

GUIDELINES FOR THE USE OF HIV POINT OF CARE (POC) TEST KITS IN SASKATCHEWAN



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Reviewed by:

Saskatchewan Disease Control Laboratory

Population Health Branch, Saskatchewan Ministry of Health

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1.0) INTRODUCTION

Human immunodeficiency virus (HIV) point of care (POC) testing refers to the practice undertaken by health care professionals of providing pre-test counselling, post-test counselling and a preliminary HIV antibody result at the time of testing outside of a designated laboratory.

This document outlines situations and settings where HIV POC testing should be considered, pre- and post-test counselling guidelines to accompany the test and the Public Health roles and responsibilities under *The Public Health Act, 1994* in relation to HIV POC testing. For detailed information on how to set up a site to perform HIV POC testing and standard operating procedures, go to <http://sdcl-testviewer.ehealthsask.ca/>

The standard method of HIV diagnosis, enzyme-linked immunosorbent assay (ELISA) with confirmatory testing using HIV-1/2 Confirmatory Assay, can take several days for results to be available. HIV POC testing addresses this delay by providing preliminary antibody results and may increase testing uptake for someone who might otherwise delay/refuse. This test is beneficial where immediate knowledge of a patient's HIV status is considered important, STAT testing is not available, and in situations where:

- ❑ There is an urgent need to reduce the risk of HIV transmission such as in labour and delivery when the woman's HIV status is unknown;
- ❑ The knowledge of the patient's HIV status will impact immediate clinical management;
- ❑ Reaching people at high risk of HIV in outreach settings who have not been tested frequently; or
- ❑ There is a concern that the patient will not return for his or her HIV test results.

The particular public health interest in the use of HIV POC testing is its ability to contribute to provincial health goals which include:

- ❑ Preventing new HIV infections;
- ❑ Reducing the number of HIV individuals who are unaware of their status; and
- ❑ Promoting linkage of HIV positive individuals to care.

The *Saskatchewan HIV Testing Policy* provides guidance for testing considerations at: www.skshiv.ca

2.0) HIV POC TESTS

HIV POC tests are screening tests for HIV antibodies that typically provide preliminary results within minutes. These tests are currently for use by health care professionals in community, clinical or laboratory settings.

Any HIV POC test approved for use in Canada is required to have sensitivity and specificity equivalent to HIV screening test kits (ELISA) approved for laboratory use. The INSTI HIV-1/HIV-2 Rapid Antibody Test is the rapid POC test implemented in Saskatchewan. It is approved for HIV screening by health care professionals who have been appropriately trained.

3.0) SETTING UP A HIV POC TEST SITE

HIV POC test sites should be able to support the administration of HIV POC testing. This includes the capacity to:

- I. Set up processes for patients' access to HIV consultation.
- II. Implement quality assurance and quality control measures.
- III. Provide pre- and post-test counselling, and only be implemented after informed consent has been obtained from the patient. See Section 5 for details.
- IV. Provide additional support to individuals screened positive by an HIV POC test.
- V. Facilitate a confirmatory HIV test.
- VI. Provide anti-retroviral agents to pregnant women in labour and their newborn infant as appropriate or to a person exposed to blood or body fluids at high risk of being contaminated with HIV (applies to sites within hospitals only).

3.1) Application for Licence:

Sites adopting the HIV POC test require a laboratory licence. If a site has an existing licence, the HIV POC test can be added as a new test. Applications can be made to Ministry of Health Laboratory Licensing by completing the online application at:

<http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/licensing-for-health-care-practices-and-professionals/application-or-renewal-for-a-licence-to-operate-a-medical-laboratory>

The completed form is to be scanned and emailed to lablicensing@health.gov.sk.ca.

Inquiries can be made by email or by phone at:
lablicensing@health.gov.sk.ca or 306-787-3130.

3.2) Designating a Coordinator:

Each site must designate a coordinator - a health care professional with the ultimate responsibility for the technical aspects of each site's HIV POC testing. This person is responsible for:

- I. Training;
- II. Competence;
- III. Quality control;
- IV. External quality assessment; and
- V. Documentation.

