| *POLICY AND PROCEDURE* | |
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| SUBJECT/TITLE: | Sexually Transmitted Infections Clinic Protocol |
| APPLICABILITY: | Public Health Nurses |
| CONTACT PERSON & DIVISION: | Diane Thompson, MSN, RN; Nursing Division |
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## A. PURPOSE

The intent of this document is to detail the policies and procedures that are to be followed by all employees who provide clinical services in Canton City Public Health's Sexually Transmitted Infections Clinic.

## B. POLICY

Canton City Public Health (CCPH) provides clinical services to patients in our Sexually Transmitted Infections (STI) Clinic two days per week, on Tuesday and Friday, between the hours of 8:00am – 10:30am. Patients are seen on a walk-in basis, and patients are permitted to sign in beginning at 7:30am and can continue to do so until 10:30am. The clinic continues to operate until all patients that have signed in have been seen and treated appropriately. If the clinic exceeds capacity, the Advanced Practice Registered Nurse (APRN) reserves the right to close the clinic intake.

All clinical services provided in the STI Clinic are free of charge to anyone needing these services regardless of ability to pay, insurance coverage, or area of residence.

CCPH utilizes the guidelines set forth by the Centers for Disease Control and Prevention (CDC) by resourcing the documents "*Sexually Transmitted Diseases Treatment Guidelines, 2015*" and "*Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020*."

## C. BACKGROUND

N/A.

## D. GLOSSARY OF TERMS

N/A.

## E. PROCEDURES & STANDARD OPERATING GUIDELINES

1. STI Clinic Structure and Management
    a. Accessibility
        i. CCPH is located on a main thoroughfare in downtown Canton. It is accessible by bus or private transportation. Metered on-street parking is available as well as free parking at a city lot two-and-a-half (2 ½) blocks east of the main entrance.
        ii. CCPH's telephone number may be found in both the Community Services section and the Government section of the local telephone book. All informational brochures and clinic schedules contain an address and phone number for these services. Information concerning our services may also be obtained via the CCPH website, and from Planned Parenthood of Greater Ohio (PPGO), the local library, all school nurses, Veteran's

Administration (VA) physicians, local emergency rooms and stat care centers, and area physicians.

iii. Clinic brochures and educational handouts are available in both English and Spanish. Interpreter services are available via phone for numerous different languages and dialects as well.

b. Range of Services
   i. At the CCPH STI Clinic, patients may be evaluated for: oral, urethral, vaginal, or rectal gonorrhea and chlamydia; syphilis; human immunodeficiency virus (HIV); herpes; genital warts; scabies; and molloscum. Females may also be evaluated for vulvovaginal candidiasis (yeast); trichomoniasis; or bacterial vaginosis. Males may also be evaluated for non-gonococcal urethritis.
      1. Treatment or medications are provided at no cost **when available**.
      2. If a treatment or medication is not available, it may be provided by prescription. If the patient does not have insurance, a prescription card, medical card, or ability to pay, directives are provided to the patient by the clinician and referrals are made to obtain the necessary treatment or medication.
   ii. Confidential HIV testing and counseling is part of the routine testing in STI Clinic for patients who are considered to be high-risk per the Ohio Department of Health (ODH) guidelines. All tests are done confidentially in this clinic. If patients prefer to test anonymously, HIV testing and counseling are offered routinely every Wednesday afternoon from 1:30 – 3:00pm and the second Thursday of every month from 4:00 – 6:45pm. Anonymous testing may also be offered in the community at specifically scheduled events (e.g. World AIDs Day).

c. Environment
   i. Signs indicating that the facility is a governmental office are attached to the exterior of the building. The address is prominently labeled outside the front door. Signs inside the building direct patients to the Nursing Division, where all medical services are offered. All services regarding the Nursing Division are provided from a central location so patients are in our central area for many different services.

d. Waiting Area
   i. Due to the explicit nature of our pamphlets and literature, more general information is maintained in the waiting area and more explicit information is maintained in all exam rooms. Nursing clinic schedules, information about immunizations, and community health announcements are available in the waiting area also. All exam rooms have pamphlets containing information regarding HIV prevention; disease prevention; signs and symptoms of infection; treatments available and possible side effects; ways to postpone sexual involvement; and condom use for those who choose to be sexually active.

e. Examination Rooms
   i. CCPH maintains five (5) examination rooms. They are separated from the waiting area by a closed door. They are sanitized by the clinician after each clinic and cleaned every evening by a hired cleaning crew. Each examination room is equipped with an exam table, a chair for patient use, a swivel chair for the clinician, a light source for exams,

and a portable push cart. The clinician that works in the room is responsible for maintaining supplies needed for all procedures performed in that room and for restocking supplies following each clinic day.

f. Patient Consideration
    i. It is the policy of this health department that health histories and examinations be performed in a confidential manner.
        1. Patients will not be permitted to bring their children to the STI Clinic. If the patient does not provide a responsible adult to oversee his/her child's care while in the clinic, the patient will be asked to return at a time the child isn't present.
        2. In the event that a parent requests to be present for the minor's exam, the clinician will first obtain consent from the minor, privately, explaining the very personal information exchanged in a health history before allowing the parent access. In the event the parent remains in the room, the parent is asked to sit in a chair which would afford privacy for the genital/pelvic exam for females or genital exam for males.
        3. In the situation where a patient requires an interpreter, permission from the patient for the interpreter to remain during the health history must be obtained directly from the patient first by the clinician.

g. Registration Process
    i. CCPH utilizes InSync electronic medical record (EMR) to register all patients. Upon entering the STI clinic, each patient being seen takes a number and has a seat. Clerical staff call each number individually to the window and ask for a photo ID and insurance information. While the photo ID and insurance cards are scanned, the patient does the following:
        1. Completes a Patient Information Form (half sheet of demographic information);
        2. Reviews an information sheet as to how the clinic works;
        3. Reviews HIPAA information; and
        4. Reviews the STI Consent Form. The patient electronically signs the STI Consent Form which is saved in the EMR Document Manager.
            a. Consent to treat is required each calendar year at this clinic and is obtained, if applicable, during the registration process.

    The patient number is documented in the upper right corner of the Patient Information Form and the information is entered or updated in InSync. The patient number is also added to the end of the patient's last name for the duration of the visit (i.e. Last name #1). Clerical staff create an appointment in InSync using the next available time slot.

    ii. The EPI (Expected In) box is checked by the clerical staff for each STI patient visit to verify a referral or previously determined need. The EPI card is documented in the Patient Category of the demographic section of the patient medical record (i.e. EPI No or EPI Yes). The referral is attached to the numbered index card for the clinician.
    iii. The clerical staff remind the individual of the patient number and instructs them to have a seat until called using his/her number by a clinician. The clerical staff attach the EPI

card, as well as any additional information provided by the patient, to the numbered index card and place it in the middle bin.

iv. At the beginning of the STI exam, the clinician will verify the demographic information in InSync with the patient's identification (i.e., driver's license, State ID). In the situation that the patient does not have any identification, the patient is asked to repeat the demographic information. At this time, any changes to the demographic information can be made by the clinician.

v. In the event that the clerical staff is unavailable to take information at the window, the Office Manager or a clinician may step in to provide these services.

vi. All medical information is obtained by the clinician or medical personnel only. Names and personal information should be discussed with staff members in a way that does not breach confidentiality. Cases that require discussion will be done so privately and with limited exchange of information.

h. Clinic Flow

i. At CCPH, patients are seen on a walk-in basis. At times, it is necessary to limit the number of patients which can be seen due to the clinic attendance exceeding the capacity of the clinic area. When this occurs, the patient is referred to other service providers in our area. Patients are seen by the next available clinician. Upon completion of testing, they are asked to return to the waiting area where they will be called by a clinician when test results are available. Treatments are provided as quickly as the laboratory can provide results for the requested tests and a clinician is available.

i. Medical Records

i. InSync is used to record all medical information, however, HIV testing still requires hard copy paperwork that is completed by the patient and stored in a locked file cabinet as detailed by the retention policy. Consents and paperwork specific to the STI clinic are a part of the custom clinical forms maintained and electronically signed in InSync and stored in the Document Manager. Any hard copy forms completed during the visit, including handwritten prescriptions and OPSCANs, are uploaded into the Document Manager of the EMR by clerical staff.

ii. Chart formation has been designed to obtain reportable information - information to diagnose and treat current STIs in our area and to provide documentation regarding treatment rendered, referrals made, and time and date of follow-up visits. HIV "OPSCAN" charts are supplied by the State and contain statistical questions regarding age, sex, and risk behavior for HIV.

iii. Quality Management Plan

1. All records are reviewed to ensure quality assurance. The record is initially reviewed by the clinician that assessed the patient. The APRN or medical director also reviews the chart for completeness of documentation, including a review of OPSCANS and Behavioral Risk forms pertaining to HIV testing. The APRN or medical director then closes the record. After the APRN has closed the record, the medical director will randomly review a percentage of the records twice annually to assure appropriate practice is being followed.

