

**Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)**

**Table of Contents**

1.0 BACKGROUND and PURPOSE ..... 3

2.1 RESOURCES AND INFRASTRUCTURE ..... 4

2.2 COMMUNITY READINESS AND MOBILIZATION ..... 5

2.3 LINKAGES TO CARE, TREATMENT AND SUPPORT ..... 5

2.4 TRAINING AND COMPETENCIES ..... 6

3.0 MANAGEMENT CONSIDERATIONS..... 7

4.0 ACCOUNTABILITY AND SUPERVISION OF NRACPs ..... 10

5.0 REGULATED (ALLIED) HEALTH CARE PROVIDERS..... 10

6.0 REGULATED HEALTH CARE PROVIDERS ..... 10

7.0 REFERENCES and RESOURCES ..... 11

*APPENDIX I — Standards and Competencies for Non-regulated Health Care Providers ..... 12*

*APPENDIX II — Example Workflow for HIV Point of Care Testing in NRACP Settings ..... 16*

*APPENDIX III — Sample Letter for Professional Colleges in Consideration of Expansion of HIV POC Testing Scope ..... 17*

# **Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)**

## **DEFINITIONS**

For the purposes of this framework, the following definitions apply:

### ***Delegation***

A process whereby a regulated health professional authorized to perform a particular aspect of care confers the authority to someone (regulated or unregulated) who is not so authorized. The delegated task is client-specific and determined to be in the client's best interest.

### ***Health Professional*** (as per the Health Professions Act)

A profession in which a person exercises skill or judgment or provides a service related to

- (a) the preservation or improvement of the health of individuals, or
- (b) the treatment or care of individuals who are injured, sick, disabled or infirm;

### ***Non-Regulated Care Providers***

Care providers not regulated by a regulatory college or government appointed licensing board falling under the Health Professions Act.

This may include community outreach workers, community health workers, peers, care aids and non-regulated counselors.

### ***Scope of Practice***

The activities that regulated health care providers are educated and authorized to perform as set out in their professional regulations and under the Health Professions Act. These are often complemented by standards, limits and conditions as set out by their professional college or licensing board.

### ***Regulated Allied Health Care Professionals***

Profession governed by a regulatory college or government appointed licensing board and for whom HIV testing does not traditionally lie within their scope of professional practice (eg. dentists, pharmacists, chiropractors, physiotherapists, massage therapists, occupational therapists, dietitians, social workers).

# **Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)**

## **1.0 BACKGROUND and PURPOSE**

Strategies are needed to increase access to and uptake of HIV testing for those experiencing barriers; particularly through innovative approaches such as offering Point of Care (POC) testing at mobile clinics, harm reduction programs or outreach. Non Regulated and Allied Care Providers (NRACPs) may be well-situated in communities to provide HIV POC testing linked to these services.

Current evidence supports including NRACPs as HIV testing providers. Such providers (e.g. dentists, pharmacists, social workers, counsellors, people with lived experience (peers), community health workers, community health representatives) are not only appropriate to use as testing providers, but also may be more effective at engaging with people from high prevalence populations or communities. Non-regulated care providers in particular, who have close ties to communities, are often well placed for providing culturally safe HIV POC testing, prevention, and linkage to care.

Health authorities are responsible for the implementation of HIV testing across their region, with each health authority setting the criteria for determining whether or not HIV POC testing should be offered in a specific setting, and who may in turn perform the testing.

This reference document was primarily created to provide a suggested framework for health authorities considering the approval of testing locations involving NRACPs in HIV POC testing – as section 2.0 describes. Though this document will primarily focus on these testing providers (NRACPs), it should not preclude its potential use as a guidance document for all HIV POC testing providers regardless of professional affiliation.

## **2.0 NRACP Framework**

In 2013/14 a provincial advisory committee, consisting of management and community representatives involved in HIV testing, developed and approved the following NRACP framework (Figure 1. Framework for Non-Regulated and Allied Health Care Providers).

This framework illustrates the basis for best practice in HIV POC testing by NRACPs. The foundation for this framework is based on a strong commitment to community and client-centered HIV/AIDS services with support from provincial and regional public health and laboratories, First Nations health services, and non-profit and private health services. With the aforementioned inter-sectorial support, best practice HIV POC testing among NRACPs can be realized through establishing and maintaining the appropriate resources and infrastructure, community readiness and mobilization, linkages to care and treatment, training and competencies.

# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

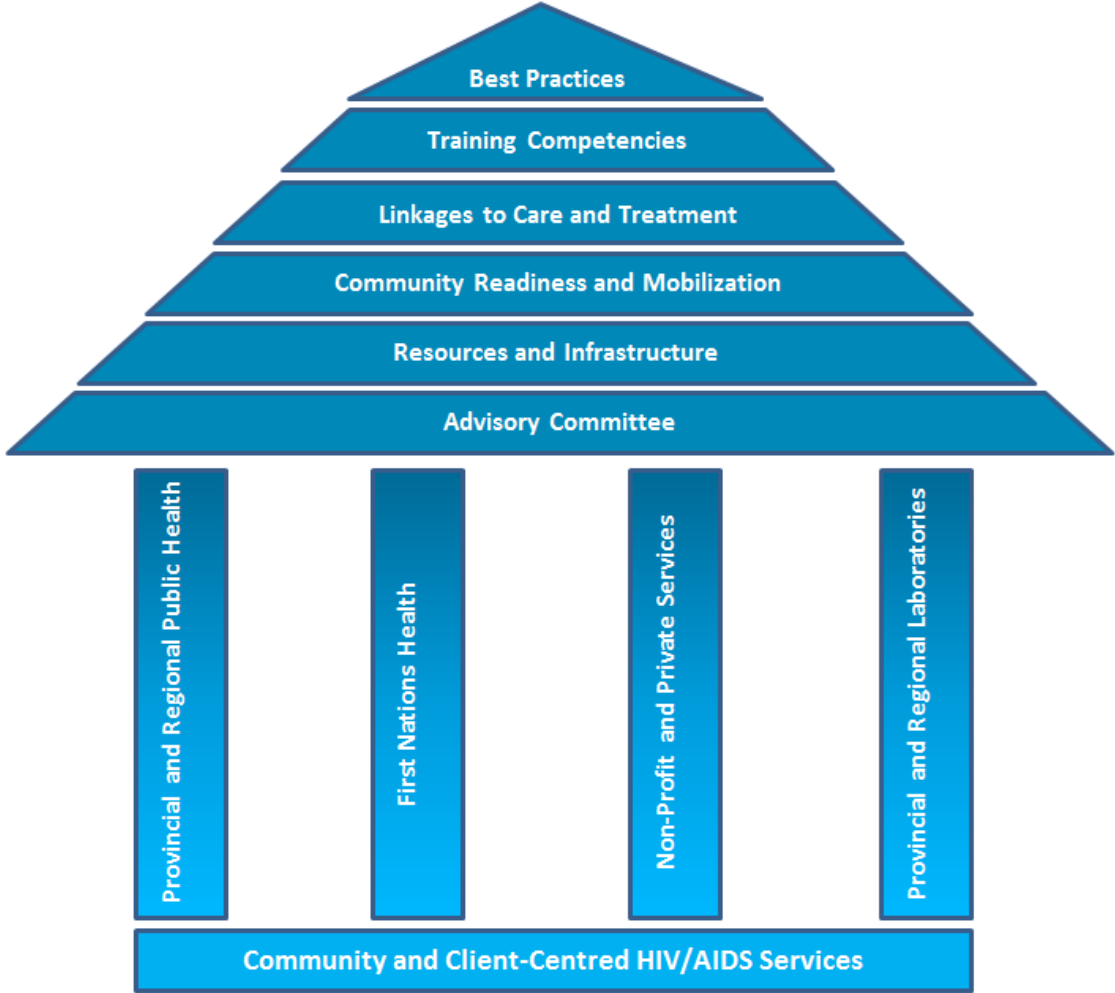


Figure 1. Framework for Non-Regulated and Allied Health Care Providers

## 2.1 RESOURCES AND INFRASTRUCTURE

Resources and infrastructure needs related to NRACPs performing POC will depend on whether or not the setting is already a HIV POC testing location, and on the HIV competencies of the individual or group under consideration for this service.

### HIV POC test locations:

**CURRENT** Changes may need to be made regarding the time required to perform client tests and quality control (QC), as well as staffing changes to support new policies and procedures related to training, supervision, and support of NRACP POC testing providers.

# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

**NEW** Testing and QC materials may be self-procured by an organization directly from the manufacturer, or they may be supplied through the provincial or a regional affiliate program.

**ALL** Infrastructures must include spaces for private consulting, and mechanisms to maintain the confidential and secure storage of medical records. Additional resources may be needed to assist in infection control practices, safe disposal of medical supplies, and to provide follow-up counselling, support, and an established link to primary care and support services.

**HIV serologic testing is required if the POC test result is reactive.  
NRACPs should have the capacity to complete confirmatory blood testing on-site or follow a clearly defined pathway to refer clients for a confirmatory test.**

\*Appendix II provides an example of a workflow process for HIV POC testing in NRACP settings  
\*\*Note that for all HIV POC test locations, a medical delegate (physician, nurse practitioner, registered nurse) should be available for consultation in the event of a reactive/positive HIV POC test result.

## 2.2 COMMUNITY READINESS AND MOBILIZATION

Many rural, remote and Indigenous communities in the province face additional barriers to implementing HIV POC testing. Such communities will require culturally appropriate and safe supports to enable engagement with community members; this includes the capacity to offer tests in a manner that ensures confidentiality, increases awareness while reducing stigma, and connects HIV-positive clients to care available both in and outside of their communities. Linkage to other programs and resources is an essential step to assessing community readiness and mobilizing communities to offer and access HIV testing.

## 2.3 LINKAGES TO CARE, TREATMENT AND SUPPORT

All HIV POC test providers should have knowledge of local care pathways and community resources available to individuals who test positive for HIV, as well as prevention services (access to harm reduction supplies and services, STI testing clinics) for those testing HIV negative. Clients testing newly positive should be immediately linked to an appropriate HIV care provider in or near their community. Where possible, partnerships should be developed with local clinics for further STI screening and/or reproductive health services as well as ongoing support for individuals testing newly HIV positive.

As part of testing location implementation, each testing location is expected to contact clinics, laboratories, and the local public health unit to define support for testing providers. Testing providers are expected to follow these defined linkages to support and care for their clients.

# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

## 2.4 TRAINING AND COMPETENCIES

HIV POC tests should be performed by well-trained providers who can confidently provide and interpret the POC screening test. Records of training, competency and proficiency assessment should be maintained and should be consistent with standards of practice and competencies as set forth by professional colleges and/or employers.

The following document can be used as a tool in assessing, framing and informing the design of education or training sessions and ongoing assessment or evaluation of NRACP POC testing providers: *Appendix I – Standards and Competencies for Non Regulated Health Care Providers*.

HIV pre- and post-test discussion education is a prerequisite to HIV testing (as outlined in [Chapter 5 of the Communicable Disease Control Manual: Guidelines for Testing, Follow up, and Prevention of HIV October 2016](#)) and consequently a prerequisite to POC training. Education for NRACPs should include completion of a comprehensive HIV program tailored to the NRACPs knowledge level as well as the demonstration of the ability to perform the POC and quality control tests correctly.

Education and training may include developing the knowledge, skills and attitudes around:

- Trauma informed care
- Cultural safety
- Informed consent and confidentiality
- HIV infection pathology
- HIV tests and window periods
- Care pathways
- Healthcare ethics
- Stigma and discrimination
- Infection control and biosafety
- Laboratory procedures
- Transport of Dangerous Goods (TDG)
- Health records and documentation
- Reportability
- Partner Notification

Education and training can be provided by the [BCCDC](#), by the regional health authority or by a combination of both.

# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

## 3.0 MANAGEMENT CONSIDERATIONS

When assessing the feasibility of expansion or introduction of NRACP HIV POC test providers, the following should be taken in to consideration:

<p><b>1. Initial Engagement</b></p>	<ul style="list-style-type: none"> <li>• Rationale for additional HIV testing             <ul style="list-style-type: none"> <li>○ Client volumes – how many clients are served per year?</li> </ul> </li> <li>• Identify barriers to testing</li> <li>• What is the context of the clinical program?</li> <li>• Leadership and operational roles including assignment of delegate             <ul style="list-style-type: none"> <li>○ Who would be the local or regional medical contact for providing practice support to NRACP POC testing providers (i.e. physician, NP or RN)?</li> </ul> </li> <li>• Will the testing location be supported by BC HIV POC Test Program or test independently (access support from kit manufacturer)?             <ul style="list-style-type: none"> <li>○ Has there been a connection with the BC HIV POC Program to request inclusion in the provincial program for supplies? Has the request been authorized by a health authority liaison who will be accountable for the program?</li> </ul> </li> <li>• What accountability mechanism exists in your organization for unregulated care providers in the absence of professional regulatory bodies that govern health care professionals?</li> <li>• Does the professional regulatory body of allied health regulated professionals (social workers, pharmacists, etc.) support the practice of HIV POC testing? This may require special approval from their registrar. (See appendix III for a sample letter)</li> </ul>
<p><b>2. Testing Location Preparation</b></p>	<ul style="list-style-type: none"> <li>• Leader, delegate and operational roles for implementation             <ul style="list-style-type: none"> <li>○ Roles and Responsibilities document</li> <li>○ Is extra education/training required for these persons?</li> </ul> </li> <li>• Provision of education and training for NRACPs             <ul style="list-style-type: none"> <li>○ What content needs to be customized?</li> <li>○ Who will provide education and training?</li> <li>○ What education and training (including pre-post HIV test discussion and HIV POC training) are available in the region and how would staff be supported to be trained and to receive ongoing</li> </ul> </li> </ul>

## Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

	<p>support and assessment?</p> <ul style="list-style-type: none"> <li>• Determine “Go Live” date</li> <li>• Does your organization have a department of professional practice that supports this initiative?</li> <li>• Does your organization have insurance for testing providers in the event of any liability issues arising for HIV POC testing with NRACPs? Do you require any additional insurance?</li> </ul>
<b>3. Test Location Operations</b>	<ul style="list-style-type: none"> <li>• How are POC test kits and supplies ordered? Who does this?</li> <li>• Ensure confidential and appropriate space for client testing and notification of test results</li> <li>• Ensure safe and secure client record storage</li> <li>• Is there a plan for disposal of hazardous waste?</li> <li>• Is there an infection control plan?</li> <li>• Are there referral resources for HIV primary care and supports?</li> <li>• What program tools are available to support NRACPs in their work with clients? <ul style="list-style-type: none"> <li>○ Client Support Materials <ul style="list-style-type: none"> <li>- Client information brochure about HIV testing</li> <li>- Posters for clinic rooms and waiting areas</li> </ul> </li> <li>○ Clinician Support Materials <ul style="list-style-type: none"> <li>- HIV POC support materials and instructions</li> <li>- Policy and guidelines regarding reportability and confirmatory testing (BCCDC and Employer based)</li> </ul> </li> </ul> </li> </ul>
<b>3a. Confirmatory Lab testing</b>	<ul style="list-style-type: none"> <li>• What process does the testing location currently follow to refer or conduct HIV tests?</li> <li>• Who will order confirmatory HIV tests and what process will be followed to support follow up serology and post-test discussion?</li> <li>• What support strategies are in place for clients testing positive?</li> <li>• What professionals or partner organizations can the NRACP liaise with in order to get a confirmatory blood sample drawn on-testing location or a lab test ordered (e.g. physician, nurse practitioner, registered nurse, phlebotomist) should it be needed?</li> </ul>
<b>3b. Reporting HIV POC test</b>	<ul style="list-style-type: none"> <li>• Is your organization linked to regional public health services and are there mechanisms for reporting HIV POC screening results and connecting clients for public health follow-up should they test HIV-positive?</li> </ul>



## Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

<b>Results</b>	<ul style="list-style-type: none"> <li>○ Reporting reactive results – MHO, HIV communicable disease team, designated contact and workflow</li> </ul>
<b>4. Education and Training</b>	<ul style="list-style-type: none"> <li>● Identify what education and training is needed</li> <li>● How will education and training be provided?</li> <li>● How will competence be assessed? By whom? How often?</li> </ul>
<b>5. Evaluation</b>	<ul style="list-style-type: none"> <li>● Does your health authority or organization have a process in place to evaluate HIV POC services?</li> </ul>

This framework recommends that HIV POC testing be assigned by the health authority or Employer to a regulated allied or non-regulated care provider. This can be accomplished in part by outlining it as a task within the NRACP’s role description and/or integrated into their formal job description where possible.

