





**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:**

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<b>Approved by:</b>  <b>Dr. Wadie Yacoub, Senior Medical Officer of Health</b>   <b>Shawn Grono, Director of Nursing</b>	<b>Effective Date:</b>  Oct 2, 2019 through to August 2021

- 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 FNIHB policy and STBBI Test and Treat Guidelines.
- 2. Policy Rationale:**
  - 2.1. Program safety and quality of service are central to the STBBI Test and Treat Program.
  - 2.2. Certification for the Test and Treat Program is required 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.
  - 2.3. The Test and Treat program is complex and always evolving with new treatment and testing standards.
  - 2.4. 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 gonorrhoea, chlamydia, syphilis, hepatitis C and HIV.
- 3. Policy Interpretation:**
  - 3.1. The FNIHB Test and Treat services 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

- a. 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.
- b. Mandatory requirements for FNIHB-Alberta Region Test and Treat Provider Certificate include:
  - 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 eLearning 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 Regional Office Nursing Education 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.
  - iv. Transportation of Dangerous Goods (TDG) Certification:
    - TDG certification verifies that the worker has had additional training in regards to handling and packaging of infectious substances for the protection of the worker in order to minimize risk during transport and ensure public safety. A TDG Certificate is required and must be renewed every three years.
- c. 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 videoconference, 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.

### 3.3. STBBI Test and Treat Program Components

- a. The FNIHB STBBI Test and Treat program has different levels of STBBI testing and treatment services.



- b. In discussion with the First Nation 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.
- c. Levels of service for the STBBI Test and Treat Program are:
- Status quo
    - Continue to assist the AHS PNN with locating untreated index cases and/or sexual contacts
  - Level 1
    - Assist the AHS PNN with locating untreated index cases and/or sexual contacts
    - Provide medication to an index case referred by the AHS PNN
  - Level 2
    - Assist the AHS PNN with locating untreated index cases and/or sexual contacts
    - Provide medication to an index case referred by the AHS PNN
    - Provide urine testing and medication to a contact of an index case of chlamydia, gonorrhoea, non-gonococcal urethritis (NGU) or mucopurulent cervicitis (MPC)
  - Level 3
    - Assist the AHS PNN with locating untreated index cases and/or sexual contacts
    - Provide medication to an index case referred by the AHS PNN.
    - Provide urine testing and medication to a contact of an index case of chlamydia, gonorrhoea, NGU or MPC.
    - Provide urine testing for chlamydia and gonorrhoea to any individual requesting testing, reporting symptoms, or having risk factors and provide medication to positive cases.
  - Level 4
    - Assist the AHS PNN with locating untreated index cases and/or sexual contacts
    - Provide medication to an index case referred by the PNN
    - Provide urine testing and medication to a contact of an index case of chlamydia, gonorrhoea, NGU or MPC.
    - Provide urine testing for chlamydia and gonorrhoea to any individual requesting testing, reporting symptoms, or having risk factors and provide medication to positive cases.
    - Perform phlebotomy to test for syphilis, HIV and hepatitis C and collaborate with external health care providers for treatment.

#### **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 working within the STBBI Test and Treat Program in First Nations communities.

#### 4.3. Points of Emphasis

- a. STBBI test and treat services 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).
- b. With approval from FNIHB Nursing and the MOH, CHNs may collaborate with the community based physician or nurse practitioner to provide STBBI test and treat services, instead of working under the MOH.
- c. Clients requesting a STBBI test following an unreported sexual assault that has not been previously reported to a health care professional, should be referred to the FNIHB CDC team so the requirement for Hepatitis B Immune Globulin (HBIG), hepatitis B vaccine and HIV Post Exposure Prophylaxis (PEP) can be assessed.
- d. Reporting of STBBI is mandatory. The *Notification of Sexually Transmitted Infections Form* is completed and submitted to STICS. The *Notifiable Disease Report (NDR)* form for hepatitis C is reported to Alberta Health through FNIHB CDC. The *HIV/AIDS Case Report Form* is completed by AHS PNN.
- e. Treatment and reporting should be completed within two weeks after receiving a positive lab report.
- f. CHNs must adhere to the most current version of the College & Association of Registered Nurses of Alberta (CARNA) *Medication Guidelines* and College of Licensed Practical Nurses of Alberta (CLPNA) *Practice Guideline for Medication Management*. These documents are available on the CARNA and CLPNA website.
- g. In all cases, where a person under 18 years of age is suspected or confirmed to have a STI, an assessment should be carried out by the clinician to determine if additional reporting is required. Refer to the FNIHB Alberta Region Nursing Policy: *Mandatory Reporting of Child Welfare* (August 25, 2017).
  - i. The clinician should determine whether there are reasonable and probable grounds to believe that they are 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 and must be reported under CYFEA.
  - 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

