2022-2024 CD/STD Policy Review for **AA536**

County: _____ Date of Review: _____

Reviewer Name: _____

Policy Element STD Services	**Policy Review indicates agency does not charge for required STD services.**	**Billing policy indicates exceptions and follows current billing and coding guidance**				**Policy review indicates symptomatic clients are offered care within one workday**	**Recommendations/Comments**
Policy Name STD Program Staffing*	**Current**	**Clinical oversight of STI Program by RN, APP, or MD (day to day operations)**		**Overview of Staff by discipline, function, etc.**		**Recommendations/Comments**	
Policy Name STD Staff Qualifications*	**Current**	**2 staff with CTR training**	**Licensure requirements**	**PHN requirements (NCCPHN course/BSN)**	**Lab Training** *If needed*	**Pharmacy Training** *If needed*	**STD ERRN Requirements** *If applicable*	**Recommendations/ Comments**
Policy Name STD Staff Orientation*	**Current**	**Specific STD orientation for all STD staff**		**New Provider training**		**Recommendations/Comments**	
Policy Name STD Staff Development*	**Current**	**STD ERRN CE**	**Annual STD ERRN observations**	**Annual training for STD staff (non-ERRN); recommended**		**Recommendations/Comments**	
Policy Name STD Exam, Test, Treat, Counsel, Refer	**Current**	**Expectation of full exam**	**Reference STD manual and CDC treatment guidelines**		**All five elements (examination, testing, treatment, counseling, referral) addressed in policy**	**Recommendations/Comments**	
Policy Name Express STD Clinic Services	**Current**	**Triage Process for eligibility**	**List of included services**	**Staffing of Clinic outlined**	**Education/counseling included as part of service**	**Recommendations/Comments**	

7/20/2023

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Policy Name Expedited Partner Therapy	Current	Covered infections are specified	Hetero-sexual partners only	First line treatments specified	Pharmacy Documentation	Education/ counseling materials sent with medicine	Recommendations/Comments

Policy Name STD Program NCEDSS Reporting	Current	30 day timeframe	Staff with statewide Hep B access	Staff with statewide syphilis read-only access	Use non-RN staff for data entry	Recommendations/Comments:	

Policy Name STD Community Outreach to Residents	Current	Type of Outreach listed		Staff used in outreach are listed	Recommendations/Comments *Recommend agency keep log of community outreach activities*	

Policy Name STD Community Outreach to Medical Providers	Current	Type of Outreach listed	Staff used in outreach are listed	Outreach includes ensuring use of current STD treatment guidelines	Recommendations/Comments *Recommend agency keep log of provider outreach activities*

✓ = Present or Yes   O = Not present or No   N/A = not applicable

*These policies may be separate or combined.

Summary Notes on Policy Review: