Interim Guidance for HIV/STD Public Health Follow-Up Staff (PHFU) Operating Under COVID-19 Outbreak Conditions in Texas

Updated March 18, 2020

This guidance applies to all staff employed either directly, or by contract, to perform essential PHFU health services on behalf of the Texas Department of State Health Services (DSHS). Examples of such occupations include Disease Intervention Specialists (DIS), Data to Care (D2C), Field Health Advocates (FHAs) and other public health professionals whose work requires travel between communities and direct service provision. For the purposes of this document, PHFU will be used to universally include all these scopes.

Background

PHFU plays a vital role in addressing barriers to care and promoting health equity in their communities by providing essential health services directly to vulnerable populations who face significant barriers to traditional outpatient healthcare. However, unlike patient care in the controlled environment of a healthcare facility, services provided through PHFU present unique challenges because of the nature of the settings, such providing services in enclosed spaces of patient homes and transportation to and from clinical services. There is often a frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources. Such work is often critical enough to outweigh the increased risk of exposure to COVID-19 but, if not conducted with appropriate precaution, could very well lead to unknowingly exposing vulnerable populations, introducing the infection to isolated communities during field work, and exposing the essential workforce to illness.

Enhanced Universal Precautions and Field Safety Planning

In addition to normal considerations for the planning of field work, PHFU are expected to exercise the following additional precautions to accurately assess the risk level of travel and patient encounters:

Maintain proactive contact with Local Health Authorities – PHFU should verify, and update as necessary, the contact information for appropriate personnel serving the communities that they are assigned to. PHFU should request routine updates from the community to be served regarding any changes related to outbreak conditions. This includes verified or suspected COVID-19 case counts, transmission updates (travel vs. community spread) and any changes in services available within the community. This will allow PHFU to maintain timely and accurate information needed to assess the risk of potential exposure while performing duties and available services to refer patients for care.

Screen and Carefully Observe Patients – Whenever possible, PHFU should ask all patients about COVID-19 symptoms such as fever, or lower respiratory symptoms like cough or shortness of breath. These assessments should be made over the phone prior to any interactions or referrals to other healthcare resources. Adjustments to referrals or planned interventions should be made, as necessary. During all field and clinical encounters, PHFU should take note of any perceivable signs of COVID-19 infection:

Signs of Respiratory Involvement	Signs of Fever
Cough Labored breathing or wheezing Breathless speech	Skin redness Excessive sweating or shivering

Practice COVID-19 Precautions – While conducting all work activities, PHFU should maintain 6 feet of separation from others whenever possible, wash hands regularly, avoid touching their faces, cough into their elbow or a tissue (then discard the tissue), increase ventilation into their workspace and disinfect surfaces like doorknobs, tables, desks, phones and handrails regularly.

Before Field Work

- Verify/Confirm the current Community Spread/Risk Level conditions with ALL the LHDs serving areas that you will be traveling through, including your starting and end points.
- Determine the Overall Risk Level of the proposed travel, with consideration of whether areas of higher risk can be avoided or only traveled through without stopping.
- Adjust Travel Plans as necessary to avoid stopping for gas or breaks in areas with higher risk levels.
- Confirm Availability of Supplies necessary for personal protection during encounters, including PPE for patients when indicated – PHFU should also maintain adequate supply to accommodate additional encounters that are not planned or anticipated.
- **PHFU should offer telephone/HIPAA- approved web-based contact and interviews as the first option for conducting PHFU activities.**

During Patient Encounters

- If the patient is suspected of having COVID-19, PHFU should put on appropriate PPE before entering the scene. Clinicians should consider the signs, symptoms, **and** risk factors of COVID-19 (https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html).
- If information about potential for COVID-19 has not been reported or identified prior to patient encounters, PHFU should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient and in an open space, if possible. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, PHFU should follow standard precautions for interacting with a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. Patient contact should be minimized to the extent possible until a facemask is on the patient.

Recommended Personal Protective Equipment (PPE)

- **Telephone or web-based contact and interviews for PHFU should be the first option for providing PHFU activities.** When telephone/web-based encounters are not available, sites will identify and track who will directly interview a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard Precautions and use the PPE as described below. Recommended PPE includes:
    - N-95 or higher-level respirator or facemask (if a respirator is not available),
    - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
    - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.,
        - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of CHWs (e.g., transporting patients with symptoms or known exposure to COVID-19).
- If transporting patients to necessary medical care, the driver should remove their and perform hand hygiene. A respirator or facemask should continue to be used during transport.

- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, CHWs should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

Transport of a Patient with Suspected or Confirmed COVID-19 (PSCC) to a Healthcare Facility

If a patient with an exposure history **and** signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to medical direction), the following actions should occur during transport:

- PHFU should notify their leadership of the need for transporting PSCC for treatment or testing of an STI.
- After receiving approval for transport, PHFU will notify the receiving healthcare facility that the patient has an exposure history and possible signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible. This may include having the patient wait in a separate waiting room or clinic room.
- PHFU should not transport more than one person at a time.
- During transport, vehicle ventilation should be set on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
- If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).

Documentation of patient care

- To the extent possible, documentation of patient care should be done after PHFU have completed transport, removed their PPE, and performed hand hygiene. Any written documentation.
- Outside of routine PHFU documentation, documentation should also include a listing of all public health workers, providers and other people involved in the patient encounter and the level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

Cleaning Transport Vehicles after Transporting a Patient with Suspected or Confirmed COVID-19

The following are general guidelines for cleaning or maintaining vehicles and equipment after transporting a PSCC:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. Note: The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, PHFU should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to the EPA's website for registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that the patient may have come in to contact with during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.

Follow-up and/or Reporting Measures for PHFU After Caring for Suspected or Confirmed COVID-19 (PSCC) Patient

PHFU should be aware of the follow-up and/or reporting measures they should take after caring for a PSCC or patient with confirmed COVID-19:

- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.
- EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 in coordination with state or local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to SARS-CoV-2 should be made in consultation with state or local public health authorities. Refer to the Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) for additional information.
- Agencies should develop sick-leave policies for PHFU personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure all PHFU personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.
- PHFU personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.

- Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
- PHFU should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings

CDC has updated its guidance on what specimens to collect when testing for COVID-19. The latest guidance is available online at Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19).

As part of the risk assessment and public health management of persons with potential COVID-19, public health personnel will typically conduct interviews and assess these individuals for fever or other symptoms of COVID-19. In certain circumstances they will also obtain respiratory specimens. This guidance is intended to address recommended infection prevention and control practices when these activities are performed at a home or non-home residential settings, which warrant additional considerations beyond those described for healthcare settings.

For recommendations on the evaluation of PUIs in healthcare settings refer to the *Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings*.

Interviewing and assessing persons with symptoms (PUIs for COVID-19):

- Make every effort to interview the PUI by telephone, text monitoring system, or video conference.
  - Temperature monitoring could be reported by phone or shown to a provider via video conferencing.
- If public health personnel must interview a PUI in their home, the public health personnel should wear recommended personal protective equipment (PPE), including a gown, gloves, eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face), and respiratory protection that is at least as protective as a NIOSH-approved N95 filtering facepiece respirator, as recommended in the *Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings*.
  - Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.
  - PPE should ideally be put on outside of the home prior to entry into the home.
    - If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the public health personnel will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
  - Ask PUI if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.
  - PPE should ideally be removed outside of the home and discarded by placing in external trash can before departing location. PPE should not be taken from the PUI's home in public health personnel's vehicle.

        - If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

Interviewing and assessing persons <u>without</u> symptoms (asymptomatic close contacts who have been exposed to a lab-confirmed case of COVID-19):

- Make every effort to interview the asymptomatic close contact by telephone, text monitoring system, or video conference.
    - Temperature monitoring could be reported by phone or shown to a provider via video conferencing.
- If public health personnel must interview the asymptomatic close contact in person, the public health personnel should stay at least 6 feet away from the asymptomatic close contact and ask them if they have had fevers or respiratory symptoms. If the interview and assessment is occurring in the home environment, the public health personnel should not enter the home until these questions have been asked and the asymptomatic close contact has been determined to be afebrile by temperature measurement.
    - If the asymptomatic close contact reports fever or symptoms, they should be considered a PUI and referred for further medical evaluation as appropriate. Public health personnel should document temperature measurement and description of symptoms.
- If the asymptomatic close contact does not report fever or symptoms, they should be instructed to take their own temperature and report the result. If the asymptomatic close contact denies symptoms and fever is not detected, it remains appropriate to stay at least 6 feet away during further interactions even if entering the home environment. If they are not able to take their own temperature, the public health personnel should:
    - Perform hand hygiene
    - Put on a facemask and eye protection (consider adding gloves if entering the asymptomatic close contact's home)
    - Proceed with checking the asymptomatic close contact's temperature
    - Remove and discard PPE
    - Perform hand hygiene using alcohol-based hand sanitizer that contains 60 to 95% alcohol

Diagnostic respiratory specimen collection for all individuals (i.e., PUIs for COVID-19 or asymptomatic) at home:

- Testing for the virus that causes COVID-19 should be conducted outdoors if climate allows. If conducted in the home, specimen collection should be performed in the area of the house where the individual being tested self-isolates.
    - Only the public health personnel and individual being tested should be in the room when testing is performed.

    - Collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) is likely to induce cough or sneezing.
    - Non-aerosol-generating procedures should be performed before aerosol-generating procedures. Aerosol-generating procedures should be the last activity performed just before leaving the home.

- Public health personnel collecting specimens should wear recommended PPE, including a gown, gloves, eye protection, and respiratory protection that is at least as protective as a NIOSH-approved N95 filtering facepiece respirator, as recommended in the *Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings*.
    - Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.
    - PPE should ideally be put on outside of the home prior to entry into the home
        - If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the public health personnel will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
    - Ask person being tested if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.
    - PPE should ideally be removed outside of the home and discarded by placing in external trash can before departing location. PPE should not be taken from the home of the person being tested in public health personnel's vehicle.
        - If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

Definitions

Normal Activity: PHFU should observe the *Enhanced Universal Precautions and Field Safety Planning* in addition to their standard operating procedures for safety and planning and conduct their investigations in accordance with the routine guidance provided by supervisors and the local health authority

Limited Activity: PHFU must adhere to the *Enhanced Universal Precautions and Field Safety Planning* and limit the scope of their investigations to confirmed or suspected cases and their partners (i.e. “Cluster Protocol”) and in accordance with specific guidance provided by supervisors, the local health authority and DSHS.

Essential Activity Only: PHFU must limit their investigations to gathering essential surveillance data and health information of cases (e.g. treatment, demographics. When possible, index patients may be interviewed by phone or web-based video conference to elicit and record partner information, but any follow-up and referral of these partners must be approved by the performing agency.

Normal Travel: PHFU should observe the *Enhanced Universal Precautions and Field Safety Planning* in addition to their standard operating procedures for safety and planning field work.

Limited Travel: PHFU travel which is limited due to suspected community transmission of COVID-19. This may include a specified area within a jurisdiction. Special permission from jurisdictional PHFU leadership is recommended.

Restricted Travel: PHFU travel is limited to areas due to confirmed community transmission of COVID-19. Special Permission from jurisdictional PHFU leadership is required.

Suspended Travel: PHFU travel is prohibited to a specific area within a jurisdiction due to COVID-19. This may include the entire jurisdiction.

Usual Precautions: PHFU should wash hands regularly, avoid touching their faces, cough into their elbow or a tissue (then discard the tissue), increase ventilation into their workspace and disinfect surfaces like doorknobs, tables, desks, phones and handrails regularly.

Considerations for Balancing Agency Priorities:

- Maximize opportunities for the following with reduced staff capacity and/or reduced in-person contact
    - Prevention of congenital syphilis
    - Prevention of perinatal HIV
    - Prevention of adult syphilis transmission
    - Prevention of adult HIV transmission
    - Prevention of sequelae from untreated syphilis or HIV
    - Enhance access to medical care or treatment for the management of HIV or STIs
- Potential for COVID-19 transmission or acquisition
- Potential that employees of unknown COVID-19 infection status may pose a danger to patients who are immunocompromised or who have health conditions that place them at higher risk
- Increased risk to PHFU employees of contracting COVID-19 infection and potential loss of workforce capacity or response.
- Increased risk of fewer options for testing and treatment of STIs. Programs are encouraged to remain in communication with area providers who are available for providing testing and treatment as STD clinical services become reduced.
- Explore opportunities for altering treatment protocols to address social-distancing requirements and COVID-19 concerns.
- Decreased access to resources due to competing community priorities
- Financial barriers to care resulting from the common practice of health departments that bill patients when they are not “brought in” by DIS or lack of ability to bill insurance during state of emergency

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Much of PHFU work can be accomplished by phone or web-based video conferencing, but not all. Fieldwork should only be conducted for high priority activities when phone/web-based interventions have been attempted and failed to achieve desired action. Staff should adhere to directives issued by the health authority regarding limited face-to-face patient interactions. Staff should implement personal protective actions to prevent the spread of COVID-19.

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