

Lessons learnt from Emergency Departments delivering blood-borne virus opt-out testing

University of Bristol researchers examined the experiences of staff conducting opt-out blood-borne virus (BBV) testing in emergency departments (EDs) in areas with very high diagnosed HIV prevalence. This document summarises findings to outline good practice to support implementation.

Top Tips for Success

Drawing upon the implementation of opt-out BBV testing in EDs in areas with very high diagnosed HIV prevalence, here are some helpful tips for ensuring success.

Foster Staff Buy-In	<ul style="list-style-type: none">• Make sure all staff understand the importance of opt-out testing by promoting it regularly (e.g. at handovers and team meetings).• Share regular updates on testing rates achieved, patient outcomes and stories and insights from those with lived experience of BBVs to support continued staff commitment.
Provide All Staff Training	<ul style="list-style-type: none">• Provide training for all staff, especially those directly involved in taking blood, and include it in new staff inductions, e.g. training on Future NHS.• All staff training should increase knowledge of BBVs and equip staff with the skills to clearly explain the purpose, benefits and process of testing to patients, including what happens if a test is reactive.
Support ED Staff in Testing All Patients	<ul style="list-style-type: none">• Create smooth procedures to remind staff to test all eligible patients, without slowing down care.• At sites with manual test ordering, (where staff have to manually add the test to the blood order) use visible reminders for staff, such as posters in consultation rooms or prompts during shift huddles and handovers, to ensure BBV tests are manually ordered.• Even with automated test ordering, it's helpful to remind staff to collect an additional blood vial for BBV testing. A simple solution is to change the colour of the vial top for BBV testing.
Effective Patient Communication	<ul style="list-style-type: none">• Reassure staff that they do not need to explain opt-out testing to patients, as patients are informed via posters in waiting rooms. However, if there's uncertainty about whether particular patients have read posters, use simple scripts like "We now routinely test everyone for the common viruses: HIV, hepatitis B and hepatitis C along with your other blood tests".• Remember staff don't need to get verbal consent for opt-out testing.
Strengthen Specialist Support	<ul style="list-style-type: none">• Promote strong collaboration between EDs and specialist HIV/Hepatitis services.• Ensure there is a clear process where specialists, like HIV or hepatitis services, handle prompt follow-up care for patients who test positive.
Make Opt-Out Testing Routine	<ul style="list-style-type: none">• For opt-out testing to become routine and not burden staff, give staff the opportunity to share feedback and concerns to improve procedures, normalise BBV testing and reduce stigma.

Challenges and Solutions

Interviews with staff delivering ED opt-out BBV testing identified obstacles to effective implementation, along with the solutions to address them. These solutions can help other sites delivering opt-out BBV testing.

1. Improving ED Staff Knowledge and Understanding

- **Challenge:** Lack of all staff training meant some staff didn't fully understand the opt-out testing programme, lacked BBV knowledge and felt unprepared to answer patient questions, e.g. reasons for testing and result management.
- **Solution:** Make training easily accessible, especially during all staff inductions, to reduce BBV stigma and help staff feel confident in explaining the programme and answering patient questions (e.g. [Hearts and Minds training](#)). Specialist services and community organisations can support training.

"[Training] would have given us wider knowledge to be able to give our patients more information of what we're actually testing for and be able to explain it to them in more of a professional manner" (Health Care Assistant, Site 1)

2. Test Order Prompts

- **Challenge:** In some hospitals, BBV tests weren't automatically ordered, and staff sometimes forgot to request them manually.
- **Solution:** Use posters/visual reminders in assessment rooms, and verbal prompts during handovers to remind staff to order the tests.

"[We] put up all the posters, sent round lots of emails, made it predominant in nursing handover, and me and another ER junior doctor kind of both involved in pushing it on everyone" (ED Doctor, Site 1)

3. Remembering to Collect the Extra Vial

- **Challenge:** Staff sometimes forgot to collect the extra blood vial needed for BBV testing.
- **Solution:** Some hospitals changed the colour of the BBV test vial tops (e.g. from yellow to red) to make the extra vial easier to remember.

"With the yellow you used to get confused before. People...used to send one and they thought it's including HIV in the other bloods... I said can we do something here? With the red [top] I think it's more obvious" (Health Care Assistant, Site 2)

4. Patient Understanding of Opt-Out Testing

- **Challenge:** Some staff worried that patients didn't always see the posters explaining the testing and felt they needed to inform each patient individually, which slowed things down.
- **Solution:** Use standard scripts that present testing as a routine part of care, reducing the need to repeatedly explain it to each patient while still keeping them informed, e.g. *We now routinely test everyone for the common viruses: HIV, hepatitis B and hepatitis C along with your other blood tests*"

"...they could have not seen the poster and they don't know they're being tested for HIV, so it could be that we should mention it when we say, 'We're taking blood. We're also testing for HIV'" (ED Doctor, Site 3)

5. Busy ED Workload and Competing Priorities

- **Challenge:** The fast pace and high patient volume in the ED made it hard for staff to test everyone, and some saw it as a lower priority.
- **Solution:** As staff became more familiar with the process, testing became easier to manage. Sharing success stories and feedback about patients being connected to care helped show the importance of the programme to staff.

“staff were perhaps a little bit concerned whether it was going to put more burden on them, they are very resource stretched in ED... so it was just remembering that and getting into the routine of doing that” (Hepatitis C Nurse, Site 2)

6. Getting the Programme Fully Established

- **Challenge:** It took time to get used to new teams and make the opt-out testing programme part of the routine.
- **Solution:** Allow time for the programme to settle in, encourage staff feedback, and collaborate with specialists (e.g. HIV and hepatitis teams) for support and advice during the early stages.

“there's good communication between hepatology, sexual health, the labs. We often sort of meet and chat, and sort of like tweak things to see how we can get them to work better. So, I think that yeah, it is working well.” (Hepatitis C Nurse, Site 2)

ED Opt-out Testing Evaluation

This report presents analysis of data from interviews between April and August 2024. There were 22 participants from 5 sites that had been conducting opt-out BBV testing in very high diagnosed HIV prevalence areas since 2022. Participants included ED Health care assistants, ED nurses, ED doctors, HIV nurses and consultant, hepatitis nurses and lab staff. For further information about the ED opt-out BBV testing evaluation [visit our research project website](#).

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“It’s [opt-out BBV testing] a sense of achievement because that’s what we’re trying to do, we’re trying to reach elimination. (Hepatitis C Nurse, Site 2)

“I think it’s [opt-out BBV testing] a good idea because people don’t often know they’ve got the virus and then we do the blood test, send it off and if it comes back positive then they get in touch with the person. So once I’ve sent the bloods to the lab, that’s it, that’s me done (Health Care Assistant, Site 4)