

Best Practices & Checklist

What to order

- Order STI Screening Kit from Brian or Barb at least two weeks prior to screening day. Provide screenings date(s) and times for signs.
- Order the following extra supplies from Fairview:
 - 50-100 extra UA cups
 - 50-100 DNA probes

One Week Prior

- Do a lunchroom table for 2 days – one the week before and another a couple days prior to screening day.
 - Post signs from kit on display board
 - Do an STI-themed Jeopardy game
 - Provide 70-75 of the following materials:
 - SBC Brochure
 - Clinic Registration & Minor Consent Forms
 - STI passes
 - Blue “STD Testing” brochure from ETR Associates *not included in kit*
 - Other brochures (i.e. STDs and anal sex, STDs and oral sex, etc) *not included in kit*
 - Encourage students to come during study hall or in-between classes.
- Text/email announcements to just students. Here is sample content:
Drop-in STI screening at the School Based Clinic - <dates>
Did you know 1 in 2 sexually active teens will have an STI before age 25 and most won't have symptoms? But don't let the facts scare you! The School Based Clinic is offering rapid STI screenings on <date>. Come to <Room> between <times>. More information is available in the clinic or by contacting <staff name> at <staff email>@minneapolismn.gov.
- Post signs from kit throughout the school

Week of Screenings

- Place bio bags inside paper bags.
- Clip registration packets to outside of paper bags.
- Have a clinic meeting to make sure everyone knows his/her role.
 - Greeter/check-in
 - Data entry/NextGen entry
 - Bathroom attendant(s)
 - Check-out
 - SSI Screener
 - MA and NP should float as much as possible and not tied down to another role.

Day of Screenings

Setup

- Setup a check-in station either at the front desk or somewhere else in the clinic with bags and registration packets.
- Designate an area for registration form completion.
- Designate a check-out area for patients to return specimen and receive goodie bags.
- Set out box for patients to submit forms.
- Set out UA cups in bathrooms or where patients turn in their forms.
- Set out bins (Rapid Test Kit bin) for patients to return collections.

Flow

- Greeter ensures paperwork is completed properly.
- Bathroom attendants distribute cups and answer patient questions.
- Checkout person collects specimens, gives out goodie bags and reminds patients to come back next week for results.
- SSI Screener hands out forms to eligible patients and helps with crowd control.
- Data Entry person begins registering patients and booking appointments in NextGen.
- MA and NP are available for questions and counseling.

Data Entry - EPM

- Use questionnaires/registration forms to register students in EPM.
- Create Lab only or Family Planning appointment (depending on level of care) and check-in in EPM.
- Create labels to replace label on specimen and pre-filled Encounter Fee Ticket.

Days After Screenings

Data Entry - EHR

- Order Gonorrhea and Chlamydia tests on Office Diagnostics.
- Order Fairview STI tests in Order Module.
- Consider doing a Physical Exam template – patient looked ok (no symptoms).
- Add diagnoses V74.5 and V25.79 since everyone got 10 condoms, How to use brochure and 2 lubes.
- Add a My Phrase for STD testing and condom distribution.

Data Entry - EPM

- Rebook patients for Results Only (negative results) or Family Planning (positive results) visits. Only book NP for Family Planning Visits.
- Send specimens off to Fairview. Specimens are stable for 30 days after they are in DNA probes; 24 hours in cup in refrigerator.

Result Days

- Check-in appointments as patients return for results.
- Negative Results:**
 - Answer questions and give health education.
 - Set up for a 6-month STD rescreen protocol in the EHR.
- Positive Results:** NP should see these.
 - Treated them accordingly.
 - Setup rescreen in 3 months with syphilis and HIV draws.
 - Give brochures on meds given and STDs.
 - Complete the MN Confidential STD Case Report.
- Review birth control options with all patients and initiate Family Planning Waiver.
- If you booked patients for Day 1 and they didn't show, reschedule them for the following day. If patients still don't show on 2nd day, contact them or send a pass.

Kit Contents

Marketing Supplies

- (10) signs to be posted throughout school and used on display board
- Jeopardy questions
- (50) SBC Brochures
- (50) Clinic Registration & Minor Consent Forms
- (100) STI passes
- (50) SBC pens

Screening Supplies

- (50) bio bags
- (50) paper bags
- (100) labels
- (50) Registration packets (includes Clinic Registration & Minor Consent, Rapid STI HPI Questionnaire, Rapid STI Screening Instructions)
- (25) SSI Screening Forms
- (50) Goodie bags (includes 10 condoms, 2 lube packets, "How to use a Condom" guide)
- (50) customized reminders to come back for test results
- (50) Pre-filled Encounter Fee Tickets

Results Supplies

- (4) bottles of Azithromycin 4-tab
- (1) Ceftriaxone vial
- (10) Gonorrhea health education brochures
- (10) Chlamydia health education brochures
- (10) Azithromycin health education brochures
- (10) MN Confidential STD Case Reporting Form

Jeopardy STI Questions & Answers

Types of STIs

100

Answer: Two main types of STIs

Question: What are viral and bacterial?

200

Answer: Name a bacterial STI

Question: What is gonorrhea, chlamydia, syphilis, etc.

300

Answer: Name a viral STI

Question: What is herpes, HPV, HIV, Hepatitis B

400

Answer: Main difference between bacterial and viral STIs

Question: Bacterial = curable, viral = treatable, not curable

500

Answer: What kind of STI is syphilis? Bacterial or viral?

Question: What is bacterial?

Transmission and Symptoms

100

Answer: Most common symptom of an STI

Question: No symptom!

200

Answer: How are STIs transmitted?

Question: Through oral, vaginal or anal sex and sometimes skin to skin contact

300

Answer: How is HIV transmitted?

Question: Through sexual activity, needle sharing, and through infected breastmilk

400

Answer: How is herpes transmitted?

Question: Through skin to skin contact

500

Answer: Name a common STI symptom

Question: What are burning, discharge, blisters, bumps, sores, lesions, flu-like symptoms, and pelvic/abdominal pain?

Prevention and Testing

100

Answer: How can you tell someone has an STI

Question: You can't

200

Answer: One way to prevent STIs

Question: Using condoms or dental dams

300

Answer: One way to test for gonorrhea and chlamydia

Question: Urine test

400

Answer: How to test for HIV

Question: Blood test/blood draw

500

Answer: When should some be tested for STIs?

Question: Once a year, or more often if they have multiple partners

STI Facts

100

Answer: The most common STI

Question: What is chlamydia

200

Answer: % of sexually active teens who will have an STI before they turn 25: is it 25%, 50% or 75%

Question: What is 50%

300

Answer: What age group has the highest rate of chlamydia infection in Minnesota?

Question: What is young people ages 14-24

400

Answer: Name a vaccine that prevents an STI

Question: What is Gardasil, prevents some strains of HPV

500

Answer: Name an STI that's becoming resistant to antibiotic treatment

Question: What is gonorrhea



Rapid STI Screening Toolkit



Sample Letter to School Staff

Hello,

I'm writing to let you know about an event at the School Based Clinic on <dates and times>. In an effort to decrease stigma around STIs, we are holding a day of drop-in STI screenings for students. We are hoping to make the screening as easy and fast as possible for students, so the drop-in screenings should only take 5-10 minutes. We're encouraging students to come down to the clinic during passing time, lunch, or during any free hours they might have to reduce out of class time for students.

If you notice that more students than usual are requesting to come down to the clinic on <date>, this may be the reason. We wanted to notify you in advance so you have time to decide whether to allow students to leave class for this reason. Please let us know if you have any concerns and feel free to drop by the clinic or call us at <clinic phone>.

Urine Handling Guidelines

This information is from FAIRVIEW lab website – Please see highlighted information for fast-track STI testing

Neisseria gonorrhoeae PCR

Sunquest Code:	GCPCR		
Epic Code:	LAB3497	Epic Name:	NEISSERIA GONORRHOEAE PCR
Synonyms:	GC by PCR; Neisseria gonorrhoeae		
Methodology:	Transcription mediated amplification technology		
CPT Code:	87591		
Turnaround Time:	Performed Sun-Fri; results reported within 2-3 days.		
Special Instructions:	PCR testing is performed on genitourinary specimens only.		

Collection Instructions

Specimen:	Females: endocervical swab, vaginal swab, or urine; Males: urethral swab or urine
Container:	See Collection Instructions; Microbiology containers.
Collection Instructions:	Use special container available from laboratory; collect with blue endocervical swab (provided with GenProbe transport tube) and place in GenProbe transportation tube. Patient should not have urinated for at least one hour prior to sampling. Collect first 15-20 mL of voided urine in sterile container and transfer 2 mL of urine to a GenProbe urine transport tube. The same specimen can be used for both Chlamydia and Neisseria gonorrhoeae PCR testing.
Causes for Rejection:	Follow manufacturer's collection instructions. Use of the large, white cleaning swab or any swab not provided with the collection kit is unacceptable. Absence of collection swab in transport tube is not acceptable. Urine in the grey top (aliquot) tube is not acceptable. Only urogenital sources will be tested with this methodology.

Processing and Shipping

Specimen Processing:	Store swab and urine in GenProbe transport tube at room temperature. Store urine not in transport tube at refrigerated temperature.
Shipping Instructions:	Ship swab and urine in GenProbe transport tube at room temperature. Specimens in the GenProbe transport tube are stable for 30 days. Urine that is not in a GenProbe transport must be shipped at refrigerated temperature and must arrive within 24 hours of collection.
Test Performed at or Referral Lab	Microbiology (UMMC-East Bank)

Interpretive

Reference Range:	See interpretive report.
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