



Pre and Post-Test HIV Counseling Checklist

Purpose:

To provide, a quick, at a glance, checklist for health care providers to refer to when they are testing, to help them ensure they are providing consistent and comprehensive pre and post-test counseling for clients undergoing HIV testing.

Health care providers who are doing testing should be orientated to pre and post-test counseling, and this checklist is not intended to provide them with all the details they need.

A trauma-informed approach does not mean reliving or reflecting on a trauma experience, but instead emphasizing the strengths developed from surviving trauma and how that resiliency can foster healing. Failure to take a trauma-informed approach can cause re-traumatization, which may leave the client feeling unsupported or blamed and may discourage them from seeking your services or similar services again.



Pre-test HIV Counseling Checklist:

	Tell what you can test for (HIV, Hepatitis B, Hepatitis C, Syphilis, Chlamydia, Gonorrhea, and possibly others) and how you will do that.
	Use inclusive language that does not make assumptions regarding gender or sexuality in general
	Tell how the infections are transmitted
	Ask when they were last tested, and whether they were positive for any STBBIs, ever
	Ask if there is any risk they are worried about. You can tell what the risks are but do not expect them to tell you all their risks.
	Ask how their health has been and/or if they have noticed any symptoms (may need to tell client some symptoms).
	Assess whether client is ready for testing

	Discuss window periods as needed.
	Explain the process to receive results, and negotiate same.
	Discuss confidentiality: Medical Health Officer and Community Health Nurse will know results.
	Educate about safer sex and drug use.
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	Explain process if they are positive for any STBBIs.
	Ask if they consent to testing, and document their response.
	Document what you tested for and any other relevant information.

Post-Test HIV Counseling Checklist when client tests positive for HIV:

	Provide the positive result. Then try to cover the following points the same day as providing the positive result.
	Remind them that HIV is not a death sentence; it can be a chronic, manageable disease.
	Let the client guide the pace with their questions/emotional response.

	<p>If the moment seems a teachable one, teach some HIV basics: HIV is spread through blood and body fluids (semen, including pre-cum, rectal fluid, vaginal fluid, and breast milk). The two main ways are through sex and sharing needles or other equipment to inject drugs. HIV can also be passed by sharing needles or ink to get a tattoo, by sharing needles or jewelry to get a body piercing, by sharing acupuncture needles, to a fetus or baby during pregnancy, birth, or breastfeeding. HIV attacks our immune systems so that we have a hard time fighting off common illnesses, but taking HIV medications can change all that so that we are not able to spread the infection on to anyone and our immune system stays healthy.</p> <p>But for now, they could be very infectious so they need to prevent the spread to others.</p>
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Inform the client that:

	Their current sexual partner(s) need to be informed that they have HIV. Discuss whether they feel safe doing that and whether they would like help.
	Their sexual partners and people they may have shared needles with or other supplies for injecting drugs, will need to be informed that they have been named as a contact by a person who tested positive for HIV. Tell them that you can do that, and their name would never be used, and that they are doing people a favor by looking after their health. Ask if they can provide you with names. This process of contact tracing typically takes several times meeting the newly diagnosed person, to capture a full list.
	HIV is reportable to the Medical Health Officer, so that the Medical Health Officer and the community health nurse both know their results, but that it is kept confidential, and no one else in the health centre or in the community will be told.
	There is a form called a case reporting form that you have to fill out to send to the Medical Health Officer, that you will need to ask them some questions, and that you would like to do it that day if that is ok with them, or sometime in the next few days or week.
	About medications and that you would like to set up an appointment for them to see the Specialist, and explain that process. State that the decision to take medications is theirs.
	This is still their personal health information, and that they don't have to tell people unless they want to, and unless they are at risk. Remind that people in their household, unless having sex with, or sharing drug equipment with, are not at risk (the exception being mom to baby and breastfeeding). HIV is NOT spread through hugs, kisses, coughs or sneezes, toilet seats, bed sheets, cutlery.

	Assess their state of mind and safety. Offer assistance as needed.
	Discuss if you can be in contact with them, and what the best way is for that.
The following can be discussed the first day, or at a second or third visit:	
	If they want to inform friends/family, and others, you can help them with that.
	If they want to speak with a trained peer (someone who has HIV), you can help to arrange that.
	If they want to speak to an addictions counsellor, we can arrange that. If they have a General Practitioner or Nurse Practitioner that they like and trust, tell them it is good to meet with them.
	Talk about vaccines and TB testing.
	Offer opportunities to learn more (printed material, talking with you, websites)
	Discuss the current state of the law in Canada regarding HIV. Currently you need to inform potential sex partners that you are HIV positive, and also people you may be sharing drugs with, and the failure to do so can result in criminal prosecution. The law does change when you are on medications and your HIV is well controlled, and tell them you can explain that to them or find out what details you don't know.



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