HOSPITAL POLICIES & PROCEDURES

Category: Patient Care
Title: HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING
Applicability: Thomas Jefferson University Hospitals, Inc.
Contributors/Contributing General Counsel, Risk Management, University Health Services, Infectious Disease & Environmental Medicine
Departments:

PURPOSE
This Policy sets out guidelines for conducting HIV testing and follow-up to such testing, as well as principles for treating patients infected with HIV and procedures for preventing and/or dealing with accidental HIV exposure.

POLICY
The diagnosis of HIV infection may significantly influence the physical and psychological health of the patient and also the patient's sexual partner(s). Consequently, there is a critical need for an infected person to learn of his/her status so that appropriate counseling, recommendations about behavior modification and medical intervention can commence. It is the policy of TJUH to handle HIV testing in accordance with legal and ethical principles, including the parameters of Pennsylvania Act 148 of 1990 and Act 59 of 2011, together comprising the Confidentiality of HIV-Related Information Act, the CDC HIV testing recommendations from 2006 and the 2013 USPSTF testing guidelines.

PROCEDURE
A. EDUCATION
Physicians, other health care workers and students should educate themselves on current knowledge about HIV infection and continue to study new advances as they emerge. Health care providers should also educate their patients about HIV infection, especially modes of transmission and risk reduction.

B. TESTING
1. The goal of Act 59 of 2011 was to expand testing for HIV in an effort to contribute to earlier clinical intervention and reduced morbidity and mortality. It is hoped that more individuals will agree to HIV testing if it is viewed as a more routine screening mechanism, not necessarily aimed only at high-risk populations. The 2013 USPSTF guidelines include a Grade A recommendation for routine screening of adolescents and adults age 15-65 and all pregnant women regardless of perceived risk, with an additional recommendation to screen high risk individuals outside these age parameters.

2. Voluntary HIV testing, with the patient's documented informed consent, is recommended at least once for any sexually active patient and/or one who has a history of or is actively using illegal substances. The health care provider shall determine when an HIV screening test is medically appropriate and shall offer that testing to the patient regardless of risk in accordance with USPSTF and PDPH guidelines. (See Attachment 1)

3. The health care provider ordering the HIV test will be required to document that the patient has been provided an explanation of the test prior to consenting, including its purpose, potential uses, limitations and the meaning of its results. (See Attachment 2)
   a. If the patient consents to testing, the health care provider will check off the consent requirement within the electronic order sheet. If the electronic medical record is down, the provider must utilize a paper consent form (See Attachment 3) to document that the information was provided to the patient and he/she consented to the test. No HIV test will be ordered or processed without documentation of patient consent.
   b. If the patient refuses to be tested, the health care provider should document in the medical record that the test was offered, an explanation of the purpose of the test was given, and the patient opted out of testing.
   c. Please see below, the Accidental Exposure section, if a source patient refuses to be HIV tested after a significant occupational exposure has been reported.

4. In the event a patient lacks capacity to consent to HIV testing, the provider may obtain consent from a surrogate decision maker (See Informed Consent, Policy #117.03 for definitions), if such testing is medically necessary in order to determine diagnosis and appropriate treatment for the patient. Further, if the patient lacks capacity, and there is no surrogate decision maker, the provider may proceed with testing in a medical emergency, if the result is necessary for diagnostic purposes in order to provide appropriate emergency medical care to the patient.

C. RESULTS
1. A negative test result may be relayed to the patient through any communication mechanism which is appropriate for protection of privacy of patient information. Face-to-face contact between the health care provider and the patient is not required for transmission of a negative test result.

2. A positive HIV test result must be discussed in person with the patient, affording him/her the opportunity for immediate face-to-face counseling per Section D below. The health care provider must be aware of the details of test interpretation and be able to explain these to the patient, even if others participate in the counseling process. Not all test results lead to a firm diagnosis, and repeat testing after a period of time may be necessary. Reactive tests will be retested with a supplemental approved assay prior to communication of the result to the patient. Other virologic non-antibody studies (p24 antigen assay, PCR testing and viral isolation) may be requested to establish infection status.

3. All test results are to be kept completely confidential and may only be released pursuant to patient authorization and where permitted by law.

4. Results may be disclosed to a surrogate decision maker if necessary for consent for treatment purposes. However, any such disclosure should be limited to the minimum amount of information necessary for such consent. Results will be recorded in the electronic medical record. These results should only be accessed by healthcare workers directly caring for the patient.

5. When a test is positive or indeterminate, the lab should notify the Infectious Diseases Division (x57785 during regular business hours) or the ID fellow (LR beeper 5812). An Infectious Diseases clinician will provide results to the patient and ensure proper linkage to care.

D. COUNSELING
1. Persons whose test results indicate definite or probable HIV infection must be counseled on at least the following information:
   a. How to avoid transmission to others.
   b. The need to inform all current and past (at least ten years) sexual partners of their HIV-infection status.
   c. The need to tell all prospective sexual partners of their HIV infection status.
   d. The need to refrain from donating blood.

e. The availability of appropriate healthcare, mental health and social support services.

2. All counseling efforts should be documented. Follow-up counseling should be provided as needed to reinforce all pertinent information. Psychological and social support must be provided or arrangements made for their provision.

E. TREATMENT

Long term medical follow up with periodic evaluation is needed by patients with HIV infection. Physicians and health care workers have an ethical and legal responsibility to provide standard of care treatment to all patients. HIV infection is not an acceptable reason for a health care provider to refuse care or to provide substandard care to a patient. Concern about accidental exposure can be minimized by following appropriate procedures and guidelines.

F. ACCIDENTAL EXPOSURE TO HIV

1. Physicians and other health care workers must be aware of the small, but real risk of inadvertent HIV transmission in the health care setting, and the appropriate precautions to be taken to prevent such transmission. Providers must adhere to the required standard precautions delineated in the Medical Staff Rules and Regulations, the Hospital Isolation Manual, any pertinent Departmental Policies, and the current standard of care in the health care setting.

2. Physicians should assure that other health care professionals for whom they are responsible also follow the required and recommended precautions.

3. Should accidental exposure to blood or body fluids occur, prompt evaluation of the accident and follow-up is required. University Health Services (UHS) has approved protocols for handling such exposures in a timely and confidential manner. For Methodist Division, Healthmark has similar approved protocols for handling such exposure in a timely and confidential manner. All needlesticks, percutaneous or mucosal exposures to blood or body fluids should be reported promptly to UHS/Healthmark or, after hours, to the Emergency Department.

4. In the event of an occupational exposure, HIV testing of a source patient may only be requested if the healthcare worker has reported the exposure to UHS/Healthmark or to the Emergency Department within 72 hours of exposure, and the exposed healthcare worker has undergone HIV testing. The determination of whether the exposure is considered significant is made by the evaluating provider in UHS/Healthmark or the Emergency Department.

5. Any potentially exposed health care worker must be aware of and must follow the precautions needed to prevent possible transmission to others while awaiting determination of whether or not HIV infection has occurred.

6. If a source patient or surrogate decision maker on his/her behalf refuses to undergo HIV testing, the declination must be documented in the patient record. All of the following must be in place to order HIV testing when the source patient or surrogate decision maker has refused:
   a. the exposure must be reported by the healthcare worker within 72 hours;
   b. the exposure is determined by the evaluating provider to be significant, i.e. capable of transmitting the blood borne pathogens;
   c. the exposed healthcare worker has undergone HIV testing;
   d. available blood is in the clinical laboratory for testing;
   e. the Certification of Significant Exposure form is completed by the evaluating provider and the source patient’s physician.

G. PHYSICIANS AND HEALTH CARE WORKERS WITH HIV INFECTION

Physicians and other health care workers who contract HIV infection, by whatever means, must be aware of the very small, but possible, risk of patient exposure to the virus during certain invasive procedures. The practice needs, the precautions required to protect patients in the healthcare practice and those required to prevent transmission in other settings should be discussed with the Medical Director of University Health Services. Discussions may also involve other parties as warranted, e.g., the worker’s personal physician or an internal Risk Assessment team convened in accordance with Department of Health Guideline for Preventing the Transmission of HIV and HBV from Infected Health Care Workers to Patients. All such discussions are to be kept completely confidential.

Please see three attachments: 1) Healthcare Provider Instructions for HIV Testing; 2) Pre-Test Information HIV Fact Sheet; and 3) Documentation of Patient Consent to Testing for Human Immunodeficiency Virus (HIV).

Attachment 1: Healthcare Provider Instructions for HIV Testing (PDF)
Attachment 2: Pre-Test Information HIV Fact Sheet (PDF)
Attachment 3: Documentation of Patient Consent to Testing for Human Immunodeficiency Virus (HIV) (PDF)

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