HIV Test Counselling Checklist (Comprehensive)

This checklist is a learning tool to help you think about the process of HIV counselling. It can also be used to keep a record of the appointment for the client's file.

ASK AT EVERY TESTING APPOINTMENT:

INTRODUCING THE TEST CONVERSATION

- □ Introduce yourself and tell the client that you are an HIV test counsellor
- Confirm that the client is there for an HIV test
- Ask what made them come in today, and proceed with a conversation that responds to these concerns

Does the client appear competent to continue?Do you feel safe?

If you feel the client's judgment is currently too impaired to continue, defer the appointment and reschedule.

SUMMARY OF SERVICE REFERRALS / OTHER NOTES:

ASSESSING RISK AND THE CLIENT'S SERVICE NEEDS

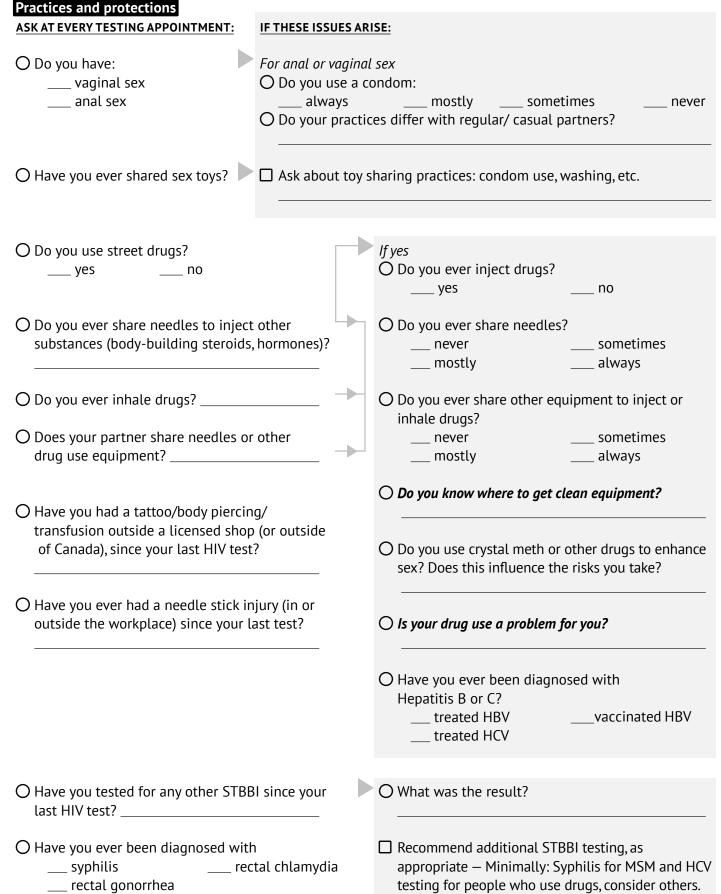
ASSESSING RISK AND THE CLIENT'S SERVICE NEEDS

ASK AT EVERY TESTING APPOINTMENT:	IF THESE ISSUES ARISE:	
O Have you been tested before for HIV?	If yes O When? O What was the result?	
O Did something happen that concerns you? Tell me what happened?	 When? Discuss window period, if appropriate If last 72 hours, discuss PEP 	
• Are you feeling well today? Be alert to symptoms of acute HIV infection: fever, sore throat, headache, muscle/ joint pain, swollen lymph nodes, rash, stomach upset, ulcers in mouth or anus	Determine if these symptoms occurred 2-4 weeks after a possible exposure	
Partners Where appropriate use and confirm information from your site's intake form. ASK AT EVERY TESTING APPOINTMENT:		
O Do you have: one regular partner a number of different partners	both	
O Does your regular partner have: one regular partner a number of different partners	both unsure	
<pre>O Are your sex partner(s): male female both trans women</pre>	trans men	
 O Do you know if any of your (regular) partners are HIV-positive? yes no unsure IF THESE ISSUES ARISE: If yes O Do you know if this partner h O How do you know they are un U U=U and what this means for 		

Discuss priority populations and the relationship to the client's risk. Some communities include a larger proportion of people who are HIV-positive. They are:

- gay, bisexual and other men who have sex with men, including trans men
- African, Caribbean and Black communities including men & women from regions where HIV is endemic
- Indigenous peoples

- people who inject drugs
- women* = cis and trans women, including women from the above populations, and other women who face systemic and social inequities, and are more likely to be exposed to HIV through a sexual or drug using partner.



