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

**Bacterial Sexually Transmitted Disease Screening and Testing Services for Patients Getting Lab Work Done Before HIV Monitoring Scheduled Appointment**\*

\* 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 with HIV for bacterial sexually transmitted infections (STIs) including gonorrhea (GC), chlamydia (CT), and syphilis on days being seen for HIV monitoring and/or laboratory testing and not being seen by a prescribing clinician (MD, DO, NP, PA).

**PROTOCOL:** All patients should complete the audio computer-assisted self-interview (ACASI)-based sexual history prior to laboratory specimen collection of labs pre-ordered by the prescribing clinician. After completing the ACASI-based sexual history survey, \_\_<<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 additional testing needs to be done (i.e., only do the labs ordered directly by the prescribing clinician).

 Licensed, trained, and approved personnel may conduct testing.

**Order Laboratory Specimens** (based on sexual history risks identified) **Not Already Ordered by Prescribing Clinician**

1. Serological specimens for syphilis: (a) fluorescent treponemal antibody absorption assay (**FTA-ABS**) OR T. pallidum particle agglutination assay (**TP-PA**) with reflex rapid plasma reagin (**RPR**) **UNLESS** the patient has a prior history of syphilis in which case send serology for RPR only OR (b) other CDC-recommended testing protocol for syphilis diagnosis.
2. GC/CT NAAT urine specimens.
3. Urethral or vaginal (for those unwilling or unable to provide urine), rectal, and/or pharyngeal GC/CT NAAT specimens.

**Specimen Collection** (GC/CT NAAT specimens can ALL be collected by the patient after receiving counseling on how to self-swab or by a provider if the patient prefers provider-collection at any of the needed anatomical sites)

**A.**  **Syphilis serology**:

1. Send serology for FTA-ABS OR TP-PA with reflex rapid plasma reagin (RPR) **UNLESS** the patient has a prior history of syphilis in which case send serology for RPR only OR other CDC-recommended testing protocol for syphilis diagnosis.
2. GC/CT NAAT urine specimens.
3. Label with patient’s name, date, and clinic name.
4. Place in biohazard bag with requisition form when required.

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

1. Instruct patient to collect the first part of the urine stream in a plastic cup -- allow the remainder of stream to go into the toilet.
2. Close the tube securely and label with patient's name, clinic name, and date of collection.
3. Place in biohazard bag with requisition form (when required), and refrigerate immediately if transport is delayed.

**OR**

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

1. Remove or counsel to remove excess mucous (if any) from the urethral meatus using the white cleaning swab provided. Discard this swab.
2. Insert or counsel to insert the collection swab (use plastic handled swabs only) into the urethra approximately 2-4 cm.
3. Gently rotate or counsel to gently rotate the swab clockwise for 3-5 seconds.
4. Remove cap or counsel to 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 or spill the contents.
5. Recap or counsel to 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:***

Peel open or counsel on peeling 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 swab collection kit must be opened and used.

1. 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.
2. Carefully insert or counsel on inserting the swab into the vagina about 2 inches 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.
3. While holding the swab in the same hand, unscrew or counsel to unscrew the cap from the tube, and immediately place the swab into the transport tube so the score line is at the top of the tube. Carefully break the swab at the score line, using care not to splash or spill the contents.
4. Tightly screw or counsel to tightly screw the cap onto the tube. Label with patient’s name, date, and clinic name, and site of collection (vaginal).
5. Place in biohazard bag with requisition form when required.

**AND**

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

1. Insert or counsel to insert the swab approximately 1 inch into the rectum and to twirl the swab 5 times using the sterile swab in the test kit.
2. Repeat or counsel to repeat the process if the swab is grossly contaminated with feces.
3. Immediately place the swab into the specimen transport tube while being careful not to spill or splash the contents.
4. Break the swab at the score line. Recap the tube tightly.
5. Label with patient’s name, date, and clinic name, and site of collection (rectal).
6. Place in biohazard bag with requisition form when required.

**AND**

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

1. Swab or counsel to swab the 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 while being careful to not spill or splash the contents.
3. Recap the swab specimen tube tightly. Label with patient’s name, date, and clinic name, and site of collection (pharyngeal).
4. Place in biohazard bag with requisition form when required.

**Date and Signature of the Authorizing Prescribing Clinician**

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 MD/DO/NP/PA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing MD/DO/NP/PA Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Attestation of Authorized Licensed Provider**

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

 Printed name of authorized licensed clinical team member

read and understand the *<<Name of Clinic>>* *Standing Orders:* *Bacterial Sexually Transmitted Disease Screening and Testing Services for Patients Getting Lab Work Done Before HIV Monitoring Scheduled Appointment* that was signed by

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

Printed name of authorizing MD/DO/NP/PA  Date of authorizing MD/DO/NP/PA 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