

# Opt-Out HIV Testing in Jails

Louisiana's Special Projects of National Significance *Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative*

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Version 1

Louisiana Department of Health and Hospitals

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# Section 1 – Project Intent

## Summary

The intervention described herein is opt-out HIV testing in a jail setting, in which HIV testing is offered by the jail medical staff in conjunction with the jail’s weekly medical intake process. Linkage to HIV medical care is coordinated by the jail medical staff. Linkage to case management is coordinated by the local Ryan White Part B case management agency as part of the pre-release process.

## Target Audience

Those who would find this manual most helpful for implementation include state or county health departments, city or county jails, Ryan White-funded community organizations or other health-related community based organizations who provide linkage-to-care services for people living with HIV/AIDS (PLWHA).

## Rationale & Description of Need

Early detection of HIV is vital to the overall health and welfare of a person. By detecting HIV shortly after transmission, an infected person may access appropriate treatment sooner, thereby improving their health, and ultimately, prolonging their life. One method to accomplish early testing and linkage to care is to provide opt-out rapid HIV testing in a jail setting<sup>1</sup>. According to the Centers for Disease Control and Prevention, one in seven persons living with HIV will pass through a correctional facility (jail or prison) each year. Further, in general, persons who enter the correctional system in the US “are disproportionately affected by multiple health problems, including HIV.”<sup>2</sup> Thus, the correctional setting is a suitable setting to provide HIV testing and initiate HIV care.

The area of Louisiana where this intervention was implemented, as part of the Special Projects of National Significance (SPNS) *Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative* from the Human Resources and Services Administration (HRSA), HIV/AIDS Bureau<sup>3</sup>, was Lafayette, LA. The Lafayette region has 1427 people who have been diagnosed with HIV, and 270 individuals who are infected with HIV, but have not yet been diagnosed. Unfortunately, in this region of the state, 43% of new

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<sup>1</sup> Beckwith, C., Bick, J., Chow, W., Courtenay-Quirk, C., & Ellington, R. (2009). *HIV Testing Implementation Guidance for Correctional Settings* (pp. 1-38). Centers for Disease Control and Prevention.

<sup>2</sup> *HIV in Correctional Settings*. Centers for Disease Control and Prevention, 20 Feb. 2014. Web. 25 Sept. 2014. <<http://www.cdc.gov/hiv/risk/other/correctional.html>>.

<sup>3</sup> <http://hab.hrsa.gov/about/special/systemslinkages.html>

HIV diagnoses progress to an AIDS diagnosis within six months of their HIV diagnosis.<sup>4</sup> Hence, early identification of HIV in this region is essential.

The intervention was implemented in a parish correctional center that processes approximately 12,000 arrestees per year, and which houses between 700 to 800 inmates<sup>5</sup>. The parish in which the correctional center is located has a population of over 235,000<sup>6</sup>.

The correctional center's medical services department provides basic healthcare for its inmate population. The medical services department is comprised of a medical director, a registered nurse, and a series of licensed practical nurses (LPN). The medical services department contracts with nursing staff from the local infectious disease clinic to come to the jail to provide an in-house HIV clinic. The medical services department also has four deputies who are responsible for transporting inmates for medical screenings and appointments, and jail clerks who handle administrative work for the medical department. In-house medical needs are handled by the medical health authority (a physician), additional physicians who assist the medical health authority, and a nurse practitioner.<sup>7</sup>

Prior to the SPNS Initiative, the correctional center had offered opt-in HIV testing, but had to discontinue offering testing because the cost became too prohibitive.

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<sup>4</sup> 20th Annual National HIV Testing Day Louisiana and Lafayette Region. (2014, June 27). Retrieved August 28, 2015, from [http://www.hiv411.org/files/File/2014 National HIV Testing Day Region 4.pdf](http://www.hiv411.org/files/File/2014%20National%20HIV%20Testing%20Day%20Region%204.pdf)

<sup>5</sup> Lafayette Parish Correctional Center. (2011). Retrieved from <http://www.lafayettesheriff.com/site454.php>

<sup>6</sup> United States Census Bureau. (2015, August 5). Retrieved August 28, 2015, from <http://quickfacts.census.gov/qfd/states/22/22055.html>

<sup>7</sup> Professional Medical Services. (2011). Retrieved from <http://www.lafayettesheriff.com/site311.php>

# Section 2 – Strategy Description

## Evolution of Strategy Design

Originally, it had been proposed that the jail testing model would follow the testing model most often used in community testing events, where preliminary testing is conducted using an oral swab (OraQuick) and confirmatory testing<sup>8</sup> is conducted using a rapid test method using a blood specimen (such as INSTI or Unigold), and the tests would be administered in sequence on the same day. However, due to the layout of the jail, how individuals are ushered to and from the screening stations by the deputy, and nursing staff time, it was deemed that a rapid-rapid testing algorithm<sup>9</sup> would meet the jail’s needs, if the preliminary test were a different rapid test than Oraquick (Oraquick was thought to take too long), and that confirmatory testing would be conducted on a separate day.

The intervention is fully described in the *Opt-Out HIV Testing in Jails*<sup>10</sup> protocols developed specifically for the SPNS Initiative. Further reading on implementing HIV testing in corrections may be found from the Centers for Disease Control and Prevention, including their *HIV Testing Implementation Guidance for Correctional Settings*<sup>11</sup>. A general overview of Louisiana’s HIV Prevention Counseling and Rapid Testing Service Delivery Model is included in Appendix A.

## Intervention Description

### Goal

The goal is to provide opt-out HIV screening with the intent of informing persons of their HIV status, if previously unknown, and providing appropriate linkage to HIV care while incarcerated and post-release.

### Target Population

Individuals who are eligible for opt-out HIV testing are those who have been booked into jail and who are participating in the jail’s medical intake screening. The jail’s medical staff is responsible for notating (i.e., flagging in their computer system) who is eligible for the medical intake screening. Persons who were in the jail’s custody prior to implementing

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<sup>8</sup> For this document, the term confirmatory testing is used to refer to the second HIV test used to confirm the test result obtained in the first (preliminary) test. The term is not used to convey laboratory-based 4<sup>th</sup> generation testing.

<sup>9</sup> *Rapid-rapid testing algorithm – using a rapid test technology for the preliminary HIV test, and a different rapid test technology for the confirmatory HIV test.*

<sup>10</sup> May be accessed at the following website:

<sup>11</sup> See footnote 1

opt-out HIV testing, may request an HIV test at any time. Individuals who declined HIV testing in the past, even as part of this intervention, may request an HIV test at any time.

## Systems Involved in Intervention

The testing intervention is a partnership between the health department (or whomever in the state oversees HIV testing efforts), Ryan White case management or similar, and the jail's medical division. In Louisiana, the testing intervention was comprised of the following key partners: the Louisiana Office of Public Health – STD/HIV Program (OPH-SHP), a local parish jail, and a Ryan White Part B agency located near the parish jail. The role of each partner is detailed below.

**Louisiana Department of Health & Hospitals' Office of Public Health – STD/HIV Program** – Provides training and technical assistance to the jail medical staff, provides test kits to the jail, reviews testing data reported by the jail, serves as a liaison between the jail and local Ryan White case management agency.

**County Jail/Parish Jail** – Is responsible for conducting HIV testing, providing HIV risk education, ensuring HIV testing data is reported to OPH-SHP, scheduling HIV medical appointments for people with HIV, and coordinate with the local Ryan White case management agency.

**Ryan White Case Management Agency** – Meets with people with HIV at the jail to provide pre-release services and arrange for case management services upon discharge. Inputs service entries into CAREWare<sup>12</sup>, the database utilized in Louisiana to track Ryan White clients and services rendered.

## Pre-Intervention Activities

### Considerations for the Office of Public Health –STD/HIV Program

- 1) Evaluate Jail as CTRS** – The regional HIV coordinator must conduct a site visit to the proposed HIV test site (facility) and make their recommendation on the Site Assessment and Registration Form (Appendix B). If the site is favorably observed, OPH-SHP will assign a site number and mail a certificate to the site with their number on it.
- 2) Provide HIV Training** – OPH-SHP provides training for all new test sites free of charge. Because the jail medical staff will be conducting HIV testing, the OPH-SHP provides *HIV Testing for Healthcare Professionals*. The training covers the fundamentals of rapid HIV testing, myths and misinformation on HIV, the HIV

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<sup>12</sup> CAREWare is the free software for managing and monitoring HIV clinical and supportive that HRSA recommends for generating the Ryan White HIV/AIDS Service Report (RSR). Read more about CAREWare at <http://hab.hrsa.gov/manageyourgrant/careware.html> .

epidemic in Louisiana, the benefits of rapid HIV testing, the proper use and handling of the test technologies, as well as all required documentation and data reporting. All persons being trained to conduct HIV testing will be observed by OPH-SHP staff and must receive a favorable observation before being permitted to conduct testing (Appendix C).

- 3) Process Test Kit Orders and Send to Test Site** – Once a testing site determines which testing technologies will be used for preliminary and confirmatory testing, and submits the required order forms, the OPH-SHP will supply the test site with the respective test kits as soon as possible (usually four to six weeks). A comparison of rapid test technologies is provided in Appendix D.
- 4) Provide Testing Forms** – OPH-SHP will supply the test site with a sufficient supply of the required forms to document preliminary and confirmatory tests. (See Appendix E).
- 5) Provide Template for Electronic Reporting (Optional)** – If preferred, OPH-SHP may provide an Microsoft Excel template for electronic reporting for clients tested and their test results. (See Appendix F).
- 6) Program CAREWare Subforms (Optional)** – If additional data collection is desired by the Ryan White Case Management Agency, OPH-SHP has the ability to program additional subforms in CAREWare to track client variables, and run queries for evaluation purposes.

### Considerations for the Jail

- 1) Registering as CTRS** - In Louisiana, prior to initiating opt-out HIV testing, any entity that wishes to initiate HIV testing (in this case, the jail) is required to register with the OPH-SHP to be a HIV Prevention Counseling, Testing, and Referral Site (CTRS) by completing the standard registration form. As part of the registration, the jail has to designate a Quality Assurance Coordinator (Appendix G). The Quality Assurance Coordinator is required to be fully trained on conducting the specific HIV testing methods used at their respective site and is responsible for the overall quality of HIV testing, including monitoring the storage and handling of supplies, and assuring the competency of the testing staff.
- 2) HIV Training** - Jail medical staff are required to complete the training offered by OPH-SHP. Additionally, the jail medical staff is expected to complete in-house training on Universal Precautions (consider Occupational Safety & Health Administration’s Bloodborne Pathogens Standard<sup>13</sup>) prior to starting HIV testing.

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<sup>13</sup> Quick Reference Guide to the Bloodborne Pathogens Standard. (n.d.). Retrieved August 28, 2015, from [https://www.osha.gov/SLTC/bloodborne pathogens/bloodborne\\_quickref.html](https://www.osha.gov/SLTC/bloodborne pathogens/bloodborne_quickref.html)

- 3) **Ordering Test Kits and Forms**- The jail is required to select their preferred test methodology, and then submit an order for test kits and supplies through OPH-SHP in advance of initiating testing. Test kits, supplies, and required forms must be ordered using the HIV Testing Supply Order Form (Appendix H). Ample time, at least 4 weeks, should be given for the delivery of test supply orders. Testing forms are usually sent along with the test kits, but must be ordered using the Order Form. Ordering test kits does not automatically generate an order request for forms.
- 4) **Establishing VPN** – A virtual private network (VPN) is needed to allow secure uploading HIV data electronically from the jail to the Office of Public Health – STD/HIV Program. Generally speaking, someone in the jail or sheriff’s office IT department will have to set this up on the computer workstation of whoever will be responsible for transmitting the testing data. (NB: electronic data uploads are optional.)

### **Considerations for the Ryan White Case Management Agency**

- 1) **Memorandum of Understanding** - Prior to the local Ryan White case management agency initiating linkage efforts, it is preferred that a memorandum of understanding (or agreement) be executed between the sheriff’s office and the agency. An example is provided in Appendix I.
- 2) **Billing** - The case management agency should ensure that services rendered can be appropriately billed for from their city/state Ryan White entity or other funder, and what mechanism should be employed to bill for service units. In Louisiana, the local Ryan White case management agency is able to enter encounters into CAREWare and bill their respective Ryan White funding source.
- 3) **Documentation** – HRSA Policy 07-04 outlines that transitional services may be provided utilizing Ryan White funds if an incarcerated person is less than 180 days from release<sup>14</sup>. It is imperative to document the client’s Ryan White eligibility. Given the nature of a jail (short-term), it may be difficult to discern a client’s release date. A court date may be used in proxy. The agency is welcome to use existing material that is used in other outreach activities. However, it is suggested that at a minimum, an authorization to obtain/release information from the jail to the case management agency be presented to and signed by the client.
- 4) **CAREWare Training** - Data entry and service unit billing is entered into the CAREWare database, which in Louisiana is a requirement for both Ryan White Part A and B. It is likely that CAREWare training for the case manager responsible for

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<sup>14</sup> Hopson, D. (2007, September 1). The Use of Ryan White HIV/AIDS Program Funds for Transitional Social Support & Primary Care Services for Incarcerated Persons. Retrieved August 27, 2015, from <http://hab.hrsa.gov/manageyourgrant/pinspals/incarceratedpersons0704.html>

conducting linkage activities would have already been completed in advance of initiating such a project.

## **Key Components & Adaptability**

At a minimum, this intervention should consist of preliminary and confirmatory HIV testing of the jail's inmate population, conducted in accordance with State regulations, provision of test results, and linkage to HIV medical care (including drawing HIV-related labs) and case management. From a public health perspective, testing upon or shortly after intake is the most desirable point of testing, as it would allow the most persons be tested. However, the arrestee may not be in mental or physical state that would permit testing at that juncture, and other security or staffing barriers, and space layout in the jail may not permit this. Most people who are booked into jail leave within 48 hours, thus testing as close to entry into the jail is preferred, so as to maximize the number of persons tested. The jail site is responsible for determining which testing algorithm (rapid-rapid, rapid-conventional, conventional) and technologies (i.e., Oraquick, INSTI, Western blot) are preferred. The jail site is responsible for determining the manner in which test results are provided. As with providing any test results, HIV test results should be given in private and confidential setting by someone able to address the concerns of the person tested. Louisiana does not require that testing efforts in a correctional setting also be accompanied by a counseling component, but other states may still require counseling.

Timely reporting and submission of test data is required, but electronic submission is not necessary if the jail site cannot accommodate this.

Linkage to HIV care and treatment falls to the abilities and resources of the jail and how they and/or local law enforcement have arranged to handle HIV care for their population in custody. Depending on the region, discharging planning services (pre-release services) may be best handled by a Ryan White case management agency, though there may be other resources in the community better equipped to work with this population.

## **Staffing**

Table 1 on the following page illustrates the efforts of key staff involved with Louisiana's SPNS intervention. It should be noted that this is not necessarily the same staff arrangement for other test sites in Louisiana. The staff descriptions are provided as a reference, so that similar entities might identify whom best in their agency could fill these roles, or if additional staff resources are necessary for implementation.

Office of Public Health	Jail	Ryan White Agency
<p><b>Testing Manager</b> - oversees HIV testing projects throughout the state</p>	<p><b>Medical Director</b> – oversees clinical operations of the jail facility</p>	<p><b>Case Manager</b> – responsible for meeting with HIV-positive inmates to conduct discharge planning, enter applicable data and service units into CAREWare</p>
<p><b>Surveillance Manager</b> – oversees electronic surveillance and laboratory systems as they pertain to HIV and STDs, including e-HARS, CAREWare</p>	<p><b>Nursing Staff</b> – conduct HIV testing, record test results, submit data to Office of Public Health, arrange medical care for people with HIV, and order test kits</p>	
<p><b>Testing Data Entry Staff</b>– manually enters data collected from each test site based on forms submitted to OPH-SHP</p>	<p><b>Contracted Nursing Staff</b> – conducts monthly HIV care clinic for HIV-positive custody population, including drawing HIV labs, and prescribing HIV medication(s)</p>	
<p><b>Capacity Building Specialist</b> – responsible for training new HIV test sites and testers</p>		
<p><b>Project Coordinator</b> – serves as a liaison between the Office of Public Health, jail site, and Ryan White Agency to ensure accurate delivery of testing, reporting, and linkage to care</p>		
<p><b>CAREWare Manager</b> – responsible for creating project-specific sub-forms in CAREWare for data collection and billing purposes</p>		
<p><b>Supply Manager</b> – responsible for ordering and mailing test kits to test sites</p>		
<p><b>Regional Monitor</b> – responsible for ensuring that prevention activities are conducted in accordance with State policies and other protocols</p>		

**Table 1** – Staff descriptions for Louisiana

## **Trainings**

Aside from the aforementioned required trainings for HIV test sites, it is also recommended that any person (case manager, etc.) who conducts work with clients who are incarcerated participate in a corrections 101 type training where they are afforded the opportunity to learn about the correctional system as a whole, and what the prison setting is like for not only people who are incarcerated, but also people who work in the prison system.

## **Quality Assurance & Fidelity Monitoring**

Periodic site-visits to the testing site should be conducted to observe the testing process and the follow-up activities to ensure that protocols, policies, and regulations are adhered to as prescribed. OPH-SHP's Quality Assurance Site Visit Assessment form is included in Appendix J. Technical assistance should be provided if warranted. Additionally, all test forms and data submissions should be reviewed for accuracy and completeness. Linkage to medical care may further be monitored through surveillance databases, if the health department has that capacity. CAREWare and invoices submitted for services rendered can serve as another method of monitoring.

# Section 3 – Lessons Learned

## Significant Successes

- A rapid-rapid testing algorithm was easy to incorporate into the jail site's regular medical evaluation and required a low level of additional staff time.
- The jail site was very agreeable towards allowing the local Ryan White case management agency to come on-site to conduct in-person discharge planning.
- The jail medical staff was very honest and upfront about their concerns or questions about the process and the OPH-SHP was very willing to work with the jail medical staff to arrive at a mutually beneficial solution and develop work-arounds that best fit the staff needs.
- The preliminary testing process was able to be streamlined into the medical evaluation process in a manner that made the test administration part of the work flow without too many gross adjustments.
- Opt-out testing as part of battery of assessments does not single out any person receiving the test.
- For some persons who previously opted out of the test, there is an interest to receive the test once they learn from other inmates that the test administration went well.