3.3) Ordering HIV POC Test Kits:

The Saskatchewan Disease Control Laboratory (SDCL) validates each new lot of HIV POC test kits that are used in the province. The kits are stored at the SDCL; therefore, licensed HIV POC test sites must order their kits from the SDCL. To obtain a requisition for ordering the kits and negative and positive controls, contact the SDCL Shipping Department at (306) 787-3192. A copy of the approved licence must be sent to SDCL.

HIV POC test kits have approximately a one-year shelf-life. When the kits have expired, they are to be returned to SDCL Shipping Department for disposal.

3.4) Training:

The coordinator (see **Section 3.2**) is responsible for the initial training, certification, and assessment of competencies of personnel administering the test. This includes familiarizing staff with the following:

- ❑ Testing principles and procedures, including skills in counselling, mental status assessment to determine when not to test, and giving results;
- ❑ The POCT guidelines (Ministry of Health) and Standard Operating Procedures (SDCL);
- ❑ Interpretation of test results;
- ❑ Problem solving;
- ❑ Biosafety; and
- ❑ Principles and concepts of quality assurance and quality control.

A training video is available on the bioLytical Laboratories (the manufacturer of the HIV POC Test website at <http://ca.biolytical.com/support/education>)

3.5) Contact with SDCL:

To proceed with setting up an HIV POC test site:

- I. Go to <http://sdcl-testviewer.ehealthsask.ca/>. Click on *Instructions on How to Set Up an HIV Point of Care Test Site*.
- II. Sites participating in HIV POC testing are required initially to interpret an evaluation panel from SDCL prior to offering the test. Contact SDCL for an evaluation panel (see detail in *Instructions on How to Set Up an HIV Point of Care Test Site*).
- III. Develop a Standard Operating Procedure (SOP) – a description of how the test is run and documentation required to run the HIV POC test. To assist with developing a SOP, go to <http://sdcl-testviewer.ehealthsask.ca/>. Under the Heading “Requisitions”, click on *Generic format for INSTI HIV-1-HIV-2 Antibody Test Kit*.

3.6) Storage:

It is critical that the HIV POC test kits and controls be stored in an environment that is within the temperature range specified by the manufacturer. Room and fridge temperature monitoring and documentation are part of accreditation standards. The manufacturer of the INSTI HIV-1/HIV-2 Antibody Test specifies that the test kit be stored within a temperature range of 15° to 30°C. Each set of controls includes three vials, one each of HIV-1 Positive, HIV-2 Positive and HIV Negative. Each vial contains 1 mL of control material which is enough to run 20 INSTI tests. The controls are stored refrigerated at 2° to 8°C for up to one year or until expiry date.

3.7) External quality assurance (EQA):

Each testing site must demonstrate and document its competence in performing HIV POC testing. Quality assurance identifies testing sites that perform below standard so that additional training/measures can be instituted to improve their performance.

Proficiency Testing: One tool for ensuring quality is participation in an external proficiency testing program. This program provides BLIND samples at specific intervals that are run as patient samples. Results are reported and a peer group comparison is done to assess performance. Upon successful completion of the evaluation, results are shared with the Laboratory Quality Assurance Program (LQAP), College of Physicians and Surgeons of Saskatchewan (CPSS). LQAP will contact the site coordinator to arrange EQA (the site is responsible for the cost of the EQA).

Audits: The CPSS Diagnostic Quality Assurance Program has the authority to audit those facilities that have a medical laboratory licence. The CPSS Diagnostic Quality Assurance Program utilizes a standard document when performing assessments.

3.8) Quality Control measures:

These are measures undertaken to verify accuracy of test results. This involves testing of samples with known results so as to verify the testing procedure and that the device is working properly.

Control materials containing vials of known HIV antibody positive and negative specimens for use with the INSTI HIV antibody test are available from the SDCL. These controls are used at pre-defined frequency according to the Standard Operating Procedure. Kit controls, both positive and negative must be run:

- As the first test of the week (If a site does no HIV POC tests in a given week, controls do not have to be run in that week. However, controls must be run prior to conducting a client test, if it has been a week since the last controls were run);
- When switching to a new lot number;
- If a site conducts more than 24 POC tests per day, the controls should be run every day; or
- If a site conducts less than or 24 POC tests per day, the controls should be run once per 24 specimens, but no less than once per week.

