

Asymptomatic STI Testing Protocol

Community Health Newham Sexual & Reproductive Health Department

Version:	2
Ratified by:	Children, Young People and Sexual Health Governance Group Nursing Development Steering Group
Date ratified:	March 2015
Name of originator/author:	Chantal Gayle, Judith Doe, Justine Cottle, Vera Theodore.
Name of responsible committee/individual:	Children, Young People and Sexual Health Governance Group
Circulated to:	Vera Theodore, Senior Women's Health Nurse Sue Abbott, Service Lead Anrhona Galloway, Chlamydia Screening Office Co-ordinator
Date issued:	February 2015
Review date:	February 2018
Target audience:	Community Health Newham Sexual & Reproductive Health Department staff: Nurses, Development workers, Administration Staff

Version Control Summary

Version	Date	Author	Status	Comment
1	November 2013	Judith Doe		
2	February 2015	Chantal Gayle		Policy updated sections 5 – 7 to include sampling for Gonorrhoea & Chlamydia, appendix A & B risk assessment within proformas and appendix J positive results pathway.

Contents

Paragraph		Page
1	Executive summary	5
2	Introduction	5
3	Abbreviations	5
4	Purpose	6
5	Duties	6
5.1	Staffing	6
5.2	Clinic Equipment & Consumables	6
5.3	Health & Safety	7
5.4	Quality Control	7
6	Operational Procedures	7
6.1	Registration	7
6.2	Introducing to Testing	7
6.3	Inclusion Criteria	8
6.4	Exclusion Criteria	8
6.5	Pre-test Discussion	8
6.6	Preparation	9
6.7	Sampling	9
6.8	Completing the request form	10
6.9	Storage of samples	10
7	Results Management	10
7.1	Negative Results	10
7.2	Positive HIV Results	11
7.3	Positive Syphilis Results	11
7.4	Positive Chlamydia/Gonorrhoea Results	11
7.5	Unusual Results	12
8	References	12
9	Associated Documents	12

Appendices

Appendix A STI Screening Algorithm

Appendix B Asymptomatic Screening Female Assessment Form

Appendix C Asymptomatic Screening Male Assessment Form

Appendix D HIV/Syphilis Pro-Forma

Appendix E Pathology Request Form

Appendix F Negative Results Pathway

Appendix G HIV Positive Results Pathway

Appendix H Greenway Centre HIV Referral Form

Appendix I Greenway Centre Syphilis Referral Form

Appendix J Positive Results Management Pathway

Appendix K List of HIV Support Organisations

Appendix L Shine Sexual Health Check-up Leaflet

Appendix M Infection Control Issues

Appendix N Sharps Injury Poster

1. Executive Summary

This document sets out the procedures for screening patients who attend Shine young people's and generic sexual & reproductive health clinics requesting testing for sexually transmitted infections (STI's) including HIV and Syphilis.

These procedures are intended for use for patients presenting without symptoms but requiring a test for STI's. The objective is to support all healthcare staff to safely and correctly perform clinical tasks following appropriate training and collect samples from patients for STI testing.

2. Introduction

The UK has high rates of sexual ill health. In recent years commissioners have worked with providers of STI care to improve access to sexual health services, and this continues to be a priority in the National Health Service (NHS) Operating Framework.

STI services have a strong public health role and there is an increasing awareness that if the high rates of sexual ill health are to be tackled effectively, then this role needs to be a focus for both commissioners and providers of services.

3. Abbreviations

- STI Sexually Transmitted Infection
- HIV Human Immuno-deficiency Virus
- NHS National Health Service
- SOP Standard Operational Procedure
- GUMcad Genito-Urinary Medicine clinic activity dataset
- SHRAD Sexual & Reproductive Health Activity Dataset
- GUM Genito-Urinary Medicine
- PGD Patient Group Directions
- SRH Sexual & Reproductive Health
- GWC Greenway Centre
- ELFT East London NHS Foundation Trust
- CSO Chlamydia Screening Office
- FP Family Planning
- CASH Contraception & Sexual Health
- CFP/CMP Casual Female Partner/Casual Male Partner
- RFP/RMP Regular Female Partner/ Regular Male Partner
- CSW Commercial Sex Worker
- MSM Man who has Sex with Men
- LSI Last Sexual Intercourse
- STS Syphilis Test serology
- PTD Pre-Test Discussion
- HA Health Adviser
- PN Partner Notification

4. Purpose

This document, in conjunction with the Newham Chlamydia and Gonorrhoea Screening Protocol will enable staff in the Community Sexual and Reproductive Health Department to provide an effective asymptomatic screening service to clients who request STI testing.

The purpose of this part of our service is to:

- Provide effective services including screening for those who attend community sexual and reproductive health clinics requesting STI 'check-up' and/or contraception
- Screen asymptomatic patients who present to clinic for STI testing
- Provide STI screening and where appropriate, treatment for those who have come into contact with an infection
- Contribute to STI/HIV prevention by promoting safe sex and condom use
- Contribute to effective STI monitoring and surveillance via GUMCad/SHRAD
- Provide appropriate health education and counselling to patients attending the clinic
- Maintain appropriate medical/patient confidentiality
- Where necessary refer patients to GUM clinics for appropriate care and treatment and to other health care and supporting services as required

5. Duties

5.1 Staffing

The clinic should be appropriately staffed to adequately perform the following functions:

- Clinic administration, patient registration, record keeping and reporting
- Sexual and reproductive health history taking, clinical examination and treatment
- Obtaining screening samples for testing for STI's
- Health promotion and safer sex and risk reduction discussions.

5.2 Clinical Equipment & Consumables

Clinical staff must ensure the clinic is stocked with the following testing consumables:

- SST 'yellow top' blood tubes for HIV and Syphilis
- Vacutainer tubes
- BD safety lock green needles
- BD safety lock green butterfly needles
- Cotton wool balls
- Micropore tape
- Chlorhexidine 2% cleansing swab/steret
- Urine collection bottles
- Vaginal GC/CT self-swabs
- Microbiology test request form

All clinics should maintain a current supply of medication required for the treatment of uncomplicated Chlamydia and Gonorrhoea and current PGD's for each.

