**COVID-19 Q&A Resource for the Division of STD Prevention and HIV Surveillance**

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| **Responses are current as of 03/18/2020 at 9:30 AM and subject to change.** | |
| 1 | **Q) Should Field Epis do interviews by phone instead of in-person? What if a patient requires a field visit based on current protocols?** |
| A) As an interim measure, Field Epis should perfom interviews via phone call or via WebEx video (available as an app), these are the preferred methods. Please adhere to our strict confidentiality procedures as outlined in Division and Bureau confidentiality protocols and trainings. If a patient does not have access to a phone, WebEx, Facetime, or Whatsapp, the Field Epi should make an effort to arrange a phone interview while the patient is in a clinic or other healthcare setting where a phone may be accessed. The Field Epi should discuss this with the healthcare provider.  Field visits should be temporarily minimized. Field visits do not need to be conducted for patients previously treated and/or engaged in care. Please mail field visit letters for patients that only need an interview. The Field Epi should continue to make every effort to interview the patient, but interviews should be conducted by phone, or WebEx when possible.  A field visit should still be conducted for patients who are untreated/not engaged in care, and unable to be located by phone, text message, email, or letter, unless the Field Epi is ill, they have an indication that the patient is ill, or in isolation or quarantine, or if they have been instructed not to by their supervisor. Please follow social distancing guidelines while in the field: maintain at least 6 feat distance from another person, and minimize use of public spaces such as cafes and public restrooms.  When scheduling unavoidable field work, Field Epis should ask patients and providers appropriate screening questions to rule out current illness:  Screening questions **for providers** should include:   * Is the clinic open for STD patients? What are the altered hours or services (record on google sheet) * Did the patient report any recent travel outside the U.S.? What countries did they travel to or through? * Did the patient present with any respiratory symptoms at their most recent visit? If yes, what were those symptoms? * Is anyone currently in the clinic, staff or patient, presenting with respiratory symptoms consistent with COVID-19 at the present time?   Screening questions **for patients** should include:   * Are you experiencing any flu or cold-like symptoms, such as a cough, fever, or shortness of breath? * Is anyone in your household experiencing any flu or cold-like symptoms, such as a cough, fever, or shortness of breath? * Have you traveled outside MA or the U.S. recently? If so, where did you go? Did you travel through any other states or countries en route to your destination? If so, where? |
| 2 | **Q) If a patient indicates that they have relevant symptoms, recently traveled from a level 2 or 3 country, or had a direct exposure to someone who tested positive for COVID-19 but are still feeling well, before an in-person interview, should the Field Epi still interview the patient in-person?** |
| A) No, the Field Epi should not interview the patient in-person, even if they are feeling well, but have any of the above indicated risk factors. They should proceed with interviewing the patient by an alternate method (as indicated in question 1) and inform their supervisor about the patient.  Additionally, DSTDP field staff were granted access to COVID-19 events in MAVEN. Field Epis should check MAVEN to see if their patient is a case, contact, or person under investigation (PUI) for COVID-19 by:   1. Click on the patient’s name in your STI/HIV case 2. Review the “Event Information” section for events labeled “Novel Coronavirus SARS MERS.” 3. Call your supervisor and email them with the event ID for both the STI/HIV event and the COVID-19 event in accordance with confidentiality communication protocols. Your supervisor will review the case with you to determine if it is an active case, a historical case, a contact, or a PUI. 4. If your supervisor is unable to respond and the field visit must be compelted urgently, contact the Field Operations Manager who is assigning cases that day. If the supervisor and and the Field Epi have questions about the information in a case, they should email isishelp@massmail.state.ma.us for assistance determining the case status.   **OF NOTE:** A green hypherlink will **NOT** appear for novel coronavirus events. |
| 3 | **Q) What should a Field Epi do if a patient indicates that he/she/they is is ill or tested positive for COVID-19 during an in-person encounter?** |
| A) The Field Epi should discontinue the interaction and wash / sanatize their hands as soon as possible. They should contact their supervisor for further instruction. If the Field Epi is unable to reach their supervisor, they should contact another supervisor, the DSTDP Director, the DSTDP Public Health Nurse, or DSTDP Medical Director until someone is reached who can provide additional instruction and guidance. |
| 4 | **Q) Should Field Epis still work in Emergency Department or Urgent Care settings?** |