It is also recommended that Employers develop formal processes to share quality of care between registered health professionals such as physicians, nurse practitioners (NP) and/or registered nurses (RN) and NRACPs. An employer may choose to request that these professionals delegate HIV POC testing; whereby the physician or registered nurse/ NP maintains primary responsibility for the POC testing (see section 4.0 and 6.0 for further information).

\*Note that it is outside a Licensed Practical Nurse’s scope of practice to delegate for HIV POC testing

# **Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)**

## **4.0 ACCOUNTABILITY AND SUPERVISION OF NRACPs**

Physicians, NPs and RNs can act as delegates to NRACPs. Delegation confers a sharing of authority with NRACPs to act as HIV POC testing providers. The delegate (physician, NP, RN) is responsible for the decision to delegate and the process of delegation, including the ongoing supervision to assess the NRACPs ability to perform the delegated task. The NRACPs is accountable to the delegate for the performance of the delegated task.

## **5.0 REGULATED (ALLIED) HEALTH CARE PROVIDERS**

Regulated allied health care providers interested in including HIV Point of Care testing into their professional practice are encouraged to contact their professional college, association or licensing board to find out if HIV Point of Care testing has already been approved as part of the scope of practice. If the professional college or association is unfamiliar with HIV Point of Care testing please contact the provincial HIV POC testing program (BCCDC) for additional information and resources.

## **6.0 REGULATED HEALTH CARE PROVIDERS**

It is suggested that regulated health care providers such as physicians, NPs, RNs, Registered Psychiatric Nurse (RPNs), Licensed Practical Nurse (LPNs) use [Chapter 5 of the Communicable Disease Control Manual: Guidelines for Testing, Follow up, and Prevention of HIV October 2016](#)) as well as their college Professional and Practice Standards, Scope of Practice and entry level or employer derived competencies to frame and inform their practice in and around providing HIV POC testing services. Information for RNs in particular around assigning and delegating to unregulated care providers can be found here: [https://www.bccnp.ca/Standards/RN\\_NP/StandardResources/AssigningDelegatingUCPs.pdf](https://www.bccnp.ca/Standards/RN_NP/StandardResources/AssigningDelegatingUCPs.pdf)

# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

## 7.0 REFERENCES AND RESOURCES

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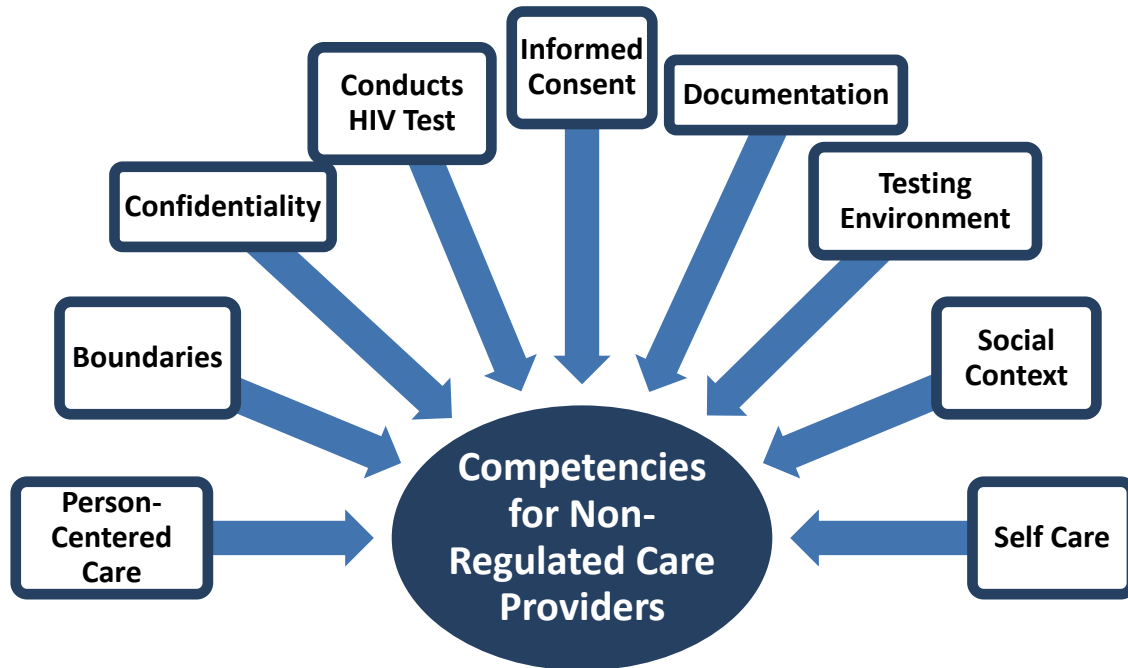
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# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

## APPENDIX I — Standards and Competencies for Non-regulated Health Care Providers\*\*

*These key Standards were developed and intended to frame and inform the design of education and training sessions and ongoing assessment of competencies for non-regulated POC testing providers. Regulated and regulated-allied health care providers may also borrow from these Standards, but note that they may also have their own specific college/licensing board competencies that must be adhered to.*



The attitudes, knowledge, skills and judgment (“competencies”) for non-regulated health care providers to conduct HIV testing were identified by a comprehensive literature review and subsequent focus groups comprised of community-based care-givers. Focus groups were conducted in three separate regions of British Columbia using a guided theory approach. The following competencies are grouped within standards of practice.

# **Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)**

## ***Standard 1 –Person-centered Care:***

- i. Builds and sustains person-centered relationships as the focus of approach to HIV testing. Advocates that the interests of the person are at the forefront of their agency's approach to HIV testing service delivery.
- ii. Demonstrates compassion and respect in the care provided to all people from diverse backgrounds by providing care that is free from bias and prejudice.
- iii. Demonstrates trust by collaborating with the person to make decisions related to his or her care. Facilitates opportunities for the person to test in an environment that best suits his or her needs.
- iv. Assures that the language and approach is clear, understandable, and acceptable to the person who is receiving care.
- v. Understands trauma informed care, and factors that contribute to a person's vulnerability. Integrates this knowledge into developing approaches to care.

## ***Standard 2 –Boundaries:***

- i. Does not allow his or her personal or private interests to interfere with providing care.
- ii. Recognizes and challenges any situation in which the person's dignity or rights are interfered with by the power imbalance that exists between service providers and person.
- iii. Recognizes when conflicts interfere with providing care, and takes measures to protect the person. (E.g. removing him or herself from situations that are ethically uncertain and refers the person to another provider.)
- iv. Assures that all physical contact is for therapeutic purposes, and is helpful to, and desired by the person
- v. Reports unsafe, harmful or unethical practice of other providers.

## ***Standard 3 –Confidentiality:***

- i. Applies current best practices to protect the private and personal information about the person.
- ii. Understands and informs the person of the limits to confidentiality as laid out in law and the ethical standards, policies and practices of their organization.
- iii. Challenges people and situations where the person's private information is not being protected, and reports situations where the person's confidentiality is persistently being breached.

## ***Standard 4 - Conducts HIV Test:***

- i. Demonstrates skill using available HIV test kits.
- ii. Assures that the person understands HIV, how it is transmitted, and the nature and limitations of the test that is being used.
- iii. Addresses any questions and concerns the person might have, and determines if the person is ready to test.
- iv. Assures supports are in place in the event of a positive diagnosis.

## **Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)**

- v. Understands that reportable disease follow-up is part of HIV testing, and collaborates with the communicable disease team to report and manage new HIV positive results.

### ***Standard 5 – Informed consent:***

- i. Clearly states the purpose and process of HIV testing to the person so that the person is able to fully understand and agree to be tested.
- ii. Assures that the person receives adequate information to agree to, or decline testing.
- iv. Assures that consent is voluntarily given
- v. Understands that consent can be withdrawn at any time
- vi. Bases the person's capacity to give informed consent solely on their ability to demonstrate their understanding of the test and services that are being provided.
- vii. Understands that people with chronic mental health challenges or those who use alcohol and drugs may still be capable of providing informed consent.
- viii. Obtains a signed consent form to transmit confidential information.

### ***Standard 6 – Documentation:***

- i. Accurately records discussions, decisions, actions, plans and referrals regarding the person's care and status, and signs all documents related to the person's care.
- ii. Documents the person's statement of voluntarily consenting to test.
- iii. Collaborates with the communicable disease team from the Health Authority about how documentation related to new HIV positive results and follow-up will be coordinated and recorded.

### ***Standard 7 – Testing Environment:***

- i. Offers HIV testing only when education, monitoring, and evaluation systems are in place to assure the competent delivery of HIV testing services.
- ii. Assures the person has access to the necessary follow-up services, including arranging for the person to have a laboratory HIV test to confirm a point of care positive test result.
- iii. Advocates for a process whereby ethical dilemmas can be resolved within the workplace.
- iv. Employs multiple and creative approaches to delivering care that provides the person with minimum barrier services. Collaborates with other agencies to reduce restrictions to access safe and culturally attuned services.

### ***Standard 8 – Social Context:***

- i. Determines the local circumstances surrounding populations at risk for HIV within their specific community.
- ii. Assesses and responds to the community's level of readiness and willingness to respond to issues related to delivering HIV testing services.

## **Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)**

- iii. Works with individuals and groups from the community to develop services that are acceptable within the community setting, and address the needs of the people who are at risk for HIV.
- iv. Employs knowledge of socially-based contributors to vulnerability for acquiring HIV (such as stigma, discrimination, poverty, and homelessness) in community development. Provides education and support to the community to increase the level of knowledge related to HIV risk and service needs.

### **Standard 9 – Self Care:**

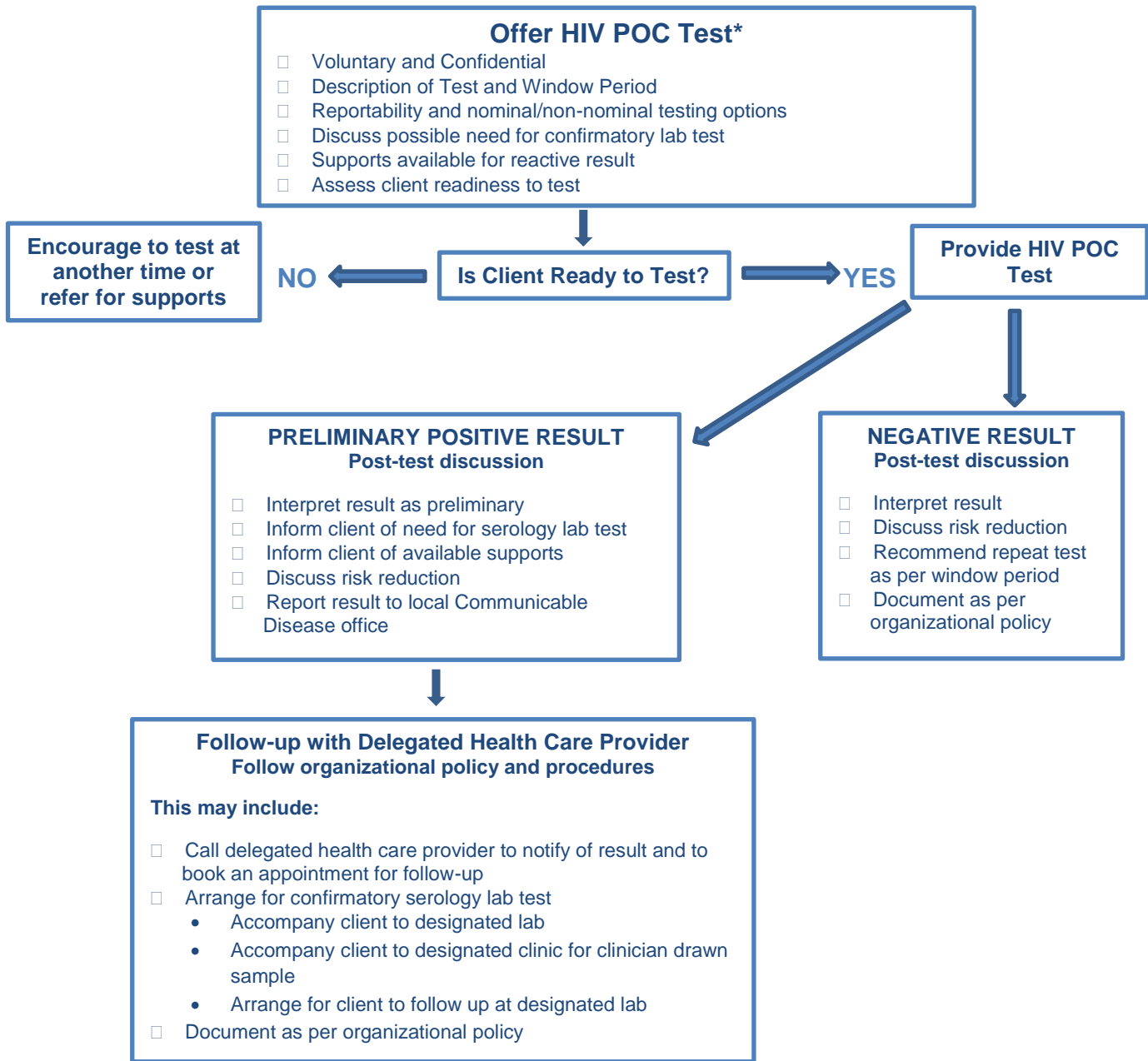
- i. Employs external and self-care measures to maintain a healthy work/life balance
- ii. Advocates for adequate support services for HIV test providers.