All STI testing consumables are ordered via Community Sexual & Reproductive Health Department - Operational Manager, based at Shrewsbury Health Centre.

5.3 Health and Safety Information

All staff must be conversant with Universal Precautions, Control of Substances Hazardous to Health Regulations (COSHH) 2000, Management of Health & Safety Regulations 1992 and local policy for the management of body fluid exposures to staff as attached

Staff must have successfully completed a University Phlebotomy course and assessed as competent to practice via the ELFT Phlebotomy service programme. Staff must refer to the EFLT Venepuncture Policy.

Bodily fluids must always be regarded as potentially infectious. Therefore gloves must be worn during sample taking.

Please note all testing consumables have individual expiry dates; these must be checked prior to use.

5.4 Quality Control

Quality Control will be undertaken when new serology consumables are received at the Shrewsbury Centre. This will be carried out by Community Contraception & Sexual Health Department Operational Manager before consumables are sent to clinics. All expired consumables should be returned to the Department's Shrewsbury Road Health Centre site.

6 Operational Procedures

6.1 Registration

- When patients arrives at clinic reception they should be welcomed and asked to complete a triage and registration form
- If a patient selects 'STI testing' and/or 'HIV/Syphilis test' on the triage form the administrator should give the patient a sexual health self-assessment form to complete (appendices B & C)
- Patients should be instructed to complete all questions on the self-assessment form and return it to the administrator
- Once the self-assessment form has completed by the patient, it should be attached to the patients' clinic notes and placed in the box to be seen by the appropriate clinician
- The patient should then be given a sexual health check-up leaflet (appendix L) to read prior to being seen by a nurse, doctor or development worker.

6.2 Introduction to Testing

- The clinician must see the patient in a clinical room and verify identification before proceeding with consultation
- Develop a rapport with the client
- Explain confidentiality and limits of confidentiality
- Always see client on their own unless an interpreter is required
- If client does not speak English, use Health Advocate or telephone interpreting services, not a friend or family member.
- If the client is under 16 years old assess for competence using Fraser guidelines
- Confirm with the patient the reason for their visit and go through the self assessment form with them to exclude symptoms of an STI
- Clarify with the patient their understanding of the tests they have requested and if testing for HIV conduct a pre-test discussion as per pro-forma (appendix D)
- Obtain consent for testing

6.3 Inclusion Criteria for STI testing

- Clients aged 13 years or over who are attending either a Shine or general contraceptive clinic.
- For those aged 13-15 years old competence must be assessed using Fraser guidelines.

Clients who are at a higher risk of contracting HIV are:

- Men who have sex with men with high risk activity (and partners of)
- Injecting drug users who have shared equipment (and partners of)
- People from endemic areas (African nations and the Caribbean) or those who have had unprotected sex with partners from endemic areas
- People who have had unprotected sex with known HIV infected individual
- Sex workers who engage in high risk sexual activity

6.4 Exclusion Criteria for HIV and Syphilis Test

- Young people under the age of 16 years old assessed as not competent using Fraser guidelines
- Patients who have symptoms of a sero-conversion illness
- Failed venepuncture on 2 occasions (if excluded refer to GWC) see ELFT Venepuncture policy for venepuncture ruling for remaining exclusions. Where exclusions apply HIV POCT may be offered instead.
- No mobile number or address to which results can be sent.

6.5 Pre Test Discussion

All clients requesting testing will have a pre-test discussion. Staff will be guided in this discussion by the Asymptomatic Screening Forms reviewing key information and understanding, if blood tests are requested staff will then complete the HIV/Syphilis pro-forma.

The pre-test discussion will include:

- Checking the client's understanding of the conditions they are being offered tests for
- Explanation of testing window periods
- Explanation of how the test is conducted and how results are received
- Ensuring clients understand the clinical options following a positive result
- Discussion about risk factors and risky activities. Staff will reassure clients that everyone is asked the same questions.
- Preparation for the result
- Information about follow-up

During the pre-test discussion staff will seek voluntary and informed consent to testing. This will include:

- Confirming whether clients want to take all tests today.
- Checking whether clients have read any information provided.
- Assessment of an individual's competence to give informed consent.
- If health professional does not feel that the client is emotionally prepared for testing at this point, re-book for a later date or refer to Health Advisers at Greenway Centre.
- Documenting consent obtained for testing on HIV/Syphilis pro-forma and in clinic notes.
- Ensure client has mobile phone or address to which result can be sent.

6.6 Preparation

Prior to blood test:

- Ask patient whether they have had a blood test before and their experience of this
- Ensure all blood testing material is available
- Ensure a sharps bin is available prior to testing
- Ask patient to roll up their sleeve on their preferred arm for taking the blood sample
- Check the quality of the veins and visually select a vein for the test
- Ask patient to position themselves comfortably in a chair and place a pillow under their arm for added support if needed

6.7 Sampling

Blood test

Staff must have received accredited phlebotomy training and refer to the EFLT Venepuncture Policy.

- Wash your hands prior to taking the blood sample
- Put on a pair of nitrile non-latex gloves
- Attach the BD vacutainer to the BD vacutainer safety lock needle
- Place the SST blood tube within easy reach
- Place tourniquet firmly but not tight 15cm above middle elbow
- Insert needle into a vein of your choice and ensure the bevel of the needle is top side up
- Once successfully in the vein draw 8-10ml of blood into the tube and immediately release tourniquet from arm
- Remove blood tube from vacutainer first
- Remove needle from vein covering it with the safety lock and place in the sharps bin
- Stem blood flow by placing a cotton wool ball on the puncture site and ask patient to hold this in place for at least 3 minutes initially then secure with a micro-pore tape
- Write patients full name/dob/time and date taken directly on the blood tub

Urine test

Write patients name, DOB, clinic no. and the date taken on the specimen bottle and instruct the patient to:

- Pass only the first flow of urine into the specimen bottle
- Fill at least half of the specimen bottle
- Make sure the lid of the specimen bottle is screwed on tightly

Vaginal Self-swab

Write patients name, DOB, clinic no. and the date taken on the tube and instruct the patient to:

- Remove the swab from the tube
- Gently insert the swab no more than 5 centimetres into the vagina
- Rotate the swab for 10-15 seconds
- Remove the swab, replace back into the tube and cap securely

6.8 Completing a microbiology request form (Appendix E)

The microbiology form should be used to request HIV and Syphilis tests for all patients and to request Chlamydia and Gonorrhoea tests for those aged 25 and over.

