September 2008

# Procedures for Anonymous HIV Counselling and Antibody Testing in Ontario


Ontario

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# About the Policies and Procedures for Anonymous Testing

To ensure the quality and consistency of testing services, clinics in Ontario designated to offer anonymous HIV antibody testing will use the following procedures.

HIV testing/counselling may be done by a number of different service providers, including social workers, nurses, nurse practitioners, midwives, and physicians. For the purposes of this document, the professional doing the HIV counselling and testing is referred to as a "counsellor."

*NOTE: During the pre-test counselling sessions, counsellors will also suggest clients test for other STIs (sexually transmitted infections) testing and, depending on client history, testing for hepatitis and hepatitis vaccines. Counsellors will explain that testing for other diseases is done nominally, but that the chart for HIV testing and the one for any other tests are kept separate and NOT cross-referenced or linked. Sites that do not offer other STI testing should be ready to refer clients to the nearest STI testing site in their area.*

This procedure manual should be used in conjunction with *Guidelines for HIV Counselling and Testing* (Ontario Ministry of Health and Long-Term Care, 2008).

# Legal Authority for Anonymous Testing

Anonymous HIV testing is permitted in Ontario through an exemption to the *Health Protection and Promotion Act* (HPPA) Regulation 569, section 5.1, which states that:

*"A physician or registered nurse in the extended class who provides professional services to a patient in a clinic set out in the Schedule and who is required to report under section 26 of the Act following a test to determine if the patient is infected with an agent of AIDS is exempt from reporting the patient's name and address if, before the test was ordered, the patient received counselling about preventing the transmission of HIV infection."*

Only organizations (clinics/sites) designated as anonymous HIV testing sites under the Act can provide this service. Designation is not transferable to other organizations or their staff.

Some anonymous testing sites serve specific populations (e.g., midwifery practices) and will offer anonymous testing only to their clients. For information on the location and phone numbers of sites that offer anonymous HIV testing to the general public, contact the provincial AIDS Hotline at 416-392-2437 or 1-800-668-2437; French line 1-800-267-7432.

# Acknowledgements

The procedures are based on those developed for anonymous HIV testing sites in 1992. They have been revised with the advice of the HIV Anonymous Testing Working Group. The Ministry of Health and Long-Term Care would like to acknowledge the work and commitment of members of that working group:

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# 1. Clinic/Intake Procedures

## Hours of Operation

Sites offering anonymous testing (AT) should operate flexible hours (e.g., some evenings and weekends) whenever possible.

## Appointments

Although some clinics are set up to serve walk-in clients, anonymous testing is usually done by appointment to ensure there is enough time to provide appropriate pre-test counselling. Each pre-test counselling session will usually take between 15 and 20 minutes, depending on the client's needs.

Clients who call or present for appointments should be asked about the date of their last possible exposure (e.g., last unprotected sexual contact, last needle use). If it has been less than 12 weeks since the exposure, counsellors will explain that it can take up to three months for people to develop antibodies to HIV and that tests done during that period may not be reliable. Clients who are within the 12-week window period will be offered testing and encouraged to schedule another test once the 12 weeks have passed.

All testing appointments are recorded using FIRST NAMES ONLY. (Note: clients do not have to use a real name.) Even if the client volunteers more information, only a first name should be recorded.

Every effort should be made to ensure that staff who answer the phone and book appointments are knowledgeable enough about HIV to answer basic questions and respond appropriately to crisis calls.

## Intake

Clients will complete an intake form when they arrive at the clinic (see Appendix A for a sample). The main purpose of the form is to gather epidemiological information, such as birth year and gender, which is used to monitor the age of people being tested and diagnosed with HIV. The form should NOT collect any personal identifying information, and clients should NOT be required to show an OHIP card.

The intake form can also be used to collect information that can help anonymous testing sites promote their programs (e.g., whether clients have been tested before, how they heard about the program).

The form can also be used to ask some basic questions about a client's health and sexual and/or drug use practices. Having this information at the beginning of the counselling sessions allows the counsellor to tailor the pre-test counselling to the client's issues and needs.

## Physical Space

Counselling sessions should be conducted in a private space where discussion cannot be overheard. There should be no or very little waiting time between the pre-test counselling and the testing (i.e., having the blood drawn).

