



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.

INTRODUCING THE TEST CONVERSATION

- Introduce yourself and tell the client that you are an HIV test counsellor.
- Confirm 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 seem competent to continue? *If you feel a client's judgement is too impaired to continue, defer the appointment and reschedule.*
- Do you feel safe?

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?
___yes ___no
- 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; and chronic HIV infection.

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 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 it 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



Practices and Protections

ASK AT EVERY TESTING APPOINTMENT

- Do you have
 ___vaginal sex ___anal sex

- Have you ever shared sex toys?

- 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?

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

- Have you ever been diagnosed with
 ___syphilis ___rectal gonorrhea ___rectal chlamydia

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. _____

If yes

- Do you ever inject drugs?
 ___yes ___no
- Do you ever share needles?
 ___always ___sometimes
 ___mostly ___never
- Do you ever share other equipment to inject or inhale drugs?
 ___always ___sometimes
 ___mostly ___never
- Do you know where to get sterile 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

- What was the result? _____

Recommend additional STBBI teting as appropriate—Minimally; Sypilis for MSM and HCV for people who use drugs, consider others.



Protections (in-depth)

ASK AT EVERY TESTING APPOINTMENT

- If client is using condoms
- If client is having difficulty negotiating safer sex?
- Do you ever fear (or experience) violence from a partner?
- Have you experience 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

ASK AT EVERY TESTING APPOINTMENT

- Advise client about their risk; recommend 3-6 (standard) or 3-6-3 (POC) 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:

- Explain the 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

ASK AT EVERY TESTING APPOINTMENT

- Health benefits of early treatment
- An HIV positive result is reportable to local public health authorities—a 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 Laboratory Test; how long to get results; antibody vs. p24
- Meaning of negative test result
- Meaning of POC test result; and follow-up standard test result
- Ask client if they have 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 is being done; when results can be obtained and how
- Informed about clinic procedures to pick up tests remotely, if appropriate



- Are you confident 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!

RESULTS:

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