| A) No, Field Epis should avoid going to Emergency Departments or Urgent Care clinics for work purposes until otherwise instructed by their supervisor or the DSTDP Director. The Field Epi may deliver Bicillin if a clinic staff person agrees to meet the Field Epi outsideof the clinic. |
| 5 | **Q) Should Field Epis and HASP staff continue to attend medical chart abstraction, or outpostings in hospitals or clinic settings?** |
| A) Field Epis and HASP staff should temporarily discontinue on-site medical chart abstractions and outpostings in hospitals and clinic settings after Friday, 03/13/2020.  After 03/13/2020, Field Epis and HASP staff should temporariliy suspend medical chart abstractions and outpostings until otherwise instructed by their supervisor or the DSTDP Director. Supervisors will work with Field Epis and their outpost sites to determine if remote access to EMR is available or to come up with an interim plan to ensure patient follow-up.  This guidance will be re-assessed weekly. |
| 6 | **Q) Should Field Epis continue to meet in-person with patients with newly diagnosed HIV, and conduct field visits?** |
| A) As indicated in question 1, Field Epis should interview patients via phone, or WebEx whenever possible.  The field epi should conduct a field visit and adhere to the following guidance if a field visit is required because the patient is not engaged in care or is an acute case:  Immediately prior to conducting a field visit, the Field Epi should verify in MAVEN that the patient does not have a COVID-19 event. If no event exists, the Field Epi should prepare a field visit note and keep it in hand when they arrive at the patinet’s home. When a person answers the door, the Field Epi should maintain at least 6 feet from the person and then introduce themselves, explain the purpose of the visit, and ask if anyone in the home is currently ill, or experiencing fever or other flu-like symptoms.  For example, a Field Epi could say: “Hi my name is \_\_\_\_\_\_, and I’m here doing medical follow-up. The follow-up is not related to coronavirus, but as a precaution, I need to ask whether you or anyone else in the home is experiencing flu-like illness at this time.”  If the person answers yes, or answers that they are currently under self-quarantine or isolation, the Field Epi should leave the field visit note for the patient and then instruct the patient to call his/her/their cell phone. If the person answers no, the Field Epi should continue to conduct business per usual protocols. |
| 7 | **Q) What should Field Epis do if they receive a call from the family member or close contact of a patient who received a call or letter from a Field Epi?** |
| A) The Field Epi should follow normal confidentiality protocols and instruct the caller that they can only provide medical information to the patient. |
| 8 | **Q) What personal protective equipment precautions should Field Epis take for field visits at people’s homes to avoid acquisition of COVID-19 in Massachusetts?** |
| A) See previous answers that reference pre-screening questions and social distancing. Currently we are not advising the use of PPE for field follow-up. This may change, but is not indicated at the time these answers are being written. |
| 9 | **Q) What should staff do if they receive a call from a provider about COVID 19?** |
| 1. They should not answer the question. Ask them to call the Epi program at 617-983-6800. Do not transfer the call.There is also information for providers on the website. If the provider is one who you work with closely and they indicate that they have not received a call back from the Epi program, and have a time-sensitive question, then call the Division Director to discuss next steps. 2. For Labs: <https://www.mass.gov/info-details/covid-19-guidance-and-recommendations#for-lab-professionals-> 3. For Clinicians: <https://www.mass.gov/info-details/covid-19-guidance-and-recommendations#for-clinicians-> |
| 10 | **Q) What should Field Epis do if they receive questions from patients about COVID19?** |
| A) If a patient has a specific concern related to their health status and risk, encourage them to contact their healthcare provider directly or call 211. If the patient is looking for more general information, provide them with the MDPH web site <https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>. |
| 11 | **Q) What should staff do if they receive a call from the media?** |
| A) Inform the caller that all requests for comments and information must be coordinated through the MDPH Communications Office, and that you can take down their contact information and pass it along to the appropriate office.  Additionally, you may also provide them with contact information for the Communications Office that was provided to all staff in an email from Jacki Dooley on 03/05/20.  *“All such calls or emails should be referred to Alison Cohen, with a CC to Ann Scales and Omar Cabrera.”*   * Alison Cohen, (617) 624-5293, Alison.B.Cohen@MassMail.State.MA.US * Ann Scales, (617) 624-5253, Ann.Scales@MassMail.State.MA.US * Omar Cabrera, (617) 624-5089, Omar.Cabrera@MassMail.state.ma.us   **Immediately after, email Kevin Cranston** , Kathleen Roosevelt, and your Field Operations Supervisor with information about the interaction, including who called, when they called, what they asked, and whose contact information you provided, if any. |