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Minimum Standards for HIV Counselors, Trainers, and Early Intervention Consultants

- I. **Title:** Minimum Standards for HIV Counselors, Trainers, and Early Intervention Consultants
- II. **Type of Standard:** Service
- III. **Outcome:** To prevent the spread of HIV infection.
 - A. Quality HIV counseling and testing services are necessary to prevent the spread of new infections and re-infections of HIV.
 - B. Every client of a county health department (CHD) or contract provider will receive quality HIV counseling, testing, and, if appropriate, linkage or referral to care providers and partner services (PS).
 - C. Every participant attending a Department of Health (Department)-sponsored course (that is, HIV/AIDS 501 Prevention Counseling, Testing, and Linkage course) will receive current Department and Centers for Disease Control and Prevention (CDC)-approved information and the same core elements, as specified in the course materials, regardless of where the course is given or the instructor.
- IV. **Personnel:** All persons who provide and/or supervise/coordinate HIV prevention counseling, testing, and linkage programs.
- V. **Competencies:** Technical Assistance Guideline (TAG) 345-9-15 Provision of HIV Prevention Counseling, Testing, and Linkage Services outlines the provision of counseling, testing, and linkage services for health care and non-health care providers who provide HIV testing in Florida.
- VI. **Procedures:**
 - A. **Guiding Principles**
 1. All staff who performs HIV counseling and testing must successfully complete the HIV/AIDS 501 Prevention, Counseling, Testing, and Linkage course as defined in the HIV/AIDS 501 course manual. CHD Directors/Administrators may choose to exempt licensed medical personnel from this requirement. This exemption is limited to medical doctors (Chapters 458 and 459, Florida Statutes), physician assistants (Chapter 458.347, Florida Statutes), Advanced Registered Nurse Practitioner (Chapter 464.015 (8), Florida Statutes) and dentists (Chapter 466.003 (2), Florida Statutes). Exempted medical personnel using the state lab should complete appropriate Department forms training.
 2. Staff will be able to meet standards outlined in these guidelines through training provided by the Department.
 3. Supervisors or their designees will evaluate staff through performance appraisals as to whether these minimum standards have been met.

4. Counselors and trainers will be monitored at least annually by the Early Intervention Consultant (EIC) or a designee and are expected to uphold these standards.
5. Training will be adequate, available, and locally coordinated depending on needs and resources.
6. Counselors will receive, at minimum, annual update training using the Department approved 501 update curriculum.
7. HIV counseling and testing training taken in other states is not transferable.
8. HIV/AIDS 501 trainers and EICs will perform at least 16 hours of HIV counseling and testing annually.
9. EICs will be available to provide training and technical assistance on programmatic issues for HIV counseling and testing.

B. Administrative Functions

The primary administrative responsibility in an HIV counseling and testing program is to ensure the quality of HIV prevention counseling, testing, and linkage services. This includes the following:

1. Training
 - a. Staff for whom HIV counseling and testing is a primary area of responsibility will be given priority for training. Others will be scheduled for training as space is available.
 - b. Community-based providers registered with the Department who have a contract or memorandum of agreement to provide HIV counseling and testing will not be charged for prerequisite or requisite training.
 - c. HIV counseling and testing staff, as defined in the HIV/AIDS 501 manual, who successfully complete the HIV/AIDS 501 course and all pre- and post-requisites will receive a certificate of successful completion, as defined in the HIV/AIDS 501 manual. HIV/AIDS 501 trainers reserve the right to deny certificates to those staff who do not successfully complete prerequisite or requisite materials and activities.

C. HIV Counseling and Testing Staff

Staff who perform HIV counseling and testing activities will be held to the following minimum standards.

1. Prerequisites to HIV/AIDS 501 Training
 - a. The participant must have had the HIV/AIDS 500 prerequisite, or equivalent course, no longer than six months prior to registration for the HIV/AIDS 501 course.
 - b. The participant must successfully complete the prerequisite module prior to participation in the HIV/AIDS 501 course.
 - c. The participant must complete the registration package, including the disclaimer form, and return to the trainer prior to the class.