## Barriers and Challenges

- The system of HIV medical care available to those incarcerated may not be as robust or as timely as the population may warrant. People with HIV may be released from the jail before medical care can be provided or medication(s) initiated. Contingency plans for both of these scenarios are necessary.
  - For newly diagnosed positives who are discharged from jail before care is initiated, it is recommended that the jail provide information for local HIV care and resources. Additionally, the jail should alert their local public health agency of the need for disease intervention specialists (DIS) to conduct outreach and partner services on those recently discharged.
- The HIV-positive population inside the jail may not be returning to the local community, which can pose a difficulty to the Ryan White case management agency who is better versed in local amenities and may be only able to bill for service units when a client is a resident of the prescribed service area.
  - It is recommended that the local Ryan White case management agency provide clients with the contact information for HIV case management services available in the area the client intends to return to, and provide a generalization of what services are available through Ryan White services.
- The jail facility's design or layout (actual blueprint of the building) may impact ability to provide HIV risk assessment or deliver HIV test results in a private or

confidential manner. Modifications to the test delivery process, results delivery process, or data collection process may need to be made.

### Things to Consider

- Recognize that outside corrections accreditation institutes or associations may dictate how and when testing is offered.
- The explanation of opt-out testing at the facility may not be delivered by a medical staff person or someone who was trained in the HIV testing process. It is important to ensure what language and phrasing is used when offering HIV testing to adhere to the true opt-out nature.
- Communication between medical staff on different shift schedules (day shift, night shift, 3 days on/off, etc.) is necessary when confirming who is HIV-positive.
- Commitment and true buy-in from the medical staff (or whoever will be conducting the tests) is important and facilitates a more smooth testing intervention.
- Because the testing is routine, the jail site may test someone who is a known positive (by both parties). Each state may address this issue differently, but in Louisiana we rather test than not test even if someone is a known positive so no one is missed or “outed.”

Revised October 2013

Attachment RT-3.9 (maintain on site-for information only)

### **Louisiana HIV Prevention Counseling and Rapid Testing Service Delivery Model**

*The following steps apply to testing with OraQuick, Clearview, and Uni-Gold when used as the first rapid test. \*For those using INSTI as the first rapid test, collect the specimen and run that test after #3a below.*

#### **Step 1a - Introduce and Orient the Client to the Session**

- Introduce yourself to the client.
- Assess client's readiness to receive the results on the same day.
- Offer options for testing (conventional or rapid).
- Describe the testing process, what type of specimen will be collected, how long the whole process will take, and what each of the three possible results mean.
- Explain to client that if a preliminary positive result is received, a second rapid test will be conducted.
- Address Partner Services, including informing the client that if results come back positive, a DIS will contact them to offer additional services.
- Offer anonymous and confidential options, and explain what each mean.
- Obtain Informed Consent.
- Provide appropriate subject information pamphlet for the rapid test being conducted.

#### **Step 1b – Administer the Rapid Test**

- Follow applicable universal precautions
- Clearly label the test device being used
- Demonstrate/facilitate specimen collection
- Start Timer

#### **Step 2 – Identify Risk Behaviors and Circumstances**

- Engage client in a discussion of risk behavior
- Assess client's previous experience with HIV testing and knowledge about HIV/AIDS
- Complete all but results section of HIV Test Form-Part 1

#### **Step 3a – Identify Safer Goal Behaviors**

- Give client information on relevant risk and harm reduction strategies
- Use relevant information pamphlets, brochures and/or brief videos
- Have client explain what he/she can do to reduce risk
- Assess client readiness to receive results can continue up until the timer goes off
- Allow time for client to process and respond

#### **Step 3b – Interpret and Deliver the Test Result (after appropriate time as elapsed)**

- Follow applicable universal precautions for handling rapid testing materials
- Interpret Test Result (use a second reviewer if needed and client is not present)
- Return to client and give the results immediately in a simple and direct fashion
- Allow time for client to process and respond

#### **Step 4 – Develop Risk Reduction/Action Plan (can be initiated prior to delivery of test results but should be modified, as needed, after results are provided)**

- Based on the results of the test and the client's risk profile, assist the client in developing an action plan to further protect their health and the health of their partners.
- Document risk reduction plan in client's file

#### **Step 5 – Offer Referrals and Provide Support (can be initiated prior to delivery of test results but should be modified, as needed, after results are provided)**

- Make appropriate referrals and negotiate plans to follow up with the client

#### **Step 6 – Summarize and Close the Session**

Appendix B – HIV Prevention Counseling, Testing and Referral Rapid Site Assessment and Registration Form

Revised October 2013

Attachment RT-3.6 (to be completed by Regional HIV Coordinator and submitted as needed)

**HIV Prevention Counseling, Testing and Referral (CTR) Rapid Site Assessment and Registration Form**

All sites, whether fixed or mobile, must be registered with OPH SHP.  
Please allow four (4) weeks for processing.

Type of Request (check one):  New Site  Update Existing Site  Drop Site

**Contact Information (Agency conducting CTR):**

Agency: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
OPH Region: \_\_\_\_\_ Parish: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ CLIA Certificate #: \_\_\_\_\_

**Executive Director Information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Executive Director's Email: \_\_\_\_\_

**Prevention Manager Information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Prevention Manager's Email: \_\_\_\_\_

**Quality Assurance Coordinator Information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Quality Assurance Coordinator's Email: \_\_\_\_\_

**Site Information (location where CTR will be conducted):**

Name of Site: \_\_\_\_\_  
Site Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Detailed Description of Site Type (i.e. clientele, hours of operation, services offered): \_\_\_\_\_

Detailed Description of Test Set-Up(i.e. how will confidentiality be assured, where in the building will testing happen, etc): \_\_\_\_\_

Type of Testing Requested (check all that apply):

Rapid Testing: \_\_\_\_\_  OraSure  Blood (lab)

Date: \_\_\_\_\_ Observed by: \_\_\_\_\_

Check appropriate assessment of testing site:

