ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Revisions to the Communicable Disease Control Manual –
Chapter 5: Sexually Transmitted Infections -
Section 1: Decision Support Tool: Pelvic Examination; Core Nursing Practice
Competencies for Pelvic Examination

Please note the following changes to the Communicable Disease Control Manual - Chapter 5 Sexually Transmitted Infections (STI), Section 1.

(1) PHSA REGISTERED NURSING DECISION SUPPORT TOOL: PELVIC EXAM – Updated – Discard and Replace the Entire 2012 DST.

Overview of changes:

- **Page 1: Pelvic Examination** - revised introduction. *Resources and Related Standards* are now in Appendix C. College of Registered Nurses of British Columbia (CRNBC) scope of practice including limits on practice are stated up front and includes requirements for consultation/referral for:
  - clients less than 14 years of age and/or,
  - pregnant clients and/or,
  - clients who have undergone upper instrumentation (e.g. gynecological procedure such as therapeutic abortion) in the previous two weeks.

- **Page 1: Indications for Pelvic Examination** – revised.
  - removed “to provide health teaching.” This is now included under *Intended Outcomes* and *Client Education*.
  - removed “Consent”. This is now included under *Assessment*.

- **Page 1: Intended Outcomes** – moved- now included on page 1.

- **Page 1: Definitions** - removed from page 1 and included in *Appendix B: Definitions*. 
• **Page 2: Decision Making Criteria** – revised. Care for specific populations has been removed. Health equity, trauma informed, and client-centered practice is now included with reference to Appendix C: Additional Resources (new). Appendix C offers current resources for RNs related to health inequities, trauma informed practice and cultural competence and safety.


• **Page 3: Decision Making Criteria** – revised. Updated recommendations for STI screening in relation to pelvic exam. Included recommendation for less invasive STI screening techniques.

• **Pages 3 – 6: Assessment** – revised. New subsections include:
  o *Health History.* Includes sexual, reproductive and medical, symptoms inquiry (new) and obtaining consent (new).
  o *Physical Assessment.* Includes external/speculum/ bimanual components of the exam. Reference to Appendix A: Decision Algorithm for Pelvic Examination (new).

• **Page 6: Diagnostic or Screening Tests** – revised to include:
  o *Diagnostic or Screening Tests* which replaces *Interventions.*
  o *Unintended Outcomes* – removed.

• **Page 6: Client Education** – included as a separate section. Previously located under Assessment.

• **Page 6: Indications for Consultation and/or Referral** – revised. Now includes referral for clients who are pregnant and/or post upper instrumentation within the previous 2 weeks.

• **Page 8: Appendix A: Decision Algorithm for Pelvic Examination** – new. Offers guidance for when full or partial pelvic exam is appropriate; and when pelvic exam is not necessary. Emphasis placed on client consent and client-led decision making.
• **Page 9: Appendix B: Definitions** – revised.
  o Term “bio female” changed to “assigned female at birth”
  o Term “bio male” changed to “assigned male at birth”
  o Term “pelvic exam” changed to “full pelvic exam”
  o Inclusion of the following definitions:
    ▪ cisgender
    ▪ client-centered care
    ▪ intimate partner violence
    ▪ sexual contact
    ▪ transgender
    ▪ trauma informed practice/service
  o Removed the following definitions:
    ▪ pap test
    ▪ pelvic inflammatory disease
    ▪ STI

• **Page 12: Appendix C: Additional Resources** – new.
  Specific resources to support trauma informed, culturally safe and equity focused practice. Inclusion criteria: sources are primarily BC focused, then national. Many resources relate to priority populations identified through the equity focused review.

• **Page 16: Appendix D: Resources and Related Standards** – updated.
  This information was previously stated on page 1 of the 2012 DST and has been updated and moved into an appendix.

• **Page 17: References** – updated.

(2) **PHSA CORE NURSING PRACTICE COMPETENCIES FOR PELVIC EXAMINATION** – Updated – Discard and replace the November 2011 version.

Overview of changes:

• **KNOWLEDGE of** - revised. Included:
  o Client-centered care
  o Trauma-informed care

Please remove the following pages from the Communicable Disease Control Manual, Chapter 5 Sexually Transmitted Infections, Section I – STI:

- *PHSA Core Nursing Practice Competencies for Pelvic Exam* – November 2011.

Please insert the following pages from the Communicable Disease Control Manual, Chapter 5 Sexually Transmitted Infections, Section I – STI:

- *PHSA Core Nursing Practice Competencies for Pelvic Exam* – March 2017.

If you have any questions regarding these practice changes, please contact Cheryl Prescott, Senior Practice Leader, Clinical Prevention Services at 604-707-5651 [cheryl.prescott@bccdc.ca](mailto:cheryl.prescott@bccdc.ca) or Lauren Collins, Clinic Coordinator Resource Nurse, Clinical Prevention Services at 604-707-2400 ex. 27-3043 [lauren.collins@bccdc.ca](mailto:lauren.collins@bccdc.ca).

Please note a continued nurse education (CNE) webcast is scheduled for **Tuesday April 25, 2017 from 10-11am**. Participants will have the opportunity to view the session live and pose questions or view the recording at a later date. To view this presentation on or after April 25th click here: [http://mediasite.phsa.ca/Mediasite/Play/b3a8b2ad87514c6dba03c6a0e724346a1d](http://mediasite.phsa.ca/Mediasite/Play/b3a8b2ad87514c6dba03c6a0e724346a1d)

Sincerely,

Dr. Mark Gilbert, MD, FRCPC
Medical Director, Clinical Prevention Services
BC Centre for Disease Control

cc: Dr. Mark Tyndall
    Executive Medical Director
    BC Centre for Disease Control
pc:  Ministry of Health

Dr. Perry Kendall  Warren O’Brian
Provincial Health Officer  Executive Director
                      Communicable Disease and Addiction Prevention

Dr. Bonnie Henry  Craig Thompson
Deputy Provincial Health Officer  Director, CD Prevention – Immunization