Sexual Health and Sexually Transmitted Infections Prevention and Control

By
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1. What (if any) are the gaps or inaccuracies in this protocol? Are there any missing elements? What (if any) areas do not align with accepted guidelines or evidence-based practices?
A more accurate title for this protocol to reflect its content might be "Sexual Health and Prevention and Control of Blood-Borne Infections Protocol."

Protocol directives must be in consistent with current legislation. An example of this is on page 3, section 2) b) which states "consider the need to report to the local Children's Aid Society the presence of any reportable STI in a child, defined as under the age of 18 years." This use of the age of 18 years conflicts with the Criminal Code on age of consent:

"The Criminal Code does not now criminalize consensual sexual activity with or between persons 14 or over, unless it takes place in a relationship of trust or dependency, in which case sexual activity with persons over 14 but under 18 can constitute an offence, notwithstanding their consent. Even consensual activity with those under 14 years but over 12 may not be an offense if the accused is under 16 years and less than two years older than the complainant."

Library of Parliament (2001). Canada's Legal Age of Consent to Sexual Activity. Ottawa: Parliamentary Research Branch, 3-4.
Accessed April 24, 2008 from
http://www.parl.gc.ca/information/library/PRBpubs/prb993-e.pdf

Some of the protocols track clients by gender and some by sex. This protocol uses sex on page 5 when discussing interviewing the case. CHNIG recommends that data collection and surveillance protocols be utilized that incorporate best practices sensitive to the social construction of gender. In addition to male and female, transgender, other, and unknown should be possible categories on the surveillance forms. This is a respectful, client-centred approach to clients without replicating a binary construction of only two genders, male and female. This is especially important in sexual health clinics, not only to improve communication and rapport, but as an means to more perceptive assessment and appropriate clinical care.

More information on on this topic may be found at:
Registered Nurses' Association of Ontario (2007). Position Statement: Respecting Sexual Orientation and Gender Identity. Toronto: Author.

http://www.rnao.org/Storage/30/2486_Respecting_Sexual_Orientation_and_Gender_Identity.pdf

With respect to section j) ii) on page 6 on making available hepatitis A and hepatitis B vaccines, the rationale for why some individuals will receive "only the second and third doses " by the Ministry is unclear. Who will be paying for the first dose? Is there any danger that some people will not have access to the vaccine because of cost to an individual?

2. What are the top three changes (i.e., with regards to content, structure, language and terminology) that are required for this protocol to be finalized?

On page 6, j) ii) and consistently across protocols and documentation where appropriate, "intravenous drug users" should be replaced by the more accurate, respectful, and client-centred language of "individuals who inject drugs"

3. Any other comments

As an expert interest group of the Registered Nurses' Association of Ontario, the Community Health Nurses' Initiatives Group appreciates the opportunity to participate in this consultation process. We believe that the proposed revisions to the draft Ontario Public Health Standards and protocols will increase clarity , consistency, and quality of public health services to better serve Ontarians. We are especially appreciated of the support of evidence-informed harm reduction strategies as a means to assist individual clients and their communities.