- Work space to process test:  Acceptable  Conditional (describe)  Unacceptable
- Confidential setting:  Acceptable  Conditional (describe)  Unacceptable
- Cleanliness:  Acceptable  Conditional (describe)  Unacceptable
- Lighting:  Acceptable  Conditional (describe)  Unacceptable
- Temperature control:  Acceptable  Conditional (describe)  Unacceptable
- Supply storage:  Acceptable  Conditional (describe)  Unacceptable
- Hand washing station:  Acceptable  Conditional (describe)  Unacceptable
- Record keeping:  Acceptable  Conditional (describe)  Unacceptable
- Waiting area:  Acceptable  Conditional (describe)  Unacceptable

Notations: \_\_\_\_\_

For Office Use Only: Date request received: \_\_\_\_\_ Date visited: \_\_\_\_\_

Recommendation: \_\_\_\_\_

SHP Coordinator Initials: \_\_\_\_\_ CTR Supervisor's Initials: \_\_\_\_\_ Date logged into database: \_\_\_\_\_

Approved for: <input type="checkbox"/> Rapid Testing: Primary Test _____ Second Test _____	
Site #: _____	Parent Site #: _____

Appendix C – Louisiana Office of Public Health HIV Prevention Counseling and Rapid Testing Skills Observation Form

Revised October 2013

Attachment RT-3.10 (maintain on site for information only)			
Louisiana Office of Public Health HIV Prevention Counseling and Rapid Testing Skills Observation Form			
All HIV prevention counselors and all prospective counselors conducting rapid HIV testing must submit a favorable observation prior to performing rapid testing on patients/clients. Counselors must be re-observed at least once per year thereafter and copies of all observation forms must be maintained in the counselor's personnel file.			
Name of Counselor:	Date Trained:	Counselor #:	Point Scale: 0 = not done 5 = deficient 10 = proficient
Date and Time of Observation:	Location of Observation:		
FIRST: Conduct verbal test result quiz with prospective counselor: PASS or FAIL (circle one) If the counselor passed, continue with observation, if they failed then stop here.			
		Score	Comments
<b>Counseling Skills-Before Rapid Test Is Run</b>			
1. Counselor offered options in testing procedures.			
2. Counselor carefully explained rapid testing and potential results.			
3. Counselor carefully explained confidential and anonymous testing			
4. Counselor obtained written informed consent.			
5. Counselor addressed partner services and DIS			
6. Counselor gave client subject information pamphlet.			
7. Counselor assessed whether client was ready to receive results that day.			
<b>Counseling Skills-While Rapid Test is Running</b>			
8. Counselor identified client's risk(s) behaviors.			
9. Counselor identified client's safer goal behaviors(s).			
10. Counselor mainly used non-judgemental language and tone in speaking with client.			
11. Counselor asked the client open-ended questions.			
12. Counselor maintained strong eye contact and positive body language.			
13. Counselor offered options and did not give directives.			
<b>Counseling Skills-After Rapid Test has Run</b>			
14. Counselor accurately communicated result to client			
15. Counselor allowed time for client to understand result.			
16. Counselor made appropriate referrals (one to medical care if prelim. pos).			
17. Counselor documented and reviewed a risk reduction plan.			
18. Counselor identified date of last exposure and reviewed the window period, including possible retesting if client was negative.			
19. Counselor discussed client needs if result is preliminary positive.			
20. Counselor accurately completed HIV Test Form-Part 1 (and Part 2 if prelim pos).			
<b>Rapid Test Lab Operation Skills</b>			
21. Counselor set up lab space and labeled devices properly.			

22. Counselor adhered to all Universal Precautions.		
23. Counselor carefully instructed/demonstrated how to collect specimen. (For oral swab, continuous circular motion between upper lip and gum to lower lip and gum and remove - One full circle around and no touching tongue, inner cheeks, or roof of mouth) Counselor carefully instructed/demonstrated how to collect specimen. (For oral swab, continuous circular motion between upper lip and gum to lower lip and gum and remove - One full circle around and no touching tongue, inner cheeks, or roof of mouth)		
24. Counselor did not contaminate specimen or device.		
25. Counselor did not block holes or move test during processing.		
26. Counselor timed the processing accurately.		
27. Counselor accurately interpreted and documented test result		
28. Counselor recapped all used vials and disposed of used testing supplies in a biohazard container.		
<b>Total Score:</b>		

**Scoring Required to Pass:**

-Each section requires 85% correct to pass, and for those items in bold and underlined a score of 10 (adequate) is required. The break down for each section is as follows:

Counseling Skills-Before the Rapid Test is Run = 70 points possible, 60 needed to pass

Counseling Skills-While Rapid Test is Running = 60 points possible, 50 needed to pass

Counseling Skills-After Rapid Test has Run = 70 points possible, 60 needed to pass

Rapid Test Lab Operation Skills = 80 points possible, 65 needed to pass

Name of Person Conducting Observation: \_\_\_\_\_  
Name of person conducting this observation Counselor #

Affiliation of Observer to Counselor (i.e. supervisor, regional coordinator) \_\_\_\_\_

Signature and Date of Observer Named Above: \_\_\_\_\_  
Signature Date

Write in below the complete physical mailing address where Counselor Certificate should be mailed:

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

## Appendix D – Comparison of Rapid Test Technologies

	<b>OraQuick</b>	<b>Uni-Gold</b>	<b>Clearview</b>	<b>INSTI</b>
<b>Processing Time</b>	20 Minutes	10 Minutes	15 Minutes	60 Seconds
<b>Specimen Type</b>	Oral fluid, Blood, Plasma	Blood, Plasma, Serum	Blood, Plasma, Serum	Blood, Plasma
<b>HIV-1/HIV-2</b>	HIV-1 and HIV-2	HIV-1/HIV-2	HIV-1 and HIV-2	HIV-1 and HIV-2
<b>Shelf Life</b>	2 years	1 year	2 years	1 year
<b>Operating Temperature</b>	59-99 degrees F	59-80 degrees F	64-86 degrees F	59-86 degrees F
<b>Sensitivity</b>	99.30% (oral fluid)	100% (whole blood)	99.70% (whole blood)	99.80% (whole blood)
<b>Specificity</b>	99.80% (oral fluid)	99.70% (whole blood)	99.90% (whole blood)	99.50% (whole blood)

