



First Nations & Inuit Health Branch Alberta Region


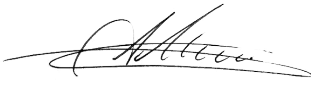
Nursing Policies & Guidelines

Policy Number: TBD

Section: **Nursing Education**

Subject: **Sexually Transmitted and Blood Borne Infections Test and Treat Policy and Guideline**

Distribution:

Issued: July 6, 2022	Policy Number: STBBI – 01
Approved by:  <hr/> Dr. Chris Sarin, Senior Medical Officer of Health  <hr/> Shawn Grono, Director of Nursing	Created: October 2, 2019 Revised: July 6, 2022

1. Policy:

- 1.1. All community health nurses (CHN), regardless of their tenure or job title, who provide services under the Sexually Transmitted and Blood Borne Infections (STBBI) Test and Treat Program must complete mandatory training specific to the level of service being provided, receive certification, and adhere to the First Nations and Inuit Health Branch (FNIHB) *Sexually Transmitted and Blood Borne Infections Test and Treat Policy and Guideline*.
- 1.2. CHNs who provide services under the STBBI Test and Treat Program may provide testing for chlamydia, gonorrhea, syphilis, hepatitis C, and/or human immune deficiency virus (HIV).
- 1.3. CHNs who provide services under the STBBI Test and Treat Program may provide treatment for:
 - i. Chlamydia, gonorrhea, mucopurulent cervicitis (MPC), or non-gonococcal urethritis (NGU) according to the current version of the [Alberta Treatment Guidelines for Sexually Transmitted Infections \(STI\) in Adolescents and Adults](#).
 - ii. Syphilis, after consultation with Alberta Health Services (AHS) STI Centralized Services (STICS) to obtain a recommendation for treatment, and after obtaining an order from the most responsible provider (MRP) to authorize the treatment medication.
 - iii. MPC or NGU referral from an AHS partner notification nurse (PNN) or the MRP.



2. Policy Rationale:

- 2.1. To make STBBI testing and treatment accessible to individuals living in First Nations communities.
- 2.2. Safe practice and quality of service are central to the STBBI Test and Treat Program.
- 2.3. To ensure that all nurses achieve and maintain the highest standards of competence, safety, knowledge and skill for the provision of STBBI test and treat services.
- 2.4. The STBBI test and treat is complex and always evolving with new treatment and testing standards.
- 2.5. Having one sexually transmitted infection (STI) puts an individual at risk for other STIs; therefore, all individuals with a STI should be screened and offered testing for gonorrhea, chlamydia, syphilis, hepatitis C, and HIV.

3. Policy Interpretation:

- 3.1. The FNIHB Test and Treat Program provided by CHNs in First Nations communities are permitted pursuant to the delegated authority of the Senior Medical Officer of Health (MOH) of First Nations and Inuit Health Branch (FNIHB) according to Section 7 of the *Alberta Public Health Act Communicable Disease Regulation*.
- 3.2. Education
 - 3.2.1. All CHNs providing STBBI test and treat services to the public must hold a current FNIHB Alberta Region Test and Treat Provider Certificate. This requirement is in place even if the nurse has had previous training/education in STBBI test and treat service delivery with another employer.
 - 3.2.2. Mandatory requirements for FNIHB – Alberta Region Test and Treat Provider Certification includes:
 - i. FNIHB STBBI Test and Treat Learning Modules
 - CHNs are required to complete the online FNIHB STBBI Test and Treat Learning Modules that can be accessed through the Alberta First Nations Nursing e-Learning Portal.
 - ii. Quizzes
 - CHNs are required to complete the quizzes for the FNIHB STBBI Test and Treat Learning Modules and obtain an 80% passing mark for each of them.
 - iii. Phlebotomy Course
 - CHNs that will be collecting blood samples are required to attend and pass a phlebotomy training course at a recognized educational institution.
 - Proof of certification must be presented to the Alberta FNIHB Nursing Education Department prior to blood collection on clients.
 - Maintaining competency for phlebotomy can be difficult if the skill is not performed routinely. Following certification, it is the CHNs responsibility to ensure they are competent and confident to perform phlebotomy.
 - A phlebotomy course is not required for nurses who will not be collecting blood samples.



