



Feb 2nd Rural Rounds Q&A

Q: When are we supposed to be doing repeat HIV/ HCV testing, I've read conflicting things?

A: According to the BC CDC:

3.8 Managing Results

3.8.1 For HIV Negative Individuals

A separate post-test visit is not necessary. Results can be managed as any other negative result in the office or clinic. If a client had a specific concern about HIV, a post-test discussion may be a good opportunity to educate about risk and risk reduction. Please refer to Section 5.0 for more information on HIV prevention.

Clients who have a non-reactive HIV test result and who had a recent high-risk exposure for HIV should have a repeat test at six weeks. Repeat HIV testing every three to six months is recommended for clients who disclose ongoing HIV exposure risks. All other clients with a non-reactive HIV test result should be routinely re-tested for HIV as per the HIV Testing Guidelines for the Province of British Columbia (see Section 3.6.1).

The BC CDC guidelines were provided with the handouts corresponding to lecture and can also be downloaded online:

http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/HIV_Guidelines_Testing_FollowUp_Prevention.pdf

Q: How does that timeline fit with rural sites that have only 1 physician for the ED?

A: I'm not sure if this question is related to the timeline for collection of forensic samples or the time that it takes to perform a sexual assault examination and collect a SAEK, so I will answer both:

Timeline for Collection:

The current recommendation by the forensic laboratory in BC for time to collection of swabs for DNA evidence is 7 days from the incident or release from confinement (i.e. kidnapping). While it is best to gather evidence as soon as possible after the incident, In EDs that have only 1 physician on staff who is trained to perform a SAFE and collect a SAEK, the exam can reasonably be deferred to attend to primary healthcare needs or arrange transfer to a site that has a SAFE practitioner who can perform the exam.

Timeline to perform a SAFE and collect SAEK:

The average SAFE examination takes about 3-4 hours. In EDs that have only 1 physician on staff who is trained to perform a SAFE and collect a SAEK, this can be a challenge because once an examination begins the examiner may not leave the room until the examination is complete and the evidence has been appropriately packaged and stored or transferred to police. If a critical patient comes in to the ED and needs immediate attention, can the physician interrupt the SAFE and SAEK collection to attend that critical patient? It is not ideal but, yes. If the SAFE must be interrupted, all the samples must be gathered into the kit and the kit placed in a secure, locked location where none but the examiner has access. The times, location, and any person who may

come in contact with the SAEK must be meticulously documented. Considerations for contamination of the crime scene (the patient's body) and cross contamination of the evidence need to be taken. It is important to change gloves after touching an area on the patient's body before touching another area and after every swab taken. If a SAFE practitioner must leave the room to take care of another patient, that practitioner must change into a different set of scrubs before returning to perform the SAFE and resume collection of the SAEK.

In both these cases, it would be prudent to have RNs trained and educated to perform the SAFE and collect the SAEK in order to decrease the burden on physicians.

Q: Are there any major differences in approach when the victim is male?

A: No. There is no difference in the process or approach to a sexual assault examination or SAEK collection. The only difference is in consideration the swabs collected (we wouldn't collect internal genital swabs)

Q: Non-medical question - how does one bill for a 3+ hour assessment if you're not billing the GP continuous care codes?

A: I would defer this answer to a physician.

