

Pre & Post Test Counselling

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YOUR HEALTH AND SAFETY... OUR PRIORITY.

PRE AND POST TEST EDUCATION

OBJECTIVES:

- Understand the principles and recommendations for Pre and Post Test Education as part of Routine HIV testing in SK.
- Develop basic skills in delivering:
 - Pre and Post Test Education (Stream 2)
 - Positive HIV diagnosis with accompanying referrals (Stream 2)



PRE AND POST TEST EDUCATION

OBJECTIVES:

- Be able to complete necessary documentation following Pre and Post Test Education. (Stream 2)
- Identify ways to incorporate Pre and Post Test Education into existing service delivery. (Stream 2)



ROUTINE HIV TESTING IN SK

WHO?

- all pregnant women
- all TB/Hepatitis C positive clients
- all clients seeking STI/BBI testing/care (regardless of setting)
- all clients exhibiting clinical signs/symptoms consistent with HIV infection
- all clients who request HIV testing
- all clients 13-64 years of age* receiving primary or emergency care if:
 - They are sexually active and not tested in the past 12 months.
 - They have never been tested.
 - And older or younger if evidence of risk factors



PRINCIPLES

- HIV testing:
 - Can/should be offered as routine by any physician or qualified health care provider.
 - Is an effective part of HIV prevention.
 - Requires 3Cs in all settings:
 - Confidential
 - Counselling - varies
 - Consent (informed)

HIV is a reportable infection in Saskatchewan.

http://www.bccdc.ca/NR/rdonlyres/C0486576-7398-4630-B71C-31A0D5EAEBDC/0/STI_HIV_PrePost_Guidelines_20110923.pdf

<http://www.skshiv.ca/SK%20HIV%20Testing%20Policy%20Final%20Dec%202012%20%282%29.pdf>

PRE AND POST TEST EDUCATION

People who receive pre and post test counselling are less likely to suffer adverse psychological effects such as depression and suicidality if they are found to be HIV+.

Inadequate counselling is not only unethical and poor practice, it is contrary to the legal doctrine that medical interventions require a patient's informed consent.

Canadian HIV/AIDS Legal Network

CONFIDENTIALITY

- HIV is a reportable infection.
 - requirement to report to Medical Health Officer
 - Case Report Form
 - partner/contact notification
- Disclosure
 - requirements under the *Public Health Act*
 - legal implications → Supreme Court decision 2012
<http://www.aidslaw.ca/publications/publicationsdocEN.php?ref=713>
- Results
 - circle of care
 - kept in confidential provincial database with strict controls on access



COUNSELLING

- interactive
- client-centred
 - Non-judgmental, open discussion
 - Adaptable to client needs
 - Feelings, concerns, reactions
- **in-depth** counselling is required in settings which have a broader STI mandate

**Minimum counselling
is adequate in most settings.**

MINIMUM COUNSELLING

- Clinical and prevention **benefits** of testing.
- Right to refuse (**opt out**).
- HIV, like other communicable infections (Influenza, food-borne illness, TB, Chlamydia) is **reportable** to Medical Health Officer and kept in confidential databases.
- **Follow up services are available** and will be offered.

MINIMUM COUNSELLING

- **Partner/contact** information will be requested (if positive).
- Under the Public Health Act, **disclosure** to future/current sexual contacts is required – may also apply to IDU contacts (in the context of shared equipment).

Additional in-depth counselling is NOT required in most settings!

Saskatchewan HIV Testing Policy, SK HIV Provincial Leadership Team, December 2012
<http://www.skshiv.ca/SK%20HIV%20Testing%20Policy%20Final%20Dec%202012%20%282%29.pdf>



IN-DEPTH COUNSELLING

- HIV basics

- chronic, manageable illness
- window period, acute infection, seroconversion
- need for further testing

- benefits vs. risks

- benefits

- confirm HIV status
- reduce anxiety
- address ongoing risk reduction
- earlier diagnosis/access to care

- risks

- inability to cope
- concern re: self-harm/suicide/violence

**“Is there any reason
that we shouldn’t test
you for HIV today?”**



IN-DEPTH COUNSELLING

- nature of test/testing process
 - voluntary
 - window period
 - meaning of results
 - Positive, Negative, Indeterminate
 - type of test offered (standard screen, point-of-care)
 - how quickly results will be ready



IN-DEPTH COUNSELLING

- risk of transmission
 - sexual, IDU, needle stick, etc.
 - safer sex, safer injecting
 - What parts touch what parts?
- exploration of contextual factors
 - balance of power, abuse, addictions, mental health
- readiness for change
 - related to risk activities
- provision of harm reduction supplies
 - safer sex/safer drug use



IN-DEPTH COUNSELLING

- supports/coping
 - while waiting for results
 - on return for results
 - after results
 - is client expecting positive/negative result?
- how to obtain results
 - face-to-face
 - if client does not return – how to find/contact
- referrals

CONSENT

- informed
 - voluntary
 - ability to decline
 - impact on personal safety
 - disclosure
 - *Public Health Act*
 - <http://www.aidslaw.ca/publications/publicationsdocEN.php?ref=713>
- documentation
 - Document whether consent is received or not.