Results of this control testing must be recorded in a log and must be kept according to CPSS retention guidelines. This documentation must be available for review by the CPSS Diagnostic Quality Assurance program during their site audits.

3.9) Reporting:

- I. **Case Reporting:** *The Public Health Act, 1994* and *Disease Control Regulations* require both the health care worker (physician or clinic nurse) and the laboratory involved in making the diagnosis of a new HIV infection to notify the regional Medical Health Officer (MHO). Refer to *The Public Health Act, 1994* for responsibilities of physicians and nurses (**Section 34**) and laboratories (**Section 36**). The Act outlines that the health care worker shall notify the regional MHO “as soon as is practicable, and in any case not later than 72 hours after forming an opinion that a person is infected with or is a carrier of a category II communicable disease”. In the case of a reactive HIV POC test result, the regional MHO is to be notified. The SDCL will subsequently notify the regional MHO of confirmed cases of HIV based on the HIV-1/2 Confirmatory Assay (confirmatory test) result completed at the SDCL.

The physician or clinic nurse is required to report the case and relevant epidemiological information to the regional MHO, as per **Section 14** of *The Disease Control Regulations*.

The HIV case report form can be found at

<http://www.ehealthsask.ca/services/manuals/Documents/6-HIVCaseReportingForm.pdf>

Refer to Section 5.1 and 5.2 for information regarding contact tracing.

- II. **Quarterly Reports:** The HIV POC test site will provide quarterly reporting of the number of reactive, indeterminate, or invalid tests, plus lot number to the appropriate HIV Strategy Coordinator (**Appendix A**).

4.0) WHEN TO USE THE HIV POC TEST KITS

The rapid turn-around time associated with the use of HIV POC testing can guide urgent decision making.

This makes it suitable for use in targeted clinical scenarios where the immediate administration of antiretroviral drugs is recommended to reduce the risk of transmission or in cases where the patient’s management may be altered by the availability of a reactive test result.

It is recommended that HIV POC testing in Saskatchewan be used in the following situations:

4.1) Obstetric settings:

Risk of perinatal HIV transmission is reduced if antiretroviral drugs are administered to the mother during pregnancy or labour, or if administered to the newborn within six to twelve hours after delivery.

HIV POC testing should be offered to pregnant women in labour where:

- ❑ A prenatal HIV test was not done;
- ❑ They received no prenatal care;
- ❑ The prenatal HIV test was negative early in pregnancy, but there were ongoing risk factors for HIV between the last negative test and the onset of labour (status unknown at labour);
or
- ❑ Her current partner(s) is/are HIV-positive or at risk.

In the event that HIV testing was not done prior to delivery and risk may be present, HIV testing should be encouraged for the mother as soon after delivery as possible.

4.2) Blood and body fluid exposure:

Knowledge of the source and exposed individuals' HIV status during an evaluation of blood and body fluid exposure can help determine more precisely those situations where HIV prophylaxis and appropriate follow-up are required, including in occupational settings. In situations of exposure, refer to the Saskatchewan *Guidelines for the Management of Exposures to Blood and Body Fluids* <http://www.ehealthsask.ca/services/manuals/Pages/hiv-guidelines.aspx>

HIV POC testing of source patient is recommended in the following situations:

- ❑ The source patient of a blood and body fluid exposure, who consents to a test:
 - HIV POC testing of source individuals offers an opportunity to minimize anxiety and evaluate the use of post-exposure prophylaxis in the exposed person.
- ❑ The source patient of a blood and body fluid exposure who is ordered to provide a blood sample as per *The Mandatory Testing and Disclosure (Bodily Substances) Act* <http://www.publications.gov.sk.ca/details.cfm?p=11225>.

HIV POC testing of exposed patient is recommended in the following situations:

- ❑ Single or episodic exposure with a background of unprotected chronic exposure:
 - An individual who has regular, ongoing consensual unprotected sex with an HIV positive partner and presents with another type of exposure such as sharing of needles for injecting drugs or has been sexually assaulted.
- ❑ Chronic exposure without taking precautions or inconsistent use of precautions:
 - People who inject drugs sharing needles and/or drug paraphernalia with individuals whose HIV status is known or unknown.
 - Sexual assault by a partner with whom a person is also having ongoing unprotected consensual sex.
 - Domestic abuse.