# 2. Counselling Procedures

## Clients Who Object to Counselling

No test will be done without pre-test counselling. In rare cases, clients may refuse counselling; however, most will agree to participate once the counsellor has explained its importance. If clients still object, it is appropriate to refuse testing because pre-test counselling is a legislative requirement of anonymous testing.

## Pre-Test Counselling and Consent Procedures

Counsellors will use a chart/checklist to ensure they cover the full range of pre-test information clients need (see Guidelines for HIV Antibody Testing and Counselling, Ontario Ministry of Health and Long-Term Care, 2008). In addition to the information set out in the guidelines, each pre-test counselling session will include:

- an explanation of the anonymous testing system
- reassurance that no identifying information is recorded on their chart.

> *Counsellors should be sensitive to requests made by parents to have young children tested. Anonymous testing sites are NOT appropriate places for children to be tested. Most are not equipped to provide the comprehensive follow-up care children need. They should refer the family to an appropriate agency.*

A client's agreement to participate in pre-test counselling is considered to be informed consent to be tested. It is not necessary to have clients sign a consent form.

Counsellors will sign and date the client's chart/checklist to confirm that pre-test counselling was done.

Counsellors should also ensure that any notes from the pre-test counselling session are complete and clearly written to assist the next staff member who may be counselling the client or giving test results.

*NOTE: If a client has been tested before and has his/her previous "Patient Identification No.," the counsellor can link the new test to the previous chart.*

## Information on Types of Testing

Counsellors will offer clients a choice of standard HIV testing or point-of-care testing. They will provide information about the two types of testing and help clients make an informed choice. Discussions about the types of testing will include the following information:

- HIV testing consists of a screening test and, if the screening test is positive, a confirmatory test.
- Standard HIV testing is done at the public health laboratory. Results can take up to two weeks to receive test results.
- Point-of-care HIV testing is a screening test only. It is done at the clinic, and the results from the screening test are available within a few minutes. Clients who test negative will know immediately that they are negative. When the result of a point-of-care test is reactive, a blood sample must then be drawn and sent to the public health laboratory for standard HIV testing. The laboratory expedites all confirmatory tests

on reactive point-of-care tests. Confirmed results are available within one week.

- Standard HIV testing requires drawing a vial of blood. Point-of-care testing can be done with a finger prick.

The window period – that is, the time it takes for someone to develop antibodies after being infected with HIV — is the same for both types of testing: 12 weeks.

# 3. Procedures for Standard HIV Testing

When ordering standard HIV tests, clinics will use two important numbers:

- the AT site number (e.g., AB1234)
- the Patient Identification No.

## Site Number

Each anonymous testing (AT) clinic will be assigned a site number by the ministry's central public health laboratory. This number — along with the address of the AT site — must appear on all anonymous test Requisition Forms.

*NOTE: If an AT site provides service in more than one location and would prefer to have test results sent directly to each location, the central public health laboratory will provide an individual site number for each location. To obtain individual site numbers for each location, send the contact names and address for each location to the central public health laboratory.*

## Patient Identification No.

AT Requisition Forms (which are different from non-AT forms) are pre-numbered with a Patient Identification No. and come with three adhesive labels with the same number. Counsellors will place a "Patient Identification No." label on each of the following:

- the tube of blood after it is drawn
- the client's chart
- a card that is given to the client.

Counsellors will show the clients the number on the chart, give them the card with the same number, and ask them to keep the card and present it later to obtain their test results.

The card is the only link to client's chart and results; however, counsellors should explain that, even if clients lose the card with their code number, they should still return to the clinic for their test results. If necessary, counsellors can use the date of their test and information on their chart or checklist to locate test results. If clients have any concerns about losing or misplacing the card with their code number, counsellors should suggest that clients choose a code word that is easy for them to remember but that will still ensure their anonymity (e.g., their mother's maiden name). Any code words chosen by a client should be recorded in the appointment log and/or client record.

## Completing the AT Requisition Form

On the AT Requisition Form (see Appendix 1), counsellors will include:

- the AT site number (e.g., AB1234)
- the site address
- information required to complete the field as per NOTE below
- the name of the ordering health care practitioner
- a clinic contact name if the counsellor is ordering a STAT test (i.e., a test to be given priority and completed quickly).

The counsellor will also ensure that the Patient Identification No.  is affixed to the blood sample, and that it matches the number on the Requisition Form.

