

## Key Service Definitions

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- A. Sexually Transmitted Disease (STD) Client – Individual presenting for the following reasons:
1. Genital lesion(s) or other lesions suggestive of STD(s)
  2. Genital discharge, dysuria, dyspareunia, or genital itching/pain
  3. Partner with genital discharge, genital lesion(s), or other symptoms suggestive of STD(s)
  4. Partner examination and treatment for STD(s)
  5. Referral by Disease Intervention Specialist (local or state STD investigator)
  6. Referral by private provider (local private practice, FQHC, local hospitals emergency departments)
  7. Positive test for STD
  8. Individuals requesting testing or screening for STD(s)
- B. STD Services - Secondary prevention activities (history, exam, testing, treatment, counseling, and referral) needed to evaluate and manage individuals who have symptoms, and/or history suggestive of an STD or exposure to an STD.
- STD services are designed to intervene in transmission of disease. In the public health setting, this includes primary prevention such as STD screening in asymptomatic clients.
- C. STD Exam – Includes examination above as well as below the waist. Components are: oropharyngeal, lymph nodes, skin, genitalia (including bimanual for females) anal visualization for lesion. Specimens will be collected from all exposure sites as directed in the laboratory standing orders.
- D. Vital Signs – A temperature should be taken if there is history of fever, abdominal pain or client is acutely ill. Blood Pressures (BP) are optional, however recommended prior to IM injections or in accordance with the local health department's standing orders for routine BP screening.
- E. Counseling
1. Client centered – Counseling tailored to the behavior, circumstances, and special needs of the individual. Focus is on personal risk assessment and development of a personalized action plan.
  2. Pre-counseling – Interactive client-centered dialogue to assess the client's chief complaint, symptoms and STD(s) risk history.
  3. Post-counseling\* – Informative and coaching with the client to ensure understanding of treatment, partner notification as indicated and a realistic personalized client-centered risk reduction plan.

*\*This service may be provided by discipline other than a Registered Nurse; however, the North Carolina Board of Nursing has ruled that Licensed Practical Nurses cannot provide counseling.*

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- F. HIV Opt Out Testing – Perform HIV screening as a routine component of the patient’s evaluation unless the patient declines. Individual written consent is not required for HIV screening.
- G. Disease Intervention Specialist (DIS) – State, federal, or local staff responsible for interviewing individuals infected with syphilis, HIV or AID. To help newly diagnosed clients to identify partner(s), assist or perform partner(s) notifications, and referring the client and/or partner(s) for evaluation and treatment.
- H. Medical Provider – A licensed person who is credentialed to perform medical acts within the limitation of their licensure. Examples include mid-level providers (CNM, FNP, and PA) or a Medical Doctor (MD or OD).
- I. Objective vs Subjective Criteria
1. Objective criteria – Documented clinical observations or laboratory findings that support the STD ERRN to carry out standing orders within his/her scope of practice. These standing orders include laboratory testing as well as disease and/or verified contact treatment.
  2. Subjective criteria – Most subjective criteria is provided by the patient via their history of symptoms or exposure to disease. The client’s historical information is used to guide the STD ERRN or medical provider to explore risk behavior and determine which screening(s) is recommended. A verified subjective criterion allows the STD ERRN to provide examinations and treatment of clients by standing orders.  
Examples of verified subjective criteria are:
    - Partner Notification Cards
    - Phone calls to other medical providers or the index case to verify contact to a known disease
    - DIS or other medical provider referral
- J. Partner Notification – The process of assisting individuals to inform their partner(s) who may have been exposed to an STD.
- The partner notification process for HIV/AIDS or syphilis cases is the responsibility of the DIS staff. Local health departments should have policies and procedures in place describing the partner notification process for other STD(s).
- K. Verified STD Contact – Verification of contact to a known case is best practice and strongly recommended. This can be accomplished by various means: Partner Notification Card(s), LHD verifying the reported STD cases in NC EDSS, calling the index case to verify information, contacting the medical provider of care for the index case to verify diagnosis, and referrals from MD, mid-level medical providers or DIS.

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- L. Express Clinic – A clinic model option for high-volume STD clinics that waives STD exam for asymptomatic clients who meet specific criteria. Specimens are usually client self-collected with the exception of oral-pharyngeal swabs, HIV and serologic test for syphilis (STS).
- M. Sexually Exposure – The client’s anatomical site(s) of any sexual activity when giving or receiving oral, anal, penile and/or vaginal sex. Use of condoms does not exclude the site from exposure as it relates to testing in the STD clinic.
- N. Asymptomatic Male STD Client – See the two (2) categories below:
1. Asymptomatic Male STD visit with exposure – No clinical findings on exam, but urethral exposure within < last 60 days. This client should receive urethral screening as well as all other exposed anatomical sites. See Male Urethritis Algorithm.
  2. Asymptomatic Male STD visit without exposure – No clinical findings on exam and no exposure within the last 60 days. If urine NAAT is available, please offer for screening. Otherwise, no further testing is need for urethral screening. If any other anatomical sites(s) was exposed in the last 60 days, provide screening as directed in the laboratory standing orders. See Male Urethritis Algorithm.
- O. Symptomatic Male STD Visit – This includes men who report being asymptomatic, but have clinical findings on exam or men who present with a urethral discharge, dysuria or intrameatal itching.
- P. Transgender – A state of gender identity which is opposite of one’s birth gender. Transgender identification is independent of sexual orientation. A transgender person self-declares their preferred gender and/or sometimes undergoes sex reassignment surgery. The lesbian, gay, bisexual and transgender (LGBT) communities prefer the use of transgender as an adjective (i.e. transgender male, transgender female or transgender person).
- Q. Scope of Practice – The Sexually Transmitted Disease Enhanced Role Registered Nurse (STD ERRN) is governed by the North Carolina Board of Nursing (NC BON). The STD ERRN is unique to public health clinical settings. The STD ERRN must rely upon standing orders to perform STD examinations, order lab and provide treatments independently. An STD ERRN being rostered does not allow the enhanced role registered nurse to make independent medical judgments or medical diagnosis. NC General Statue – 90-171.20 (7), North Carolina RN Nursing Practice Law; Administrative Rule 21 NCAC 36.0224 Components of Nursing Practice for the Register Nurse.