If the initial test result of the exposed person is reactive, HIV Post Exposure Prophylaxis (PEP) is not required, but the individual should be referred for appropriate follow-up by an infectious disease specialist.

4.3) Acutely ill patients:

In some clinical situations, it may be critical to have a rapid HIV diagnosis so that immediate and appropriate therapy or further diagnostic work-up can be provided - for example, a patient with risk factors for HIV who presents with pneumonia for which differential diagnosis would include *Pneumocystis jirovecii* pneumonia.

4.4) HIV testing settings:

HIV POC testing should be offered in a variety of settings (clinics, outreach programs, community-based organizations, and prevention and risk reduction programs) based on local priorities of health authorities and communities for expanding and engaging populations in HIV testing. Settings should have the infrastructure and resources required to implement and maintain HIV POC testing (see **Section 3**). Examples of settings include:

- ❑ Where the population is known or suspected to have a higher prevalence of undiagnosed HIV;
- ❑ Sites accessed by populations who may not return for test results or follow-up visits; and
- ❑ Sites which facilitate public health follow-up and connection to care for individuals diagnosed with HIV.

Ideal situations to perform HIV POC testing in these settings include consenting patients who are at **high risk for HIV¹** and who have **not had an HIV test in the previous three months**, or who are **unaware of their HIV status**.

¹ Factors associated with high risk for HIV include the following:

Needle Stick source

From endemic area (Refer to the link: <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/chap13-eng.php> for list of HIV-Endemic countries)

Person who uses injection drugs

Sharing injection drug equipment

Recent history of Sexually Transmitted Infections (STI) (e.g. syphilis)

Sexual/injection drug use partner with AIDS or positive HIV

History of unprotected sexual intercourse

Multiple sex partners

Sex partner of high risk person(s)

History of incarceration

Sex trade worker

Men who have sex with men (MSM)

5.0) HIV PRE-TEST AND POST-TEST COUNSELLING

The use of HIV POC test kits must include client-centered pre-test and post-test counselling. Refer to the In-depth HIV Pre and Post-test Counselling document at:

www.skshiv.ca

5.1) Pre-Test Counselling:

Patients must be provided with the information needed to make an informed decision to test for HIV by a POC testing method. Verbal consent should be obtained and documented.

- ❑ This information must include the nature of the test, advantages (quicker results thus early access to health care) and disadvantages (although highly unlikely, the possibility of a false reactive or false non-reactive result) of the test and the consequences (next step of action) following a preliminary screening result.
- ❑ Patients must be informed that parallel testing will be performed to confirm the results of all reactive (preliminary positive) and indeterminate point of care tests. Confirmatory testing may also be performed on individuals who test non-reactive (preliminary negative) but have been engaging in high risk activities within the three months prior to testing as they may be in the window period.
- ❑ In obstetric settings, inform the patient that HIV testing is recommended as part of prenatal care because of the benefit of preventing HIV transmission to the infant.
- ❑ In cases of blood and body fluid exposures, inform the source patient that the test is being recommended so that if the exposure involves HIV, the exposed person can be started on antiretroviral to prevent infection and the source person can also be started on medication.
- ❑ In acute scenarios, explain that clinical management may be based on the preliminary POC test result before confirmation of the test result is available.
- ❑ Similar to the standard HIV testing, preparedness for HIV testing and personal support, topics around personal risk, prevention and risk reduction strategies, and information about HIV transmission should also be discussed.
- ❑ Patients should be informed that in the event of a reactive HIV POC test, they will be asked to provide a list of contacts, who will be followed up in situations when confirmatory test results are positive.
- ❑ Inform patients that they have the right to decline testing (unless ordered to submit to the test).

Note: Patients who are at high risk for HIV may also be at risk for hepatitis C, hepatitis B, chlamydia, gonorrhoea or syphilis. Patients should be informed that blood and urine samples may be taken so that these tests can be performed at the same time as the HIV test.

5.2) Post-Test Counselling:

This provides an opportunity to discuss with the patient the implications of the result and the next step of action that will be taken. For instance, in the event of non-reactive test results, HIV prevention and risk reduction strategies can be discussed. If test results are reactive, and confirmed positive, treatment and management of HIV will be discussed.