j. Filing System

i. CCPH maintains all files in a locked system located in the receptionist area. File cabinets are opened during the beginning of office hours and locked before office hours are concluded. Refer to the retention policy for the maintenance time frame of records. The EMR is a permanent record of the original patient visit and is maintained indefinitely. Information stored in the EMR is also appropriately protected.

k. Clinical Manager
   i. At CCPH, the APRN assumes the responsibility of clinical manager. Responsibilities regarding formation of policy and procedures, bloodborne pathogens, directives, and current updates are generally the responsibility of the clinical manager, but may be assigned to other staff personnel as needed. The Director of Nursing (DON) oversees the entire Nursing Division.

l. Clinical Manuals
   i. Clinic manuals are based on the guidelines established by the CDC contained in the documents "*Sexually Transmitted Diseases Treatment Guidelines, 2015*" and "*Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020*."

m. Medical Emergency Procedures
   i. Emergency drills are conducted annually to ensure that all staff members are able to recognize medical emergencies; know their roles and emergency protocols; know the location and contents of the emergency medical supply kit; and can use equipment properly.
   ii. At CCPH, emergency medical supplies are stored in the upper cabinet, immediately to the left of the refrigerator, located in the Stat Lab. The emergency medical kit contains the following:
      1. Epinephrine auto-injector 2-pack 0.3mg/pen (1:1000)
      2. Instruction sheet for dosage and use of epinephrine according to age
      3. Ammonia inhalants
      4. Alcohol swabs
      5. 3ml, 25g 1" syringes (2)
      6. Sharps container
      7. Tongue blades (2)
      8. Non-sterile latex disposable gloves
      9. Medical tape
      10. Plastic goggles
      11. Antihistamine (Diphenhydramine HCl-child and adult formulations)
      12. Gauze pads 4x4
      13. Sphygmomanometer
      14. Stethoscope
      15. Pulse oximeter
      16. Pocket mask
      17. Oral airway
      18. Sugar source (lollipops)
   iii. All nurses at CCPH are trained and recertified every two (2) years in basic life support (BLS)/cardiopulmonary resuscitation (CPR).

n. Universal Precautions
    i. CCPH has an established Bloodborne Pathogen Exposure Control Plan. It can be found on the CCPH website under Employee Information→Policies and Procedures→ Lab Safety Plan Policy 400-003-P→ Attachment 2, and is also maintained in a binder on the Nursing Department bookshelf. It contains all materials pertinent to prevention of exposure, control of exposure and proper procedure for handling exposure or blood spills should one occur.
    ii. CCPH provides Hepatitis B vaccine for all persons with risk for exposure and maintains this record as part of the employee record.
    iii. Employees are provided with annual education concerning bloodborne pathogens and procedures. The central plan is reviewed every five years and updated as necessary.
o. Fast-Track Patients
    i. Fast-track patients are placed in front of the other charts in the middle chart rack (or, if the clinic is full, fast-track patients may be placed in the top bin). Fast-track patients include the following:
        1. Any persons brought in from the Stark County Jail or Multi-County Attention Center with a police escort;
        2. Patients returning for treatment that were previously tested at our clinic (i.e. wart treatment, etc.) within a thirty-day period of time;
        3. All patients who have an EPI card;
        4. Any patients specifically designated by a clinician to be fast-tracked
p. Laboratory Results
    i. The lab is responsible for documenting the results of all laboratory testing that is completed in the CPPH lab. All available results will be documented by the lab technician on the day the testing is completed, before the patient is treated or dismissed by the clinician.
    ii. The DIS or STI Control Nurse may document a lab sent out to another laboratory for testing (i.e., FTA).
    iii. The following tests may be resulted during the initial clinic visit:
        1. Gram Stain – urethral
        2. RPR – STAT
        3. Wet prep - (WBC, KOH, Trich, Whiff)
        4. Pregnancy
        5. HIV
        6. Rapid Hepatitis C (when available)
    iv. The following tests will not be resulted during the initial clinic visit:
        1. PCR GeneXpert (urine, rectal, oropharyngeal) for N. gonorrhoeae and C. trachomatis
        2. Routine RPR
    v. PCR GeneXpert results (urine, rectal, oropharyngeal) and routine RPR results are typically returned the afternoon of the clinic day.
    vi. If qualitative RPR is reactive, it is repeated to provide a quantitative result in the lab. A reactive result will be referred to the APRN, DON, or clinician for an order for a

confirmatory FTA at Aultman Hospital Laboratory. A requisition form is then completed by the laboratory technician and the specimen is couriered to Aultman.

