Standing Orders for Ryan White HIV/AIDS Program Funded Clinics:

 **Bacterial Sexually Transmitted Disease Screening and Testing Services\***

 \* Based on Texas State Department of Health Services, Infectious Disease Prevention Section, TB/HIV/STD/Viral Hepatitis Unit. Sample Standing Delegation Orders for STD Clinicians. December 2015.

 **POLICY AND PROCEDURE**

**POLICY:** It is the policy of <<Clinic Name>> to provide the appropriate level of care to each patient depending on their symptoms, risk factors, and personal concerns.

**PURPOSE:** To provide a procedure for screening and testing patients for bacterial sexually transmitted infections (gonorrhea [GC], chlamydia [CT], and syphilis) on days being seen for laboratory testing without provider visit.

**PROTOCOL:** After the patient completes the audio computer-assisted self-interview (ACASI)-based sexual history, \_\_<<clinical team member>>\_\_\_ will review the summary form. For patients with no STI-related symptoms but identified risks, the appropriate laboratory tests should be done. If the patient identifies any STI symptoms, they should be seen by a prescribing clinician that day. If the history is negative for symptoms and risk factors for bacterial STIs, no testing needs to be done unless ordered directly by the prescribing clinician.

 Licensed, trained, and approved personnel may conduct testing.

**Laboratory Specimens**

1. Serological specimens for syphilis
2. GC/CT NAAT urine specimens
3. Urethral, vaginal, rectal and pharyngeal **GC/CT NAATs may be collected by patients or clinicians**.

**Specimen Collection**

**A.**  Syphilis serology:

1. Send serology for fluorescent treponemal antibody absorption assay (FTA-ABS) OR *T. pallidum* particle agglutination assay (TPPA) with reflex rapid plasma reagin (RPR) **UNLESS** the patient has a prior history of syphilis in which case send serology for RPR only.
2. Label with patient’s name, date, and clinic name.
3. Place in biohazard bag with requisition form when required.

**B.** *GC/CT NAAT urine***:**

1. Ensure that the patient has not voided within the last hour prior to collection.
2. Instruct patient to collect the first part of the urine stream, obtaining 15-20 cc. of urine in a paper or disposable cup -- allow the remainder of stream to go into the toilet.
3. Obtain urine specimen from patient [if indicated, use kit pipette to transfer 2 cc. to the urine tube provided in the kit].
4. Close the tube securely and label with patient name, clinic name, and date of collection. Place in biohazard bag with requisition form (when required) and refrigerate immediately if transport is delayed.

**-OR-**

*GC/CT NAAT urogenital swab* (of people with penis) Note --this should be done only in people refusing to provide urine:

1. Remove excess mucous (if any) from the urethral meatus using the white cleaning swab provided. Discard this swab.
2. Insert the collection swab (plastic handled) into the urethra approximately 2-4 cm.
3. Gently rotate the swab clockwise for 3-5 seconds.
4. Remove cap from swab transport tube and immediately place the specimen swab into the transport tube. Carefully break the swab at the score line, using care not to splash contents.
5. Recap the swab specimen tube tightly. Label with patient’s name, date and clinic name as well as site of collection (urethral).
6. Place in biohazard bag with requisition form (when required).

*GC/CT NAAT vaginal swab (preferred method):*

1. Peel open the swab package and remove the swab. Be extremely careful not to touch the soft tip or to lay the swab down. If the soft tip becomes contaminated, a new vaginal swab collection kit must be opened and used.
2. Hold the swab, placing your thumb and forefinger in the middle of the swab shaft covering the score line. Do not hold the swab shaft below the score line.
3. Carefully insert the swab into the vagina about 2 inches (5 cm.) past the introitus and gently rotate swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab and then withdraw swab without touching the skin.
4. While holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new vaginal swab specimen collection kit.
5. Immediately place the swab into the transport tube so the score line is at the top of the tube.
6. Carefully break the swab shaft at the score line against the side of the tube.
7. Immediately discard the top portion of the swab shaft.
8. Tightly screw the cap onto the tube. Label with patient’s name, date, and clinic name, and site of collection (vaginal).
9. Place in biohazard bag with requisition form when required.

**AND**

**C.** *Rectal GC/CT NAAT:*

1. Insert and swab the rectum area with a sterile applicator in the test kit.
2. Repeat the process if the swab is grossly contaminated with feces.
3. Immediately place the blue swab into the specimen transport tube. Label with patient’s name, date, and clinic name, and site of collection (rectal).
4. Break the swab at the score line. Recap the tube tightly.

 **AND**

**D.** Pharyngeal GC/CT NAAT:

1. Swab back of throat and tonsillar area with a sterile applicator in the test kit.
2. Carefully remove the swab, not touching any area of the mouth. Immediately place the swab into the specimen transport tube and break swab at the score line.
3. Recap the tube tightly.
4. Recap the swab specimen tube tightly. Label with patient’s name, date, and clinic name, and site of collection (pharyngeal).
5. Place in biohazard bag with requisition form when required.

**Date and Signature of the Authorizing Physician**

This Standard Order shall become effective on the date that it is signed by the authorizing physician, below, and will remain in effect until it is either rescinded, upon a change in the authorizing physician, or at the end of business on the last day of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Authorizing Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Physician’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attestation of Authorized Licensed Provider**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have

 Printed name of authorized licensed nurse

read and understand the *<<Name of Clinic>>* *Standing Orders: Bacterial Sexually Transmitted Disease Screening and Testing Services,* that was signed by

Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of authorizing physician  date of authorizing physician’s signature

* I agree that I meet all qualifications for authorized licensed and trained clinician outlined in the Standing Order.
* I agree to follow all instructions outlined in the Standing Order.

Signature of Authorized Clinician Date