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2. Requisite Course Activities—HIV Counselors
 - a. The participant must complete the entire training. In the event of an emergency, the instructor may make other course completion arrangements at his/her discretion. The participant must demonstrate skills learned through required course exercises.
 - b. The participant's skills will be consistent with standards outlined in the TAG 345-9-15.
3. Post-training Requisites—HIV Counselors
 - a. All counselors will observe a **minimum** of one pre-test counseling session, one HIV-negative post-test counseling session and one HIV-positive post-test counseling session.
 - b. All counselors will perform a **minimum** of one pre-test counseling session and one HIV-negative post-test counseling session under the supervision of an experienced counselor. Role plays are acceptable on a case-by-case basis.
 - c. Post-training requisites should be completed within 60 days of class completion.

D. HIV/AIDS 501 Trainers

Staff who provide instruction to CHD and contract provider HIV counselors regarding HIV pre-test, post-test, and partner services methods will be held to the following minimum standards. This may include non-CHD staff with the approval of the EIC and the HIV/AIDS Program Coordinator. All trainers will be held to the same standards.

1. Prerequisites to HIV/AIDS 501 Train-the-Trainer Course
 - a. Participants will have successfully completed the HIV/AIDS 501 course, as defined in the HIV/AIDS 501 manual, and all post-training requisites no less than six months prior to becoming an HIV/AIDS 501 trainer.
 - b. Participants will have a minimum of 40 hours of HIV counseling and testing experience, including at least one actual HIV-positive post-test counseling session (role plays are not acceptable) within the past two years.
 - c. Participants will have observed a minimum of one STD staff member providing partner notification services in the field.
 - d. Participants will have the ability to teach, train, or speak in a public setting.
2. Requisite Course Activities—HIV/AIDS 501 Trainers
 - a. Participants will successfully complete the HIV/AIDS 501 Train-the-Trainer course.
 - b. Participants will co-teach a minimum of one HIV/AIDS 501 course with an EIC or designee.

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- c. Participants will conduct a minimum of one HIV/AIDS 501 course under the observation of an EIC or designee.
3. Post-training Requisites—HIV/AIDS 501 Trainers
 - a. The EIC will review all documentation of the participant's successful completion of requisite activities prior to issuing a final certificate.
 - b. HIV/AIDS 501 trainers will be monitored a minimum of one time annually by the EIC or designee using a standardized tool.
 - c. HIV/AIDS 501 course class rosters and participant evaluations will be maintained by the HIV/AIDS 501 trainer and made available to the EIC or designee upon request.

E. Early Intervention Consultants

EICs have the responsibility of providing training to HIV/AIDS 501 trainers and will be held to the following minimum standards:

1. The new EIC will successfully complete all of the components for HIV/AIDS counselors and HIV/AIDS 501 trainers within the first year of employment.
2. EICs will work with a minimum of two experienced EICs and observe at least one HIV/AIDS Train-the-Trainer session.
3. EICs will co-teach a minimum of one HIV/AIDS Train-the-Trainer session with an experienced EIC.

VII. Supportive Data

1. Section 381.004, Florida Statutes:
http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=381.004&URL=0300-0399/0381/Sections/0381.004.html
2. Florida Administrative Code, Rule 64D-2.004:
[https://www.flrules.org/gateway/RuleNo.asp?title=HUMAN%20IMMUNODEFICIENCY%20VIRUS%20\(HIV\)&ID=64D-2.004](https://www.flrules.org/gateway/RuleNo.asp?title=HUMAN%20IMMUNODEFICIENCY%20VIRUS%20(HIV)&ID=64D-2.004)
3. *HIV Counseling and Testing Forms Instruction Guide*:
http://www.floridahealth.gov/diseases-and-conditions/aids/prevention/_documents/fig-2013.pdf
4. Provision of HIV Prevention Counseling, Testing and Linkage Services, TAG 345-9-15:
http://dohiws.doh.state.fl.us/Divisions/Disease_Control/aids/Burea_Policies/TAG_345_9_15.pdf
5. *National HIV/AIDS Strategy for the United States*: <http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf>
6. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*; "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings;" September 22, 2006/55 (RR14);1-17: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

7. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, "Revised Guidelines for HIV Counseling, Testing, and Referral," November 9, 2001/50 (RR19);1-58:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>
8. Chapter 384, Florida Statutes:
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0384/0384ContentsIndex.html