



Client/Episode Information Reports Export Records Organisation Options User Information User List

Client: 0000 - hello hello > Episodes > Episode: 17/01/2019

Client Info **Episodes** Outcome Measures

Previous response to Screener was either NO or DID NOT ASK. The tab in red requires follow up with the client.

Treatment Info Drug Use Social Items Suicide **BBV** **DFV** BTOM



Rationale

NADA recognises the unique opportunity of AOD services to combine hepatitis A, B, C, HIV and sexual health education and information into their programs, and where appropriate assist in linking clients with testing and medical treatment providers. The integration of BBV screening questions into NADabase will help ensure all people accessing AOD treatment will be screened as part of standard practice.

Process

All clients are to be screened for blood-borne viruses (BBV) and sexual health testing using the below questions and pre-amble. Clients are to be made aware that these questions are standard practice and they will not be excluded from the service based on their responses. **Clients will not be asked to complete these questions themselves.** For information on [hepatitis A,B,C, HIV, STI's](#) and safe sex. **Messages for consideration are included in text boxes like this one.**

Read the statement:

We know that people who report concern about their substance use are at risk for exposure to blood-borne viruses and sexually transmitted infections.

To better assist us in providing support and information to you, we ask all our clients a set of questions that tells us about their situation. We ask these questions a few times throughout the program to help people tell us about their experiences when they are ready. These questions may or may not apply to you and you don't have to answer if you don't want to. It is helpful to know whether people have been tested however you may decide that you do not wish to disclose the results of that test. No one is excluded from our service because of a positive test for BBV or STIs. We may share results with your medical treatment team in consultation with you and as part of a holistic care plan.

SECTION A

1. In the last 12 months, have you been tested for a blood-borne virus such as hepatitis A, B, C or HIV?

- Yes
- No
- Don't wish to say
- Did not ask

2. In the last 12 months, have you had a sexual health check-up?

- Yes
- No
- Don't wish to say
- Did not ask

If no, don't wish to say or did not ask response for question 1 or 2, provide the client with some information on [hepatitis A,B,C, HIV, STI's](#) and safe sex. Remind them that they will be asked again at a later time about this and let them know they can talk to staff later if they want to.

5. Action/s taken as a result of the screener. (at least one box must be selected)

- Action added to client care plan
- Referral made to external service
- Referral made to internal service
- Consultation recorded in client progress notes
- No action taken
- Education information provided

Save Cancel