3/4/2020 BBV Screener

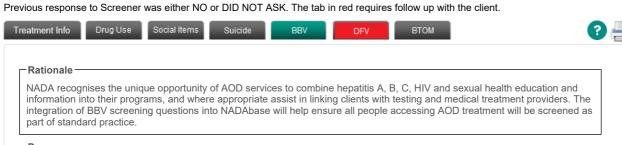


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Client/Episode Information Reports Export Records Organisation Options User Information User List

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





## -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 <a href="hepatitis A,B,C">hepatitis A,B,C</a>, <a href="https://HIV">HIV</a>, <a href="https://HIV">STI's</a> and safe sex. <a href="https://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**

Don't wish to sayDid not ask

No action taken

Education information provided

| 1. | In the last 12 months, have you been tested for a blood-borne virus such as hepatitis A, B, C or HIV? |
|----|---|
|    | O Yes   |
|    | ○ No  |
|    | O Don't wish to say   |
|    | Did not ask   |
|    |   |
| 2. | In the last 12 months, have you had a sexual health check-up?   |
|    | O Yes   |
|    | ○ No  |

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

Save Cancel