

Testing Site Application

Point of Care Testing (HIV) and/or Dried Blood Spot Testing (HIV/HCV/Syphilis)

Northern Health (NH) currently has three different testing modalities available: traditional laboratory testing, point of care testing (HIV), and dried blood spot testing (HIV, HCV, syphilis).

POINT OF CARE TESTING (POCT)

The BC Point of Care HIV Testing Program through the BCCDC provides POC tests to health care settings that meet program standards and have approval from their regional health authority. Upon approval by the health authority, testing sites receive training, POCT tests, and supplies free-of-charge.

Through POCT, clients can be screened for HIV antibodies. POCT involves pricking a client's finger, collecting the resulting blood droplet in a special kit, then adding specific reagents from the kit. Results are available within 30-90 minutes. These tests are considered screening only; any positive or invalid results must be followed up with standard laboratory HIV testing for confirmation. Currently, NH supports Registered Nurses to perform POCT. Detailed information on POCT for HIV can be found on the BCCDC's [website](#) and [Northern Health Community Based HIV Point of Care Test Site Guidelines](#). Please ensure you have read the requirements for POCT sites before submitting an application.

DRIED BLOOD SPOT TESTING (DBST)

In the absence of a provincial or federal program to facilitate organizations becoming trained in and offering DBST, NH has developed a process to support internal programs. Upon approval by the health authority, testing sites receive training and test kits free-of-charge. External programs may choose to utilize this same process or may connect directly with the National Microbiology Lab's team to discuss opportunities to provide testing. (nlhrs-lnsrv@phac-aspc.gc.ca)

DBST utilizes a finger prick to collect drops of blood on a filter paper card. The card is then mailed to the lab for testing, with results available in approximately 4 weeks. The results for both HIV and HCV are confirmatory if sufficient sample is collected, while the syphilis results are considered screening only. Positive or inconclusive syphilis results must be followed up with traditional laboratory testing. Additional information on the processes related to DBST can be found in the NH Dried Blood Spot Testing Guide ([Dried Blood Spot Testing Guide \(DocuSource10-120-6069\)](#)). Please ensure you have reviewed the guide prior to submitting an application.

If you are seeking to introduce either testing option to your program, it's important to have the support of the pertinent administrative and medical leadership in your community. Depending on your program, and where it is located, this may include the NH Community Services Manager, the NH Director of Specialized Services, the Health Director in a First Nations community, Medical Directors, etc. It is important to ensure that these leaders are in support of your application prior to submitting your application.

INSTRUCTIONS:

Please respond to all the following questions indicating Yes, No or Unknown, and where required, provide a detailed written response.

If you have questions about the modalities or whether your program would qualify, please contact us at RegionalCD.HubTeam@northernhealth.ca. NH may be able to support you in meeting the criteria if we believe there would be significant value to your program offering testing.

Complete this form and send electronically to RegionalCD.HubTeam@northernhealth.ca or print and fax to 250 645 7995, Attn: Regional CD Lead and HIV POC/DBST Committee.

Application for POCT (HIV) and/or DBST

Date:	
Proposed program/site:	
Person submitting:	Role:
Phone:	Email:

I AM APPLYING TO OFFER:

- HIV Point of Care Testing (HIV POCT)
- Dried Blood Spot Testing: HIV, HCV, syphilis (DBST)
- Both POCT & DBST

1. Is testing for HIV, HCV, and syphilis currently available in your community?

Yes

What testing modalities are currently available?

- Traditional lab testing
- Point of Care (HIV)
- Dried Blood Spot
- Self-testing (HIV)

Other:

Describe the barriers people face accessing existing testing services and explain how the proposed testing modality will overcome these difficulties or obstacles.

No

What is the nearest community that offers testing?

Unknown

Please explain what gap you expect to fill by offering POCT and/or STBBI DBST in your community.

2. What population do you intend to serve by offering testing through your program/site (select all that apply)?

People who:

- Use substances
- Experience unstable housing
- Experience poverty
- Are Indigenous
- Face barriers accessing health care
- Are accessing harm reduction services
- Are 2SLGBTQIA+
- Have been a contact to an STBBI
- Are youth

Other:

3. Please explain how you intend to offer testing. (e.g., Regular service at a fixed site; through community outreach; at special events)

FOLLOW-UP AND ACCESS TO CARE

Clinical Services

4. Is laboratory blood testing readily accessible to people in your community? (Traditional lab testing is required to confirm results for POCT results, as well as syphilis and unconfirmed HIV and Hepatitis C results through DBST)

Yes

No

Unknown

Site Capacity

5. Does the program/site have someone willing to be the POCT/DBST lead, responsible for data collection, quality assurance activities, ordering supplies, and ensuring staff competencies?

