



POLICY AND PROCEDURE	
SUBJECT/TITLE:	Rapid Hepatitis C Testing
APPLICABILITY:	Nursing
CONTACT PERSON & DIVISION:	Diane Thompson, RN, MSN
ORIGINAL DATE ADOPTED:	06/22/2017
LATEST EFFECTIVE DATE:	06/22/2017
REVIEW FREQUENCY:	Every three years or as needed
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-004

A. PURPOSE

The intent of this document is to integrate Hepatitis C (HCV) antibody testing into existing Canton City Health Department (CCHD) clinics and SWAP (Stark Wide Approach to Prevention) a needle exchange program.

1. The HCV Test is not done on demand except in SWAP.
2. The HCV Test is not to be offered to all patients. Only those who meet the criteria.
3. This protocol is to be used in conjunction with the Ohio Department of Health (ODH), Comprehensive Hepatitis C Counseling and Testing Manual (current revision 11/2013)

B. POLICY

This procedure is specific to the Nursing Division at the Canton City Health Department when testing individuals for HCV.

C. BACKGROUND

N/A.

D. GLOSSARY OF TERMS

N/A.

E. PROCEDURES & STANDARD OPERATING GUIDELINES

Individuals that present to both the Sexually Transmitted Infection (STI) and the HIV Counseling and testing clinics at CCHD are evaluated for HCV testing using the following guidance:

STI and HIV clinic patients who are offered the HCV antibody test:

1. Illicit injection drug users, including injectable steroid users; people who have shared any injection supplies including insulin needles.
2. Persons receiving clotting factor BEFORE 1987.
3. Persons who received blood transfusions, organ or tissue transplant before July 1992.
4. Persons who have ever received hemodialysis.
5. Persons testing positive for HIV.
6. Healthcare, EMS, public safety or others after needle stick or mucosal exposure to HCV+ blood.

STI and HIV clinic patients who may be considered for HCV testing but whose risk are considered "unidentified:"

1. Hx of multiple sexual partners or STDs.
2. Recipients of tattoos and/or body piercing, especially those that were done in unsanitary conditions (i.e. at home or in prison)
3. Hx of intranasal cocaine use.
4. Sexual partners of known HCV+ persons.



5. Healthcare, EMS, public safety or others after needle stick or mucosal exposure to blood of unknown serostatus.

Testing Procedures

CCHD will utilize whichever testing processes are provided by the State – refer to the ODH testing manual for detail. Current testing processes may include:

1. Home Access “Hepatitis C Check” collection Kit;
2. OraQuick HCV Rapid Antibody Test

Identification

1. All individuals that qualify for Hepatitis C testing must have some form of picture identification (ID).
2. If no picture ID, a recommendation to return to another clinic with ID will be made.
3. Consideration may be given to test without ID on a case-by-case basis.

SWAP

Individuals that present to the needle exchange (SWAP) qualify for testing. Participants need to consent to confidential testing and present picture identification. Consideration may be given to test without ID on a case-by-case basis. See above for Testing Procedures.

Confirmatory testing is currently not available at CCHD. If an individual screens Hepatitis C preliminary positive, a referral is made to his/her primary care physician for evaluation and further testing. If individual does not have a primary care physician, a referral will be made to the local resources such as Lifecare – Federally Qualified Healthcare Center, local hospital clinics, etc. (see 200-004-01-A – Referral Letter for Preliminary Positive Rapid Hepatitis C). Education is provided on Hepatitis C, transmission of Hepatitis C and ways to prevent liver damage.

Scheduling Appointments for Home Access collection (when available)

Individuals are scheduled for follow-up appointments to receive test results when using the Home Access collection kit. Appointments are made 3 weeks after the test date. The individual is provided a slip of paper with the PIN number and the date and time of the appointment. He/she is instructed to bring identification along with the appointment slip when he/she returns. Home Access paperwork is faxed at the end of the clinic time on the day testing is done.

F. CITATIONS & REFERENCES

Ohio Department of Health, Hepatitis C Counseling and Testing Manual

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Diane Thompson, RN, MSN – Director of Nursing

H. APPENDICIES & ATTACHMENTS

200-004-01-A – Referral Letter for Preliminary Positive Rapid Hepatitis C

I. REFERENCE FORMS

N/A.

J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes



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K. APPROVAL

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.