Appendix E – STD/HIV Testing Forms

Louisiana Office of Public Health STD/HIV Testing Form—Part 1

revised April 2012

Date of Session/Visit		Place StarLIMS label here		How did you find out about this service?		PNUMBER																																																			
<table border="1"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	D	D	Y	Y	Y	Y									Agency and Site Information		Test 1		Test 2		Test 3																																	
M	M	D	D	Y	Y	Y	Y																																																		
Agency ID:		Sample Date		<table border="1"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	D	D	Y	Y	Y	Y									<table border="1"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	D	D	Y	Y	Y	Y									<table border="1"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	D	D	Y	Y	Y	Y								
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M	M	D	D	Y	Y	Y	Y																																																		
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Site ID :		Worker ID		<input type="checkbox"/> HIV <input type="checkbox"/> Syphilis <input type="checkbox"/> GC/CT <input type="checkbox"/> Other: _____		<input type="checkbox"/> HIV <input type="checkbox"/> Syphilis <input type="checkbox"/> GC/CT <input type="checkbox"/> Other: _____		<input type="checkbox"/> HIV <input type="checkbox"/> Syphilis <input type="checkbox"/> GC/CT <input type="checkbox"/> Other: _____																																																	
Site Type:		Test Election		<input type="checkbox"/> Urine <input type="checkbox"/> Venipuncture <input type="checkbox"/> Oral mucosal/pharyngeal <input type="checkbox"/> rectal		<input type="checkbox"/> Urine <input type="checkbox"/> Venipuncture <input type="checkbox"/> Oral mucosal/pharyngeal <input type="checkbox"/> rectal		<input type="checkbox"/> Urine <input type="checkbox"/> Venipuncture <input type="checkbox"/> Oral mucosal/pharyngeal <input type="checkbox"/> rectal																																																	
Client/Patient Information		Specimen type		<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid Type: <input type="text"/>		<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid Type: <input type="text"/>		<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid Type: <input type="text"/>																																																	
Last Name:		Test Technology		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid <input type="checkbox"/> Indeterminate		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid <input type="checkbox"/> Indeterminate		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid <input type="checkbox"/> Indeterminate																																																	
First Name:		Result Provided		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency																																																	
Address:		If Results NOT provided, why?		<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did not return/ Could not locate <input type="checkbox"/> Other		<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did not return/ Could not locate <input type="checkbox"/> Other		<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did not return/ Could not locate <input type="checkbox"/> Other																																																	
City: State: Zip :		Assigned Sex at Birth?		In the past 12 months has the client engaged in the following behaviors: <table border="1"> <thead> <tr> <th>With a...</th> <th>Man</th> <th>Woman</th> <th>Transgender</th> </tr> </thead> <tbody> <tr> <td>Vaginal or anal, insertive or receptive sex</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>...without using a condom?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>...with someone who injects drugs?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>...with anonymous/causal/internet partner?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>...with someone living with HIV infection?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>...with a man who has sex with other men?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Oral sex, insertive or receptive?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						With a...	Man	Woman	Transgender	Vaginal or anal, insertive or receptive sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	...without using a condom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	...with someone who injects drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	...with anonymous/causal/internet partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	...with someone living with HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	...with a man who has sex with other men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral sex, insertive or receptive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
With a...	Man	Woman	Transgender																																																						
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...with a man who has sex with other men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Oral sex, insertive or receptive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Parish: Phone:		Race (check all that apply)?		Has the client injected drugs, vitamins, hormones, steroids, or other medications? <input type="checkbox"/> Yes If yes, did client share drug injection equipment? <input type="checkbox"/> Yes																																																					
Email:		<input type="checkbox"/> American IND./AK Native <input type="checkbox"/> white <input type="checkbox"/> Asian <input type="checkbox"/> Don't Know <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Native HI/Pac. Islander		Additional Risk Factor(s) <input type="text"/> 1 <input type="text"/> 2 <input type="text"/>																																																					
Date of Birth		Assigned Sex at Birth?		<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																					
Hispanic/Latino Ethnicity?		<input type="checkbox"/> Male <input type="checkbox"/> Female		Special Use Fields																																																					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female		Other Session Activities Local Use Field																																																					
Ever Tested for HIV in the Past?		<input type="checkbox"/> Yes → If Yes, what is the client's self Reported Result? <input type="checkbox"/> Negative <input type="checkbox"/> Don't know <input type="checkbox"/> Positive <input type="checkbox"/> Declined <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate		1. - L1																																																					
<input type="checkbox"/> Yes → If Yes, what is the client's self Reported Result? <input type="checkbox"/> Negative <input type="checkbox"/> Don't know <input type="checkbox"/> Positive <input type="checkbox"/> Declined <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate		<input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female		PNUMBER PNUMBER PNUMBER PNUMBER PNUMBER PNUMBER																																																					

**STD/HIV TEST FORM-CODES DOCUMENT**

**Codes for HIV Rapid Tests**

ORQ OraQuick  
 CSP Clearview  
 UNG UniGold  
 INS INSTI

**Codes for Other Risk Factor(s)**

01 Exchange sex for drugs/money/or something they needed  
 02 While intoxicated and/or high on drugs  
 03 With person of unknown HIV status  
 04 With person who exchanges sex for drugs/money  
 05 With person who has hemophilia or transfusion/transplant recipient

06 Diagnosed with a sexually transmitted disease (STD)  
 07 Sex with multiple partners  
 08 Sex w/ person met on social networking or other internet site

**How did you find out about this service?**

01 www.hiv411.org  
 02 STD/HIV Infoline  
 03 LA OPH website  
 04 Recruitment/Outreach  
 05 Pregnancy Prevention Program (ex. TOP, AIM, SRILE)  
 06 Marketing Campaign via billboard/TV ad, etc.

