Dispensing Prophylactic Medications Post Sexual Assault

For CRNBC Sexually Transmitted Infection Certified Practice Registered Nurses

Dispensing STI prophylaxis post sexual assault is a Section 6 restricted activity with limits and conditions as set out in the Nurses (Registered) and Nurse Practitioners Regulation under the Health Professions Act (HPA).

CRNBC Limit/Condition

Registered nurses who compound, dispense or administer immunoprophylactic or chemoprophylactic agents to prevent infection following sexual assault must either:

a) possess the competencies established by the BC Women's Sexual Assault Service (BCW SAS) and follow decision support tools established by BCW SAS. [Note: This will apply to sexual assault nurse examiners.]

or

b) possess the competencies established by the BC Centre for Disease Control (BCCDC) and follow DSTs established by BCCDC. [Note: This will apply to registered nurses who hold CRNBC certification in STI management.]

BCCDC DST Application Parameters

This DST is intended for use only by RNs with CRNBC STI Reproductive Health Certified Practice designation providing care for clients, 14 years and older, who have been sexually assaulted within the previous twenty-one days.

Related Professional Resources:


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STI Prophylaxis Post Sexual Assault

Clients Presenting Within 7 Days of Assault

Depending on community availability, clients who present for treatment within 7 days of a sexual assault are to be offered the option of attending the nearest facility offering specialized sexual assault health care and forensic sample collection.

If the sexual assault occurred within 36 hours and the client is at significant risk for exposure to HIV transmission, they may be offered post-exposure prophylaxis (PEP) for HIV at the nearest hospital emergency department. If the assault occurred more than 36 hours ago and the assailant is known to be HIV positive, then PEP may be started after 36 hours. When indicated, it is important to start PEP as soon as possible after a sexual assault. (See the BCCDC Communicable Disease Control (CDC) Manual: CDC Manual: Blood and Body Fluid Exposure Management for HIV PEP recommendations).

If the sexual assault occurred within the previous 14 days and the client is at significant risk for exposure to hepatitis B (HBV), HBV prophylaxis, (including hepatitis B vaccine and potentially hepatitis B immune globulin - HBIG), may be indicated depending on the clients HBV immune status and hepatitis B vaccination history. When indicated, it is important to administer HBIG as soon as possible after the sexual assault. (See the BCCDC CDC manual Blood and Body Fluid Exposure Management for HBV post exposure prophylaxis recommendations).

Prophylaxis for potential exposure to hepatitis C (HCV) is not available; however, specific HCV serology to determine anti-HCV status is required. (See the BCCDC CDC manual Blood and Body Fluid Exposure Management for potential HCV exposure recommendations).

In addition to providing examination and prophylaxis for STI, blood-borne infections (BBI), and pregnancy, sexual assault service programs are able to provide crisis counseling, and information on relevant community supports, as well as explain medical-legal options, collect forensic samples, document injuries, and prepare a medical-legal report.

It is important that RNs providing post sexual assault care are familiar with sexual assault health care services and resources available in their communities. In some communities, community-based victim assistance workers may be able to accompany the client to the hospital or sexual assault care provider.

If the client chooses to attend specialized sexual assault services, the referring RN will offer to call the emergency room or other agency to alert them that the client is attending and will facilitate transportation arrangements as possible.
 Clients Declining Referral to Sexual Assault Care or Presenting 7 Days After Assault

Clients who:
- present within 7 days post sexual assault and decline the option of referral to specialized sexual assault health care services, or,
- present more than 7 days and less than 21 days post sexual assault

are offered assessment, testing, and treatment based on this DST. It is important that clients choosing not to attend sexual assault services are aware that any specimens collected as part of their assessments are for STI diagnosis only rather than forensic collection.

Refer clients who present with physical trauma post sexual assault to a physician or nurse practitioner for assessment and treatment.

Assess and treat clients who present greater than 21 days post sexual assault, or with symptoms of an STI, using the appropriate CRNBC STI certified practice or non-certified practice DSTs.
STI Prophylaxis Post Sexual Assault

ASSESSMENT

Providing assessment for sexual assault victims requires tremendous sensitivity and must be handled in a highly client-centred manner that takes into account the wishes of the client when proceeding with any offer of assessment and care.

Sexual Assault History

Determine the type of sexual or physical contact that occurred during the assault to assist with assessment, specimen collection, and prophylaxis.

Related Sexual Health History

- Determine menstrual history and possibility of pregnancy prior to assault
- Assess current contraception use
- Determine previous hepatitis B immunization history
- Determine most recent STI and HIV screening results

PHYSICAL ASSESSMENT FINDINGS

Signs and Symptoms

Generally, clients will be asymptomatic of an STI; follow the appropriate CRNBC STI certified practice or non-certified practice DST to assess clients who present with symptoms.

DIAGNOSTIC TESTS:

Offer clients full routine STI screening - if a client defers full STI assessment and screening discuss the benefits of collection of the following diagnostic tests and follow client's plans for care:

- Urine NAAT for CT/GC
- Syphilis screening serology (repeat in 3 months)
- HIV screening serology (repeat in 3 months)
- HBV and HCV screening serology if indicated, (repeat in 3 months)

Note: Clients who are initiating HIV PEP due to high risk sexual assault may require more frequent and/or extended follow up testing. Clients, who have experienced high risk exposure to HBV and/or HCV, may also require more frequent and/or extended follow up testing. Please see BCCDC CDC manual Blood and Body Fluid Exposure Management if further follow up serology is indicated.

