

Health and Wellness Center COVID-19 and Telemedicine Protocol

Title: Sick Protocol for Clinic Staff:

Rationale: SARS-CoV-2 can manifest with a variety of symptomology. In addition, asymptomatic spread is possible from individuals infected with the virus. To minimize risk to staff and patients, the following sick policy has been put in place. All individuals working in the Health and Wellness Center must adhere to the following policy if planning to work at clinic. These guidelines follow the CDC's recommended guidelines available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html>, and here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>, and here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Process:

- 1) HWC staff should be diligent about symptoms of COVID-19, which include:
 - a) Fever
 - b) Cough
 - c) Shortness of breath
 - d) Chills
 - e) Shaking, chills, muscle pain and fever
 - f) Loss of taste and smell
- 2) Members of the HWC should practice appropriate sanitary and hygiene practices while working on-site.
 - a) This includes sanitizing work stations every three hours if not in direct patient care interaction, or between patient visits if using a clinical examination room
 - b) Regular handwashing/hand sanitization
- 3) Members of the HWC should be equipped for the possibility of COVID-19 infection given evidence of community transmission in the District of Columbia.
- 4) Staff will be screened every morning by a clinical provider and complete a symptom screening form and temperature check as outlined below:
 - a) Name
 - b) Date
 - c) Symptom report:
 - i) I have not had a fever or felt chills over the last 24 hours
 - ii) I have not had a sore throat not attributable to other cases
 - iii) I have not had a new cough
 - iv) I have not had shortness of breath
 - d) Documented oral temperature
 - e) Signature
 - i) Staff who refuse a temperature check or completion of the above survey will not be allowed in clinic for the work day.
- 5) If a staff member has a symptom that could be attributed to another cause – seasonal allergies, etc., the staff member will be advised to return home and return to clinic after 24 hours.

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- 6) If a staff member has a new symptom that cannot be attributed to another cause, or the staff member is not feeling well per report, the staff member will be advised to return home, see their primary care provider, and return to clinic in no less than 72 hours.
 - a) If symptoms are persistent for more than 72 hours, the individual will be recommended to obtain a test for SARS-CoV-2. Proof of negative test will be required prior to returning to work.
- 7) Staff should be encouraged to not take any antipyretics prior to returning to work.
- 8) If a staff member tests positive for SARS-CoV-2 they will be encouraged to see their primary care provider for follow up management and testing.
 - a) If staff shortages are to occur with the absence of a staff member, then individuals should be cleared to return to work via the symptom-based strategy. A staff member will be allowed to return to work if they have not had fever in the last 72 hours (without the use of antipyretic medications), an improvement in respiratory status, and at least 10 days since symptom onset.
 - b) If staff shortages will not occur with the absence of a staff member, then a staff member will be allowed to return to work after receiving two negative tests for SARS-CoV-2, to be conducted at least 24 hours apart, resolution of fever without the use of antipyretics, and improvement in respiratory symptoms.
 - i) After returning to work, staff will wear a facemask at all times when within the HWC until all symptoms either resolve or return to baseline. All staff will be recommended to self-monitor for symptoms and seek re-evaluation from their primary care provider if respiratory symptom re-occur.
 - c) Staff may receive testing if desired from the Testing Hotline 1-888-363-0333.
- 9) Staff will be required to wear facemasks at all times within the clinical environment. Cloth facemasks are acceptable within a non-clinical setting.
 - a) Staff will be advised to maintain at least 6 feet of distance from other staff members.
 - b) Facemasks will be made available to all staff for use within the clinical environment.
- 10) For staff with patient care responsibilities use of an N95 facemask is allowed if supplies are available.
 - a) A gown and faceguard will be made available for patient care staff to utilize if desired within the clinical environment.
- 11) If a staff member has an unprotected exposure to another staff member or patient with COVID-19 but are asymptomatic and not known to be infectious, these individuals will be recommended to self-quarantine if possible for 14 days after the exposure.
 - a) If the individual is asymptomatic, and staffing shortages would be present with their absence, they will be allowed to return to work with the use of a facemask for at least 14 days.
- 12) If any member of the HWC develops any symptoms of COVID-19 which are different from baseline, they should:
 - a. Let their supervisor and primary care provider know ASAP
 - b. Immediately self-isolate within their residence and immediately begin using a facemask.

