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RESCISSIONS

The following material has been rescinded:

1. Manuals

M-2, Part IV, Chapter 7, dated October 23, 1990

CHAPTER 7. SICKLE CELL SCREENING AND COUNSELING PROGRAM

7.01 POLICY

a. Title 38 United States Code (U.S.C.) Sections 1751 through 1754, authorizes a Sickle Cell Anemia Program within the Department of Veterans Affairs (VA). The specific provisions of this authority state that:

(1) Screening, counseling and medical treatment are available to all eligible sickle cell anemia patients (see par. 7.05);

(2) Participation by the patient will be voluntary;

(3) An annual report shall be prepared on the administration of this program, including recommendations for additional legislation which may be deemed necessary.

b. The Chief Hematologist at the facility having a VA Sickle Cell Screening and Counseling Program has overall administrative responsibility for the program.

7.02 SCOPE

The objectives of the Sickle Cell Screening and Counseling Program are to:

a. Provide a Voluntary Screening Program for all patients who are recognizable as risks for hemoglobin (Hb) S and/or glucose-6-phosphate dehydrogenase (G-6-PD) deficiency who are admitted to the medical center, or who are eligible for treatment in the outpatient clinic.

b. Provide a Voluntary Educational Program on the basic medical and genetic aspects of the hemoglobinopathies and enzyme deficiency to all such patients and their spouses.

c. Educate physicians, registered nurses (R.N.s), and other VA personnel regarding sickle cell disorders and G-6-PD deficiency.

7.03 PATIENT SELECTION

a. Persons otherwise eligible for VA bed care or outpatient treatment are potential candidates for participation in the Sickle Cell Program (see 38 CFR (Code of Federal Regulations) Section 17.135.)

NOTE: Where applicable and medically indicated, spouses of patients may participate in the program but actual treatment is limited to eligible veterans.

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b. Preliminary screening of persons for identification of potential candidates will be performed in the admissions office.

c. A patient's racial background or ethnic origin will be ascertained and placed in lower right corner of item 1 of VA Form 10-10m, Medical Certificate and History.

d. For uniformity of data analysis, race or ethnic origin and codes for race contained in coding instructions in MP-6, Part XVI, Supplement No. 4.1, for the Patient Treatment File Program will be used. A rubber stamp or other suitable means similar to the following will be used for designating the appropriate race of the applicant:

Race or Ethnic Origin of Applicant

- (1) Hispanic White
- (2) Hispanic Black
- (3) American Indian or Alaskan Native
- (4) Black not of Hispanic Origin
- (5) Asian or Pacific Islander
- (6) White not of Hispanic Origin
- (7) Unknown

7.04 PATIENT CONSENT

a. Except for preliminary screening in the admission office, participation in the Sickie Cell Program by the applicant will be voluntary, and will not be a prerequisite for any other VA benefit.

b. An Standard Form (SF) 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, will be used to obtain the applicant's written consent.

(1) Item A 1 of SF 522 will include the statement "Participation in Sickie Cell Screening and Counseling Program."

(2) Item B 1 of SF 522 will include the statement "Necessary laboratory examination(s) for hemoglobinopathies."

(3) All other applicable items on SF 522 will be completed.

7.05 DRAWING BLOOD SAMPLES

Blood samples for testing will be obtained, if available, from the clinical laboratory using the residue of blood that has been obtained for routine blood counts or other ordered laboratory tests when possible.

7.06 LABORATORY METHODOLOGY

a. Hemoglobin Electrophoresis

(1) A number of accurate techniques are available for determining the hemoglobin type present.

(2) Testing should be done in a College of American Pathology (CAP) approved laboratory.

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(3) To verify the presence of hemoglobin S, solubility tests should be performed. Techniques that can be applied for the confirmation of abnormal hemoglobins are:

- (a) Citrate agar electrophoresis at pH 6.1, isoelectric focusing, and
- (b) Globin chain electrophoresis.

NOTE: The Reference Laboratory for the program is located at the VA Medical Center, Jackson, MS, and is available for questionable results and difficult problems.

b. Glucose-6-phosphate Dehydrogenase. The fluorescent spot test will be used to detect the presence or absence of G-6-PD deficiency. NOTE: The reference laboratory at the VA Medical Center, Jackson, MS, is available for questionable results.

7.07 REPORTING RESULTS ON SICKLE CELL DISEASE

a. Results of all tests are recorded on a laboratory form and filed in the patient's medical record.

b. The laboratory will maintain a log identifying each patient by name, Social Security Number, hospital location, and results. These data are used in the compilation of:

- (1) The annual report, and
- (2) Quality assurance.

c. All persons tested will be given VA Form 10-1450, Identification Card, that indicates the results of the tests.

7.08 EDUCATIONAL SESSIONS

a. The hematologist will determine the best technique for the method of conducting educational programs for patients, their spouses and facility personnel. One of the effective methods is to hold daily or tri-weekly sessions of all patients (screened or otherwise) conducted by the counselor, utilizing such modalities as brochures, film strips, movies and lantern slides with appropriate narration. A question and answer period can be instituted following the formal session.

NOTE: Training of counselors will be the responsibility of each participating hospital.

b. If possible, educational exhibits, with educational brochures, describing sickle cell disorders may be constructed and placed in the lobby of the medical facility making this information available for, and acting as a reminder for personnel and visitors.

NOTE: Availability of nearby sickle cell centers for non-VA beneficiaries can be disseminated through such exhibits.

7.09 STAFFING

a. In a hospital that is able to screen 1,000 new patients per year, one medical technician, grade GS 5-7, and one counselor, grade 7-9, can effectively handle the program. If a hospital were able to screen only half this amount, a

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single Full-time Employee Equivalent (FTEE) capable of both counseling and the laboratory support work would be required. NOTE: A prototype job description for a GS-7 Counselor is available from the Office of Human Resources Management, VA Central Office;

b. The position of counselor requires a practical understanding of the methods and techniques used in interviewing and counseling. NOTE: There are numerous centers and considerable resource materials available for training in counseling and the introduction of educational concepts. The counselor must have the ability to:

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(1) Communicate effectively with black veterans and their spouses and with persons from other population groups who may be tested with respect to the highly sensitive area of sickle cell disorders;

(2) Develop sufficient knowledge of the medical and genetic aspects of the significance and implications of these problems; and

(3) Adapt and create, with imagination and skill, teaching aids and information materials.

NOTE: A 1-week course or apprenticeship in counseling techniques is desirable before initiating the program.