- Blood samples for the STBBI Test and Treat Program may also be collected by a professional who holds certification in this skill and is covered by their regulatory body.
 - iv. Transportation of Dangerous Goods (TDG) Certification:
 - TDG certification verifies that the worker has had additional training in handling and packaging infectious substances for the protection of the worker in order to minimize risk during transport and ensure public safety.
- 3.2.3. Competency Maintenance
- i. CHNs are required to complete training offered by FNIHB – Alberta Region to maintain competency. Training sessions may be online, in-person, by video conference, or by viewing a recorded session.
 - ii. Attendance to competency maintenance sessions must be recorded on the CHN's Alberta First Nations Nursing e-Learning Portal.
 - iii. Phlebotomy certification must be renewed at a recognized educational institution every five years.
 - iv. A TDG Certificate is required and must be renewed every three years.
- 3.3. STBBI Test and Treat Program Components
- 3.3.1. The FNIHB STBBI Test and Treat Program has different levels of STBBI testing and treatment services.
- 3.3.2. In discussion with the First Nations community, the level of participation in the STBBI Test and Treat Program will be determined by the priority for the community and the resources available.
- 3.3.3. Levels of service for the STBBI Test and Treat Program are:
- i. Status quo
 - Continue to assist the AHS PNN in locating untreated cases and/or sexual contacts.
 - ii. Level 1
 - Continue to assist the AHS PNN in locating untreated cases and/or sexual contacts.
 - Provide a lab requisition to test for chlamydia, gonorrhoea, syphilis, hepatitis C and HIV
 - Provide or administer medication for chlamydia, gonorrhoea, NGU, MPC, and/or syphilis to a case referred by the AHS PNN.
 - Note: syphilis treatment requires an AHS STICS recommendation and treatment order from a MRP
 - iii. Level 2
 - Continue to assist the AHS PNN in locating untreated cases and/or sexual contacts.
 - Provide a lab requisition for testing of chlamydia, gonorrhoea, syphilis hepatitis C and HIV
 - Provide or administer medication for chlamydia, gonorrhoea, NGU, MPC, and/or syphilis to a case referred by the AHS PNN.
 - Note: syphilis treatment requires an AHS STICS recommendation and treatment order from a MRP



- Provide urine testing and medication to a contact of a case of chlamydia, gonorrhoea, NGU, or MPC.
- iv. Level 3
 - Continue to assist the AHS PNN in locating untreated cases and/or sexual contacts.
 - Provide a lab requisition to test for chlamydia, gonorrhoea, syphilis, hepatitis C and HIV
 - Provide or administer medication for chlamydia, gonorrhoea, NGU, MPC, and/or syphilis to a case referred by the AHS PNN.
 - Note: syphilis treatment requires an AHS STICS recommendation and treatment order from a MRP
 - Provide urine testing and medication to a contact of a case of chlamydia, gonorrhoea, NGU, or MPC.
 - Provide urine testing for chlamydia and gonorrhoea to any individual requesting testing, reporting symptoms, or with risk factors and provide medication to positive cases.
- v. Level 4
 - Continue to assist the AHS PNN in locating untreated cases and/or sexual contacts.
 - Provide a lab requisition to test for chlamydia, gonorrhoea, syphilis, hepatitis C and HIV
 - Provide or administer medication for chlamydia, gonorrhoea, NGU, MPC, and/or syphilis to a case referred by the AHS PNN.
 - Note: syphilis treatment requires an AHS STICS recommendation and treatment order from a MRP
 - Provide urine testing and medication to a contact of a case of chlamydia, gonorrhoea, NGU, or MPC.
 - Provide urine testing for chlamydia and gonorrhoea to any individual requesting testing, reporting symptoms, or with risk factors, and provide medication to positive cases.
 - Perform phlebotomy to test for syphilis, HIV, and hepatitis C.

4. FNIHB STBBI Test and Treat Guidelines

4.1. Objective

To describe the guidelines for CHNs certified in STBBI testing and treatment services in First Nations communities.

4.2. Applicability

Compliance to these guidelines is required by all CHNs who will be providing STBBI testing and treatment services in First Nations communities.

4.3. Points of Emphasis

4.3.1. STBBI test and treat services provided by CHNs in First Nations communities are permitted pursuant to the delegated authority of the FNIHB Senior MOH.

4.3.2. CHNs may collaborate with a MRP such as a community based physician or nurse practitioner (NP) to provide STBBI test and treat services, instead of working under the MOH.



- 4.3.3. Clients requesting a STBBI test following a sexual assault that has not been previously reported to a healthcare professional, should be referred to the FNIHB CDC team so the requirement for HBIG, hepatitis B vaccine, and HIV PEP can be assessed.
 - 4.3.4. STBBI reporting to Alberta Health is mandatory.
 - 4.3.5. Treatment and reporting should be completed within two weeks after receiving a positive lab report.
 - 4.3.6. CHNs must adhere to the current version of the College of Registered Nurses of Alberta (CRNA) *Medication Management Standards* or College of Licensed Practical Nurses of Alberta (CLPNA) *Practice Guideline: Medication Management*, whichever is applicable. These documents are available on the CRNA and CLPNA website
 - 4.3.7. The PNN should be consulted to obtain a referral to a Pediatric Infectious Diseases Specialist for children diagnosed with a STBBI.
 - 4.3.8. In all cases, where a person under 18 years of age is suspected or confirmed to have a STBBI, an assessment should be carried out by the clinician to determine if additional reporting is required. Refer to FNIHB – Alberta Region Nursing Policy *Mandatory Reporting of Child Welfare*:
 - i. The clinician should determine whether there are reasonable and probable grounds to believe that he/she is in contact with “a child in need of intervention” (as per Section 1(2) of the *Child, Youth and Family Enhancement Act* [CYFEA]) and shall report to a director pursuant to Section 4 of the CYFEA. Reporting is done by contacting the local Child and Family Services office or calling the CHILD ABUSE HOTLINE: 1-800-387-5437 (KIDS).
 - ii. Consent is a key factor in determining whether any form of sexual activity is a criminal offence. Children under 12 years of age do not have the legal capacity to consent to any form of sexual activity.
 - iii. The law recognizes that the age of consent for sexual activity is 16 years of age. However, the law identifies the exception for minors between 12 and 16 years of age as having the ability to consent, in “close in age” or “peer group” situations. Reporting is done by contacting your local City Police Detachment or RCMP Detachment.
- 4.4. Considerations when providing STBBI Testing and Treatment
- 4.4.1. The CHN may treat clients according to the level of service the community is providing.
 - 4.4.2. Clients receiving treatment for STBBI may:
 - i. Have been referred by the AHS PNN or a MRP as a case
 - ii. Have been referred by the AHS PNN or a MRP as a contact to a case
 - iii. Have been tested in the health centre and confirmed as a case
 - iv. Be a contact of a case who was tested in a health center
 - 4.4.3. Have been tested in the health centre and confirmed positive. FNIHB STBBI Test and Treat Program does not include specimen collection by swabbing.