Title: Environmental Precautions for HWC during COVID

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Rationale: SARS-CoV-2 demonstrates person to person transmission most commonly occurring during close exposure to a person, primary through respiratory droplets produced when the infected person speaks, coughs, or sneezes. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose or mouth. To minimize risk to staff and patients, the following environmental policies have been put in place. These guidelines follow the CDC's recommended guidelines available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>, and https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html.

Process:

Physical Space:

1. Signs will be placed throughout the Health and Wellness Center altering patients regarding proper respiratory precautions, respiratory hygiene, and cough etiquette.
 - a. This will include cough and sneeze precautions in the waiting / registration area.
2. Signs will be put outside of the physical location of 77 P St. NE informing patients regarding the process of symptom screening and masking for visits at the HWC.
3. The waiting room will allow for at least 6 feet of distance between patients waiting for appointments.
 - a. Given current physical limitations within the HWC, this allows for no more than 10 individuals within the waiting room at one time.
4. Alcohol-based hand sanitizers will be placed within the entrance vestibule, within the waiting room, and in other high traffic areas.
 - a. Tissues, hand soap, and waste receptacles will be placed in easily accessible areas.

Patient Screening

1. Prior to entry into the Health and Wellness space individuals will be screened over the phone when making appointments.
 - a. Staff will ask about presence of symptoms of cough, fever, shortness of breath. If any of these are reported positive by the patient, the individual will not be provided with an appointment at the Health and Wellness Center and referred to their primary care provider or local area hospital for evaluation. Individuals will be encouraged to call the mobile testing line at 1-888-363-0333.
2. Upon entry into the HWC, individuals will be asked to confirm the following questions:
 - a. I have not had a fever or felt chills over the last 24 hours
 - b. I have not had a sore throat attributable to other cases
 - c. I have not had a new cough
 - d. I have not had shortness of breath
 - e. In addition, a temperature will be provided on all patients entering through the vestibule
 - i. If patients are noted to have any of the above symptoms or a fever, they will be immediately referred to their primary care provider and provided with the DC testing number

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3. All patients will be provided with a surgical mask. If the patient is currently wearing a cloth mask, a surgical mask will be offered, but is not necessary to replace the cloth mask. All patients will be instructed to keep masks on throughout their time within the clinic.
4. All patients will be encouraged to complete an online registration form prior to their appointment to reduce the need to share writing materials and overall clinic time.

Title: Express Clinic

Rationale: Screening for STIs is important due to the presence of asymptomatic infection, especially in non-urogenital sites. While an appointment with a provider is ideal to allow for a full assessment of sexual history, risk, contraception, and PEP/PrEP needs, given space limitations we will offer testing via an Express Clinic visit.

Process:

1. The patient will obtain an appointment for Tuesday at the available times below. It is imperative that registration staff follow the scheduling guidelines to ensure we are exercising proper social distancing and to prevent bottleneck at the bathroom and lab areas. When making the appointment you will ask the patient the following questions below. **If the patient answers yes to any of these questions they are not eligible for screening only services.**
 - a. Do you need to see a provider for any reason?
 - b. Do you have any symptoms?
 - c. Has someone told you that you are a contact to a person with an STD?
 - d. Where you contacted by a DOH staff?
 - e. Are you seeking PrEP, PEP, vaccines and contraception etc. services?
2. Once the patient appointment has been made you are to provide the patient with the DOH website to allow them the ability to complete the Registration and Consent Forms. Please explain to the patient that if the forms are not completed due to time restrictions they may be asked to reschedule for a later date.
3. Once the patient arrives registration staff will retrieve the patients Registration and Consent Forms, make a copy of the patient's insurance card and ID and hand the Test Requested Form to the patient. Due to social distancing the patient is not to sit in front of registration staff complete this form. Instruct the patient to sit in the lobby.
4. Once the patient returns the Test Requested Form Registration staff is to place the clinic number on the patients form and hand the form to the Medical Assistant.
5. The Medical Assistant will hand the patient the test kit, provide directions to the bathroom and provide the patient with instructions and or answer questions.
6. The Medical Assistant will enter the lab orders in eClinicalworks as specified within the Standing Order (see Health and Wellness Center Standing Orders in Policy and Procedure Manual).
7. The Medical Assistant will walk the patient and the patient samples to the lab for additional screening.

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8. Once the patient has finished in the lab the patient can leave however please ensure the patient has received a copy of the Patient Portal information to obtain their test results.

SAMPLE SCHEDULE

Please note when scheduling appointments do not double book. We only have 9 to 10 slots per clinic day. NO EXCEPTIONS.