- In the Microbiology section write: 'HIV Antibody and Syphilis' or 'GC & CT NAATS'
- In the diagnosis/clinical details write: STI Screening
- Consultant code: 80002 SA
- Address: 62034 and the abbreviation of the clinic site where the test is being carried out i.e. SR, WHL
- Circle NHS
- Date of request: fill in date the sample was obtained
- Patients full name and date of birth
- Requesting Doctor: Health Care workers' name
- Record tests in clinic smear book
- On the green carbon copy, write patients mobile number for texting the results and add comment: '**consents to text**' or add address to which results can be sent.

Detach the green carbon copy and give to the administrative staff when completed. Administrative staff are then to put confidential microbiology form in a confidentiality envelope and transport to Department using Trust policies / Department processes.

6.9 Storage of Samples

- Ensure all samples are placed in a bio-hazard bag together with the request form
- If samples are to be collected the same day place at designated pick-up point, otherwise place in the allocated Department refrigerator
- Refrigerators are located in different areas in the following clinics:
 - West Ham Lane
 - Shrewsbury Road
 - West Beckton
 - Lord ListerStaff must make themselves aware of the location of fridges.
- Samples must be stored at temperatures of 2-8 °C in the SRH refrigerators prior to collection and transportation to a main laboratory.

7 Results Management

All samples collected from Newham SRH clinics will be processed by Barts Health virology laboratory. The test results will be published on the Barts Health Cyberlab results viewing system. Access to Cyberlab can be obtained via Diane Prockter Operational Manager.

7.1 Negative Results

All negative results will be managed by the administrative team led by Diane Prockter using the negative results pathway (appendix F). The method of notification is predominantly texting unless patient has requested an alternative method. Clinicians must ensure that the green carbon copy from the microbiology form has the patients' mobile number so a text message can be sent to the patient.

Every negative result must be printed by the administrative team and given to a nurse to check the accuracy of results and patients details and are signed-off prior to notification to a patient. When the client has been notified of the negative result, the paper copy pathology result must be returned to the original testing clinic. Every negative result must be texted by the administrators using the departments Newham Reproductive and Sexual Health Service SMS

account within 2 weeks. Results should then be entered into the smear book by a clinician. The pathology result must be filed into the patients notes at clinic by the administrative team.

7.2 HIV Positive Results

All HIV positive results will be managed and notified by SRH clinicians.

When a HIV positive result is received in the department, it will be given to a clinician to follow –up using the pathway (appendix G). The clinician must liaise with Diane Prockter or the lead administrator to determine original clinic which the patient tested at, the patient must then be booked an appointment at this site. Where this is not possible the clinician must ensure patient clinic notes are available (liaise with admin team to obtain these) to see the patient at another clinic site. The client should be seen as soon as possible.

Referral to Greenway centre Health Advisers must be done as soon as practical after the patient receives their HIV positive result (appendix H). Interim support agencies such as Terrence Higgins Trust contact details should be given to client. (Appendix K). The clinician must liaise with GWC Health Advisers to confirm client attendance.

7.3 Syphilis Positive Results

All Syphilis positive results will be managed and notified to the patient by SRH clinicians.

When a positive syphilis result is received the administrative team informs the SRH clinicians, prints the result, merges this with the green copy request form and hands over to a clinician to action. The clinician telephones the patient and notifies of the Syphilis positive result via telephone (no clinic attendance required). This discussion should be recorded on the green request form and given to the administrator to take back to clinic for filing.

Clinicians must ensure the patient is referred to the GWC Health Adviser team by fax and the results recorded on the referral form. Follow-up by phone is required to ensure receipt. The clinician must further liaise with GWC to confirm patient attendance and record details of this phone call on a continuation sheet which should to be merged with the patient's clinic notes.

The printed result must be taken to the clinic where the patient tested, entered into the smear book and filed in the patients notes.

7.4 Chlamydia/Gonorrhoea Positive Results

All positive Chlamydia and Gonorrhoea results for those aged 24 and under will be managed by the CSO. All those aged 25 and over will be managed by SRH clinicians.

When a positive GC/CT result is received for patients aged 25 and over the administrative team informs the SRH clinicians, prints the result, merges this with the green copy request form and hands over to a clinician to action. The clinician telephones the patient and notifies the patient of the positive result via telephone. The clinician will then ascertain whether the patient has developed any symptoms, if yes the patient should be booked in to see to the specialist GUM clinic or informed to attend the GWC for treatment. If the patient remains asymptomatic an appointment should be booked for the patient to attend for treatment. When the patient attends for treatment a sexual history for the preceding six months should be taken and PN initiated. The date treatment was given should also be entered on the positive results database.

A follow-up telephone call two weeks after treatment should be made to the patient to check compliance and complete PN. Any patients with a GC positive result should also be booked an

appointment to attend for GC TOC 2 weeks following treatment. All follow-up contact should be documented on the positive results database.

Un-contactable Patients

Three attempts should be made to contact the patient to inform them of their positive results. Any patients with a positive result who re-main untreated after three contact attempts should be referred to the Health Advisor team at the GWC or, if under 16, the Vulnerable Peoples Nurse, for further management. All positive results should be managed in line with the positive results pathway (appendix J).