q. Absence of APRN During Clinic Hours
    i. If the APRN is not in attendance on a clinic day, testing may be completed, but the only results that will be given are for HIV testing and pregnancy testing.
    ii. HIV testing and counseling is to be performed in the clinic room by the RN.
    iii. Patients presenting with lesions/bumps or other signs and symptoms that require a diagnosis are instructed to return at the earliest time the APRN is expected in the clinic and at that time, his/her chart will be triaged.
    iv. If this is not convenient for the patient, or if the patient's symptoms are too severe to wait for treatment, referrals to other local service providers will be made.
    v. In this specific situation, treatment cannot be ordered unless the APRN has physically seen the patient. If the patient has been seen by the APRN, then an order for patient treatment can be placed in the Patient Notes section of the EMR. On a rare occasion, a Verbal/Telephone Order may be taken and documented in the Patient Notes Section detailing the order and the name of the clinician that took the order.

r. Statistics
    i. Clerical staff compiles the following statistics for each STI clinic: sex, age, race, ethnicity, HIV testing/results, Medicaid status, patients turned away and patients leaving the clinic. Age, sex, race, ethnicity and Medicaid status are captured by generating an Appointment Report from InSync and documented on the STI Clinic Monthly Statistic form. Patients turned away and patients leaving the clinic are documented during clinic and transferred to the STI Clinic Monthly Statistic form.
    ii. For each STI clinic, clerical staff document the following HIV information captured from the OPSCAN form in the STD HIV Testing section of the HIV Testing red binder: test date, OPSCAN #, result and date given to patient, confirmatory result and date given to patient, MSM, High Risk, residence, sex, race, ethnicity, age and counselor. The above HIV information is compiled and documented on the STI HIV Testing form for each clinic.

2. Clinic Protocol for Patient Management
    a. Patient Education
        i. All health history information is obtained from the patient by the clinician. It is collected in a manner that ensures confidentiality. In order to ensure successful patient management, the information is reviewed by the clinician to establish rapport; to ensure accurate definition of the problem(s); and to determine the level of risk for HIV. The clinician must be sure that the patient understands all questions. The clinician makes every effort through verbal, and if necessary, visual means to assist the patient in understanding.
    b. STI Clinic EMR Completion
        i. The modules of the EMR to be completed by the clinician for the STI patient are as follows:
            1. <u>Chief Complaint/History of Present Illness (HPI)</u>
                a. For Chief Complaint, document why patient presented to clinic, using patient's actual statement in quotations.

b. Select STI Clinic HPI Template.
c. Answer all questions in HPI that pertain to date of visit.
d. Add anything that is pertinent to the care and treatment of the patient on the day of the visit in the "notes" section.
e. RN should mark section as "reviewed."

2. Allergies
   a. Document all pertinent allergies and patient's reaction.
   b. If no known allergies, check appropriate box.
   c. RN should mark section as "reviewed."
3. Medications
   a. Document all medications that patient is ***currently*** taking. Include PRN medications and mark them as PRN.
   b. Medications should be listed with "unknown" provider and date that medication was started should not be the current date.
   c. If patient does not take any medications, check appropriate box.
   d. If patient does not know medications, enter an unknown medication and detail what medication is for in sig line.
   e. RN should mark section as "reviewed."
4. History

   The following sections must be completed at all visits:
   a. General Notes – Document patient's preferred pharmacy.
   b. Psychiatric History – **DO NOT USE**.
   c. Social History – High Risk within Prior 12 Months; Sexual Partner History; Consumption (Alcohol, Substance Abuse, Smoking). Add Social History Notes and/or Confidential Notes if appropriate. Confidential Notes ***cannot*** be seen by the patient.
   d. Medical History – Document all medical diagnoses. If patient is on a medication, a corresponding diagnosis should be listed. If the patient does not know the name of the medication he/she is on, an explanation can be documented with the diagnosis.
   e. Family History – **DO NOT USE**.
   f. Surgical History – Document any pertinent surgical information for the patient with an estimated date of occurrence.
   g. Gynecological History – For all females, document date of last menstrual period (LMP) and document if menses is regular. Do NOT need to document age of menarche. In the Gynecological History Notes section, add any specific information related to gynecological history (i.e., birth control method; tubal ligation; etc.).
   h. RN should mark section as "reviewed."
5. Review of Systems (ROS)
   a. Males – Genitourinary (GU) System; Allergy/Immunology; Constitutional; Skin
   b. Females – Gynecological; all other systems listed above under "Males"

