

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

ASK AT EVERY TESTING APPOINTMENT:

- Have you been tested before for HIV?
 No Yes

- Did something happen that concerns you? Tell me what happened?

- 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 _____

IF THESE ISSUES ARISE:

- If yes*
- When? _____
- What was the result? _____

- When? _____
- Discuss window period, if appropriate
- If last 72 hours, discuss PEP**

- 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:

- Do you have:
 one regular partner a number of different partners both

- Does your regular partner have:
 one regular partner a number of different partners both unsure

- Are your sex partner(s):
 male female both trans women trans men

- Do you know if any of your (regular) partners are HIV-positive?
 yes no
 unsure

IF THESE ISSUES ARISE:

- If yes*
- Do you know if this partner has an undetectable viral load?
- How do you know they are undetectable? Can you confirm?
- U=U and what this means for people with HIV-positive partners

- 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.

Practices and protections

ASK AT EVERY TESTING APPOINTMENT:

- Do you have:
 - ___ vaginal sex
 - ___ anal sex

- Have you ever shared sex toys?

IF THESE ISSUES ARISE:

For anal or vaginal sex

- Do you use a condom:
 - ___ always
 - ___ mostly
 - ___ sometimes
 - ___ never
- Do your practices differ with regular/ casual partners?

- Ask about toy sharing practices: condom use, washing, etc.

- Do you use street drugs?
 - ___ yes
 - ___ no

- Do you ever share needles to inject other substances (body-building steroids, hormones)?

- Do you ever inhale drugs?

- Does your partner share needles or other drug use equipment?

- Have you had a tattoo/body piercing/transfusion outside a licensed shop (or outside of Canada), since your last HIV test?

- Have you ever had a needle stick injury (in or outside the workplace) since your last test?

If yes

- Do you ever inject drugs?
 - ___ yes
 - ___ no

- Do you ever share needles?
 - ___ never
 - ___ mostly
 - ___ sometimes
 - ___ always

- Do you ever share other equipment to inject or inhale drugs?
 - ___ never
 - ___ mostly
 - ___ sometimes
 - ___ always

- Do you know where to get clean equipment?**

- Do you use crystal meth or other drugs to enhance sex? Does this influence the risks you take?

- Is your drug use a problem for you?**

- Have you ever been diagnosed with Hepatitis B or C?
 - ___ treated HBV
 - ___ vaccinated HBV
 - ___ treated HCV

- Have you tested for any other STBBI since your last HIV test?

- What was the result?

- Have you ever been diagnosed with
 - ___ syphilis
 - ___ rectal chlamydia
 - ___ rectal gonorrhea

- Recommend additional STBBI testing, as appropriate – Minimally: Syphilis for MSM and HCV testing for people who use drugs, consider others.

Protections (in depth)

ASK AT EVERY TESTING APPOINTMENT:

- If client is using condoms
- Is client having difficulty negotiating safer sex?
- Do you ever fear (or experience) violence from a partner?
- Have you experienced sexual violence since your last test?

IF THESE ISSUES ARISE:

- Have you had a condom break, slip off or be taken off during sex since your last test?
- Do you ever start sex before the condom?
- Do you ever feel pressured not to use condoms?
- Would **PrEP be a useful tool to protect yourself?** *Explain if need-be.*
- Would you like to be referred to a **local risk reduction program?**
- Discuss safety planning or help the client connect to local sexual assault centre
- 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 they had a positive test.
- Does the client have a family doctor?
- Comfortable going to that doctor for HIV care?

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.

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.

Explain testing options and procedures

- Rapid POC vs Standard Lab Test; how long to get results; antibody vs p24
- Meaning of a negative test result
- Meaning of a reactive POC test result; and follow-up standard test result.
- Ask client if they have any additional questions?
- CONSENT: Ask client if they understand and agree to testing?

IF THESE ISSUES ARISE:

- ▶ If suspect early window period, advise standard testing (as well as POC if desired)
- ▶ If standard testing being done; when results can be obtained and how
- Informed about clinic procedures to pick up tests remotely, if appropriate



Are you confident the client understands and will be able to consent?
Do you have concerns that client may be at risk of violence or suicide?
 (If so defer test and refer to appropriate services!)

- Non-reactive
- Negative (in window period)
- Indeterminate (Standard)
- Reactive (POC)
- Positive Confirmatory

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
- Review standard testing/confirmation of POC test
- 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

If non-reactive/negative

- Discuss ongoing testing, if appropriate
- Ask about any further questions
- Review any other STBBI testing recommendations
- Recap service referrals details, and help clients contact service providers, when possible. Summarize referrals on front.