- a. The CHN may test and treat clients according to the level of service the community is providing.
- b. Clients receiving treatment for STBBI may:
  - i. have been referred by the AHS PNN as an index case
  - ii. have been referred by the AHS PNN as a contact to an index case
  - iii. have been tested in the health centre and confirmed positive for chlamydia and/or gonorrhea
  - iv. be a contact to an index case tested at the health center
- c. FNIHB STBBI Test and Treat does not include specimen collection by swabbing.
- d. FNIHB STBBI Test and Treat does not allow for the clinical diagnosis of sexually transmitted infections or the provision of treatment based on symptoms only.
- e. Follow up of all positive lab reports should occur as soon as possible.
- f. Symptomatic individuals with negative chlamydia and gonorrhea tests results must be referred to a physician for assessment, as MPC and NGU cases are clinically diagnosed.
- g. The AHS PNN will notify untreated sexual contacts named by index cases.
- h. All treatment for syphilis is recommended by the Provincial STI Medical Consultant at STI Centralized Services (STICS) and managed by the PNNs.
- i. Treatment of STBBI will be based on *The Alberta Treatment Guidelines for Sexually Transmitted Infections (STI) in Adolescents and Adults*.
- j. STI medications are provincially funded and provided free of charge through STICS.

#### 4.5. Consultation with FNIHB Medical Officer of Health

Prior to treatment, consultation with the FNIHB MOH is necessary for:

- a. Clients who are known to be pregnant
- b. Clients presenting with complicated infections
- c. Clients who continue to have signs and symptoms after completion of treatment with no history of re-exposure.
- d. Clients with known allergic reactions to the preferred and alternate treatment agents or have other contraindications

### 5. Sexually Transmitted Blood Borne Infections Testing Procedure

5.1. All clients under 18 years of age shall be assessed for the capacity to consent as a mature minor.

5.2. The CHN will:

- a. Identify the client.
- b. Obtain informed consent for STBBI testing from the client.
- c. Inform the client that all health information collected will be kept confidential.
- d. Advise the client that positive test results are reportable under the *Alberta Public Health Act* emphasizing that information will remain confidential.
- e. Advise the client that Alberta Health Services will be notified of the positive test results to ensure proper treatment, follow up and contact tracing.
- f. Assess the client.



- g. Determine and provide recommendations for testing based on the client's sexual health assessment.
- h. Complete pre-test counselling.
- i. Clarify with the client, the best way to contact him/her to provide test results and document information in the health record.
- j. Obtain urine and/or blood specimen.
- k. Label specimen appropriately and complete lab requisition.
- l. Document the client visit for STBBI testing in the client's health record.
- m. Provide the client with appropriate contact information for future reference and follow up.
- n. Arrange for transportation of specimen to laboratory.
- o. Follow up all positive lab reports as soon as possible.
- p. Inform client of positive lab result.
- q. Provide post-test counselling regarding the results.
- r. Obtain informed consent for STBBI treatment.
- s. Provide treatment as per the most current version of the *Alberta Treatment Guidelines for Sexually Transmitted Infections (STI) in Adolescents and Adults*.
- t. Inform client if follow up testing is required.
- u. Complete *Notification of Sexually Transmitted Infections Form*.
- v. Complete *Notifiable Disease Report* if required.
- w. 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 a community health centre in a First Nations community.

**Community Health Nurse** refers to a nurse working in a health centre in a First Nation 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.

**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.

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