   c. RN should mark section as “reviewed.”
6. Vitals (when indicated)
   a. Blood pressure (BP) – Always take before administering intramuscular (IM) injection and 15 minutes after administering. Detail the arm the blood pressure is taken in and repeat in other arm if elevated above 140/90 or below 90/60. Include assessment of any symptoms (i.e., “denies headache, changes in vision, or chest pain”) or detail any note pertinent to abnormality (i.e., forgot to take BP medication).
   b. Weight – For minors, at the discretion of the APRN.
   c. RN should mark section as “reviewed.”
7. Physical Exam
   The following sections should have pertinent information documented when indicated:
   a. Males – General; Eyes; Mouth/Throat; Neurologic; Genitalia; Psychiatric; Skin
   b. Females – Gastrointestinal (Palpation only); all other systems listed above under “Males”
   c. If an abnormality is identified, the APRN will assess patient and document his/her findings on the physical exam followed by his/her name and credentials and include a corresponding diagnosis for findings.
   d. RN should mark section as “reviewed.”
8. Treatment Plan
   Order set should be selected as “STI Clinic.”
   a. Decision Making – **Completed by APRN**.
   b. Labs – Check all appropriate boxes for labs collected during encounter. If patient declines any pertinent labs, this should be documented in the Lab notes section.
   c. Patient Education – The clinician giving the patient results will check all the appropriate education provided to client. Results given at the visit should be documented in the Patient Education notes section. The clinician that provides the education needs to sign their name and credentials in the notes section. **If there is no provider in clinic, “No MD/NP on site” should be selected.**
   d. Decision Making – **Completed by APRN.**
   e. Drug Administered – Complete for any medications administered or dispensed to patient on the date of encounter.
   f. Referral – **DO NOT USE.**
   g. Visit & Procedure Codes – **DO NOT USE.**
   h. APRN should mark section as “reviewed.”
9. Diagnosis – **Completed by APRN.**
   a. APRN should mark section as “reviewed.”
10. Results/Orders Queue

This area is completed by the lab personnel. Area includes all labs ordered for patient at encounter (orders entered by RN/APRN in treatment plan). The exception to this case is when the clinician completes HIV and Rapid Hepatitis C (when available) testing in the room.

a. Pending Orders:
    i. Choose test being resulted by clicking on Expand to Detail View to left of test order or click on flask icon
    ii. Choose Add Result to right of test
    iii. Observation Identifier: First Name Initial, Last Name Initial, DOB (mmddyy) (ex.: DT010171). If the patient has two separate last names, use first name initial, first last name initial and second last name initial, DOB (ex.: DCT010171). Note, a hyphenated last name is treated as a single last name
    iv. Observation Date: date result completed
    v. Reference Range: detailed as per lab requirements
    vi. Result Value: detailed as per lab requirements and will include result details
    vii. Result Flag: detailed as per lab requirements
    viii. Units: left blank
    ix. Comments: as appropriate and will include notes, concerns, or problems regarding the test
    x. Acknowledge results
    xi. Refer to the Test Result Interpretation form for more information
b. Clinician completing rapid HIV testing:
    i. Choose OPSCAN # by clicking on Expand to Detail View to left of test order or click on flask icon
    ii. Choose Add Result to right of the test
    iii. Observation Identifier: OPSCAN
    iv. Observation Date: date of encounter
    v. Reference Range: left blank
    vi. Result Value: document OPSCAN number
    vii. Result Flag: left blank
    viii. Units: left blank
    ix. Comments: left blank
    x. Choose HIV/HIV Antibody Peripheral by clicking on Expand to Detail View to left of test order or click on flask icon
    xi. Choose Add Result to right of test order
    xii. Observation Identifier: First Name Initial, Last Name Initial, DOB (mmddyy)
    xiii. Observation Date: date of encounter
    xiv. Reference Range: document “non-reactive”
    xv. Result Value: document OPSCAN number

xvi. Result Flag: document result as per lab requirement (reactive/non-reactive)
xvii. Units: Nurse's Initials "control OK"
xviii. Comment: left blank
xix. Acknowledge results