BCCDC STI Prophylaxis Post Sexual Assault DST

November 2012
MANAGEMENT AND INTERVENTIONS

Goals of Prophylactic Treatment:

- Reduce the potential of infection
- Prevent complications from undiagnosed and untreated infection
- Reduce anxiety

PROPHYLACTIC TREATMENT OF CHOICE

<table>
<thead>
<tr>
<th>First Choice</th>
<th>Second Choice</th>
<th>Notes:</th>
</tr>
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<tbody>
<tr>
<td>cefixime 800 mg po in a single dose AND azithromycin 1 gm po in a single dose</td>
<td>azithromycin 2 gm po in a single dose (if allergic to penicillin or cephalosporins) - this dose covers both gonorrhea and chlamydia, no further treatment is needed</td>
<td>1. Consult/refer to a physician/NP for all pregnant or breastfeeding clients.</td>
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<tr>
<td>OR cefixime 800 mg po in a single dose AND doxycycline 100 mg po bid for 7 days</td>
<td></td>
<td>2. DO NOT USE DOXYCYCLINE IN PREGNANCY.</td>
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<tr>
<td>Alternate Treatment</td>
<td></td>
<td>3. DO NOT USE CEFIXIME IF ALLERGIC TO PENICILLIN OR CEPHALOSPORINS.</td>
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<tr>
<td>Refer to physician/nurse practitioner</td>
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<td>4. DO NOT USE AZITHROMYCIN IF HISTORY OF ALLERGY TO MACROLIDES.</td>
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<td>5. DO NOT USE DOXYCYCLINE IF ALLERGIC TO TETRACYCLINE.</td>
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<td>6. Azithromycin is associated with a significant incidence of gastrointestinal adverse effects. Taking medication with food or administering prophylactic anti-emetics may minimize adverse effects.</td>
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<td>7. Prophylactic treatment post sexual assault covers for possible chlamydia and gonorrhea infection.</td>
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<td>8. It is important for clients to abstain from sexual contact for 7 days following single dose treatment and during the full course of multi-day treatments.</td>
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Hepatitis B Immunoprophylaxis

Offer hepatitis B immune globulin and hepatitis B vaccine series if indicated. One dose of hepatitis B vaccination is recommended for all persons who have experienced sexual assault, including persons who have previously completed the hepatitis B vaccine series. Refer to the BCCDC CDC manual Blood and Body Fluid Exposure Management for specific criteria regarding HBV immunoprophylaxis.

HIV Post Exposure Prophylaxis (PEP)

Offer referral to BC Centre for Excellence in HIV/AIDS for HIV PEP if indicated. See the BCCDC CDC manual Blood and Body Fluid Exposure Management for specific criteria regarding HIV PEP.
**Progesterone Only Emergency Contraceptive Pill (ECP)**

If less than 120 hours post sexual assault offer progesterone only ECP as per the progesterone only ECP DST as per agency policy and/or procedure.

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**TREATMENT IN PREGNANCY OR BREASTFEEDING**

Refer to a physician or nurse practitioner (NP).

**PARTNER COUNSELLING AND REFERRAL**

RNs discussing sexual activity post sexual assault need to be sensitive to the initial and ongoing impacts that the assault may have on clients and their sexual partners.

It is important to include discussions of window periods and ways of reducing potential infection transmission to sexual partners and contacts.

**MONITORING AND FOLLOW-UP**

Advise clients:

- who receive prophylactic treatment to return to the clinic for repeat testing serology in 3 months, or sooner if indicated.
- to return to the clinic for re-assessment if symptoms occur.
- who decline prophylactic treatment to return to the clinic in 7 to 14 days for repeat testing for gonorrhea and chlamydia.

**CLIENT EDUCATION /DISCHARGE INFORMATION**

Counsel client:

- to return for follow-up assessment if symptoms occur.
- regarding the appropriate use of medications (dosage, side effects, and need for re-treatment if dosage not completed).
- to avoid vaginal, anal, or oral sexual contact until treatment is completed.
- regarding harm reduction measures (condom use).
- regarding the asymptomatic nature of STI and HIV.
- about the community supports and referral services available for women and men who have been sexually assaulted – support and arrange for referrals as needed.
CONSULTATION AND REFERRAL
A referral to a physician or NP is required for:
- clients with physical trauma
- clients who are pregnant or breastfeeding

CONFIDENTIALITY AND REPORTING SEXUAL ASSAULT
As with all health care, sexual assault STI testing and prophylaxis are handled in a confidential manner. RNs do not disclose information “without client consent or a legal obligation to do so unless there is a substantial risk of significant harm to the health or safety of the client or others” (CRNBC, 2010a, p. 2). RNs have a duty to report to the Ministry of Children and Family Development (MCFD) in the cases of children if “the child has been, or likely to be, physically harmed, sexually abused, or sexually exploited by a parent or other person” (CRNBC, 2010b, p. 6., Government of BC, 2007).

Clients have a right to confidentiality, and reporting in cases of sexual assault is a complex process. When working with sexual assault cases requiring a duty to report, RNs follow organizational policies and consult with their supervisor.

Additional documents to support RN practice related to confidentiality and duty to report include:
- CRNBC (2010b). Legislation Relevant to Nurses’ Practice. Pub. No. 328
REFERENCES