7.6 Unusual Results

If any other results are received that are not very clear, they must be referred to senior clinicians for management and patient recall. These can include:

- Equivocal
- Insufficient
- Inhibitory
- Not tested

Most common causes can include but not limited to:

- not enough sample collected,
- incorrect labelling of samples,
- incorrect requesting,
- not enough patient identifiers for tests to be conducted

8 References

British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008). *UK National Guidelines for HIV Testing*. September, 2008

DoH (2013). *A Framework for Sexual Health Improvement National Sexual Health*. March, 2013

Health and Safety Executive (2012) *Working with substances hazardous to health; A brief guide to COSHH*. October, 2012

National Health Service (Venereal Diseases) Regulations 1974. 1974 SI 1974/29. London: HMSO

9 Associated Documents

This policy should be read in conjunction with the following policies, which are available on the East London Foundation Trust intranet. Some policies are found in the CHN Policies and Procedures:

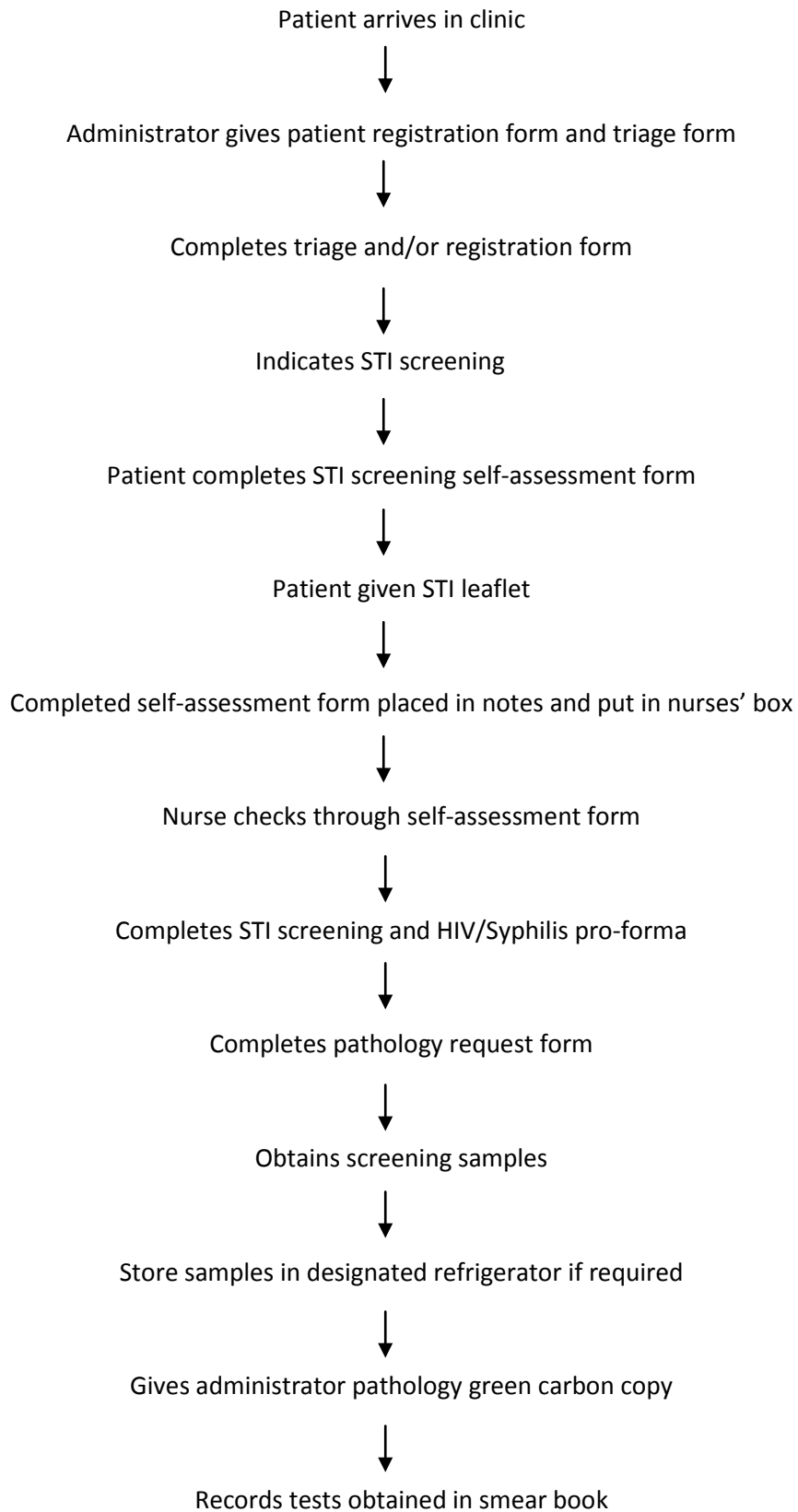
- Infection Control Manual
- Venepuncture Policy
- Control of Substances Hazardous to Health Policy
- Information Governance Policies

Appendices

- A) STI Screening Algorithm
- B) Asymptomatic Screening – Female Self-Assessment Form
- C) Asymptomatic Screening - Male Self-Assessment Form
- D) HIV/Syphilis Pro-forma
- E) Pathology Request Form
- F) Pathway for Texting STI Negative Results
- G) HIV Positive Results Pathway
- H) HIV Referral form to Greenway Centre
- I) Syphilis Referral form to Greenway centre
- J) List of HIV Support Organisations
- K) Sexual Health Check-up Leaflet
- L) Infection Control Issues
- M) Management of Sharps Injuries / Poster

Appendix A

STI Screening Algorithm



NAME _____ DATE _____

DATE OF BIRTH _____ AGE _____

Please find a quiet space in the waiting area to complete this form. Answer the following questions by circling the appropriate answer. Don't worry if there are any questions you do not understand as the nurse or SHINE worker will discuss further.

1) Do you have any of the following symptoms at present?

