

2025-2027 CD/STD Policy Review for **AA536**

County: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

<b>Policy Element</b> 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
<b>Policy Name</b> STD Program Staffing*	Date of last review:	Clinical oversight of STI Program by RN, APP, or MD (day to day operations)		Overview of Staff by discipline, function, etc.		Recommendations/Comments	
<b>Policy Name</b> STD Staff Qualifications*	Date of last review:	2 staff with CTR training	Lab Training <i>If needed</i>	Pharmacy Training <i>If needed</i>	STD ERRN Requirements <i>If applicable</i>	Recommendations/Comments	
<b>Policy Name</b> STD Staff Orientation*	Date of last review:	Specific STD orientation for all STD staff		New Provider training		Recommendations/Comments	
<b>Policy Name</b> STD Staff Development*	Date of last review:	STD ERRN CE	Annual STD ERRN observations	Annual training for STD staff (non-ERRN); recommended			Recommendations/Comments
<b>Policy Name</b> STD Exam, Test, Treat, Counsel, Refer	Date of last review:	Expectation of full exam	Reference STD manual and CDC treatment guidelines		All five elements (examination, testing, treatment, counseling, referral) addressed in policy		Recommendations/Comments
<b>Policy Name</b> Expedited Partner Therapy	Date of last review:	Covered infections are specified	Hetero-sexual partners only	First line treatments specified	Pharmacy Documentation	Education/ counseling materials sent with medicine	Recommendations/Comments

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<b>Policy Name</b> STD Program NCDSS Reporting	<b>Date of last review:</b>	<b>30 day timeframe</b>	<b>Staff with statewide Hep B access</b>	<b>Staff with statewide syphilis read-only access</b>	<b>If using non-RN staff for data entry, role is defined</b>	<b>Recommendations/Comments:</b>
<b>Policy Name</b> STD Community Outreach to Residents	<b>Date of last review:</b>	<b>Type of Outreach listed</b>		<b>Staff used in outreach are listed</b>	<b>Recommendations/Comments</b> <i>Recommend agency keep log of community outreach activities</i>	
<b>Policy Name</b> STD Community Outreach to Medical Providers	<b>Date of last review:</b>	<b>Type of Outreach listed</b>	<b>Staff used in outreach are listed</b>	<b>Outreach includes ensuring use of current STD treatment guidelines</b>	<b>Recommendations/Comments</b> <i>Recommend agency keep log of provider outreach activities</i>	

✓ = Present or Yes

○ = Not present or No

N/A = not applicable

\*These policies may be separate or combined.

Summary Notes on Policy Review: