SAMPLE POLICY AND PROTOCOL
“EXPRESS/FAST TRACK” STD CLINIC SERVICES

POLICY: It is the policy of _________________________STD clinic to provide the appropriate level of care to each client depending on their symptoms, risk factors, and personal concerns.

PURPOSE: To provide a procedure for triaging appropriate clients into “Express” lab testing and/or treatment.

PROTOCOL: After the client completes a history, the receptionist will review the form. If the history is negative for risk factors and the client denies symptoms, the client will be offered the option of “Express” services. The client may opt for comprehensive services.

Nurses and trained and approved personnel may conduct “Express” testing. Only nurses or other clinicians may do comprehensive exams.

If the Assessment form reveals one or more high risk criteria and the client has no symptoms, the fast track assessment nurse or other trained and approved staff may collect a urine specimen from the client for gonorrhea and Chlamydia testing and have the client’s blood drawn for HIV and syphilis. (Depending on local syphilis rates, the patient may be offered prophylactic treatment for syphilis.)

“Express” services also include wart treatments, immunizations, repeat Bicillin injections, treatment of partners who accompany patients, asymptomatic contacts seeking treatment, etc.

If the Assessment form reveals one or more high risk criteria and the client has symptoms, the client will receive a comprehensive STD evaluation and appropriate lab testing.

High risk clients who require an exam regardless of symptoms are persons who are contacts to syphilis, MSM, injecting drug users, and persons who exchange money and/or drugs for sex.

The lab will perform a stat RPR and, if available, a rapid HIV test. The client is instructed to remain in the clinic until test results are available.

CLIENT EDUCATION: Results may be given by clinicians, nurses or other trained clinic staff. The client is instructed to call the clinic in 7-10 days for GC/CT and traditional, confirmatory HIV results. Condoms are offered to all clients. Although counseling is abbreviated, it should include – 1) how to take the medication, 2) symptoms of more serious infection (e.g., pelvic pain in women, testicular pain in men, or fever in men or women), 3) seek prenatal care as soon as possible if pregnancy is confirmed or possible, 4) abstain from sex for at least seven days after completing treatment, 5) ensure all partners have been treated, 6) seek clinical services for re-testing three months after treatment.
Why did you come to clinic today?
- STD Screening / Testing
- My partner was treated for an infection
- I have a problem
- Contacted by someone from the clinic
- Other ____________________________

Risk Assessment

NO YES In the past 90 days, have you:
- Had sex with someone you did not know?
- Had sex with someone you met on line or through a phone app?
- Accepted money or drugs for sex?
- Paid money or drugs for sex?
- Had sex with prostitutes? (Male or Female)
- Used drugs like crack cocaine, crystal meth, or other IV drugs?
- Been told that one of your sex partners has syphilis or HIV?

FOR MEN ONLY In the past 90 days, have you:
- Had sex with other men
- Had sex in a public place like a bath house, book store, or park?

Prior HIV test date: ______________________
- Positive
- Negative
- Unknown

How often do you use condoms or other barriers:
- Always
- Sometimes
- Never

If any “yes” answers, refer to clinician.

Client Information

Date: _______ Contact Number __________________
Alternate Contact Number __________________
Name: __________________
Address: __________________
City, State, ZIP: __________________________
DOB: _______ Sex: _____ Race: ______
Sex at Birth: ______ Male ______ Female
Current Sex: ☐ M ☐ F Self-Define: __________
Record Number: ____________________________
Allergies: __________________________________

Are you having any of the symptoms listed below?
- Discharge (vagina / penis / rectum)
- Sores / Rash / Bumps
- Pain / Fever / Bleeding
- Pregnant?

Any “yes” answer, refer to clinician.

Referrals / Education

- STD Clinic for exam (date/time) ___________________________
- Safer Sex Education ___________________________
- Obtaining Results: ___________________________
- Other: ___________________________
- Condoms given ___________________________

Notes / Treatment(s) Given

LAB TESTS DONE

<table>
<thead>
<tr>
<th>Date</th>
<th>Test</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RPR</td>
<td>Negative / Positive / Indeterminate</td>
</tr>
<tr>
<td></td>
<td>HIV</td>
<td>Negative / Positive / Indeterminate</td>
</tr>
<tr>
<td></td>
<td>CHLAMYDIA</td>
<td>Negative / Positive / Indeterminate</td>
</tr>
<tr>
<td></td>
<td>GONORRHEA</td>
<td>Negative / Positive / Indeterminate</td>
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</table>

Staff Signature: ___________________________

Date: ____________________________

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