Unusual vaginal discharge	No	Yes
Abdominal pain	No	Yes
Pain or discomfort when passing urine	No	Yes
Itching or soreness in or around the vulva/vagina	No	Yes
Blisters, lumps, rash or sores	No	Yes
Pain or bleeding during or after sex	No	Yes

2)

When did you last have sex? (Example: 2 days ago)	
Did you use a condom?	No Yes
When was your last menstrual period?	
Was it normal?	Yes No
What is your current contraceptive method?	Condom Pills None Injection Implant IUD/IUS (coil) Other:
How many sexual partners have you had within the last 3 months?	
Are you currently taking any medications?	No Yes
Are you allergic to any medications?	No Yes

3) Since your last test (or if no previous tests ever), have you:

Had sex with someone known to have a sexually transmitted infection or HIV?	No	Yes
Ever paid for sex?	No	Yes
Been paid for sex?	No	Yes
Injected drugs?	No	Yes
Had sex with someone from Sub-Saharan Africa or SE Asia?	No	Yes
Has sex with a man who has sex with men?	No	Yes
Been sexually assaulted?	No	Yes
If "yes", was it within the last 6 months?	No	Yes

4) Have you:

Had an HIV test before? If "yes" when was the last test? _____ If so, was it: Negative Positive Did not get results	No	Yes
Read and understood the HIV testing leaflet?	No	Yes

For staff use only:

If symptomatic refer to clinician or Greenway Centre: Yes No

Or alternative sexual health service Name of Service: _____

Signature: _____

Appendix C**ASYMPTOMATIC SCREENING -MALE**

NAME _____ DATE _____

DATE OF BIRTH _____ AGE _____

Please find a quiet space in the waiting room to complete this form. Answer the following questions by circling the appropriate answer. Don't worry if there are any questions you do not understand as the nurse or SHINE worker will discuss further.

1) Do you have any of the following symptoms at present?

Pain or discomfort when passing urine	No	Yes
Discharge or bleeding from penis or anus (back passage)	No	Yes
Itching or soreness in or around the penis/scrotum	No	Yes
Blisters, lumps, rash or sores	No	Yes

2)

When did you last pass urine? (Example: 2 hours ago)	
When did you last have sex? (Example: 2 days ago)	
Did you use a condom?	No Yes
How many sexual partners have you had within the last 3 months?	
Are you currently taking any medications?	No Yes -
Are you allergic to any medications?	No Yes -

3)

Who do you have sex with?	Men / Women / Both
---------------------------	--------------------

4) Since your last test (or if no previous tests ever), have you:

Had sexual intercourse with someone known to have a sexually transmitted infection or HIV?	No	Yes
Ever paid for sex?	No	Yes
Been paid for sex?	No	Yes
Injected drugs?	No	Yes
Had sex with someone from Sub-Saharan Africa or SE Asia?	No	Yes
Been sexually assaulted?	No	Yes
If "yes", was it within the last 6 months?	No	Yes
If you have sex with men:		
Had unprotected anal sex?	No	Yes
Been vaccinated against Hepatitis B?	No	Yes

4) Have you:

Had an HIV test before?	No	Yes
If "yes" when was the last test? _____		
If so, was it: Negative Positive Did not get results		
Read and understood the HIV testing leaflet?	No	Yes

For staff use only:**If symptomatic referred to clinician or Greenway Centre:** Yes No**Or alternative sexual health service** Name of Service: _____

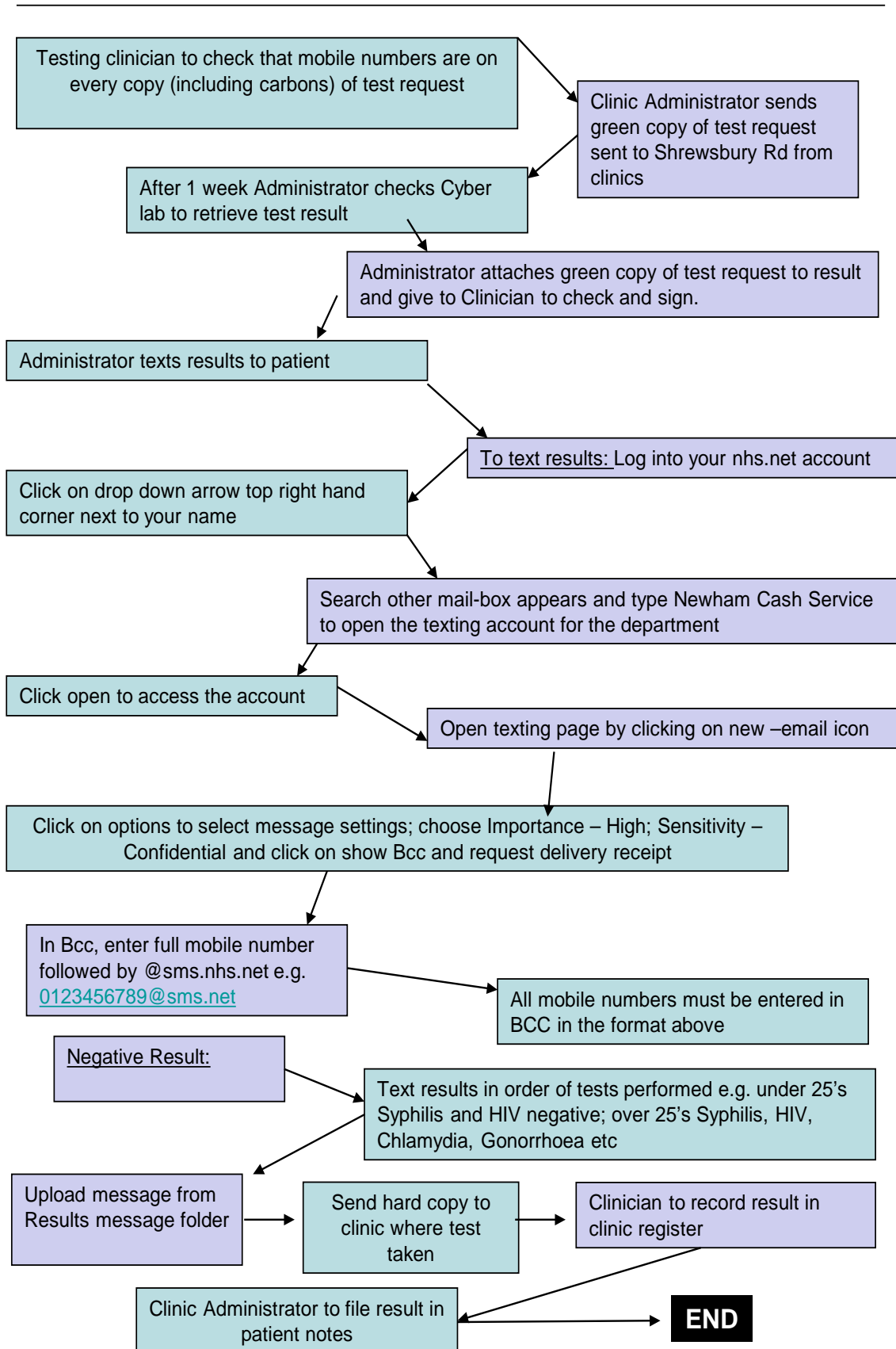
Signature: _____

Appendix E

Newham University Hospital NHS Trust - Pathology Request Form (Complete using Ballpoint pen)					Patient's Hosp. no. Or NHS No. 1 2 3 4								
Consultant's/ GP's Initials 80002 SA		<input checked="" type="radio"/> NHS CAT2 Private Other		NGH SAH		Date of Request 01/01/2014		B L O G A S		Surname			
Ward/Clinic/GP's address 62034 - SR					Destination for report If different from left					J O S E P H		First Names DOB 01/01/1980	
Diagnosis/Clinical details STI screening					Current antibiotics					Patient's address (GP use)		Sex <input checked="" type="radio"/> M / F	
Investigation Required MICROBIOLOGY					SPECIMEN TYPE H W A B / S Y P H I L I S							B L O O D S A M P L E	
Investigation Required CHEM. PATH.					SPECIMEN TYPE							Fasting sample Yes No	
Investigation Required HAEMATOLOGY					SPECIMEN TYPE							Use separate Lipid Request Form for Lipid Tests Ethnic origin	
For Laboratory Use Only Below This Line										Phlebotomy Use			
										Initials			
										Date Taken			
										Time Taken			
										Samples Taken			
										EDTA			
										Clotted			
										Citrate			
										F.Oxalate			
F196 (01/05)					PTO for further information								

Newham University Hospital NHS Trust - Pathology Request Form (Complete using Ballpoint pen)					Patient's Hosp. no. Or NHS No. 1 2 3 4								
Consultant's/ GP's Initials 80002 SA		<input checked="" type="radio"/> NHS CAT2 Private Other		NGH SAH		Date of Request 01/01/2014		B L O G A S		Surname			
Ward/Clinic/GP's address 62034 - SR					Destination for report If different from left					J O S E P H		First Names DOB 01/01/1980	
Diagnosis/Clinical details STI screening					Current antibiotics					Patient's address (GP use)		Sex <input checked="" type="radio"/> M / F	
Investigation Required MICROBIOLOGY					SPECIMEN TYPE G C / C T N A A T S							U R I N E S A M P L E	
Investigation Required CHEM. PATH.					SPECIMEN TYPE							Fasting sample Yes No	
Investigation Required HAEMATOLOGY					SPECIMEN TYPE							Use separate Lipid Request Form for Lipid Tests Ethnic origin	
For Laboratory Use Only Below This Line										Phlebotomy Use			
										Initials			
										Date Taken			
										Time Taken			
										Samples Taken			
										EDTA			
										Clotted			
										Citrate			
										F.Oxalate			
F196 (01/05)					PTO for further information								

Pathway for Texting Negative STI Results



Appendix G

HIV Positive Results Pathway

- HIV positive result received from Barts virology lab and confirmed to Dr Abbott or GUM lead or senior clinician
- Check with Diane Prockter patients' clinic details in database
- Clinician telephones patient, using contact details on pathology green carbon copy
- Double check patient identity i.e. name/surname/d.o.b
- Inform patient who you are and where you are calling from (Newham CASH service)
- Inform patient you are calling about their blood test result and need to arrange an appointment in a clinic
- Offer appointment ideally at the clinic patient had the test. If client does not prefer this, obtain original notes from this clinic (liaise with Diane Prockter) and book client into another SHINE clinic
- Clinician ensures notes are received prior to appointment – check with Diane

At the Clinic

- At the appointment, ascertain patients identity:- name/surname/d.o.b
- Give patient the HIV positive result - await response
- Clarify HIV information
- Ask patient about immediate plans and assess risk
- Explain referral process to Greenway Centre and give directions
- Give patient opportunity to ask questions before they leave
- Ascertain from patient which clinic they prefer to be seen in in future
- Ensure notes are transferred if patient wishes to be seen at another SHINE clinic other than the original

Back in the office

- Telephone Monte Fields - Health Adviser (0207 363 8145) and inform of referral
- Fax referral to Greenway Centre Health Adviser (0207 363 8316)
- Telephone next day to check receipt of referral
- **Case close**

Appendix H

REFERRAL TO THE GREENWAY CENTRE

Please complete and fax to 020 7363 8316 (voice: 020 7363 8400)

PATIENT DETAILS:

DATE: GENDER: Male Female (is the patient pregnant YES / NO)

SURNAME FIRST NAME(S).....

DATE OF BIRTH..... AGE

FULL ADDRESS

.....

FULL POSTCODE

TELEPHONE

HOME: MOBILE:.....

PREFERRED METHOD OF CONTACT:.....

REFERRER INFORMATION:

REFERRED BY:..... ROLE:.....

ADDRESS:.....

..... POST CODE:.....

CONTACT NUMBER OF REFERRER:.....

DATE OF HIV POSITIVE TEST RESULT (if not today):

DATE PATIENT WAS INFORMED OF REACTIVE HIV TEST RESULT:

ANY RELEVANT INFORMATION:.....

.....

.....

.....

Please advise the patient that they will be contacted within 24 hours (or by end of next working day if referred on Friday) by clinic staff. If they have not been contacted, please ask them to call 020 7363 8008 or 020 7363 8474. For any referral queries, call one of the above numbers or bleep the HIV Clinical Nurse Specialist on 020 7476 4000, bleep 297.

Appendix I

REFERRAL TO THE GREENWAY CENTRE

Please complete and fax to 020 7363 8316 (voice: 020 7363 8400)

PATIENT DETAILS:

DATE: GENDER: Male Female (is the patient pregnant YES / NO)

SURNAME FIRST NAME(S).....

DATE OF BIRTH..... AGE.....

FULL ADDRESS.....

.....

FULL POSTCODE.....

TELEPHONE

HOME: MOBILE:.....

PREFERRED METHOD OF CONTACT:.....

REFERRER INFORMATION:

REFERRED BY: ROLE:.....

ADDRESS:.....

..... POST CODE:.....

CONTACT NUMBER OF REFERRER:.....

DATE OF Syphilis POSITIVE TEST RESULT (if not today):

DATE PATIENT WAS INFORMED OF POSITIVE Syphilis TEST RESULT:

ANY RELEVANT INFORMATION:.....

.....

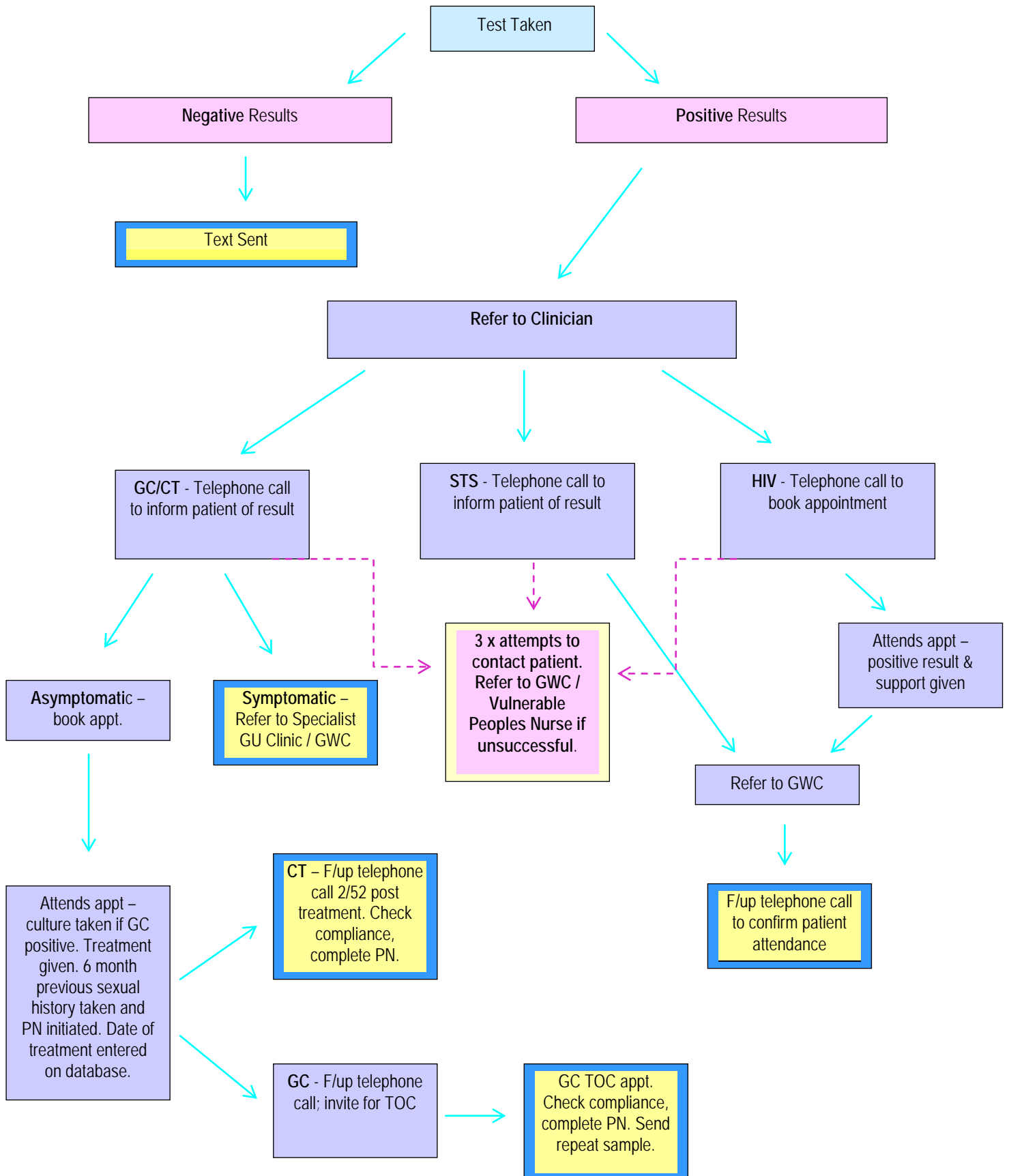
.....

.....

Please advise the patient that they will be contacted within 24 hours (or by end of next working day if referred on Friday) by clinic staff. If they have not been contacted, please ask them to call 020 7363 8145.

For any referral queries, please call the Health Advisors on 020 7363 8145 or 020 7363 8008.

Positive Results Management Pathway



Appendix K

List of HIV Support Organisations

- **Terrence Higgins Trust**

314-320 Gray's Inn Road
London
WC1X 8DP

Telephones: 0808 802 1221 for an adviser
020 7812 1600 for switchboard

Fax: 020 7812 1601

Email
info@tht.org.uk

Opening hours

9.30am to 5.30pm, Monday to Friday

- **Positive East**

London's leading community-based HIV charity, providing better futures for people living with HIV or affected by HIV

159 Mile End Road
Stepney Green
London E1 4AQ

T 020 7791 2855
E talktome@positiveeast.org.uk

- **Positively Women**

Provides a peer-led support, advocacy and information to women, men and young people living with HIV to manage any aspect of their diagnosis, care and managing life with HIV

E-mail: info@positivelyuk.org
Tel: 020 7713 0444

Appendix L

Results by Text (sms)

Following your visit to Shine you will receive the results of your tests by text to your mobile. You may receive 2 texts:

* One text will be about your urine or swab test results

*The other text will be about your blood test results

If the text advises you to return to clinic it is important that you do, even if you receive a text saying all your results are ok.

We **CANNOT** send text messages to landline numbers OR give results by phone.

Shine does not hold any responsibility for delivery of the text message or what happens to the message once it is delivered.

If you do not receive your text message this may be due to:

- No credit
- Mobile off for more than 48 hours after text.
- Mobile out of range for more than 48 hours after text.

