

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch  
**Action Plan to Minimize Exposure to COVID-19**

The Action Plan outlines recommended changes in practice for Department of State Health Services (DSHS) public health regions (PHRs) and local health department (LHD) staff when performing routine HIV/STD prevention activities during the COVID-19 outbreak. It is intended to minimize exposure to COVID-19 in the delivery of HIV/STD prevention services and prioritize program management activities. These recommendations may be modified by PHR and LHD programs when safer options are identified, or jurisdictional mandates prohibit continuance of services. Refer to PHR and LHD requirements for additional use of personal protective equipment (PPE) when performing HIV/STD prevention services. **This plan remains in effect unless modified by the HIV/STD Prevention Branch, at which time, programs will be notified.**

Activity	Recommendations
Providing medications for persons diagnosed with an STD	<p>Provide medications to patients diagnosed with STD or are being presumptively treated by the provider. Medications may be delivered via the following methods which will limit the risk to the patient and the provider:</p> <p><b>Options listed in order of preference</b></p> <p><b>Option 1: Non-Contact Methods of Delivery</b></p> <ul style="list-style-type: none"> <li>• Mail medications to the patient’s home address. <ul style="list-style-type: none"> <li>○ Verify that this method is acceptable to the patient for confidentiality purposes</li> <li>○ Medications must be sent with instructions and patient education forms</li> <li>○ Provide the patient with contact information should they have questions about the medication or infection</li> </ul> </li> <li>• Provide medications through a contract or send prescription to a community pharmacy</li> <li>• Provide medications outside of the clinic or in a well-ventilated area, when possible</li> <li>• Provide field delivery of medications, if jurisdictional mandates allow</li> </ul> <p><b>Option 2: For patients who require in person delivery such as injectable medications</b> (e.g. when clinical services are not disrupted or for persons who are pregnant with syphilis or syphilis exposure, or any person with tetracycline allergy with syphilis). For treatment via clinic visits (CV) for patients who need to come to the clinic; Health care personnel (HCP):</p> <ul style="list-style-type: none"> <li>• When possible, prescreen each patient via phone prior to visit</li> <li>• Prepare for each visit by screening patients prior to entry into the clinic; this includes a phone call prior to CV asking about current symptoms including (fever, cough, or shortness of breath) in the patient or close contacts or any known exposure to COVID-19. See sample</li> </ul>

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch

**Action Plan to Minimize Exposure to COVID-19**

	<p>questions at the end of this document. For yes responses, stop and consult medical director for guidance</p> <ul style="list-style-type: none"> <li>• Inform patients that they should not bring children or other family members to the visit if possible. If that is not possible, family members should wait outside or in a vehicle if safe to minimize staff exposure. Inform the patient that they may bring partners with them for exam/treatment if the partner also meets pre-screening criteria</li> <li>• Patients should wear cloth masks per CDC guidelines.</li> <li>• Provide medications outside of the clinic or in a well-ventilated area, when possible.</li> <li>• Maintain six feet distance between patient and worker when possible.</li> <li>• If six feet of distance is not feasible, the provider should wear a surgical mask, at minimum</li> <li>• Sanitize hands in front of patient and provide sanitizer for patient's hands. Do not hand the sanitizer to the patient</li> <li>• Verify medication in packet</li> <li>• For <b>injections</b>, wear appropriate PPE for potential droplet and contact (e.g. - gloves, mask, gown, eye shields) exposures</li> <li>• For <b>single dose oral</b> treatments, open the packet and use <i>at minimum</i>, universal precautions when handing medication to the patient. Place medications on clean surface and step away from the surface to allow the patient to retrieve</li> <li>• Follow jurisdictional DOT protocols</li> <li>• Sign and document log; do NOT have patient sign log</li> </ul>
<p>Evaluating new patients suspected of having STD or HIV based on any provider or lab report (fax, phone call, walk in, etc.)</p>	<p>Prioritize new patients based on information gathered in the initial report:</p> <ul style="list-style-type: none"> <li>• <b>For the following high priority patients, screen as usual at the CV:</b> <ul style="list-style-type: none"> <li>○ Persons who are pregnant with reactive syphilis labs indicative of a new syphilis infection</li> <li>○ Persons who are diagnosed with acute HIV infection</li> <li>○ Persons who are diagnosed with primary or secondary syphilis</li> <li>○ Persons diagnosed with non-primary, non-secondary early syphilis</li> </ul> </li> </ul>
<p>Evaluating patients reported through the TB, HIV, STD Integrated Surveillance (THISIS) system</p>	<ul style="list-style-type: none"> <li>• During COVID-19 response, timelines for THISIS evaluation may be extended to meet the jurisdiction's staffing capacity</li> <li>• Prioritize evaluations based on risk transmission of disease and as resources allow.</li> <li>• Make phone contact when possible; depending on THISIS, may defer evaluation when resources are not available</li> <li>• Text or email patient, as information is available.</li> </ul>