I. Post-test counselling after a preliminary non-reactive screening result:

- ❑ Inform the patient of the result and provide in writing if patient prefers (**Appendix B** for HIV POC Test Result Slip).
- ❑ The interpretation of the result should be related to the window period and risk activities in the last three months.
- ❑ Patients involved in high risk activities in the last three months may not have detectable antibodies at the time of the test. These patients should be counselled regarding the need to protect their partners when engaging in high risk activities. They should also be counselled on:
 - a) the need for repeat HIV testing in two to three weeks; or
 - b) the need for a confirmatory test (venous sample) to be performed.
- ❑ Reinforce risk reduction strategies and HIV prevention information.

II. Post-test counselling after a preliminary reactive screening result:

- ❑ Explain to the patient that it is a preliminary diagnosis and that a venous blood sample needs to be processed for confirmatory HIV testing.
- ❑ Explain that management will be based on the HIV POC test results before confirmation of the test result is available.
- ❑ Provide risk reduction counselling.
- ❑ Provide a follow up appointment for final lab result and support during the period of confirmatory testing.
- ❑ Provide HIV POC Test result slip (**Appendix B**).
- ❑ Inform the patient about community resources or HIV/AIDS organizations that can provide psychosocial support.
- ❑ In the case of a reactive HIV POC test, request a list of contacts (sexual/drug use partners, anonymous contacts) and discuss a plan for partner notification or contact tracing upon confirmation by HIV-1/2 Confirmatory Assay. Refer to the Ministry of Health Communicable Disease Control Manual for details regarding contact tracing at: <http://www.ehealthsask.ca/services/manuals/Documents/cdc-section-6.pdf#page=40>. This intervention is particularly important in situations where the likelihood of the patient to return to obtain the confirmatory results is low or where a confirmatory serum sample is not able to be obtained. Patients, for whom a reactive POC test occurs and contacts are obtained, but who then later have a negative confirmatory result will NOT require contact tracing and should be advised of same.
- ❑ Once confirmatory HIV testing verifies a positive test result, provide appropriate follow-up and referrals to Infectious Disease Specialist.

III. **Post-test counselling after an invalid or indeterminate screening result:**

- ❑ Inform the patient of the result and that a venous sample needs to be processed for confirmatory HIV testing.
- ❑ Explain that this should not be regarded as a positive result.
- ❑ Reinforce risk reduction strategies.
- ❑ Provide follow up appointment for final lab result and support during the period of confirmatory testing.

See **Appendix C** for an example of a Counselling checklist.

For a list of counselling guidelines and other resources, please see **Appendix D**.

6.0) REFERENCES

- 1) Alberta Health and Wellness: "A Rapid HIV testing pilot project. Guidelines for Health Care Professionals.
- 2) BC Centre for Disease Control (BCCDC). Communicable Disease Control 2007. "Appropriate Use of Point of Care HIV Testing in BC," December 2007. Available: <http://www.bccdc.org> (accessed June 10, 2009)
- 3) BC Centre for Disease Control (BCCDC). Communicable Disease Control, "Guidelines for Use of the HIV POC Test Kit Information for the Health Care Professional in BC April 2007". Available: <http://www.bccdc.org> (accessed June 10, 2009)
- 4) BC Centre for Disease Control (BCCDC). "Impact and Use of Point of Care HIV Testing: A Public Health Evidence Paper", 2007. Available: <http://www.bccdc.org> (accessed May 29, 2009)
- 5) Greenwald JL. "Routine rapid HIV testing in Hospitals: another opportunity for Hospitals to improve care". *J Hosp Med* 2006; 1(2):106-12.
- 6) Medical Devices Bureau of the Therapeutic Products Directorate, Health Canada. "Medical devices active license listing (MDALL)". Ottawa: Health Canada: 2009. Available: <http://www.hc-sc.gc.ca/dhp-mps/md-im/licen/mdlic-eng.php> (Accessed 2009 May 28).
- 7) Panlilo, AL, Cardo DM, Grohskopf LA, Heneine W, Ross CS, and U.S. Public Health Service. "Updated U.S. Public Health Service guidelines for the management of Occupational exposures to HIV and recommendations for post exposure prophylaxis". *MMWR*, 2005; 54[RR-9]: 1-17.
- 8) Public Health Agency of Canada: Canadian *STI Guidelines Pretest and Post Test Counselling*. Available: <http://www.phac-aspc.gc.ca/slm-maa/stdguide/pg176-178e-eng.php>
- 9) Public Health Agency of Canada .HIV and Aids in Canada: surveillance report to December 31, 2006 (revised) 2007. Available: <http://www.phac-aspc.gc.ca/aids-sida/publications/survreport/pdf/surverep1206.pdf> (accessed 2009 May 28)
- 10) Public Health Agency of Canada: "Point-of-Care HIV test kits: guidance for health-care professionals". *Canadian Communicable Disease Report* 2007:33s2(1); 22. Available: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07pdf/33s2-eng.pdf> (accessed 2009 May 28).
- 11) World Health Organization: "Rapid HIV Tests; Guidelines for use in HIV testing and counselling in resource constrained settings". Available: <http://whqlibdoc.who.int/publications>.

