Government of Saskatchewan

Saskatchewan HIV Testing Policy
In-Depth HIV Pre and Post-Test Counselling

In-depth counselling is **not** required in all settings but **should** be offered when risk factors are identified and in settings with a broader Sexually Transmitted Infection (STI) mandate e.g. Sexual Health Clinics, youth settings, outreach clinics, etc.

Refer to Routine Testing Quick Guide for <u>minimum</u> pre-test counselling requirements - adequate in most settings.

Pre-test counseling - must include the 3 C's:

●**Confidentiality** ●**Counselling** – dependent on setting ●**Consen**t – informed & voluntary

- **CONFIDENTIALITY:**
  - **Nominal** (recommended), Non-nominal (use of code if client expresses concerns re: Nominal) and anonymous testing (available through Public Health in Prince Albert, Regina, and Saskatoon).
  - HIV, like other communicable infections (Measles, Tuberculosis [TB], Chlamydia) is **reportable** to the regional Medical Health Officer.
  - **Requirements** under *The Public Health Act, 1994:*
    - Completion of **Case Report Form.**
    - Assistance to ensure **notification of sexual and drug use partners** while maintaining confidentiality.
    - Assistance to address **disclosure** to future sexual partners.
  - **Results** must be given in person except by prior arrangement in exceptional circumstances.

- **COUNSELLING: Pre-test education**
  - **Testing Process:**
    - HIV basics - refer to Client Information Sheet.
    - **Routine** testing **complemented by** Risk Based testing:
      - unprotected sex (vaginal, anal and sometimes oral) with a high risk partner.
      - blood contact when sharing needles and other drug use equipment.
      - blood contact when sharing equipment used for tattooing, piercing or acupuncture.
    - Window Period (minimum 2 wks. but up to 3 mos. for 4th Generation Enzyme Immunoassay and Antigen [EIA]) - refer to Lab Testing Flow Chart.
    - Meaning of Positive/Indeterminate/Negative results.
    - Need for further testing.
  - **Reasons** to be tested:
    - Allows earlier access to **services and care.**
    - Helps people to **live longer, healthier** lives with treatment.
    - Helps people become actively **involved** in their own care.
    - **Decreases worry** about possible infection.
    - Helps **prevent spread of HIV** to others.
    - **Decreases discrimination**.
    - **Avoids the need to identify risks** or exposures.
  - **Potential risks** – inability to cope/**suicide** potential, risk of **violence/harm**.
    "Is there any reason that it wouldn't be a good idea for you to get tested?"
  - Develop plan to address concerns and plan for test in future.
  - **Support, assistance, care and treatment options** are available and will be offered.
  - When to return for results/**how client can be** found when results are ready.
  - Assess **risk factors** and develop plan to **minimize potential for transmission** while awaiting results.

- Exploration of **supports** and ability to cope with a Positive result.

- **CONSENT**
  - **Verbal. Informed. Voluntary. Documented.**
    - Written consent not required. **Must document on patient record that consent was obtained or that client refused.**

The ability of a person (including a minor) to provide informed consent is determined by the extent to which the person's physical, mental, and emotional development will allow for a full understanding of the test, including the right to refuse. Refer to the College of Physicians and Surgeons of Saskatchewan's Policy on Determining Capacity to Consent at: http://www.cps.sk.ca/Documents/Legislation/Policies/GUIDELINE%20%20-%20Determining%20Capacity%20to%20Consent.pdf

Post-test counseling

NEGATIVE RESULT

- Give **result**.
- Review **risks, suspected/known exposures and time frames**.
- Review **need for further testing:**
  - At 4 weeks and 3 months after a known/suspected exposure.
  - Every 3-6 months for clients with on-going high-risk activities (above).
  - Every 12 months for clients who are sexually active.
- Reinforce **prevention and risk reduction (Harm Reduction)**.
- Provide prevention and risk reduction supplies as available.
- **Referrals** for support services/programs when needed.

POSITIVE RESULT

- **Prepare** before giving result (urgent but not emergent).
- Healthcare providers may choose to give the result to a client themselves or they may **contact Public Health** (or the Infectious Disease Clinic for In-Patients) to discuss:
  - **How** to give result to client.
  - Potential to have Public Health staff present/available.
  - Coordination of **referral** to Infectious Disease Clinic.
  - Specific **client needs/situations** eg. pregnant, addictions.
  - Coordination of **contact tracing** eg. sexual/drug use partners, children, anonymous contacts.
  - Assistance to complete **Notification Form**.
  - Plan to link to **support, care and treatment** services.
    - **What to say:**
      - **"You have tested positive for HIV."**
      - Answer unspoken question "Am I going to die?" **Provide hope.**
      - Address issues that are **priority to client** e.g. children, partners, job.
      - Get permission for referral to the Infectious Disease Clinic.

For more detailed information, including **SAMPLE SCRIPTS**, see BCCDC Communicable Disease Control Manual. Appendix 2, Chapter 5. Sexually Transmitted Infections. HIV Pre and Post Test Guidelines. September 2011. **http://www.bccdc.ca/NR/rdonlyres/C0486576-7398-4630-B71C-31A0D5EAEBDC/0/STI_HIV_PrePost_Guidelines_20110923.pdf.**

To access assistance with issues related to HIV testing or to reach your local Public Health/ Infectious Disease resources, call:

Insert Local Contact Information