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch

**Action Plan to Minimize Exposure to COVID-19**

	<ul style="list-style-type: none"> <li>• Consider mailing referrals to the patient’s residence when phone calls, text messages, or emails are not successful</li> </ul>
<p>Performing Blood Specimen Collection for HIV, Syphilis, Creatinine, or Hepatitis C</p>	<ul style="list-style-type: none"> <li>• <b>Specimen collection:</b> <b>Follow CDC and any PHR/LHD recommendations for PPE in response to COVID-19.</b> Specimen collection should be done outside of the clinic or in a well-ventilated area when possible.             <ul style="list-style-type: none"> <li>○ Pre-screen all patients for signs or symptoms prior to allowing the patient in for clinical services or home visit. If the patient has symptoms of COVID-19, stop and consult with medical director for guidance</li> </ul> </li> <li>• Collect blood specimen for HIV, syphilis, or HCV only if appropriate PPE for potential droplet and contact (e.g. - gloves, mask, gown, eye shields) exposures is available and worn.             <ul style="list-style-type: none"> <li>○ You can also ask the patient to wear their own cloth mask per CDC recommendations. Perform specimen collection in well ventilated area.</li> </ul> </li> <li>• Continue <b>bloodborne precautions along with PPE</b> as specified under CDC recommendations:             <ul style="list-style-type: none"> <li>○ Decisions to defer blood draws should be made on a case-by-case basis by the medical authority and in compliance with jurisdictional mandates.</li> <li>○ Refer patients to other service providers should your facility cease all STD evaluation activities</li> </ul> </li> </ul>
<p>Performing Specimen Collection for Gonorrhea and Chlamydia</p>	<ul style="list-style-type: none"> <li>• <b>Specimen collection (pharyngeal, rectal, vaginal, urine):</b> <b>Option 1: Self Collected</b> <ul style="list-style-type: none"> <li>○ Explore the option of self-collection or home collection options for CT/GC.</li> <li>○ Provide the appropriate number of test kits to the patient for each exposure site (up to three)</li> </ul> </li> <li>• <b>Option 2: Clinician Collected</b> <b>Follow CDC and any PHR/LHD recommendations for PPE in response to COVID-19.</b> Specimen collection should be done outside or in a well-ventilated area when possible.</li> <li>• Pre-screen all patients for signs or symptoms prior to allowing the patient in for clinical services or home visit. When possible, prescreen each patient via phone prior to visit.             <ul style="list-style-type: none"> <li>○ If the patient has symptoms indicative of COVID-19, stop and consult with medical director for guidance</li> </ul> </li> <li>• Collect specimens for gonorrhea and chlamydia if appropriate PPE for potential droplet and contact (e.g. - gloves, mask, gown, eye shields) exposures is available and worn.</li> </ul>