APPENDIX A – HIV POC Test Reporting Form

Site Name: _____ Site Coordinator: _____

Reporting period (Check off the reporting period that is captured below):

<input type="checkbox"/> January 1 to March 31, _____ (Year)	<input type="checkbox"/> July 1 to September 30, _____ (Year)
<input type="checkbox"/> April 1 to June 30, _____ (Year)	<input type="checkbox"/> October 1 to December 31, _____ (Year)

Lot # _____

1. Number of **reactive** HIV POC tests for this reporting period: _____
2. Number of **non-reactive** HIV POC tests for this reporting period: _____
3. Number of **indeterminate/invalid** HIV POC tests for this period: _____

Total Number of Tests performed for this reporting period: (1+2+3): _____

This form is to be filled out by the HIV POC testing site coordinator and provided to the HIV Strategy Coordinator for your RHA. The updated contact information for the HIV Strategy Coordinators can be found at: www.skshiv.ca

<u>Athabasca Health Authority/ Keewatin Yatthé Health Region/ Mamawetan Churchill River</u> Phone: (306) 425-8525 Confidential Fax: (306) 425-8530	<u>Sunrise/Sun Country Health Regions</u> Phone: (306) 786-0632 Fax: (306) 786-0620
<u>Regina Qu'Appelle/Five Hills Health Regions</u> Phone: (306) 766-6883 Fax: (306) 766-7796	<u>Prince Albert Parkland/Kelsey Trail Health Regions</u> Phone: (306) 765-6549 Fax: (306) 765-6536
<u>Prairie North/Heartland Health Regions</u> Phone: (306) 236-1564 Fax: (306) 236-5801	<u>Saskatoon/Cypress Health Regions</u> Phone: (306) 655-7494 Fax: (306) 655-0614
<p>HIV Strategy Coordinators, please forward a copy of this form to: Saskatchewan Prevention Institute Attention: HIV Program Coordinator Fax #: (306) 651-4301 Email: contact@hivplt.ca</p>	

APPENDIX C - Documenting and Counselling Checklist

(Example for HIV POC Test sites)

Date Seen: _____ Initials: (Non-nominal Test)

Reason for Testing: _____

Name: _____
First Middle Last

Preferred Name: _____

Address: _____
Apt/Street # Street Address City Province Postal Code

Phone #: _____
Home (If Different from Cell No.) Work Cell

E-mail: (optional) _____

How do you prefer to be contacted? Call: cell phone home phone work phone
 text email mail