**Codes for Other Session Activities**

04.00 Referral  
 05.00 Personalized Risk assessment  
 06.00 Elicit Partners  
 07.00 Notification of exposure  
 08.01 Information - HIV/AIDS transmission  
 08.02 Information-Abstinence/postpone sexual activity  
 08.03 Information-Other sexually transmitted diseases  
 08.04 Information-Viral hepatitis  
 08.05 Information - Availability of HIV/STD counseling and testing  
 08.06 Information-Availability of partner notification and referral services  
 08.07 Information - Living with HIV/AIDS  
 08.08 Information - Availability of social services  
 08.09 Information - Availability of medical services  
 08.10 Information - Sexual risk reduction  
 08.11 Information - IDU risk reduction  
 08.12 Information - IDU risk free behavior  
 08.13 Information - Condom/barrier use  
 08.14 Information - Negotiation / Communication  
 08.15 Information - Decision making  
 08.16 Information - Disclosure of HIV status  
 08.17 Information - Providing prevention services  
 08.18 Information - HIV testing  
 08.19 Information - Partner notification  
 08.20 Information - HIV medication therapy adherence  
 08.21 Information - Alcohol and drug use prevention  
 08.22 Information - Sexual health  
 08.23 Information - TB testing  
 08.66 Information - Other

09.01 Demonstration - Condom/barrier use  
 09.02 Demonstration - IDU risk reduction  
 09.03 Demonstration - Negotiation/Communication  
 09.04 Demonstration - Decision making  
 09.05 Demonstration - Disclosure of HIV status  
 09.06 Demonstration - Providing prevention services  
 09.07 Demonstration - Partner notification  
 09.66 Demonstration - Other  
 10.01 Practice - Condom/barrier use  
 10.02 Practice - IDU risk reduction  
 10.03 Practice - Negotiation/Communication  
 10.04 Practice - Decision making  
 10.05 Practice - Disclosure of HIV status  
 10.06 Practice - Providing prevention services  
 10.07 Practice - Partner notification  
 10.66 Practice - Other  
 11.01 Discussion - Sexual risk reduction  
 11.02 Discussion - IDU risk reduction  
 11.03 Discussion - HIV testing  
 11.04 Discussion - Other sexually transmitted diseases  
 11.05 Discussion - Disclosure of HIV status  
 11.06 Discussion - Partner notification  
 11.07 Discussion - HIV medication therapy adherence  
 11.08 Discussion - Abstinence/postpone sexual activity  
 11.09 Discussion - IDU risk free behavior  
 11.10 Discussion - HIV/AIDS transmission  
 11.11 Discussion - Viral hepatitis  
 11.12 Discussion - Living with HIV/AIDS  
 11.13 Discussion - Availability of HIV/AIDS counseling & testing

11.14 Discussion - Availability of partner notification and referral services  
 11.15 Discussion - Availability of social services  
 11.16 Discussion - Availability of medical services  
 11.17 Discussion - Condom/barrier use  
 11.18 Discussion - Negotiation/Communication  
 11.19 Discussion - Decision making  
 11.20 Discussion - Providing prevention services  
 11.21 Discussion - Alcohol and drug use prevention  
 11.22 Discussion - Sexual health  
 11.23 Discussion - TB testing  
 11.66 Discussion - Other  
 12.01 Other testing - Pregnancy  
 12.02 Other testing - STD  
 12.03 Other testing - Viral hepatitis  
 12.04 Other testing - TB  
 13.01 Distribution - Male condoms  
 13.02 Distribution - Female condoms  
 13.03 Distribution - Safe sex kits  
 13.04 Distribution - Safer injection/bleach kits  
 13.05 Distribution - Lubricants  
 13.06 Distribution - Education materials  
 13.07 Distribution - Referral lists  
 13.08 Distribution - Role model stories  
 13.66 Distribution - Other  
 14.01 Post-intervention follow up  
 14.02 Post-intervention booster session  
 15.00 HIV Testing History Survey  
 16.00 Risk Reduction Counseling  
 17.00 Personalized Cognitive Counseling  
 88 Other

## Appendix F – Template for Electronic Reporting

The image shows an Excel spreadsheet template for electronic reporting. The spreadsheet has columns for ID, Test Date, Last Name, First Name, DOB, Gender, Race, Test 1 Result, Test 2 Result, Test 2 Type, and Test 2 Received Results. The data is for the Lafayette Parish Correctional Center, with Test 1: INSTI and Test 2: Oraquick. The spreadsheet includes callout boxes explaining the codes used in the data.

**Gender Legend:**

- F = Female
- M = Male
- T = Transgender
- U = Unknown

**Test Results Legend:**

- 0 = Negative
- 1 = Positive

**Test Type Legend:**

- 0 = No
- 1 = Yes

**Race Legend:**

- A = Asian
- B = Black/African American
- H = Hispanic/Latino
- HI = Hawaiian/Pacific Island
- I = American Indian
- W = White
- M = Multi-race
- U = Unknown

**Test Type Legend:**

- ORQ = Oraquick
- INS = INSTI
- OTH = Other

ID	Test Date	Last Name	First Name	DOB	Gender	Race	Test 1 Result	Test 2 Result	Test 2 Type	Test 2 Received Results
12345	9/24/2014	Bunny	Bugs	08/14/84	M	W	0			
12745	9/24/2014	Pan	Peter	01/26/91	M	H	1	0 ORQ		0
26452	9/24/2014	Simpson	Lisa	03/04/77	F	B	0			
69821	9/24/2014	Potter	Harry	07/14/89	U	M	1	1 ORQ		1
96452	9/24/2014	Flinstone	Wilma	10/15/56	T	HI	1	0 ORQ		1

Attachment RT-3.7 (submit to SHP as needed)

**Quality Assurance Coordinator  
Registration/Designation Form**

*All Agencies conducting Rapid HIV Testing in Louisiana must designate and register a Quality Assurance Coordinator. The Quality Assurance Coordinator should be a person with significant experience conducting rapid testing (6 months experience and a minimum of 200 rapid tests conducted) and familiar with storage and operating procedures/requirements of the rapid testing device(s) used at their agency.*

Submit to SHP immediately whenever the designated Quality Assurance Coordinator changes or when updates/changes to his/her contact information occur.