3. Laboratory Testing
    a. Routine laboratory specimens for patients include the following:
        i. Non-treponemal serologic test for syphilis (RPR) at every visit unless a non-reactive test result or a stable low titer result has been recorded within the preceding thirty (30) days
        ii. Stat non-treponemal serologic test (Stat RPR)
            1. For all men who have sex with men (MSM);
            2. When any lesion or rash is present;
            3. For any sex partner of a confirmed or suspected syphilis patient;
            4. For any DIS request;
            5. For anyone with a past history of syphilis
        iii. Serologic Testing for HIV
            1. For all patients who are considered to be high-risk per ODH guidelines
            2. If antibody testing is related to a specific high-risk encounter of concern, the test should be repeated three (3) months after exposure
        iv. For Women
            1. Physical and internal exams are performed on all females presenting for testing. At no time should the patient be left unattended with the speculum inserted in the patient's vagina. If the clinician needs the APRN to evaluate any abnormal findings, the speculum should be removed and the clinician should then request that the APRN perform an internal exam.
                a. PCR GeneXpert for N. gonorrhoeae and C. trachomatis:
                    i. Urine specimen on all women regardless of if they are currently menstruating;
                    ii. Oropharyngeal swab if oropharynx is site of exposure;
                    iii. Rectal swab if rectum is site of exposure
                b. Tests of vaginal discharge in <u>symptomatic</u> patients, unless heavily bleeding from menstrual cycle:
                    i. Whiff test (potassium hydroxide [KOH] amine odor test) for bacterial vaginosis;
                    ii. Saline wet mount for T. vaginalis and clue cells associated with bacterial vaginosis;
                    iii. KOH (10%) wet mount for candidiasis (yeast)
                c. Urine pregnancy test (hCG) if indicated (one month plus 10 days past the last menstrual period ["10 days late"]).
        v. For Men
            1. Physical exams are performed on all males presenting for testing.
                a. PCR GeneXpert for N. gonorrhoeae and C. trachomatis:
                    i. Urine specimen on all men;

ii. Oropharyngeal swab if oropharynx is site of exposure;
iii. Rectal swab if rectum is site of exposure

b. Urethral gram stain for N. gonorrhoeae or non-gonococcal urethritis in symptomatic patients

4. Special Testing Situations
   a. The following guidelines will be followed when these special circumstances occur in the clinic. This is not an all-inclusive list and any variations in testing/treatment may be determined by the APRN.
      i. Clinicians will complete a physical exam and all appropriate testing on a patient who presents for treatment from an outside facility (PPGO, Mercy Medical Center, private physician office, etc.) unless the patient indicates that testing has already been completed at the outside facility. In certain situations, it may be necessary to complete a stat pregnancy test prior to treatment.
      ii. Clinicians will complete all appropriate testing for females who present with complete or partial cervical hysterectomies.
      iii. Clinicians will complete the following evaluations on all female patients who present to the clinic who are suspected to be pregnant (one month plus ten days past the last menstrual period. Patients seven days past their menstrual period may be discussed with the APRN).
         1. Complete stat pregnancy test and send to the lab while completing the physical examination. Perform all appropriate testing (including a wet prep if patient is symptomatic), complete abdominal palpation, and perform an internal exam **(DO NOT perform a bimanual exam if pregnancy is suspected).**
         2. If pregnancy test is positive, an individual release of information is signed and three copies of the positive lab result should be given to the patient (one each for the OB/GYN practitioner, Job & Family Services, and WIC).
         3. Pregnancy testing is not done on individuals who have a history of tubal ligation – if the patient is concerned about pregnancy, she needs to be referred to her primary care physician (PCP) or OB/GYN for follow-up.
         4. Pregnancy testing may be done on a case-by-case basis for individuals on Depo-Provera. The clinician will discuss his/her concerns with the APRN.
      iv. If patient presents for testing and is taking antibiotics or completed antibiotics within the previous three days, it should be recommended that he/she return for testing three days after completion of the antibiotic. Do not initiate an encounter. Some antibiotics may not interfere with testing – confer with the APRN when needed.
      v. For female patients who present for testing who have recently had a surgical procedure involving the vaginal or abdominal area, the following guidelines apply:
         1. Internal exams may be completed at least two (2) weeks post-abortion. If the patient presents prior to this time frame, refer her to her private physician or instruct her to return after two weeks.
         2. Internal exams may be completed at least four (4) weeks post-colposcopy. If the patient presents prior to this time frame, refer her to her private physician or instruct her to return after four weeks.