Yes

No

Name of potential lead:

6. What type of staff will be providing testing?

LPN (DBST)

Peer (DBST)

Pharmacist (DBST)

RN (POCT, DBST)

Other:

7. How many staff will be trained to provide testing?

8. Do you have any concerns with staff turnover and the ability to train new staff as required?

Yes

No

9. Do you have a secure location to store confidential client information (i.e., consent forms, charting, test results and contact information)?

Yes

No

10. Describe how you will ensure and maintain clients' privacy, both during testing, and in storing any confidential information.

Follow-Up

11. Describe your proposed process for facilitating confirmatory testing (serology or DBST). This includes access to an ordering provider, such as an STI-certified RN, a nurse practitioner, or a physician.

Prevention and Support

12. Are harm reduction supplies (clean needles, syringes, glass pipes, etc.) readily available in your community?

Yes

No

Unknown

If **no**, would you be willing to discuss opportunities for making these supplies more readily available with your local Public Health Resource Nurse or First Nations Community Health Nurse?

Yes, we will refer clients to:

No

13. Are there adjunct support services in the community? (Mental health, addictions counselling etc.)

Yes

No

Unknown

If **no**, explain how you will facilitate access for clients.

For POCT Applicants Only:

14. Do you have access to a confidential space to conduct the test?

Yes

No

15. Does your site have a temperature monitored fridge for quality control materials?

Yes

No

16. Please explain your follow-up plan for clients who are unattached to a primary care provider, should they receive a reactive/positive result.

For DBST Applicants Only:

17. Do you have a secure location to dry DBST cards?

Yes

No

18. Do you have an ordering provider (Physician, Nurse Practitioner) connected to your program who is willing to requisition the lab work and follow-up on the results? Ordering providers can receive support in follow-up from the NH Communicable Diseases Hub.

Yes

No

Name(s) of ordering providers(s):

If **no**, your site must [apply](#) to this committee for approval of the Communicable Disease Medical Health Officer to act as ordering provider and the Communicable Diseases Team to conduct follow-up by emailing RegionalCD.hubteam@northernhealth.ca

SUPPORT FROM LEADERS AND PARTNERS

19. Have you contacted and enlisted support for this service from the Community Services Manager overseeing this area? If you don't know who this is for your community, contact RegionalCD.hubteam@northernhealth.ca for contact information.

Yes

No

Name of Community Services Manager: _____

Phone or Email: _____

20. If the proposed site is in a First Nations community, or there will be outreach performed in a First Nations community, have you contacted and enlisted support from the Health Director?

Yes

No

Name of Health Director: _____

Phone or Email: _____

21. If the proposed site is not a Northern Health organization, or you will be performing outreach to non-Northern Health sites, have you contacted and enlisted the support from the manager(s) of the organization(s)?

Yes

No

Organization: _____

Name of Manager: _____

Phone or Email: _____

Organization: _____

Name of Manager: _____

Phone or Email: _____

22. Have you discussed your intention to offer POCT and/or DBST with the physicians and/or nurse practitioners in your site/community?

Yes

No

If yes, through what channels?

CONCLUSION

Is there anything else you would like to share with us to consider when reviewing your application?

By submitting this form, I acknowledge that:

- For the POCT application, I have read the requirements for POCT sites as outlined on the [BCCDC website](#) and [Northern Health Community Based HIV Point of Care Test Site Guidelines](#).
- For the DBST application, I have read the [NH Dried Blood Spot Testing Guide](#).
- Prior to final approval from Northern Health, all staff delivering POCT and/or DBST will complete the required training.

[Submit completed form to Regional CD Hub Team](#)
regionalcd.hubteam@northernhealth.ca

Committee Decision for Site Application

For Health Authority completion only.

COMMITTEE MEMBERS:

Preliminary Approval:

HIV POCT
Approved

DBST
Not Approved

Date: _____

Comments:

Final Approval

HIV POCT
Approved

DBST
Not Approved

Date: _____

Comments: