

<b>THE MOUNT SINAI HOSPITAL, NEW YORK</b>  <b>POLICIES AND PROCEDURES</b>	<b>SUBJECT NO. A4-120</b>
<b>DEPARTMENT: ADMINISTRATION</b>  <b>SUBJECT: In-patient/Out-patient HIV Testing and Counseling Policy and Guidelines</b>  * Specific guidelines for pregnant and post-partum women, see OB/GYN Policy Manual.	

Original date of issue: August 2000

<b>REVIEWED:</b>	6/02				
<b>REVISED:</b>	5/06	9/11			

**I. PURPOSE**

This policy addresses HIV consent, testing, and counseling, consistent with New York State law. It is the goal of New York State to increase HIV related testing and to promote treatment of HIV-positive individuals.

**II. WHEN MUST AN HIV RELATED TEST BE OFFERED**

1. The Hospital must offer confidential HIV testing to all patients between 13 and 64 years of age (or to others if evidence of risk activity exists). This applies to all Hospital inpatients, emergency department patients, and primary care patients in any outpatient setting (clinic, hospital, or office).
2. **Exceptions:** Notwithstanding the above, a test need not be offered if the physician reasonably believes that the patient:
  - (a) Is being treated for a life threatening emergency; or
  - (b) The patient has previously been offered or has been the subject of an HIV related test (except \*\* that a test shall be offered if otherwise indicated); or
  - (c) The patient lacks capacity to consent to an HIV related test.

**III. PRE-TEST COUNSELING**

1. Before obtaining the patient’s consent to be tested, the patient (or where the patient lacks capacity to consent, a person authorized by law to consent to health care) must receive HIV counseling. The counseling must include the following seven points:

- HIV is the virus that causes AIDS and can be transmitted through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood, as in sharing needles (piercing, tattooing, drug equipment including needles); by HIV-infected pregnant women to their infants during pregnancy or delivery or while breast feeding.
  - There are treatments for HIV/AIDS that can help an individual stay healthy.
  - Individuals with HIV/AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or being infected themselves with different strains of HIV.
  - Testing is voluntary and can be done anonymously at a public testing center.
  - The law protects the confidentiality of HIV test results and other related information.
  - The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.
  - Consent for HIV related testing remains in effect until it is withdrawn verbally or in writing. If the consent was given for a specific period of time, it remains in effect for that time period only. In any case, persons may withdraw their consent at any time.
2. Consent to an HIV related test and the counseling may be performed by a physician, NP, PA, social worker trained in HIV counseling, Needlestick Coordinator, approved advanced practice nurses
  3. It is recommended that providers inquire about domestic violence (DV) concerns if not done at another point in patient intake or clinical care. At any point, if DV concern is raised, make referral to social worker.
  4. If patient is pregnant, pre-test counseling should include:
    - The importance of HIV testing for the current pregnancy;
    - The benefits of HIV testing as early in the pregnancy as possible to reduce perinatal transmission;
    - The importance of treating mother and newborn;
    - All newborns are tested with results reported to their mothers;
    - The meaning of the test results for both mother and newborn.
    - The benefits of repeat third trimester HIV testing to reduce perinatal transmission.

\* For further information, see DTC OB/GYN and The Department of Social Work Policy manuals.

5. The patient seeking a test shall be offered the opportunity to remain anonymous through use of a coded system with no link to the individual's identity. If anonymity is requested, the patient must be referred outside of Mount Sinai. **Refer to NYSDOH Anonymous HIV Counseling and Testing Program sites.**

#### IV. **CONSENT**

1. A written or oral informed consent for HIV related testing is valid until the consent is revoked or it expires by its terms. The consent may be revoked orally or in writing prior to testing.
2. Consent may be verbal when rapid HIV testing is done (except for prisoners). A rapid HIV test is one that produces results in 60 minutes or less and encompasses a confirmatory HIV related test if the screening test is reactive. The healthcare provider obtaining the consent must document verbal consent in the chart.
3. Consider patient's ability, regardless of age, to comprehend the nature and consequences of HIV testing. If patient's ability to understand is impaired, defer testing or discuss with person who has legal authority to consent to patient's medical care. Parental consent is not required for minors.
4. Explain that the HIV test is voluntary. The patient may withdraw consent at any time, prior to testing.
5. Provide patient with copy of consent form and review all information.
6. Obtain HIV-specific consent prior to testing from patient or, where patient lacks capacity to consent, from a person authorized to consent for patient. File and/or scan the consent in the patient's chart. Enter the name of the attending of record under "requesting physician." In areas where rapid HIV testing is performed the healthcare provider obtaining the consent is responsible for documenting the consent

#### V. **ORDERING THE TEST/NOTIFYING THE PATIENT THAT TEST WILL BE CONDUCTED**

1. Order for HIV antibody test is placed by Qualified Health Care Provider.
2. The specimen is collected in a gold top tube for standard HIV antibody test or green top tube for rapid HIV antibody test.
3. **\*\* Can this be eliminated\*\*** Each time that an HIV related test is ordered based on informed consent, the physician or other authorized healthcare provider must orally inform the subject of the test (or if the patient lacks capacity to consent, his or her authorize representative) that an HIV related test will be conducted and shall note the notification in the patient's record.

#### VI. **POST TEST COUNSELING (NEGATIVE)**

1. HCP documents post-test counseling in the Medical Record:
  - i) Meaning of the test result.
  - ii) Possibility of HIV exposure during the past three months and possible need to re-test.
  - iii) Reinforce risk reduction strategies.