If you don't get your results within 2 weeks contact Shine on 020 8586 5073

Today you have had these tests

Chlamydia Gonorrhoea HIV Syphilis

Practice safer sex to protect yourself against STIs

- Use condoms every time you have vaginal or anal sex
- Use condoms or dental dams for oral sex
- Get tested when you change

Shine offers

- **Condoms, C-Cards & Lubricant**
- Chlamydia & Gonorrhoea Tests
- **HIV & Syphilis Tests**
- **Contraception**
- Emergency Contraception (Morning After-Pill)
- **Pregnancy Tests**
- Referral for abortion
- **Advice and Information**
- Referrals to services that can help

Clinics are drop in. No Appointment needed

Call: 020 8586 8888

Text: 07624 802242

www.shine.nhs.uk

If you're over 25 call

020 8586 5147 / 5148

Sexual Health

Check-up



East London 
NHS Foundation Trust

Which tests can I have at Shine?

Sexually Transmitted Infections (STIs) are spread through sexual contact. Some STIs have no symptoms, so people don't realise they have them.

People with symptoms should go to a GUM clinic, like the Greenway Centre at Newham University Hospital.

At Shine we can test people who have had unprotected sex but who **do not** have symptoms of an STI.

The tests offered at Shine are:

Chlamydia & Gonorrhoea urine tests or self-taken swabs

HIV and Syphilis blood tests

These tests can only be done if you **do not** have any signs or symptoms of an STI.

How do I get tested?

You will need to complete a self-assessment form and a nurse will see you.

Please read before you see the Doctor or Nurse

HIV Test

People who have an HIV infection can feel fit and well because symptoms may take years to develop. A third of people in the UK with HIV do not know they are infected.

New treatments are available for people with HIV infection. These treatments can be more effective when they are taken before serious symptoms develop.

This blood test measures antibodies to HIV. After infection it can take up to three months for the antibodies to be detected by the HIV test.

Possible Results

Negative: This means you do not have HIV infection.

Inadequate: This means your HIV test needs to be repeated.

Reactive: This means you will be referred to the Greenway Centre where you will be offered specialist care and on-going support.

Chlamydia & Gonorrhoea

Chlamydia and Gonorrhoea are common but treatable bacterial infections. You can catch these infections through sexual contact with someone who has them.

Symptoms can include:

Men

Pain when passing urine
Unusual discharge from penis
Testicular ache (pain in your balls)
No symptoms

Women

Irregular periods
Spotting between periods
Pain during sex
Bleeding after sex
Unusual vaginal discharge
No symptoms

Syphilis

Syphilis is a bacterial infection and is passed on through sexual contact. Signs and symptoms can be mild and you may not notice or recognise them.

Symptoms can include:

Men and Women

Painless sores in the genital area

Syphilis may not show up straight away so you may be asked to repeat the test. Syphilis is treated with antibiotics.

Prevention of blood borne viruses

- Occupational exposure to blood and body fluids through spillages poses a potential risk of infection to healthcare workers
- All staff should ensure they are up to date with immunisations
- The trust provides an occupational health service for screening and immunisation.
- *See appendix for contact details*
- Any blood spillage should be dealt with as soon as possible.
- It is the responsibility of clinical staff to decontaminate a spill prior to cleaning
- A sign should be displayed to alert persons to the incident and to ensure the area is made safe for others while management of the spillage is undertaken
- The health care worker dealing with the spill should wear a plastic disposable apron and latex (non-powdered) disposable gloves.
- The appropriate disinfectant for neutralising a spill will depend on the nature of the spill. You can use sodium hypochlorite (a chlorine releasing agent) to neutralise blood and body fluid spills (except for urine, see below).
- All wards should have easily accessible spill kits and all staff must be aware of its availability and usage.
- Within this trust it is the responsibility of clinical staff to decontaminate a blood or body fluid spill so it may be safely cleaned.
- All staff have the responsibility to ensure spills are made safe as soon as possible
- Spills. must never be left to another member of staff to deal with.
- Where an area is grossly contaminated the area should be contained as far as possible and Facilities contacted to arrange a “barrier clean”. Before decontaminating a spill, wear gloves and aprons

Blood spills or other spills visibly contaminated with blood

- Before dealing with any spillages wash hands and apply gloves and apron.
- Sprinkle chlorine releasing granules (haz tabs 10:000ppm) over the spill to cover and
- soak up the blood. Leave for 2 to 5 minutes.
- Wipe up with paper towels and place these in a clinical waste bag together with
- your soiled personal protective clothing.
- Contact domestic to Clean the surface using detergent and water.
- Chlorine can bleach carpet, contact domestic supervisor before attending to a
- spill on carpet

Dried Blood spills

- Moisten with detergent and hot water
- Wipe up with paper towels and place these in a clinical waste
- Wash with 10;000 ppm chlorine (haz Tabs in kit)
- Inform domestics to clean the area



**For All Sharps/Splash Contamination Injuries
IMMEDIATELY Contact :**

SHARPSLINE

0845 371 0572

**Occupational Health Service
24 hours a day, 7 days a week**



BE SHARP/SPLASH SAFE

1. FIRST AID

Procedure for sharp / needle-stick incidents

- Encourage bleeding by squeezing where skin is punctured
- Wash thoroughly with soap and warm water, do not use a scrubbing brush

Procedure for splash by blood or body fluids

- If eyes or broken skin areas are involved wash immediately with water
- If mouth is involved rinse with plenty of water but do not swallow

2. CONTACT ATOS IMMEDIATELY

24 Hour Sharps Line – **0845 371 0572**

3. MAKE SURE YOU

- Inform the Line Manager or Duty Nurse
- Submit an incident reporting form on the Trust website

For staff working within Newham and Community Health Newham

Directorates: Following the above preliminary process, if staff are advised by OH to seek further assistance, staff should go to The Greenway Centre, Newham University Hospital during opening hours (Mon-0900-1600; Tues-0900-1600; Wed-1300-1700; Thurs-1330-1830; Fri-0900-1600) or the Emergency Department, Newham University Hospital (all other times) for further assessment where there is a clinical indication that this is necessary.

For staff working in all other Directorates:

Following the above preliminary process, if staff are advised by OH to seek further assistance, staff should go to the Accident & Emergency Department at the Homerton.