



2.6 CLINICAL PROTOCOLS AND STANDARDS OF CARE

POLICY:

FY 2022 NOA require Title X recipients to provide quality family planning services that are consistent with nationally recognized standards of care. Nationally recognized standards of care include *Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (QFP)* as well as other nationally recognized standards of care from other governmental institutions and national medical associations.

Occupational Safety and Health Administration (OSHA) Title X recipients: 1. Ensure that their service sites and subrecipients meet applicable fire, building, and licensing codes and standards established by federal, state, and local governments and maintain Exit Routes, Emergency Action Plans, and Fire Prevention Plans in accordance with OSHA. Recipients should refer to the U.S. Department of Labor's OSHA for more information."

PROCEDURE:

The ND FPP Clinical Protocol manual is reviewed and updated annually by the ND FPP Protocol Committee and posted on the ND FPP website. The committee consists of the state contracted midlevel clinician, clinicians from the service sites and staff from the state office.

Service site clinicians are encouraged to notify the state office with additions, corrections, or updates to the clinical protocol manual. Link found here

[https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/Protocols/Appendices/Protocol_Update_Form_3%20\(1\).pdf](https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/Protocols/Appendices/Protocol_Update_Form_3%20(1).pdf)

Protocols for services provided which are outside the scope of family planning should be developed through collaboration between the clinical services provider or medical director and the clinician(s) of the subrecipient or service site.

Each agency must have internal written procedures for management of medical emergencies that occur in the clinic, at a minimum: vasovagal syncope, hemorrhage, anaphylaxis, and opioid withdrawal. Take into account the types of procedures done on site and the qualifications and training of the personnel in the agency. Clients must be informed about resources for after hours care and the process for accessing emergency care.

Medical records at service sites must reflect that all clinical services align with approved protocols.

State staff and the contracted midlevel clinician will monitor all subrecipients and service sites for current written clinical protocols aligned with nationally recognized standards of care and signed by the clinical services provider, medical director or physician responsible for the service sites.



All clinic staff participating in the provisions of medical services must review and sign the protocol manual **annually**. Link found here

https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/Protocol_Review_Signature_Page_10.17.pdf

RESOURCES:

ND FPP Clinical Protocol Manual <https://www.hhs.nd.gov/cfs/family-planning/grantees>

MMWR QFP [rr6304.pdf \(cdc.gov\)](#)