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch

**Action Plan to Minimize Exposure to COVID-19**

	<ul style="list-style-type: none"> <li>○ Patients should wear their cloth masks per CDC recommendations.</li> <li>○ Perform specimen collection in a well-ventilated area</li> <li>○ Refer patients to other service providers should your facility cease all STD evaluation activities</li> </ul>
<p>Performing physical assessments/examination (may/may not require hands on evaluation)</p>	<ul style="list-style-type: none"> <li>● Explore the option of video health for those who are reporting symptoms and are need of medical examination</li> <li>● May defer hands-on physical examinations for individuals reporting STD symptoms. If an examination is indicated, practice hand hygiene before and after assessment and <b>use PPE</b> as necessary. PPE for potential droplet and contact (e.g. - gloves, mask, gown, eye shields) exposures is available and worn</li> <li>● Disinfect any equipment used (i.e. stethoscopes)</li> </ul>
<p>Conducting contact investigations (CI)</p>	<ul style="list-style-type: none"> <li>● Visiting primary residences for CIs may be delayed more than three days. Patients may be interviewed on the phone or video chat to elicit contacts. Any further delays should be done on a case-by-case basis considering safety of staff and patients, and resource allocation.</li> <li>● Prioritize CIs*** and perform testing based on prioritization of contacts:             <ul style="list-style-type: none"> <li>○ <b>High priority CI</b>- recent sexual contacts to persons diagnosed with primary or secondary syphilis or acute HIV; persons who are currently pregnant</li> <li>○ <b>Medium priority CI</b>- recent sexual contacts to persons recently diagnosed with non-acute HIV, or non-primary/non-secondary early syphilis</li> <li>○ <b>Low priority CI</b>- all others associated with above investigations; persons diagnosed with CT/GC and their sexual contacts</li> </ul> </li> </ul>
<p>Focused Testing</p>	<ul style="list-style-type: none"> <li>● Defer until further notice</li> </ul>
<p>PrEP</p>	<ul style="list-style-type: none"> <li>● Conduct initial and subsequent visits via telemedicine*.</li> <li>● Collect laboratory specimens, as outlined above (see specimen collection), following <b>any PHR/LHD recommendations for PPE in response to COVID-19.</b></li> <li>● Verify clinical eligibility for PrEP prescription according to CDC guidelines.</li> <li>● Send PrEP prescription to contract or community pharmacy for client to pick up or home delivery, as available</li> <li>● If the patient is displaying symptoms of primary or secondary syphilis, or acute HIV, or complications of other STIs (e.g. PID, disseminated gonorrhea, neurosyphilis) consult your medical director for directives</li> </ul> <p style="text-align: center;"><i>*may include synchronous or asynchronous videos or other electronic methods, preferably HIPAA (Health Insurance Portability and Accountability Act) compliant.</i></p>

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch  
**Action Plan to Minimize Exposure to COVID-19**

Personal Protective Equipment (PPE) Required for Infection Control Precautions	<p>CDC COVID infection control guidance for health care settings. <a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a></p> <p><b>Droplet Precautions:</b> <a href="https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf">https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf</a></p> <ul style="list-style-type: none"><li>• Surgical Mask</li><li>• Face shield or eye shield</li></ul> <p><b>Contact Precautions:</b> <a href="https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf">https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf</a></p> <ul style="list-style-type: none"><li>• Disposable gown</li><li>• Gloves (see <a href="https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf">https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf</a> for glove removal guidance)</li></ul> <p><b>Standard Precautions:</b> <a href="https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html">https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html</a></p> <ul style="list-style-type: none"><li>• Used for all patients</li><li>• Assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting</li><li>• Based on a risk assessment and making use of common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient</li></ul> <p><b>Universal Precautions:</b> <a href="https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html">https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html</a></p> <ul style="list-style-type: none"><li>• Universal precautions apply to blood and to other body fluids containing visible blood</li></ul>
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Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch  
**Action Plan to Minimize Exposure to COVID-19**

**Attachment 1: Protocols to Minimize Staff and Patient Exposure to COVID- 19**

**Home Visits (HV) Protocol**

HVs during the COVID-19 outbreak require additional precautions. Consider HV as an option if it is not possible for the patient to come into the clinic and if it is allowed by jurisdictional mandates. If a HV occurs, all efforts should be made to meet outside, maintaining six feet distance, using PPE as necessary, and minimizing passing of pens, papers, or other potential fomites when possible. Limit patient signing of consents or other forms unless necessary (HAWLs, medication consents, etc. NOTE: Daily logs do not have to be initialed by the patient during this time but should be signed each month by the patient). Leave pen with patient if they must sign if sanitizing pen is not possible after HV. **Follow any PHR/LHD recommendations for PPE in response to COVID-19.**

Prior to HV

1. Call patient/guardian and ask about any new symptoms that have changed from any symptoms they had at baseline (if first visit, this is the baseline). Use the questions below, unless otherwise directed by PHR/LHD COVID-19 questionnaire:
  - 1) Have you recently tested positive for COVID-19?
  - 2) Have you been exposed, that you know of, to COVID-19? This may include any travel (including in-state outside of the jurisdiction) in the past 14 days.
  - 3) Has anyone in the household been exposed to COVID-19 or is anyone in the household experiencing any of the symptoms (fever, shortness of breath, or cough) or is currently under quarantine for COVID-19?
  - 4) Do you have a new/worsening cough?
  - 5) Do you have difficulty breathing or shortness of breath?
  - 6) Do have you a fever? What degree? \_\_\_\_\_F

Response to Answers 1-3

**If YES:**

- **Stop** and do not proceed with HV; contact treating physician and supervisor for individual plan of care
- **Provide information to support jurisdiction's quarantining guidance.**

**If NO:**

- Proceed to next questions.