Rapid Testing Site: \_\_\_\_\_ Site Number: \_\_\_\_\_

Date Form Submitted: \_\_\_\_\_ Submitter: \_\_\_\_\_

Reason for Submission:

- Newly Designated Quality Assurance Coordinator
- Change in Quality Assurance Coordinator's contact information
- Other, specify below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**About the Designated Quality Assurance Coordinator:**

<b>Name*:</b>	_____
<b>Title*:</b>	_____
<b>Work Address*:</b>	_____
	_____
	_____
<b>Counselor Number*:</b>	_____
<b>Work Phone*:</b>	(____) _____
<b>Cell:</b>	(____) _____
<b>Alternate Phone</b>	(____) _____
<b>Work Email*:</b>	_____
<b>Alternate Email:</b>	_____
<b>Number of Months/Years Experience with Rapid Testing:</b> _____	
<small>*Areas marked with an asterisk are required fields</small>	

**Fax completed form to (504) 568-7044  
Attention CTR Supervisor**

Revised October 2013

Attachment RT-3.5 (submit to SHP monthly)

**HIV TESTING SUPPLY ORDER FORM**

**Contact Information (Agency conducting HIV Testing):**

Testing Site Name: \_\_\_\_\_ Order Date: \_\_\_\_\_  
 Quality Assurance Coordinator: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 CLIA Certificate #: \_\_\_\_\_ (Required for all rapid testing supplies) CLIA Expiration Date: \_\_\_\_\_

Please write the number of cases/boxes/packets needed. Please allow a minimum of 4 weeks for delivery or pick up. Some items may not be available at the time of order or available to your site. Agencies located within Region 1 will be notified when their order is ready for pick up.

LIST OF SUPPLIES	QUANTITY # ORDERED	For SHP Use
------------------	--------------------	-------------

HIV Test forms-Part 1	100 forms/packet _____	
-----------------------	------------------------	--

*Sites must have prior approval from OPH SHP before ordering any of the following items:*

OraQuick ADVANCE Rapid Test Kits	100 kits/box	_____	_____
OraQuick ADVANCE Kit Control	1 kit/box	_____	_____
Uni-Gold Recombigen Rapid Test Kits	20 kits/box	_____	_____
Uni-Gold Kit Control	1 kit/box	_____	_____
Clearview Complete Rapid Test Kits	25 kits/box	_____	_____
Clearview Kit Control	1 kit/box	_____	_____
INSTI Rapid Test Kits	24 kits/box	_____	_____
INSTI Kit Control	1 kit/box	_____	_____
Digital Memory Thermometer	Each	_____	_____
Timer	Each	_____	_____
XL Gloves <input type="checkbox"/> Nitrile <input type="checkbox"/> Latex	100/box	_____	_____
L Gloves <input type="checkbox"/> Nitrile <input type="checkbox"/> Latex	100/box	_____	_____
M Gloves <input type="checkbox"/> Nitrile <input type="checkbox"/> Latex	100/box	_____	_____
S Gloves <input type="checkbox"/> Nitrile <input type="checkbox"/> Latex	100/box	_____	_____
Workspace Covers	100/box	_____	_____
Biohazard waste disposal bag	Each	_____	_____
Sharps Container (limited availability)	Each	_____	_____

Please fax this form to: **OPH SHP PURCHASING & SUPPLIES COORDINATOR**

**Fax number: (504) 568-7044**

**For SHP Use Only:**

SHP Staff Initials: _____	Date received: _____
Rapid Tests Lot #: _____	Rapid Tests expiration date: _____
Control Lot #: _____	Control kit expiration date: _____
Delivered to (name): _____	Date delivered: _____
Delivered to (name): _____	Date delivered: _____

Appendix I - Sample Memorandum of Agreement

Memorandum of Agreement

TO: **Cooperating Agency** the MOA is being made with

FROM: Executive Director (or similar) Name  
**Proposing Agency**  
STREET ADDRESS  
CITY, STATE ZIP CODE

**Statement of Purpose of Partnership:** In an effort to \_\_\_\_\_, the **Cooperating Agency** shall partner with the **Proposing Agency** as follows.

Be it known:

**Cooperating Agency** shall:

- Provide...
- Ensure...
- Etc.

**Proposing Agency** shall:

- Provide...
- Ensure...
- Etc.

\_\_\_\_\_  
Signature of Proposing Agency

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Cooperating Agency

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Appendix J – Quality Assurance Site Visit Assessment Form

Attachment RT-3.11 (maintain on site-for information only)

<b>Louisiana HIV Prevention Counseling, Rapid Testing and Referral Services Quality Assurance Site Visit Assessment</b>
---

This form should be completed on the first day of the quality assurance site visit.

**SECTION I. Agency Information**

Assessment Period \_\_\_\_\_

1. Agency Name \_\_\_\_\_
2. Name and Title of Supervisor/QA Coordinator \_\_\_\_\_
3. CLIA Waiver Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
4. Is CLIA Waiver displayed properly?    Yes    No
5. Type of Rapid Tests In Use: 1) \_\_\_\_\_ 2) \_\_\_\_\_
6. Describe the location where rapid test kits are stored:

\_\_\_\_\_

\_\_\_\_\_

7. Are Test Device Temperature Logs Maintained on site?    Yes    No
8. How is the temperature of stored testing devices monitored:

\_\_\_\_\_

\_\_\_\_\_

9. Review the Test Device Temperature Logs for missing entries, days when temperature was out of range, and any corrective actions taken. Record in the table below.

Date	Describe Problem/Issue	Describe Action Taken (if any)

10. Describe where Rapid Testing Controls are stored:

\_\_\_\_\_

\_\_\_\_\_

11. Are Rapid Testing Control Logs Maintained on site?    Yes    No

12. How is the temperature of control kits monitored?

---

---

13. Review the Control Kit Temperature Logs for missing entries, days when temperature was out of range, and any corrective actions taken. Record in the table below.

Date	Describe Problem/Issue	Describe Action Taken (if any)

13. Are Daily Test Logs maintained on site? Yes No

14. How well does the site document risk reduction plans in client charts? (review at least 10 charts and indicate what percentage had documented risk reduction plans). \_\_\_\_\_

15. Are client files maintained appropriately? Yes No

SECTION II. – Comments/Notes/Concerns about rapid testing site.

Use this remainder of this page and the back if needed to make notes about the site's overall rapid testing policies, any additional concerns, and adherence to SHIP protocol.