## **VII. POST TEST COUNSELING (POSITIVE) AND LINK TO CARE**

1. HCP documents post-test counseling in the Medical Record:
  - i) Discuss the meaning of the test result.
  - ii) Encourage timely access to health care and give referrals.
    - a. Referrals shall include (but not be limited to) counseling:
      - for coping with the emotional consequences of learning the result.
      - regarding discrimination problems that disclosure of the result could cause.
      - for behavior change to prevent transmission or contraction of HIV infection.
      - to inform the patient of available medical treatments.
      - regarding the need to notify the patient's contacts.
    - b. With the patient's consent (or, if the patient lacks capacity, consent of the patient's legal representative), provide or arrange with a healthcare provider for an appointment for follow-up medical care for HIV for the patient.
2. For a pregnant patient coordination of care is provided by a designated Provider or the Social Work team. Discussion will include a recommendation for early entry into prenatal care to reduce maternal-child transmission and risk of transmission through breast feeding.
3. Discuss requirement to report patient's name, with positive test result to NYSDOH (New York State Department of Health) for epidemiological and Partner Notification purposes.
4. Review the following in relation to Partner Notification:
  - Benefits (partner at risk can learn HIV status)
  - Domestic Violence screening will be conducted before any assisted notification;
  - Patient's name is never disclosed during partner notification.
7. Discuss known partner/spouse and provider's responsibility to report name(s) to NYSDOH.
8. Discuss additional partners and select the best option for each partner and conduct domestic violence screening.

Note: Partner name is not kept by NYSDOH for more than one year after completion of partner notification. A common question is whether patients must name partners. Partner notification is voluntary, and there is no penalty for not naming partners.

9. Explain partner notification options:
  - Notification by a Partner Notification Assistance Program (PNAP)/CNAP counselor or provider. The patient's name or other identifying information is never revealed.
  - PNAP/CNAP or provider-assisted notification.

- Self-notification (if patient chooses not to name partner). Explain that when self-notification is chosen, a confirmation plan will be worked out between the provider and PNAP/CNAP.
10. The attending of record must complete the "Medical Provider HIV/AIDS and Partner/Contact Report Form" (DOH #4189). This form is used only for patients with an initial positive HIV antibody test. Hand deliver or mail confidentially both the white and yellow copies to:

Administrator, Box 1009  
Jack Martin Fund Clinic  
CAM Building 3<sup>rd</sup> Floor

**No copy should be filed in the patient's medical record.**

11. There will be a monthly pick-up of the yellow copies from the JMFC by the DOH of these forms. The white copies will remain on file.
12. Outpatient practice areas providing HIV testing and counseling should keep a copy of DOH for 4189 in a locked, confidential file.
13. Provide or refer patient to medical services and counseling for needed support services (e.g., education to prevent transmission to others, emotional support, legal and domestic violence services).

**VIII. POST TEST COUNSELING (INDETERMINATE RESULTS)**

1. Discuss the meaning of test results; encourage re-testing;
2. Discuss availability of appropriate medical follow-up;
3. Reinforce risk reduction strategies.

**IX. FOR ALL PATIENTS**

1. Document the provision of post-test counseling, including the test results, results of domestic violence screening and arrangements for partner notification, if applicable. No identifying information about the partner(s) should be documented.

*\* If HIV testing was ordered during an admission and the patient is no longer in-house, the discharge summary must include the notation "HIV test pending". Lab results will be sent to the ordering physician. If that individual cannot be located, it will be the responsibility of the chief resident to contact any patient with a positive result (or that patient's primary care provider) and to proceed with post test positive counseling, as above.*

**X. LABORATORY REPORTING**

1. HIV antibody test results and Viral Load test results are sent to the attending of record in double-sealed envelopes.

2. All positive HIV-related test results will be reported weekly, via certified mail, to the NYSDOH Bureau of HIV/AIDS Epidemiology. These reports include:
  - Positive HIV nucleic acid test (RNA, DNA) – viral load;
  - CD4 lymphocyte counts less than 500 cells per micro liter or less than 29% lymphocytes. Is this still true? yes
3. If patient tests positive:
  - Report name to NYSDOH for epidemiological and partner/spousal notification (PN) purposes only; NYSDOH keeps name strictly protected;
  - The benefits of partner notification; patient will be asked to consider partner notification;
  - The provider is required to report names of all partners known to him/her (e.g. spouses) to NYSDOH along with any others the patient wishes to have notified;
  - The provider and patient will work together to determine which partner notification options meet the patient's needs. Assistance for partner notification is available.

## **XI. RESEARCH PATIENTS AND OTHER SPECIAL CASES**

1. The provisions above regarding HIV testing do not apply to the performance of an HIV test:
  - a. relating to the procuring, processing, distributing, or use of a human body or a human body part, including organs, tissues, eyes, bones, arteries, blood, semen, or other body fluids for use in medical research or therapy, or for transplantation to individuals, provided, however, that where the test results are communicated to the subject, post-test counseling, as described below, shall be provided;
  - b. if the HIV test is for research if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher; or
  - c. on a deceased person, where the test is conducted to determine the cause of death or for epidemiological purposes; or
  - d. In certain occupational exposures, as detailed in Mount Sinai Infection Control Manual Section B-3.2.
2. Tests that are performed purely for IRB approved research purposes are not reportable. Tests done for research that are reported in error will be removed from the registry. (See also section II above).