Response to Answers 4-6

**If YES:**

- **Stop** and do not proceed with HV; contact treating physician and supervisor for individualized plan of care.
- Consider the prioritization of care if this is person has an active HIV/STD infection versus if they are a possible contact.
- If proceeding with HV, follow any local protocols for COVID-19 disease screening or reporting and for recommendations on PPE prior to visit.

**If NO:**

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch  
**Action Plan to Minimize Exposure to COVID-19**

- Use *at* minimum, standard precautions if health care worker can maintain six feet distance. **Follow CDC and any PHR/LHD recommendations for PPE in response to COVID-19.** Specimen collection should be done outside or well-ventilated area when possible.

2. If proceeding with HV, supervisor should view documentation of ***Self Observation Log*** (Attachment 3) to ensure staff member is able to make a HV.

When performing a HV:

- Enter home, taking in the minimum necessary supplies; avoid touching anything upon entry.
- Use hand sanitizer and offer to patient (do not hand them the bottle).
- Put on PPE as specified by PHR/LHD protocols.
- When HV is complete, remove gloves appropriately if worn (inside-out).
- Remove and discard PPE as specified by PHR/LHD protocols.
- Leave home.
- Use hand sanitizer.
- Wipe down any surfaces that may have touched something in the home.
  - Consider placing folders, papers, and pens in a zip-lock baggie that may be wiped down before and after visit.
- Reminder: wash hands regularly, do NOT touch face, mouth, eyes, or nose.

**Clinic Visit (CV) Protocol**

CVs are preferred during the COVID-19 outbreak. Staff may have more control of environmental factors and can limit exposure risk by planning visit with the patient. When CVs occur, all efforts should be made to meet the patient prior to entering the clinic, maintaining six feet distance, using PPE and minimizing any passing of pens, papers, or other potential fomites when possible. Before and after the CV, the clinic room and any equipment used should be cleaned and/or sanitized.

***Follow any PHR/LHD recommendations for PPE in response to COVID-19.***

Prior to CV

1. Call patient/guardian to ask about any new symptoms that have changed. Use the questions below unless otherwise directed by PHR/LHD COVID-19 questionnaire:

- 1) Have you recently tested positive for COVID-19?
- 2) Have you been exposed, that you know of, to COVID-19? This may include any travel in the past 14 days.
- 3) Has anyone in the household been exposed to COVID-19 or is anyone in the household experiencing any symptoms (fever, shortness of breath, or cough) or currently under Quarantine for COVID-19?
- 4) Do you have a new/worsening cough?
- 5) Do you have difficulty breathing or shortness of breath?
- 6) Do have you a fever? What degree? \_\_\_\_\_F

Response to Answers 1-3

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch  
**Action Plan to Minimize Exposure to COVID-19**

**If YES:**

- **Stop** and do not proceed with CV; contact treating physician and supervisor for individual plan of care.
- **Provide information to support jurisdiction's quarantining guidance.**

**If NO:**

- Proceed to next section.

Response to Answers 4-6

**If YES:**

- **Stop** and do not proceed with CV; contact treating physician and supervisor for individualized plan of care.
- Consider the prioritization of care if this is person has an active HIV/STD infection versus if they are a possible contact.
- If proceeding with CV, follow any local protocols for COVID-19 disease screening or reporting and for recommendations on PPE prior to visit.

**If NO:**

- **Follow CDC and any PHR/LHD recommendations for PPE in response to COVID-19.** Specimen collection should be done outside or well-ventilated area when possible.

2. If proceeding with a CV, the supervisor should view documentation on the **Staff Observation Log** (Attachment 3) to ensure the staff member is able to work in clinic.

When arranging a CV:

- Coordinate with patient prior to entering clinic. Meet at the entrance of the clinic and escort to clinic room to avoid waiting.
- If available, perform temperature check on patient with proximity thermometer prior to entering the clinic.
- If the patient is only in need of oral medications, consider delivering medications outside of the clinic, upon patient arrival.
- Encourage patients to arrive at the clinic by themselves, unless as sexual partner needs testing or treatment. Encourage patients to wear a cloth mask per the CDC guidelines.
- Perform visit with PPE as determined by the PHR/LHD.
- Wipe down any surfaces that may have been touched during visit.
- Reminder: wash hands regularly, do NOT touch face, mouth, nose, or eyes.