*NOTE: Do not collect "Date of Birth". Instead collect "Year of Birth", and substitute "Year" for "Date" in the "Date of Birth" field.*

*NOTE: The laboratory will NOT process the specimen if the AT Requisition Form is not complete. The form must have the client's year of birth, sex, risk factor(s), reason for testing, and the date of testing.*

## Record Keeping

Clinics must maintain a logbook or computer records and record the following information for each anonymous test ordered:

- the client's "Patient Identification No."
- any code word the client has chosen
- the client's year of birth and gender
- the date of the test
- risk(s)
- test results
- the date the client received his/her test results.

All client records and files must be kept for **10** years.

## Giving Test Results

It can take up to two weeks to obtain results from standard HIV testing. Some clinics may offer clients a drop-in service for test results. If not, at the time that the blood is being drawn the counsellor should suggest that clients make an appointment to receive test results and post-test counselling.

> *It's important to explain to clients that as soon as they enter the treatment system and are tested again nominally, their test results will no longer be anonymous; however, all health care providers are required by law to keep clients' health information confidential.*

Before giving any test result, counsellors will cross-check the client's "Patient Identification No." and year of birth with the information on the test result to ensure the result is given to the right person.

At the end of the post-test counselling session, clients may be given and encouraged to keep a copy of their laboratory test results and their "Patient Identification No."

- Clients who are HIV-negative are encouraged to give their "Patient Identification No." the next time they come for testing. The counsellor will use a new "Patient Identification No." for the next test, but record the previous "Patient Identification No." so that all the client's test results will be included on one form. This information can be very helpful in determining when someone has seroconverted.

- Clients who are HIV-positive can choose to give their "Patient Identification No." to their treating physician. The physician will likely order another HIV test, but some physicians may accept the anonymous test result with the client's year of birth. With the client's

permission, the treating practitioner will be able to link any future HIV tests to past test results, which can help provide better care.

## Special Arrangements for Obtaining Test Results

HIV test results should be given in person and accompanied by post-test counselling. Clinics should actively discourage people from phoning in for test results. There are some exceptions to this rule, including clients who live a long distance from the clinic (i.e., out of town), clients who are unable to return for the result and are likely to be HIV-negative, and/or clients who have adequate support when they are receiving the test result.

When clients are receiving results by phone, they will be asked to provide a unique code word to identify themselves to the counsellor. Arrangements for this must be made during the pre-test counselling session, and the code word recorded on the client's chart and in the clinic logbook.

Counsellors will sign and date the client's chart/checklist to confirm that post-test counselling was done.

See the document, *Policies, Procedures and Quality Assurance for Point-of-Care HIV Testing*, Ontario Ministry of Health and Long-Term Care, 2008.

# 4. Procedures for Point-of-Care HIV Testing

## Clients Returning for Testing

The types of clients who will return for testing include those who were counselled but not yet tested, those clients returning for repeat testing. For all returning clients, counsellors will review the history taken at previous visit(s) and record any new exposures since that time. When ordering a repeat HIV antibody test, counsellors will include the client's "Patient Identification No." from the previous test on the new Requisition Form.

*NOTE: If a client has been tested before and has his/her previous "Patient Identification No.," the counsellor can link the new test to the previous chart and maintain a single AT file for the client.*

# 5. Other Testing Procedures

## Procedures for Counselling and Testing Done Off Site

Counselling and testing off site includes mobile or van services, as well as counselling and testing done in the community (e.g., at a bathhouse).

When HIV counselling and testing is done off site, counsellors will try to ensure that the setting allows for privacy and protects clients' anonymity (i.e., clients are seen in a separate room).

Counsellors will follow the same procedures for counselling, testing, test kits, records, and test results as described above.

Assigned staff will draw blood as per agency policy, and collect, handle and store blood using universal precautions. All samples drawn for standard HIV testing should be submitted to the lab through the service's home clinic within 48 hours of being drawn.

Clients who are tested using standard HIV testing will be encouraged to return to the same site in two weeks' time to receive their test results and post-test counselling. They will also be given a number to call if they have any questions or need any support while waiting for the test results.

Agencies providing off-site or mobile testing services must address staff safety issues (e.g., always have at least two staff members working together; have quick communications mechanisms, such as an alarm system).

