble sheets will no longer be valid.

Intervention ID: This will be used to distinguish between various interventions provided by an agency. The number is provided by the NDDoH.

Site ID: Each agency will have its own unique number, which will be provided from the NDDoH. The previous three-digit number used on the purple bubble sheets will no longer be valid.

Site Type: The codes for site type are located on the back of the yellow copy of the HIV Test Form Part 1. Please use the appropriate code for your agency.

CLIENT SECTION

Client ID: This number will be the printed bar code number found at the top right of the form. Since the forms are not scanned, it will not be necessary to rewrite the number in this area.

Date of Birth: This will take the place of age on the previous form and is a required variable. There is no option for not asked or declined. The month and day are not required, but the year is required. Do not leave this blank.

State: Please use ND for North Dakota.

Instructions for HIV Test Form Part 1, Cont.

County: Please use the county codes included with these instructions.

Zip Code: Please use the zip code for which the client resides.

Note: Any information collected under the “CLIENT” section is specific to where the client resides and is not where they are receiving services.

Other Demographics: New to the short form is an option for not asked and declined to answer.

Previous HIV Test and Self-Reported HIV Test Result: If the client response is yes to having taken a previous HIV test, then complete the self-reported HIV test result section. Use his/her most recent HIV test. If they are uncertain, then make a best estimate for this date. Make sure they are reporting their results of the test and not what they believe their status to be.

HIV TEST INFORMATION SECTION

This section allows providers to document information about the HIV test(s) conducted including information about the specimen type, the testing technology employed, the test result and whether and when the result was received by the client on up to three tests.

Example scenarios for multiple tests: If a patient requires a confirmatory test, then you would record the initial test in HIV Test 1 block and the confirmatory results in HIV Test 2 block.

If the initial test is invalid, then record this in HIV Test 1 block and the second test results in HIV Test 2 block. If a confirmatory test is necessary, this information will be recorded in the HIV Test 3 block.

Note: Please indicate all invalid tests on the HIV Test Form Part I as this will allow the HIV Prevention Coordinator to track the rate of invalid tests for North Dakota.

Multiple testing may also be done if the client comes in for follow-up testing. The baseline test would be recorded in HIV Test 1 block and the six month follow-up test would be recorded in HIV Test 2 block.

Note: When recording multiple tests, please make a copy and forward any new information to the HIV Prevention Coordinator.

Sample Date: The date when the HIV test was performed.

Worker ID: This is the current counselor ID number assigned to individuals who conduct HIV testing. New counselors or their supervisors may contact the HIV Prevention Coordinator to receive counselor numbers.

Instructions for HIV Test Form Part 1, Cont.

Test Election: This is to indicate whether the test is linked to a name or is anonymous. North Dakota only offers confidential testing.

Test Technology: This is what type of test method was used. Conventional tests include blood tests and oral fluid tests, such as the OraSure test. Rapid test uses blood from a finger-stick method and results are available in approximately 20 minutes. All other testing methods would be classified as other.

Test Result: The outcome of the current HIV test.

- Positive: A test result that is reactive on initial ELISA test and confirmed on a Western Blot or other supplemental test.
- NAAT-positive (Nucleic acid amplification testing): A test result that is previously negative or indeterminate on an initial ELISA or Western Blot and is also reactive based on nucleic acid testing. The North Dakota State Lab does not do this type of testing.
- Negative: A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or an ELISA that was repeatedly reactive and the confirmatory test (Western Blot or IFA) was negative.
- Indeterminate: A test result that has not been precisely determined. A possible result of a Western Blot, which might represent a recent HIV infection or a false positive.
- Invalid: A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection or transport.
- No result: No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins). If a second test is drawn, then the information for the second test will be recorded in the HIV Test 2 block on the form.

Results Provided: If the results were provided, check yes and record the date the results were given. If the results were not provided, check no and complete the section on why the results were not provided.

Note: If the patient has not returned within a month to receive results, please hold the form until the next month. Forms should not be held for more than two months. If the patient returns to receive their results after the form has been sent to the NDDoH, please make a copy of the yellow form, mark on the top "POST" and send in the results at that time.

If rapid reactive, did client provide confirmatory sample? If an agency is using rapid testing, please complete this section.

Instructions for HIV Test Form Part 1, Cont.

RISK FACTORS SECTION

Client-risk data provides information on the risk behaviors and social circumstances that may influence engagement in high-risk behaviors that may put them at risk of HIV. These data are useful in planning prevention services that target those risks.

- If risk factors were not discussed, please choose a reason why.
- If risk factors were discussed, please mark all areas that apply.
- Other Risk Factors: Codes for more risk factors are located on the back of the yellow copy of the HIV Test Form.

SESSION ACTIVITY SECTION

This section will be used to document whether or not a risk reduction plan was developed. If other session activities were done during this time, there is a list of codes on the back of the yellow copy of the HIV Test Form that may be used to document these activities.

LOCAL USE FIELDS SECTION

This area will be used to collect data in order for the NDDoH to collaborate prevention efforts between HIV and hepatitis C. If a person also receives hepatitis C virus (HCV) testing at the same time as their HIV test, please mark in the local use field as indicated below.