Protections (in depth)

ASK AT EVERY TESTING APPOINTMENT:	IF THESE ISSUES ARISE:
☐ If client is using condoms	 O Have you had a condom break, slip off or be taken off during sex since your last test? O Do you ever start sex before the condom?
Is client having difficulty negotiating safer sex?	 O Do you ever feel pressured not to use condoms? O Would PrEP be a useful tool to protect yourself? Explain if need-be. O Would you like to be referred to a local risk reduction program?
O Do you ever fear (or experience) violence from a partner?	Discuss safety planning or help the client connect to local sexual assault centre
O Have you experienced sexual violence since your last test?	More questions are unnecessary if this incident was prior to the client's last test and beyond the window period. Assume violence and trauma are possible for anyone. Such incidents may not be seen as sex when discussing risks.

EXPLAINING THE TEST AND OBTAINING CONSENT

AT EVERY TESTING APPOINTMENT:

- Advise client about their risk; recommend 3-6-3 testing for recent high-risk exposures
- Explain how test results are stored to protect their confidentiality.
- Ask client how they think they would react to a positive test.
- Ask client if there is someone in their life they could talk to if the had a positive test.
- Does the client have a family doctor?Comfortable going to that doctor for HIV care?

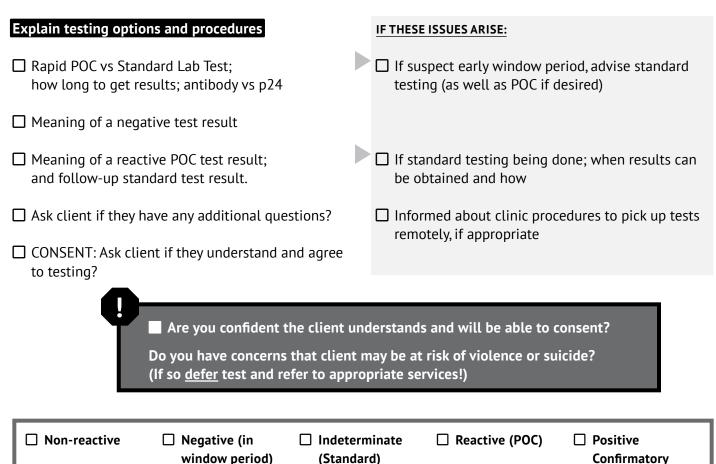
Discuss pros and cons of HIV testing AT EVERY TESTING APPOINTMENT:

- Health benefits of early treatment
- Partner notification if partner notification is needed, who will be responsible:
 _____ client
 _____ client and counsellor
 _____ Public Health
- Disclosing to primary partner: Supportive? Risk of violence?
- □ Need to disclose to future partners.

IF THESE ISSUES ARISE:

- Explained this window period if client had a recent high risk exposure
 - ☐ If this is an anonymous test, explain how coded identification works
- ▶ □ If client isn't confident in their doctor, reassure them that you can refer them to HIV care.

ASSESSING RISK AND THE CLIENT'S SERVICE NEEDS



POST-TEST COUNSELLING

If reactive/positive

- Provide support; review supports available including individuals the client identified earlier
- □ Book follow-up appointment
- Provide reassurance about treatment efficacy, and the benefits of early treatment
- Review partner notification and plan on how to notify partners
- $\hfill\square$ Review standard testing/confirmation of POC test

If non-reactive/negative

- $\hfill\square$ Discuss ongoing testing, if appropriate
- Ask about any further questions
- □ Review any other STBBI testing recommendations

- □ Review strategies for protecting partners
- □ Book follow-up appointment
- Discuss disclosure to future partners and responsibility to do so (legal risks)
- □ Offer referral to HIV care; help the client make the connection, as possible
- □ Refer to other services
- Recap service referrals details, and help clients contact service providers, when possible.
 Summarize referrals on front.

EXPLAINING THE TEST AND OBTAINING CONSENT