



## Blood-borne virus (BBV) testing flash card

### Side A

#### Pre-test discussion

1. Explain and record modes of transmission for BBV and risk taking behaviours (include prison tattoos, sharing injecting equipment/paraphernalia, toothbrushes and razors).
2. Check understanding, whether intoxicated / in withdrawal no mental health problems or suicidal thoughts.
3. Explain why a test is being recommended – early detection and treatment have improved patients' health.
4. Assess last possible exposure to ensure window period (which differs according to the virus and also with the particular assay being used) as the results could come back as negative not detected but blood may have been taken too soon where the body has not yet mounted an immune response. If they have had recent risks but cannot be specific, they should still be tested as they could have been infected by risks prior to the window period, and repeat testing should be carried out to cover the more recent risks.
5. Where and when the results will be available and who will give them.
6. Explain if an initial BBV result is positive /detected that this means it will need to be confirmed before any final decision about need for treatment can be made.
7. Explain the support within the prison for a positive result and referral to specialist services e.g. a nurse specialist or consultant.
8. Explain if result negative/not detected; reinforce harm reduction for substance misuse and safer sex condom use AND re-testing if within window period or has a further exposure.
9. Confirm informed consent obtained then take blood sample.

#### Post-test discussion

1. Check understanding, whether intoxicated / in withdrawal no mental health problems or suicidal thoughts.
2. All prisoners with positive results should be seen by a specialist healthcare worker ideally within 48 hours and no later than 2 weeks; no results to be given on a Friday.
3. Ensure the result is given face to face.
4. Check prisoner's identification with result details.
5. Ensure that a safe environment is maintained such as a confidential room, undisturbed and unhurried.
6. Delivery of results need to be clear and factual.
7. If English is their second language, use NHS Language Line or an appropriate interpreter if available.

#### Positive result

Explain the support within the prison for a positive result and referral to specialist services.

#### Negative result

Explain if result negative/not detected; reinforce harm reduction for substance misuse and safer sex condom use AND re-testing if within window period or has a further exposure. Also encourage vaccination against hepatitis B.

## Side B: Checklist

Patient name / unique identifier (i.e. NHS number):

.....

Person undertaking assessment:

.....

Date: .....

1. Pre-test and post-test discussion taken place?
2. BBV testing should be recommended to all new and current prisoners unless:
  - They have been tested in the last 12 months and have NOT subsequently put themselves at risk of infection.
  - They have been tested and are positive.
  - They are known to be positive for a BBV.
  - For hepatitis B: If a patient has documented evidence of a negative result and have been **fully** vaccinated against hepatitis B they do not require further testing for this BBV infection.
3. Record assessment of risks and date for results to be given.
4. Complete BBV virology forms - write in sections:
  - a) Clinical details: **BBV risks identified**
  - b) Tests requested (a copy of a lab form put with the following written in could be put in appendix)
    - HIV Ab +Ag P24 test**
    - Hep C Ab test and if positive test for HCV RNA via PCR test**
    - Hep B HBsAg**
4. When results back check flowchart for appropriate action to be taken and referral to specialist care pathway for HIV, hepatitis B and hepatitis C.

Care pathway local contact details:

Prison internal support. Healthcare / substance misuse/peer support:

HIV:

Hepatitis:

### UK National Guidelines for HIV Testing 2008

<http://www.bashh.org/documents/1838.pdf>

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