Date of Birth: ____ / ____ / ____ Age: _____
Day Month Year

Gender: Male Female Transgender Male Transgender Female Other

Saskatchewan Health Services Number: _____

<p>Risk History</p> <p>Non-consensual sex: <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Age of sexual debut: _____</p> <p>Last sexual exposure ____ days/ weeks/ months Date: _____</p> <p><input type="checkbox"/> Protected intercourse <input type="checkbox"/> Unprotected intercourse</p> <p>Partner(s) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Number of partners lifetime ____ Number of partners past 6 months ____</p> <p>Works in/has sex trade partner <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sex of Contact: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Sites Exposure: <input type="checkbox"/> Genitals <input type="checkbox"/> Throat <input type="checkbox"/> Rectum <input type="checkbox"/> Shared toys</p> <p>Barrier Use: <input type="checkbox"/> Yes ____% <input type="checkbox"/> No</p> <p>Injection Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Own <input type="checkbox"/> Share most recent: _____</p> <p>Snorting: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Own <input type="checkbox"/> Share most recent: _____</p> <p>Pipes: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Own <input type="checkbox"/> Share most recent: _____</p> <p>Household contact: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blood exposure during sex: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disclosure by sexual partner of: IDU <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 100px;">HIV <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Occupational: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Past Medical History</p> <p>Significant Medical/Surgical History: _____</p> <p>_____</p> <p>Medication: _____</p> <p>_____</p> <p>Tattoo: <input type="checkbox"/> Yes ____ <input type="checkbox"/> No</p> <p>Body Piercing: <input type="checkbox"/> Yes ____ <input type="checkbox"/> No</p> <p>Details: _____</p> <p>Travel Outside Canada: <input type="checkbox"/> Yes ____ <input type="checkbox"/> No</p> <p>Details: _____</p> <p>Previous HIV testing: <input type="checkbox"/> Yes ____ <input type="checkbox"/> No</p> <p>Previous Hepatitis testing <input type="checkbox"/> Yes ____ <input type="checkbox"/> No</p> <p>Hep A Series Completed <input type="checkbox"/> Yes ____ <input type="checkbox"/> No</p> <p>Hep B Series Completed <input type="checkbox"/> Yes ____ <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>Self:</p> <p>Pregnant: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contraception <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>LMP: _____</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>Partner:</p> <p>Pregnant: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contraception <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>LMP: _____</p> </td> </tr> </table>		<p>Self:</p> <p>Pregnant: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contraception <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>LMP: _____</p>	<p>Partner:</p> <p>Pregnant: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contraception <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>LMP: _____</p>
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<p>HIV COUNSELLING/ASSESSMENT/FOLLOWUP</p> <p><input type="checkbox"/> Unprotected sex <input type="checkbox"/> Suspect current or past sexual /drug partner at high risk</p> <p><input type="checkbox"/> Endemic area <input type="checkbox"/> Partner from endemic area</p> <p><input type="checkbox"/> Occupational <input type="checkbox"/> Shared sex toys <input type="checkbox"/> Drug Use <input type="checkbox"/> Has never been tested</p> <p><input type="checkbox"/> Blood exposure _____ <input type="checkbox"/> Sexual abuse/assault <input type="checkbox"/> Contact investigation</p>			

- Future health care needs (Supportive primary care provider)/Referral to specialist
- Window period – Counsel re: further testing
- Testing procedures
- Meaning of results

RESULTS

Reactive **Non-reactive** **Indeterminate**
Results given **Verbal** **Written** Date: _____

IF POSITIVE

- Appointment made to discuss confirmatory results Date: _____
- Serology sent to SDCL
- Referral to Specialist Appointment Made Y N Date: _____
- Social support – i.e. Mental Health
- Symptoms Positive Impact of early dx Reaction to +ve results
- Support systems (family, friends, partner)

PARTNER NOTIFICATION

Self Public Health

Reviewed: Transmission Drug use Safer sex guidelines Negotiating safer sex

Last exposure date: _____ Further testing : Yes or No Date: _____

PHN/CHN Signature

APPENDIX D – Counselling Guidelines and Other Resources

Canadian Guidelines on Sexually Transmitted Infections
<http://www.phac-aspc.gc.ca/slm-maa/terry/testing1-eng.php>

Canadian AIDS Treatment Information Exchange
<http://www.catie.ca>

PHAC HIV Guidelines – various
<http://www.phac-aspc.gc.ca/aids-sida/guide/index-eng.php>

PHAC HIV Epidemiological Data
www.phac-aspc.gc.ca/aids-sida/publication/index-eng.php#er

Saskatchewan Communicable Disease Control Manual
<http://www.ehealthsask.ca/services/manuals/Pages/CDCManual.aspx>

Saskatchewan HIV Routine Testing Policy & Supporting Resources
www.skshiv.ca

Saskatchewan Public Health Act, 1994 and Disease Control Regulations
<http://www.publications.gov.sk.ca/details.cfm?p=786>