

Northern Health HIV Point of Care Testing Site Application

Some of the questions contained in this HIV Point of Care (POC) application are not absolute requirements for approval. NH may choose to work with potential HIV POC sites to help them meet the criteria if we believe there would be significant value to offering HIV POC at that site.

Name of Proposed Site: _____

Instructions: Please respond to all of the following questions indicating Yes, No or Unknown and/or where required, provide a brief written reply.

Complete this form and send electronically CentralCDhub@northernhealth.ca or print and fax to: 250-649-7071, Attention: Chairperson HIV POC Testing Committee

| 1. | Is HIV POC testing available in your community? | Yes | No | Unknown |
|----|---|-----|----|---------|
| | a. If no , what is the nearest community (service) that offers HIV testing? | | | |
| | b. If yes , please describe any difficulties or obstacles people may have in accessing existing testing services and explain how providing a HIV POC testing service will help overcome these difficulties or obstacles. | | | |
| | c. What is the target population served by your site? | | | |
| | a. If unknown , please explain considerations / steps taken to determine need. | | | |

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|----|--|-----|----|---------|
| 2. | Please explain how you will offer HIV POC services? (e.g., through a fixed site, as part of outreach). | | | |
| 3. | Do you have: | | | |
| | a. Access to a confidential place to conduct the test? | Yes | No | Unknown |
| | b. A secure place to store client test results and contact information? | Yes | No | Unknown |
| 4. | Please describe how you will maintain clients' privacy and confidentiality. | | | |
| 5. | Managers, leaders and physicians support of this service is important | | | |
| | <p>a. Have you contacted and enlisted support for this service from the Community Services Manager overseeing this area? (Note: The name and contact details for this individual can be obtained by calling your local hospital or treatment centre).</p> <p>b. 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?</p> <p>c. If the proposed site is not a Northern Health Organization, have you contacted and enlisted support from the manager of the organization.</p> <p>Please include letters of organizational support on letterhead from the Community Services Manager, Health Director and/or manager as noted above.</p> | Yes | No | Unknown |
| | d. Have you discussed your HIV POC plans with the physicians in your site/community? | Yes | No | Unknown |

| | | | | |
|---|---|-----|----|---------|
| 6. | Please explain your plan for unattached clients, should they receive a positive diagnosis. | | | |
| Follow-up and access to care | | | | |
| Clinical services | | | | |
| 1. | Is laboratory blood testing readily accessible to people in your community? <i>(HIV POC is a screening test. Reactive results need to be confirmed by a laboratory blood test.)</i> | Yes | No | Unknown |
| a. Describe your plan for providing confirmatory testing (on-site or in partnership with a local laboratory). This includes access to a provider number through an STI certified nurse, a nurse practitioner, or a physician associated with the site in order to obtain confirmatory test results. | | | | |
| Prevention and support | | | | |
| 1. | Are harm reduction supplies (clean needles, syringes, glass pipes, etc.) readily available in your community? | Yes | No | Unknown |
| a. If not , 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 | No | Unknown |

| | | | | |
|----------------------|---|-----|----|---------|
| 2. | <p>Are there adjunct support services in the community? (Mental health, addictions counselling etc.?)</p> <p>If not, explain how you will facilitate access for clients.</p> | Yes | No | Unknown |
| Site capacity | | | | |
| 1. | <p>If the site is approved, are the staff ready to participate in training and offer a testing service?</p> | Yes | No | Unknown |
| 2. | <p>How many staff will be trained to deliver POC?</p> | | | |
| 3. | <p>Do you have any concerns with staff turnover and the ability to train new staff as required?</p> | Yes | No | Unknown |
| 4. | <p>Does the site have a staff-person willing to act as POC lead, responsible for data collection, quality assurance activities, ordering supplies, and ensuring staff competencies?</p> <p>Name of staff person _____</p> | Yes | No | Unknown |
| 5. | <p>What is the anticipated monthly test volume/range?</p> | | | |
| 6. | <p>Will Licenses Practical Nurses be delivering the POC tests?</p> | Yes | No | Unknown |

Conclusion

1. You may include other information that you think would be helpful for us to know when reviewing your application.