5. Sexual Assault and STIs
    a. Examinations of survivors of sexual assault should be conducted by an experienced clinician in a way that minimizes further trauma to the survivor. If the sexual assault occurred in the previous 72 hours, an attempt will be made to make a referral to Mercy Medical Center or Aultman Hospital's Emergency Department for all testing, treatment, and referrals.
    b. If the assault occurred longer than 72 hours ago or the patient is unwilling/unable to go to a hospital, the following testing should be collected:
        i. PCR GeneXpert for N. gonorrhoeae and C. trachomatis:
            1. Urine specimen if indicated;
            2. Oropharyngeal swab if oropharynx is site of penetration/attempted penetration;
            3. Rectal swab if rectum is site of penetration/attempted penetration
        ii. Vaginal wet prep – if the patient tests positive for T. vaginalis or bacterial vaginosis, give treatment regimen on day of visit.
        iii. Perform Stat non-treponemal serologic test (Stat RPR)
        iv. HIV test
    c. Counseling regarding importance of follow-up testing on the following items is given to the patient:
        i. HIV and syphilis re-testing at 6 weeks, 3 months, and 6 months after the assault if initial test results were negative;
        ii. STI re-testing at 1-2 weeks
    d. The following prophylactic regimen will be utilized unless the patient declines treatment:
        i. Ceftrixone (Rocephin) 500mg IM;
        ii. Doxycycline 100mg orally twice a day for seven (7) days; or Azithromycin (Zithromax) 1g orally if Doxycycline is contraindicated (i.e., pregnancy)
        iii. Metronidazole 2g orally in a single dose
    e. Resources for Rape Crisis Intervention/Counseling will be provided to the patient.
    f. Examination for STIs can be repeated within 1-2 weeks of the assault.
6. Medical Consultation and Referral
    a. The history and examination of a patient may often indicate a need for health services that are beyond the scope of the STI clinic. The following situations are indicative of the need to provide a referral for a patient to a community resource area (the following list is not all inclusive):
        i. A pregnant female requiring treatment of STI (if recommended antibiotic is contraindicated in pregnancy) and who is not receiving prenatal care;
        ii. A female who is sexually active, but who uses no contraception, requests contraceptive services or asks about sterilization;
        iii. A female who needs a Papanicolaou (PAP) test;
        iv. A patient diagnosed with warts who is not responding to treatment – referral to dermatologist (list is provided if patient is not familiar with one);
        v. Skin conditions or rashes the APRN determines need further evaluation or treatment – referral to dermatologist or PCP;
        vi. Symptoms suggestive of a urinary tract infection;
        vii. Urethritis that does not respond to medical therapy;

viii. Other urologic and prostatic disorders that are recognized;
ix. A patient with HIV infection who needs medical evaluation and treatment (referral to the CCPH Linkage to Care [LTC] coordinator);
x. A patient determined to be alcohol or chemical dependent requesting assistance (referral sources kept on separate sheet and kept in each examination room for easy access);
xi. Mental health agencies as determined through history and risk assessment if requested by patient;
xii. Referrals to the CCPH Early Intervention Specialist (EIS) for patients who are interested in pre-exposure prophylaxis (PrEP);
xiii. Referrals to My Community Health, Lifecare, or other local free or reduced-cost clinic to patients who need a primary care provider, etc.;
xiv. Referrals for food, housing, or transportation assistance;
xv. Referrals for someone experiencing intimate partner violence

7. Follow-Up to Therapy
    a. Patients currently requiring follow-up services include those receiving treatment for active warts; treatment for an STI diagnosed (but not treated) at a previous visit; and late latent syphilis patients.
        i. Warts: Patients diagnosed with warts who are receiving topical treatment at CCPH should return weekly or every two weeks (APRN preference) until the APRN determines that treatment has been effective or until the patient has been referred to a dermatologist for further evaluation. These patients will be “fast-tracked” upon their return to the clinic as long as they return within 30 days.
    b. Documentation for all patients returning for follow-up treatment of late latent syphilis or other STIs should include the following as appropriate:
        i. Chief complaint and any changes to HPI from previous visit;
        ii. Allergies;
        iii. Medications;
        iv. History (all areas that are included in initial visit);
        v. ROS (all areas that are included in initial visit);
        vi. Vital Signs if indicated;
        vii. Physical Exam (General; Eyes; Neurologic-Mental Status; Psychiatric)
        viii. Treatment Plan;
        ix. Diagnosis;
        x. The clinician should also document completion of any medications ordered at prior visit; sexual exposure since last treatment, including questions about condom use; and treatment status of sex partner(s).
    c. Follow-up patients will be fast-tracked into the clinic flow.
8. Counseling/Education
    a. The clinician provides education to all patients being serviced in the STI clinic specific to the nature of the STI history and risk assessment, and specific to the results of the testing. The clinician stresses the value of medical evaluation and partner notification and ensures that the patient understands the following:

i. Name of the disease and how it is transmitted;
ii. How the disease is diagnosed;
iii. Potential complications in the patient and the partner(s) if a disease is left untreated;
iv. The need for sex partner(s) to seek medical care from a provider or clinic offering STI care