**Attachment 2: COVID-19 Screening Logs for patients prior to Home or Clinic Visit**

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch  
**Action Plan to Minimize Exposure to COVID-19**

Signs/Symptom Screen: ( Y ) = Yes ( N ) = No To be completed prior to each visit

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>Event ID in THISIS or Patient ID</b>																
1. Have you recently tested positive for COVID-19?																
2. Have you been exposed, that you know of, to COVID-19? This may include recent travel* (Y/N)																
3. Has anyone in the household been exposed to COVID-19, is currently under Quarantine for COVID-19, or is experiencing cough, shortness of breath or fever**? (Y/N)																
4. Do you have a new/worsening cough? (Y/N)																
5. Do you have difficulty breathing or shortness of breath? (Y/N)																
6. Do have you a fever**? (Y/N) What degree? _____F																
<b>Employee Initials</b>																
<b>Interpreter Initials</b>																

\* <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

\*\*Fever is either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures ( $< 100.0^{\circ}\text{F}$ ) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue).

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch  
**Action Plan to Minimize Exposure to COVID-19**

**Preparing for the Visit**

Response to Answers 1-3

**If YES:**

- **Stop** and do not proceed with visit; contact treating physician and supervisor for individual plan of care.

**If NO:**

- Proceed to next section.

Response to Answers 4-6

**If YES:**

- **Stop** and do not proceed with visit; contact treating physician and supervisor for individualized plan of care (consider if this is an active TB case vs. LTBI vs. contact).
- If proceeding with visit, follow any local protocols for COVID-19 disease screening or reporting and for recommendations on PPE prior to visit.

**If NO:**

- Prepare for the visit by coordinating with patient prior to visit; instruct them on any changes to expect.
- Use *at minimum* standard precautions if health care worker can maintain six feet distance preferably collect outside or in well-ventilated area when possible.
- Follow process on DOT visits to include maintaining six feet distance, using *at minimum* universal precautions for handing over of medications, and do not have patient sign DOT log.
- Follow local protocols on PPE prior to visit.
- **Reminder: practice frequent hand hygiene; do not touch nose, eyes, or mouth.**

Date	Notes/Comments on Responses
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**Signature(s) of staff:**

**Date:**

Texas Department of State Health Services  
HIV/STD Prevention Care Services Branch  
**Action Plan to Minimize Exposure to COVID-19**  
**Attachment 3: COVID-19 Self-Observation Log for Field Staff**

<b>Name:</b>	<b>Program:</b>	<b>Telephone:</b>
<p>Take your temperature (oral or temporal) <i>as frequently as recommended by Local/Regional Medical Director</i>: Temperatures should be taken before brushing teeth if in the morning or evening, and prior to drinking hot/cold liquids. Document temperature and signs and symptoms listed below. If you have a sign or symptom, mark “+” on the day and report to your manager. Each column represents the day at the top of the column (for example, information for the 13<sup>th</sup> of the month is marked in the column with the “13” at the top). Please print and sign your name at the bottom and turn in to supervisor at the end of the month. <b>Frequency Needed (supervisor check all that apply):</b> <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening</p>		

**Signs/Symptom Screen: + = Yes - = No \*\* If temperature is greater than 100.4°F, notify your supervisor**

MONTH/YEAR:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>Morning assessment</b>																
Temperature (oral or temporal), in °F**																
Cough (+/-)																
Subjective fever (feeling flush) (+/-)																
Shortness of breath (+/-)																
Fatigue (+/-)																
<b>Noon assessment</b>																
Temperature (oral or temporal), in °F**																
Cough (+/-)																
Subjective fever (feeling flush) (+/-)																
Shortness of breath (+/-)																
Fatigue (+/-)																
<b>Evening assessment</b>																
Temperature (oral or temporal), in °F**																
Cough (+/-)																
Subjective fever (feeling flush) (+/-)																
Shortness of breath (+/-)																
Fatigue (+/-)																

MONTH/YEAR:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>Morning assessment</b>															
Temperature (oral or temporal), in °F**															
Cough (+/-)															
Subjective fever (feeling flush) (+/-)															
Shortness of breath (+/-)															
Fatigue (+/-)															
<b>Noon assessment</b>															
Temperature (oral or temporal), in °F**															
Cough (+/-)															
Subjective fever (feeling flush) (+/-)															
Shortness of breath (+/-)															
Fatigue (+/-)															
<b>Evening assessment</b>															
Temperature (oral or temporal), in °F**															
Cough (+/-)															
Subjective fever (feeling flush) (+/-)															
Shortness of breath (+/-)															
Fatigue (+/-)															

**Signature of staff:**

**Signature of Supervisor:**

**Date**