BESAFE POCKET GUIDE

NMAETC Staff

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HIV screening in the Emergency Room

Why screen for HIV in the Emergency Room?

In order to identify and provide care to individuals early in the course of their infection, the U.S. Centers for Disease Control and Prevention (CDC) now recommends all patients between the ages of 13 and 64 receive HIV testing in all healthcare settings. Providers who utilize the BESAFE Cultural Competency Model to assess patients can:

- Enhance their cultural competence skills needed to encourage patients to get tested, access HIV services, and remain in care;
- Develop unique culturally focused skills needed to reach uninsured and underinsured patients during emergency visit. This may be the patient's only contact with healthcare provider; and
- Strengthen the skills needed to encourage people from diverse backgrounds who know their HIV status to engage in healthy behaviors thus reducing the likelihood of spreading the virus to others.

Patient Presents in ER.

- Seen in triage and HIV testing is discussed in a culturally appropriate manner.
- Obtain an Interpreter if needed. Patient is counseled about HIV according to state laws.
- Patient offered HIV rapid test.

Accepts: Blood Draw or Saliva Sample

CONTINUE WITH ER CARE (Deliver results before patient leaves the ER)

NON REACTIVE

- Results noted in patient's chart.
- Provide patient a copy of HIV results and risk reduction education messages.

REACTIVE

- Note result in patient’s chart and discharge instructions.
- Provide result in private and maintain confidentiality.
- Provide counseling and explain need to conduct a confirmatory test.
- Do Western Blot test for confirmatory HIV test. Refer to an HIV specialist and case manager.

www.nmaetc.org
(202) 865-8146
2009
Reduce BARRIERS to care by addressing real and perceived gaps:
• Establish trust with patients.
• Underline the opt-out approach in your state for testing as it is subjected to state laws.
• Find out if written informed consent is mandated by state law or regulations.
• Plan for staff training to increase proficiency of HIV testing and reduce stigma:
  - HIV education and counseling.
  - Cultural competence.
  - Performing the test and interpreting rapid test results.

Address ETHICAL issues:
• Assure confidentiality and tell the patient why HIV screening is being conducted.
• Identify referral and follow-up mechanism that exists between the ER and the available HIV services in the community.
• Assure appropriate linkage to care by providing referral to HIV services in the community.

Be SENSITIVE toward other cultures:
• Examine your own prejudices & biases towards other cultures.
• Be aware of differences within other cultures.

Conduct culturally appropriate ASSESSMENT of patients:
• Assess the role of culture in HIV care.
• Discuss the patient’s belief and attitude about being HIV positive.
• Ask direct questions about specific behaviors.

Know the FACTS about your community:
• Identify community served by the hospital.
• Review prevalence of HIV in the community served by the hospital.
• Identify the languages spoken in the community and determine availability of interpreter for non-English speakers and those with disabilities.

Achieve effective ENCOUNTERS with all patients:
• Introduce yourself and your role in the hospital system.
• Send and receive verbal and nonverbal messages in a culturally appropriate manner.
• Communicate respect and inquire about greeting preferences: “How would you like me to refer to you? Mr.? Mrs.? First Name? Nickname? Title?, etc.
• Maintain a non-judgmental attitude.

2. AIDS Education and Training Centers http://www.aids-ed.org
4. National HIV/AIDS Clinicians’ Consultation Center (NCCC) http://www.nccc.ucsf.edu
5. National HIV Telephone Consultation Service (Warmline) 1-800-933-3413 M-F 8:00 AM-8:00 PM (ET)
6. Prophylaxis Hotline (PEPline) 1-888-HIV-4911 (1-888-448-4911) 24 hours a day, 7 days a week
7. National Perinatal HIV Consultation and Referral Service (Perinatal Hotline) 1-888-HIV-8765 (1-888-448-8765) 24 hours a day, 7 days a week

Citations
2. Centers for Disease Control and Prevention. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
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1. The National Minority AIDS Education and Training Center
   http://www.nmaetc.org
2. AIDS Education and Training Centers
   http://www.aids-ed.org
   http://www.nccc.ucsf.edu/StateLaws/Index.html
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8. AIDSinfo
   Guidelines for the treatment of HIV/AIDS from the NIH Office of AIDS Research  
   http://www.aidsinfo.nih.gov
9. New York State Department of Health AIDS Institute HIV Clinical Guidelines  
   http://www.hivguidelines.org

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2. Centers for Disease Control and Prevention. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

Researched and Developed by:
Goulda Downer, PhD, LN, RD, CNS  
Principal Investigator, NMAETC
Carline Jean-Gilles, PhD, FNP  
Project Manager, NMAETC
Faria Farhat, MD  
Clinical Director, NMAETC

Applying the BESAFE Model

1. Apply the BESAFE Model
2. Conduct culturally appropriate ASSESSMENT of patients:
3. Know the FACTS about your community:
4. Achieve effective ENCOUNTERS with all patients:
5. Address ETHICAL issues:
6. Be SENSITIVE toward other cultures:

HIV/AIDS Clinical Training and Information Resources

- National Minority AIDS Education and Training Center
- AIDS Education and Training Centers
- State HIV Testing Laws
- National HIV/AIDS Clinicians’ Consultation Center (NCCC)
- National HIV Telephone Consultation Service (Warmline)
- Prophylaxis Hotline (PEPline)
- National Perinatal HIV Consultation and Referral Service (Perinatal Hotline)
- AIDSinfo
- New York State Department of Health AIDS Institute HIV Clinical Guidelines
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