FINAL CONSIDERATIONS

- Acknowledge the personal nature of the discussion.
 - Regarding sex, substances & partners
 - To assess risk factors for STI, HIV & BBP transmission
 - To provide the appropriate prevention education
- Be aware of your language; keep it neutral.
 - Ask what you need to know to make an assessment of actual risk

FINAL CONSIDERATIONS

- Don't make any assumptions.
- Be aware of your own thoughts & beliefs.
 - About sex & sexuality, substance use & life situations.
 - Know when to refer to someone else.
- Be non-judgmental.
- Listen, ask questions & provide information.
 - Be open, honest & sensitive.
 - Ensure confidentiality.



FINAL CONSIDERATIONS

- Avoid medical terminology.
- Utilize pamphlets or other education materials when needed.
- Be available for support; make further referrals when necessary.
- Be flexible with your approach to meet client's needs.



POST TEST EDUCATION

Post-test education provides opportunity to:

- Review meaning of result.
- Discuss prevention and risk reduction.
- Provide support and referrals.



NEGATIVE RESULT

- Discuss result.
 - Review window period.
 - Review need for further testing.
- Opportunity to discuss prevention and risk reduction.
 - Discuss risks and client-centred, reasonable strategies to reduce risk.
- Provide support.
 - Client-directed, as appropriate.





POSITIVE RESULT

- Ensure confidentiality.
- Prepare before giving result.
 - urgent but not emergent
- Health care providers with experience in HIV may choose to provide results to the client him/herself.

Public Health may be contacted to explore options with provider on how to disclose.

“You do the test, we’ll do the rest.”

POSITIVE RESULT

CONTACT PUBLIC HEALTH 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, need for **Case Management** services.
- Coordination of **contact** tracing eg. Spouse, children, anonymous contacts.
- Assistance to complete **Notification Form** or to have Public Health do so.



DELIVERING THE DIAGNOSIS

- Give result - Have a hard copy of the result for client to see.
 - Face to face.
 - Be direct: “You have tested positive for HIV.”
 - Always alone with client, never with a partner present until client has been told result. May not be safe for Index to have a partner present.



DELIVERING THE DIAGNOSIS

- Address the unspoken question: “Am I going to die?” or “When am I going to die?”
 - Provide hope.
- Allow time for client to process result
 - Use silence appropriately.
 - Allow client to express emotions.



DELIVERING THE DIAGNOSIS

- Recognize reactions will vary.
 - Expect emotion.
 - calm acceptance, disbelief, shock, anger, guilt, fear and uncertainty, anxiety, blaming, relief
- Reassure that individual client reaction is normal.
- Ensure client feels valued and understood.
- Not appropriate to try to work through the client's reaction; this is a longer term process.



DELIVERING THE DIAGNOSIS

- Discuss the client's immediate concerns.
 - Do not overwhelm.
 - Convey enough information.
 - Be compassionate and honest.
 - Provide safe, private environment.
- Plan to link to care, treatment and support.
 - Population/Public Health.
 - Permission is required for referral to:
 - HIV/Infectious Disease specialist.
 - Other support services, Community Based Organizations, Peers as needed.





**Clients who have just
been told they are
HIV Positive
will often hear NOTHING
else except for the
diagnosis!**

EDUCATION AND SUPPORTS

- Assess client understanding.
 - What is their perception?
- Reinforce the chronic nature of HIV.
 - Support, care and treatments are available and accessible.
- Determine source(s) of support.
 - Emotional, mental, spiritual.
 - Assess client's own safety from harm (self/others).
 - What people in their personal/family life do they want involved?

Who can they trust to maintain their confidentiality?

DISCUSS DISCLOSURE

- Who? When? How? Client may choose to have nurse inform contacts so as to maintain client's confidentiality.
- Obligations under the SK Public Health Act.
- Legal/criminalization.
 - Covered under the Criminal Code of Canada.
 - NOT within the scope of nursing care.
 - Responsibility is to ensure the client is aware of the larger issue of criminalization of HIV, but not to provide details.
 - Population/Public health is not responsible to enforce the Criminal Code.

<http://www.aidslaw.ca/publications/publicationsdocEN.php?ref=713>



REPORTING

- partner/contact notification
 - May be done by client and/or Public Health.
- Case Reporting Form
 - Completed with client.
- confidentiality
- documentation
 - Consider requirements for client's continuity of care.
 - Consider agency requirements/policy.

TIPS FOR PROVIDER

- Be **prepared**.
- Have **resources** available.
- There is no one right way – scripts must be adapted prn.
- Take **cues** from client.
 - Be aware of non-verbal communication.
- Expect and plan on **follow up** visits.
 - To provide ongoing support, education, complete legislative functions.
- Provide client-centred, **harm reduction** care.
- Establishing good **connections** at diagnosis makes linking to care easier!



TIPS FOR PROVIDER

Sample scripts for pre- and post- test education are available in:

Appendices 2 and 3 of the *BC CDC Communicable Disease Control Manual 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



You do not have to be the expert...

Provide support and education.

Provide link to care.

Most Population/Public Health Departments advise:

You do the test, we'll do the rest!

Thanks