- 4.4.4. FNIHB STBBI Test and Treat Program does not allow for the clinical diagnosis of sexually transmitted infections or the provision of treatment based on symptoms only.
- 4.4.5. Follow up of all positive lab reports should occur as soon as possible.
- 4.4.6. Symptomatic individuals with negative chlamydia and gonorrhea tests results must be referred to a primary care provider for assessment, as MPC and NGU cases are clinically diagnosed.
- 4.4.7. The AHS PNN will notify sexual contacts named by cases.
- 4.4.8. Treatment of STBBI will be based on the current *Alberta Treatment Guidelines for Sexually Transmitted Infections (STI) in Adolescents and Adults*.
- 4.4.9. For treatment of syphilis:
 - i. A treatment recommendation is required from AHS STICS
 - ii. A treatment order must be obtained from a MRP, such as a physician, NP, or FNIHB MOH prior to the administration of the medication.
 - iii. Consultation with AHS STICS is required for pregnant women, as treatment will be managed in conjunction with an AHS STI specialist, because pregnant women greater than 20 weeks gestation should undergo fetal monitoring for 24 hours after administration of benzathine penicillin.
- 4.4.10. STI medications are provincially funded and provided free of charge through STICS.
- 4.5. Consultation with FNIHB Medical Officer of Health
 - 4.5.1. Prior to treatment, consultation with the FNIHB MOH is necessary for:
 - i. Clients presenting with complicated infections
 - ii. Clients who continue to have signs and symptoms after treatment
 - iii. Clients with known allergic reactions to the preferred and alternate treatment agents or have other contraindications
 - iv. Clients who are known to be pregnant and require syphilis treatment
 - v. Clients who are confirmed positive for syphilis or named as a sexual contact to syphilis where a MRP is not accessible and a treatment order is required.

5. Sexually Transmitted and Blood Borne Infections Testing Procedure

- 5.1. The CHN shall do the following:
 - i. Identify the client
 - ii. Obtain informed consent from the client for STBBI testing. All clients under the age of 18 years old should be assessed for capacity to consent as a mature minor.
 - iii. Inform the client that all health information collected will be kept confidential
 - iv. Advise the client that positive test results are reportable to Alberta Health under the *Alberta Public Health Act* emphasizing that information will remain confidential
 - v. Advise the client that AHS will be notified of positive test results to ensure proper follow up and contact tracing.
- 5.2. Interview the client and obtain a sexual history.
- 5.3. Determine and provide recommendations for testing based on the information available



- 5.4. Complete pre-test counselling.
- 5.5. Clarify with the client, the best way to contact him/her to provide test results and document information in the health record.
- 5.7. Obtain urine and/or blood specimen.
- 5.8. Label specimen appropriately and complete lab requisition.
- 5.9. Document the client visit for STBBI testing in the client's health record.
- 5.10. Provide the client with contact information for future reference and follow up.
- 5.11. Arrange for transportation of specimen to laboratory as per health center procedure.
- 5.12. Follow up all positive lab reports as soon as possible.
- 5.13. Inform client of positive lab result.
- 5.14. Provide post-test counselling and arrange for treatment.

6. Sexually Transmitted and Blood Borne Infections Treatment Procedure

- 6.1. Obtain informed consent for STBBI treatment.
- 6.2. Provide treatment for:
 - 6.2.1. Chlamydia, gonorrhea, NGU and/or MPC as per the current version of the *Alberta Treatment Guidelines for Sexually Transmitted Infections (STI) in Adolescents and Adults*.
 - 6.2.2. Syphilis as outlined below:
 - i. A syphilis treatment recommendation is received from AHS STICS
 - ii. A treatment order must be obtained from a MRP, such as a physician, NP, or FNIHB MOH prior to the administration of the medication. Use the FNIHB *Syphilis Treatment Order form*.
 - iii. Consultation with AHS STICS is required for pregnant women, as treatment will be managed in conjunction with an AHS STI specialist, because pregnant women greater than 20 weeks gestation should undergo fetal monitoring for 24 hours after administration of benzathine penicillin.
- 6.3. Provide post-treatment counselling and advise client of any requirements for repeat testing, i.e.: repeat serology, testing, or test of cure (TOC).
- 6.4. Complete the Alberta Health *Notification of Sexually Transmitted Infections form*.
- 6.5. Complete the *Notifiable Disease Report (NDR)* for hepatitis C infections.
- 6.6. Complete the *AHS Syphilis History Form* for syphilis infections.
- 6.7. Document the client's visit for STBBI treatment in the client's health record.

Definitions:

Client is an adult or child (12 years of age or older) who receives or has requested health care or services from community health centre in a First Nations community.

