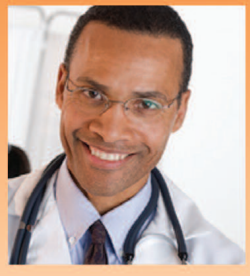
The BESAFE Cultural Competency Model For HIV Screening in the Emergency Room










www.nmaetc.org
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NMAETC
National Minority AIDS Education and Training Center
Howard University College of Medicine

Applying the BESAFE Model

Reduce BARRIERS to care by addressing real and perceived gaps:

- Establish trust with patients.
- Underline the opt-out approach in your state for testing as it is subjected to state laws.
- Find out if written informed consent is mandated by state law or regulations.
- Plan for staff training to increase proficiency of HIV testing and reduce stigma:
  - HIV education and counseling.
  - Cultural competence.
  - Performing the test and interpreting rapid test results.

Address *ETHICAL* issues:

- Assure confidentiality and tell the patient why HIV screening is being conducted.
- Identify referral and follow-up mechanism that exists between the ER and the available HIV services in the community.
- Assure appropriate linkage to care by providing referral to HIV services in the community.

Be *SENSITIVE* toward other cultures:

- Examine your own prejudices & biases towards other cultures.
- Be aware of differences within other cultures.

Conduct culturally appropriate *ASSESSMENT* of patients:

- Assess the role of culture in HIV care.
- Discuss the patient's belief and attitude about being HIV positive.
- Ask direct questions about specific behaviors.

Know the *FACTS* about your community:

- Identify community served by the hospital.
- Review prevalence of HIV in the community served by the hospital.
- Identify the languages spoken in the community and determine availability of interpreter for non-English speakers and those with disabilities.

Achieve effective *ENCOUNTERS* with all patients:

- Introduce yourself and your role in the hospital system.
- Send and receive verbal and nonverbal messages in a culturally appropriate manner.
- Communicate respect and inquire about greeting preferences: "How would you like me to refer to you? Mr.? Mrs.? First Name? Nickname? Title?, etc.
- Maintain a non-judgmental attitude.

HIV/AIDS Clinical Training and Information Resources

1. **The National Minority AIDS Education and Training Center**
   http:// www.nmaetc.org

2. **AIDS Education and Training Centers**
   http://www.aids-ed.org

3. **State HIV Testing Laws – 2009**
   http://www.nccc.ucsf.edu/StateLaws/Index.html

4. **National HIV/AIDS Clinicians' Consultation Center (NCCC)**
   http://www.nccc.ucsf.edu

5. **National HIV Telephone Consultation Service (Warmline)**
   1-800-933-3413
   M-F 8:00 AM-8:00 PM (ET)

6. **Prophylaxis Hotline (PEPline)**
   1-888-HIV-4911 (1-888-448-4911)
   24 hours a day, 7 days a week

7. **National Perinatal HIV Consultation and Referral Service (Perinatal Hotline)**
   1-888-HIV-8765 (1-888-448-8765)
   24 hours a day, 7 days a week

8. **AIDSinfo**
   Guidelines for the treatment of HIV/AIDS from the NIH Office of AIDS Research
   http://www.aidsinfo.nih.gov

9. **New York State Department of Health AIDS Institute HIV Clinical Guidelines**
   http://www.hivguidelines.org

Citations

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2. Centers for Disease Control and Prevention. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

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HIV screening in the Emergency Room

Why screen for HIV in the Emergency Room?

In order to identify and provide care to individuals early in the course of their infection, the U.S. Centers for Disease Control and Prevention (CDC) now recommends all patients between the ages of 13 and 64 receive HIV testing in all healthcare settings. Providers who utilize the BESAFE Cultural Competency Model to assess patients can:

- Enhance their cultural competence skills needed to encourage patients to get tested, access HIV services, and remain in care;
- Develop unique culturally focused skills needed to reach uninsured and underinsured patients during emergency visit. This may be the patient's only contact with healthcare provider; and
- Strengthen the skills needed to encourage people from diverse backgrounds who know their HIV status to engage in healthy behaviors thus reducing the likelihood of spreading the virus to others.