b. Risk reduction messages include the following:
   i. Avoiding sex until partner(s) has been examined, treated if necessary or determined to be free of disease, and the patient has completed therapy and has had resolution of symptoms;
   ii. Abstinence or monogamy with an uninfected partner;
   iii. Use of condoms or other safe sex practices;
   iv. Patients are instructed to stop having sex and to seek medical evaluation immediately if symptoms reoccur or persist, or if another STI is suspected;
   v. Patients diagnosed with Gonorrhea or Chlamydia are encouraged to return for re-testing in three months
c. When medication is provided to treat a specific disease or to treat as contact to a disease, the following information is given to the patient:
   i. Written handouts that are disease specific and treatment specific to reinforce verbal explanation of disease, treatment, and plans for follow-up;
   ii. How and when to take the medication and the expected outcome of the treatment;
   iii. What to do if the medication dosage is missed or if side effects occur and expected complications if drugs and alcohol are mixed;
   iv. Consequences of not taking all the medication or of sharing the medication with a partner (masking symptoms, developing drug resistance, or not adequately treating the infection)
d. If follow-up examinations are scheduled, patients are counseled regarding the following:
   i. The need for follow-up tests and the clinic procedure for appointments and expedited follow-up care;
   ii. Potential health consequences of not obtaining tests
e. If appropriate, patients are given written reminders of the date and time to call in for test results. Results can also be sent via text message (see Guidance for Texting Chlamydia and Gonorrhea Laboratory Results protocol) or the patient may obtain results via the InSync Patient Portal.

9. Management of Sex Partners
   a. Sex partners of patients being treated for STIs at CCPH are referred for treatment. Exposure periods have been determined to be any sex partner known to be in contact with the patient in the last sixty (60) days. The sex partner may come to CCPH (and is encouraged to do so) for evaluation and treatment, or may opt to see their private physician. Patients are counseled to have their sex partners inform their private physician of the specific disease needing treated with the explanation that all testing is not the same for female and male patients. It is not the policy of this clinic to administer Expedited Partner Therapy (giving meds to the patient to take to their partner).

b. Any patient presenting to the clinic as a contact to a sex partner testing positive for an STI will undergo a complete examination. This patient will be treated for known disease and the disease he/she came in contact to as determined appropriate by the APRN.
c. A physical exam will be performed and documented, and appropriate labs will be collected.
d. Patient will be treated as a contact regardless of test results.

10. Expedited Partner Therapy (EPT)
    a. This is the clinical practice of treating the sex partners of patients diagnosed with a sexually transmitted infection without clinical assessment of the partners. This is typically accomplished by providing prescriptions or medications to the patient to give to his/her partners.
    b. At this time, CCPH does not administer Expedited Partner Therapy.
11. Biohazard Containers for Clinic Room
    a. There are red containers in each clinic room for discarding speculums only. Twice a month (or sooner if full) the clinic nurse will remove the biohazard bag, secure the bag with a twist-tie (provided by the lab and located in the stat lab), and place the bag in a plastic container in the stat lab. The used bags will be removed from the stat lab by either nursing or lab personnel. The clinician will replace a clean bag and secure in the container so that it is ready for use at the next clinic.
12. Personal Protective Equipment (PPE) in the Clinic Setting
    a. PPE for STI clinic includes the following: lab coats, gloves, goggles (as needed). See PPE policy.
13. Human Trafficking
    a. Because of the hidden nature of human trafficking and the potential of victims accessing HIV or STI testing, clinicians are advised to watch for signs that may indicate someone is a human trafficking victim:
        i. Anxious;
        ii. Fearful or paranoid;
        iii. Avoids eye contact;
        iv. Unexplained bruises or cuts;
        v. Appears to have a dominating partner;
        vi. Doesn't control his/her own finances;
        vii. Afraid of law enforcement
    b. Clinicians are guided to ask questions if the opportunity presents and the individual is in a private and safe environment. All STI/HIV clinicians are trained and have resources for victims of human trafficking. If necessary, clinicians will remain with victims until law enforcement has been informed and referrals have been made. Resources including the Human Trafficking hotline and fact sheets are made available to all clients who access services at CCPH, but specifically for HIV and STI testing clinics.
14. Brown Bag Condom Distribution
    a. Condoms are freely distributed to all individuals who access the STI clinical process and also anytime during the hours the nursing department is open. Individuals are instructed to ask for a "brown bag" in which a number of condoms are pre-packaged for easy pick-up.

## F. CITATIONS & REFERENCES

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## G. CONTRIBUTORS

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## H. APPENDICIES & ATTACHMENTS

N/A

## I. REFERENCE FORMS

N/A.

## J. REVISION & REVIEW HISTORY

| Revision Date | Review Date | Author | Notes |
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## K. APPROVAL

This document has been approved in accordance with the "800-001-P Standards for Writing and Approving PPSOGFs" procedure as of the effective date listed above.