*\*\* Adapted from the thesis work of James Tigchelaar.*

*Tigchelaar, J. (2010). Determining Standards of Practice and Competencies for Non-Legislated Health Workers to Competently Provide HIV Testing (Unpublished MEd action research project). Simon Fraser University, Burnaby, Canada.*

# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

## APPENDIX II – Example Workflow for HIV Point of Care Testing in NRACP Settings



**\* Indication for Referral or Consult with Delegated Health Care Provider**

- Client requests testing by a regulated health care provider
- Client has symptoms indicative of acute HIV infection (seroconversion illness)
- Client assessed to not be prepared for a potential

**Invalid Result**

- Assess readiness for repeat test:
  - Perform second HIV POC test; OR,
  - Refer to Delegated HCP
- If second test is reactive follow as per above
- If second test remains invalid refer to Delegated HCP

Adapted with permission from Vancouver Island Health Authority. *HIV Point of Care Testing by Non-regulated Providers Workflow*. September 2015.



# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

## *APPENDIX III—Sample Letter for Professional Colleges in Consideration of Expansion of HIV POC Testing Scope*

**Dear Colleagues,**

This letter is meant to provide Professional Colleges in BC with information to introduce and assist College Staff in decision-making regarding inclusion of HIV Point of Care (POC) Testing in scope of their professional practice.

HIV testing has traditionally been done through venous blood draws and therefore has been performed primarily by medical staff including physicians, nurses, and medical laboratory technologists. It follows then that these professionals were the first in BC to implement HIV POC testing as part of their practices. HIV POC testing is widespread and performed by various groups of regulated and non-regulated providers throughout Canada and globally. HIV Point of Care Testing was introduced under the BC HIV Point of Care Test Program in 2011. Several professional Colleges that fall under the BC Professions Act have begun or completed the process of review and inclusion of HIV POC testing into their professional practice.

### **Background to the BC HIV Point of Care Test (POC) Program**

***Please refer to the BCCDC's website location and POC page for further information and to link to resources at [www.bccdc.ca/POC](http://www.bccdc.ca/POC).***

**HIV Point of Care (POC) tests** (also known as “rapid” HIV tests) are HIV antibody screening tests which can be performed at a testing location while the client waits, and provide results within minutes. The BC HIV POC Test Program oversees centralized, province-wide HIV point of care testing, distribution, and quality assurance program. Health Authority representatives approve locations and testers for HIV POC testing as part of their HIV Testing Implementation Plans. These tests are now used in all Health Authorities in British Columbia. The INSTI HIV-1/HIV-2 Rapid Antibody Test is the only Health Canada approved HIV POC test product licensed for use in Canadian community health centres. Additional test information can be found on the manufacturer's website location: <http://www.biolyticalcanada.com/>

### ***Recommended Testing locations:***

HIV POC Testing is recommended for use in voluntary HIV testing settings accessed by a) high prevalence populations b) where not returning for test results is common, or c) where provision of a HIV POC test result will improve public health follow-up or connection to HIV clinical care.

### ***Roles and Responsibilities:***

Shared roles and responsibilities between health authorities, Indigenous health agencies and BCCDC facilitate the appropriate use of HIV POC testing in communities by designating appropriate healthcare testing locations for offering HIV POC testing, providing professionals with HIV POC testing training and guidelines, and by participating in the monitoring and evaluation of HIV POC testing in the province.

# Guidance to Assessment and Training of HIV Point of Care Testing Providers in British Columbia – Non Regulated and Allied Health Care Providers (NRACP)

## Contact Information for the Provincial Point of Care HIV Testing Program

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