*NOTE: Some organizations may wish to offer point-of-care testing at outreach sites, or provide mobile point-of-care testing services (e.g., vans). For more on this, refer to the equipment and facilities section of the* Policies Procedures and Quality Assurance for Point-of-Care HIV Testing in Ontario *manual.*

## When Clients do NOT Return for Test Results

Occasionally, clients tested using standard HIV testing do not return for their test results as scheduled or planned. Unlike nominal or non-nominal testing, there is no way in the anonymous testing system for counsellors to contact clients who have tested positive to encourage them to come in for their results and be referred to appropriate medical care. Counsellors often find this situation worrisome; however, anonymous testing sites that have been in operation for many years report that clients usually do return at some point — often several months later – so their charts and results should continue to be kept on file.

Some clinics in the United States report that they have been able to increase the number of clients who return for test results by offering incentives, such as food vouchers or hygiene kits.

The site manager/coordinator should be informed when clients have not returned for test results within six months. He/she will monitor the situation to determine whether any changes or improvements in counselling or procedures are required.

## Partner Notification

The most common approach to partner notification in anonymous testing is patient referral: the person with HIV notifies his/her partners without the involvement of health care providers. In some cases, clients may ask counsellors for assistance with partner notification.

Counsellors in anonymous test sites usually have no way of knowing if clients have contacted their partners. It should be noted that anonymous testing is not the only opportunity to reinforce the importance of partner notification: when someone who tests positive sees a physician for care, the physician will discuss partner notification again, and offer the physician's or a public health nurse's assistance in contacting partners.

## STI and Hepatitis C Testing

Anyone who presents for HIV testing should also be offered other STI testing, as well as hepatitis testing and vaccines. These tests are not available anonymously. At an anonymous test site, the same counsellor can provide counselling and testing for these other tests during the HIV testing visit. In this situation, the counsellor will explain that testing for other diseases is done nominally, but the chart for HIV testing and the one for any other tests are kept separate and are NOT cross-referenced or linked.

*NOTE: For the benefit of others conducting STI and hepatitis testing, which cannot be done anonymously, the fact that HIV was discussed with the client can be noted on the nominal charts, but there should be no cross-referencing of charts and records.*

# 6. Procedures for Referring Clients to Other Services

Anonymous testing sites will maintain an up-to-date list of agencies offering HIV and other services clients may need (e.g., mental health services, addiction counselling and treatment, housing, income support, help dealing with violence or abuse, immigration advice) and refer clients appropriately.

The referral list should include

- AIDS Hotline
- AIDS service organizations
- health units
- community health centres
- HIV outpatient clinics.

## Referring Clients Who Are Uninsured

Anonymous testing is available to everyone in Ontario, regardless of whether they are insured (i.e., have an OHIP card). As a result, anonymous testing sites are likely to see a number of people who, for whatever reason, are uninsured or do not have their OHIP card.

It is particularly difficult to arrange referrals for people who do not have an OHIP card. For clients who are eligible for OHIP, the counsellor should offer to help them apply for a card. Otherwise, anonymous testing sites may try to identify organizations that will provide services for people who are uninsured (e.g., some community health services will do this as part of their mandate).

# 7. Professional Issues

## Professional Training and Support

All counsellors providing pre- and post-test counselling should be appropriately trained, and programs should provide support for counsellors to help them cope with the stress of giving positive test results.

Individuals providing HIV test counselling should have the following skills:

- belief that counselling can make a difference
- genuine interest in the counselling process.
- active listening skills
- ability to use open-ended questions.
- ability and comfort with using an interactive negotiating style (rather than a persuasive approach)
- ability to create a supportive atmosphere and build trust with the client
- interest in learning new counselling and skill-building techniques
- knowledge about HIV transmission risks.
- comfort discussing HIV risk behaviours (i.e., explicit sex or drug behaviours)
- ability to remain focussed on risk-reduction goals.

Whenever possible, counsellors should have completed standard training courses in client-centred HIV prevention counselling or other risk-reduction counselling models. They should also have opportunities to attend testing conferences or workshops, when available.

## Supervision

Counsellors should have adequate supervision and support, including regular opportunities to debrief after difficult or challenging counselling sessions.

Case conferences — or regularly scheduled (e.g., monthly) meetings of counsellors — allow counsellors to learn from one another and give supervisors more insight into counsellors' skills and needs. The meetings can reduce the risk of burnout by giving counsellors an opportunity to discuss difficult or challenging issues.