Community Health Nurse (CHN) refers to a nurse working in a health centre in a First Nations community that is providing STBBI test and treat services.

Designates are community health nurses providing test and treat services to the community under the authority of the FNIHB Medical Officer of Health.



FNIHB Medical Officer of Health is a physician who specializes in public health. The MOH is responsible for the protection and promotion of community health and the control and prevention of communicable diseases. The MOH has delegated authority under the *Public Health Act* and public health agencies for purposes of communicable disease control.

Health record is the legal record of the patient's diagnostic, treatment and care information.

Most Responsible Provider (MRP) is the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient within the scope of his or her practice. The MRP is usually a physician or a nurse practitioner.

Sexually Transmitted and Blood Borne Infections are infections that are passed from one person to another through sexual contact or vertical transmission and can affect the general health, wellbeing, and reproductive capacity of those infected.

STBBI Test and Treat Program is the interaction with a patient involving a comprehensive assessment, counselling, and appropriate STBBI testing and treatment.



References

- Alberta Government. Alberta Child, Youth and Family Enhancement Act, RSA 2000. <https://www.canlii.org/en/ab/laws/stat/rsa-2000-c-c-12/latest/rsa-2000-c-c-12.html>
- College of Registered Nurses of Alberta (2021). Medication Management Standards, 2021. <https://www.nurses.ab.ca/media/31fhdrq/medication-management-standards-mar-2021.pdf>
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- Government of Alberta (2018). *Alberta Treatment Guidelines for Sexually Transmitted Infections (STI) in Adolescents and Adults, 2018*. Alberta Health and Alberta Health Services. <https://open.alberta.ca/publications/treatment-guidelines-for-sti-2018>
- Province of Alberta (2021). Public Health Act: Communicable Diseases Regulation 238/1985, section 7. Current as of June 9, 2021. https://www.qp.alberta.ca/1266.cfm?page=1985_238.cfm&leg_type=Regs&isbncln=9780779825080



APPENDIX A: Version History:

Revision Date	Document Section	Description of Revision
October 2, 2019	Policy and Guidelines created and approved by Senior MOH and Director of Nursing	
June 2, 2022	Section 1 Policy	Added 1.2 and 1.3: Expanded details on the types of infection that a CHN may test and treat for, including syphilis where a treatment order is required by a MRP
	Section 2 Policy Rationale	2.1 Added a sentence: "to make STBBI testing and treatment accessible to individuals living in First Nations communities.
	Section 3 Policy Interpretation	3.2.2 Added: iii. Blood may also be collected by a professional who holds certification in this skill and is covered by their regulatory body.
	Section 3 Levels of Services	<ul style="list-style-type: none"> 3.3.3 Numbering of subsections revised (from letters to numbers) Additional bullet to Levels 1, 2, 3 and 4: <ul style="list-style-type: none"> Provide a lab requisition to test for chlamydia, gonorrhea, syphilis, hepatitis C and HIV Listed names infections in which medication would be administered medication, and/or syphilis as referred by the PNNs STICS recommendation and treatment order required for syphilis treatment
	Section 4 FNIHB STBBI Test and Treat Guidelines	4.3.2 deleted " With the approval from FNIHB Nursing and the MOH"
		4.3.6 updated regulatory body and the current documents to reflect current names and documents.
		4.4.2 added MRP to i. and ii. and referrals from MRP or AHS PNN.
		4.4.9 subsection added: For treatment of syphilis: i.-iii.
		4.5 added iv. added "and require syphilis treatment" and v.



	Section 5 STBBI Testing Procedure and Testing	5.1. changed letters to roman numerals 5.ii. added "All clients under the age of 18 years old shall be assessed for capacity to consent as a mature minor"
		5.2, 5.3, 5.11 and 5.14 wording changed
	Section 6 Sexually Transmitted and Blood Borne Infections Treatment Procedure	New section added and subsections 6.1 – 6.7
	Definitions	Added definition for Most Responsible Provider