FIELD L1: If an HCV test was performed, please mark in this field “HCV.” When the test result comes back, please indicate the results.

- Use a “1” for negative (“HCV 1”)
- Use a “2” for positive (“HCV 2”)

CDC USE FIELDS

These fields are placeholders for future CDC data needs and will not be used by the CTR sites at this time.

Sending in the HIV Test Forms:

White copy is sent to the HIV Prevention Coordinator and yellow copy is for the agency to keep for their records.

Please send in the forms once a month to the HIV Prevention Coordinator. If there are clients that have not returned for their results, please hold these forms and send them in the following month. Forms should not be held more than three months. If the patient returns to receive their results after the form has been sent to the NDDoH, please make a copy of the yellow form, mark on the top “POST” and send in the results at that time.

Instructions for HIV Test Form Part 2

Part 2: For Confirmed Positives

The HIV test form part 2 will be utilized when there has been a confirmed positive. This form will allow referrals to be documented to ensure the client receives the proper follow-up. The form is divided into four sections: 1. Referrals; 2. Local Use Fields; 3. CDC Use Fields; and 4. Notes. The section identifiers can be found in the blue bars on the test form. The following guidelines should be used when completing the HIV Test Form Part 2.

Form ID: On the top left of the form is a box with “Place Barcode Sticker Here”. Please place the barcode sticker located on the back of the yellow copy of the Part 1 form that corresponds to the client that the part 2 form is being filled out for. It is very important that the form IDs match to enter the client in the PEMS system correctly.

REFERRALS SECTION

Please complete all four questions. Incomplete forms will not be accepted.

LOCAL USE FIELDS SECTION

These fields are placeholders for future local data needs and will not be used by the CTR sites at this time.

CDC USE FIELDS SECTION

These fields are placeholders for future CDC data needs and will not be used by the CTR sites at this time.

NOTES SECTION

This field is for any additional notes.

Sending in the HIV Test Form Part 2:

The white copy is sent to the HIV Prevention Coordinator and yellow copy is for the agency to keep for their records. These forms can be sent in monthly with the part 1 forms.

Instructions for Temperature Logs

The Clearview Complete HIV Reactive/Nonreactive Controls should be stored at 2 to 8°C (36 to 46°F). To ensure controls are properly stored, temperature logs will be maintained. The temperature log can be maintained in degrees Fahrenheit or Celsius.

Place an “X” in the box that corresponds with the temperature (columns), day of the month, and am or pm (rows) for your temperature check. Then enter your initials and the time you monitored the temperature in the appropriate boxes. **If the temperature is in the gray range:** Store controls under proper conditions as quickly as possible, call the North Dakota Department of Health HIV Prevention Coordinator at 1-800-472-2180. Document the action taken on the back of the temperature log.

Temperature logs will be sent in monthly to the HIV Prevention Coordinator. If the CTR site maintains temperature logs for the North Dakota Immunization Program, then a second copy does not need to be sent into the HIV program. Copies will be given to the HIV Coordinator from the Immunization Program.

Temperature logs will be maintained for a minimum of three years.

Clearview Complete Reactive/Nonreactive Control Log

This form is to be completed when performing the Clearview Complete Reactive/Nonreactive controls. The controls should be conducted under the following circumstances:

- Each new operator prior to performing tests on patient specimens, **(O)**
- When opening a new test Kit lot, **(L)**
- Whenever a new shipment of test Kits is received, **(S)**
- If the temperature of the test storage area falls outside of 8° to 30°C (46° to 86°F), **(T)**
- If the temperature of the testing area falls outside of 18° to 30°C (64° to 86°F), **(T)**
- At least once a month. **(M)**

In the column “Reasons for Performing Controls” acceptable abbreviations for the reasons may be used and are indicated above in the bolded parenthesis: **O, L, S, T, & M.**

If the HIV Control reagents do not produce the expected results the test should be repeated with a new test device. If they still do not produce the expected results contact Inverness Medical Technical Support at (800) 637-3717 and the HIV Prevention Coordinator. Document any action taken on the back of the form.

A copy of the Control Log will be sent in every six months. If any actions were noted on the back of the form please copy both sides of the form. It can be sent in with the HIV Test Forms, mailed or faxed to the HIV Prevention Coordinator at:

North Dakota Department of Health
Division of Disease Control
2635 East Main Ave
Bismarck, ND 58506
Fax Number: 701.328.2499

Contact the HIV Prevention Coordinator with any questions or concerns at 701.328.1059 or 800.472.2180.

Instructions for Emergency Relocation Plan

The “Emergency Relocation Plan Template” should be used as a guideline to follow when developing routine and emergency controls storage and handling plans. They should be posted near your storage unit or where they can be easily accessed in case of an emergency. **All staff, including maintenance, cleaning, and security staff should know the standard procedure to follow, and where/how the controls are to be stored.**

If your facility currently maintains vaccines then you should already have a plan in place and will not need to recreate a plan to add the controls. Staff should be made aware that Clearview Complete Reactive/Nonreactive Controls will be included in this plan.

NDDoH staff will ask for a copy of your facility’s vaccine or controls storage & handling plan, including relocation policy, during on-site visits.