Agencies may also consider establishing a practice of direct observation of counselling sessions (with client consent). Supervisors or peers can observe counselling sessions and provide constructive feedback. Agencies that use this approach report that it is useful in enhancing skills and that clients rarely refuse. Suggested timeframe for observation is twice monthly for the first six months, monthly for the second six months, and quarterly for counsellors with more than one year's experience. Counsellors should receive feedback from an observation within a week of the counselling session.

## Evaluation

Anonymous testing programs should establish some regular mechanism to evaluate client satisfaction with HIV testing and counselling (e.g., evaluation surveys). Evaluations should be done by someone other than the counsellors and need only be done occasionally (e.g., for 1 to 2 weeks, once or twice a year) to obtain enough information to identify any problems or opportunities for improvement.

The Intake Form (see Appendix A) can be used to gather information on who is coming to the program for testing.

Appendix A

# Sample Anonymous Testing Intake Form

**DATE:** _____ **AT Number:** _____

First name only: _____

**Year of birth:** _____

**Age:** _____

**City:** _____

Gender:
- ☐ Female
- ☐ Male
- ☐ Transgender (F to M)
- ☐ Transgender (M to F)
- ☐ Non-identifying

Have you been to the clinic before?
☐ Yes ☐ No

How did you hear about the clinic?
- ☐ Word of mouth/friend
- ☐ Other agency
- ☐ Phone hotline
- ☐ School
- ☐ Media
- ☐ Doctor/dentist
- ☐ Internet/website
- ☐ Ads
- ☐ Other

**Comments:**

_____

_____

_____

We would like to know whether our anonymous testing program is reaching people from a variety of ethnocultural backgrounds. Please help us by checking the ethnocultural group you identify with.

- ☐ Aboriginal (First Nations, Inuit, Métis)
- ☐ African
- ☐ Caribbean
- ☐ East Asian
- ☐ Middle Eastern /Arab Eastern
- ☐ Other Black
- ☐ South Asian
- ☐ Middle Eastern
- ☐ White/European
- ☐ Other

What is your preferred language?

_____

Have you been tested for HIV before?
☐ Yes ☐ No

If yes, when was your last test?

_____

## Risk History

Are your usual sex partners?

☐ Male ☐ Female ☐ Both ☐ Transgendered

What type of STI protection do you use?

☐ None ☐ Male condom
☐ Female condom ☐ Dental dam
☐ Other

How often do you use condoms?

☐ All the time ☐ Most times
☐ Sometimes ☐ Never

Have you ever shared sex toys?

☐ Yes ☐ No ☐ Unsure

Do you use street drugs
(e.g., cocaine, heroin, crystal meth)?

☐ Yes ☐ No ☐ Unsure

Do you share needles?

☐ Never ☐ Sometimes
☐ Most times ☐ All the time

Do you share pipes, straws or other works?

☐ Never ☐ Sometimes
☐ Most times ☐ All the time

Does/do your sex partner/s share needles,
pipes, straws, or other works?

☐ Yes ☐ No ☐ Unsure

Do you have any of the following risks?

☐ Tattooing ☐ Body piercing
☐ Eutting/slashing

Have you had a workplace exposure
(e.g., needle-stick injury)?

☐ Yes ☐ No ☐ Unsure

## Health History

Have you had any of the following infections?

☐ Chlamydia ☐ Gonorrhea
☐ Urethritis ☐ Herpes
☐ Syphilis ☐ Genital warts/HPV
☐ Trichomonas ☐ Hepatitis A
☐ Hepatitis B ☐ Hepatitis C
☐ Molluscum ☐ Yeast
☐ Bacterial Vaginosis ☐ Infections
☐ Parasites

Have you received?

Hep A vaccination: ☐ Yes ☐ No
Hep B vaccination: ☐ Yes ☐ No

When were you last tested for sexually
transmitted infections?

_____

## Other

Do you have any other concerns about
sex (e.g., orgasm, masturbation, painful
penetration), sexuality (e.g., identity,
orientation), or abuse or assault?

☐ Yes ☐ No

Would you like any referrals to help deal with
any issues?

☐ Yes ☐ No ☐ Unsure

**AIDS Hotline**
416-392-2437 or 1-800-668-2437
French: 1-800-267-7432

http://www.health.gov.on.ca/hiv/providers

Catalogue No. CIB-2252782
ISBN 978-1-4249-5776-7

200 September/08 