STD Express Clinic Schedule

9:00 Express
9:20
9:40 Express
10:00
10:20 Express
10:40
11:00 Express
11:20
11:40 Express

LUNCH 12:20 until 1:00 pm

1:00 Express
1:20
1:40 Express
2:00
2:20 Express
2:40
3:00 Express
3:20

Title: Protocol for Telemedicine screening for HWC during COVID-19

Rationale: To minimize exposure to SARS-CoV-2 among patients, staff at SFCC, while continuing to provide STD/HIV services. Alternative regimens for treatment are sourced upon best available evidence including the CDC Interim Guidance for COVID-19 and the NYC Health Syndromic management of anogenital discharges and ulcers during the COVID-19 outbreak, New York City, 2020: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/sti-syndromic-management-algorithm.pdf>

Overview:

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1. Notice placed on website (dchealthandwellness.org) and front door: DCHWC is only seeing patient with symptoms of STI, contact to STI/HIV, need PEP/PrEP/contraception/HIV care, or people whom we have contacted to come in for services. All patients are recommended to call ahead prior to their appointment (202-741-7692). Some patients may be treated without a visit.
2. Telemedicine will be used as a resource to manage symptomatic patients who cannot be seen at the DCHWC given current occupancy restrictions. An appointment with a provider will continue to be recommended as the standard for care, however, with the limited availability of appointments available, telemedicine with an experienced clinician will be used to manage overflow.
3. Registration staff will receive a call from a patient and assess whether a) the patient meets visit criteria, and b) the availability of appointment within the next 72 hours. If the patient meets visit criteria and appointments are **not** available within 72 hours, patients will be offered the opportunity to discuss their case with a clinician.
 - a. Asymptomatic patients requesting screening will be referred to the Express Clinic for asymptomatic screening.
4. The clinician will triage the patient based on symptoms. Recommendations will be developed in concurrence with both CDC STD treatment guidelines and interim guidelines for telemedicine in COVID 19.
5. Depending on insurance status and willingness to pay out of pocket, and willingness to present to the DCHWC; the clinician will arrange medication.

General Guidelines:

- **Symptoms that can be managed with telemedicine:**
 - **Female assigned sex at birth with vaginitis symptoms and no associated abdominal pain or fevers**
 - **Heterosexual male sex assigned at birth with urethritis**
- **Symptoms that cannot be managed with telemedicine and should be seen in the clinic:**
 - **Anogenital ulcers**
 - **Proctitis**
 - **Syphilis exposure, suspected primary / secondary / tertiary syphilis**
 - **Female assigned sex at birth with lower abdominal / pelvis pain**
 - **PrEP / PEP / Rapid ART**
- **Symptoms allowing for telemedicine with likely clinical follow-up**
 - **Female assigned at birth with dysuria without pelvic pain or systemic symptoms**

Processes:

Registration Telephone screen:

Ask: How can I help you today?

- If it is a non-STD or non-clinical concern (hours, do we test for COVID, etc.), provide them with the information as needed
- If they report COVID symptoms/want to know where to get COVID tested, please refer patients to the DC COVID testing hotline at 1-855-363-0333

Ask: Are you currently experiencing any symptoms?

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- **If NO:** Schedule patient for Express Clinic screening
- **If reporting** STD symptoms, being a contact or needing PEP/PrEP/contraception/HIV care or having been called to come in for services, let them know you will need to ask additional questions. At this point, registration will assess for appointment availability within the next 72 hours.
 - **If no availability within next 72 hours:**
 - **ASK:** Would you like to talk to a provider today over the phone?
 - **IF YES**
 - Collect information regarding demographic and identifying information
 - Register patient into eCW
 - Schedule for telemedicine appointment with provider
 - Send text message to provider to notify them regarding patient schedule.

Clinicians:

- Open telemedicine encounter via the Resource Schedule
- Check patient into appointment
- Open progress note in eCW
- Assess
 - HPI/What's the problem/Reason for call
 - SOGI sexual history
 - Medications / Allergies
 - >2 point ROS

Telemedicine Symptom Guidelines

- **Vaginal Itching**
 - Assess for quality of itching, or if discharge is present consistent with previous diagnosis of yeast infection.
 - **Don't forget:** to assess for LMP and pregnancy status
 - **Refer to clinic if:** any pelvic pain, any genital lesions, more than 4 yeast infections over last calendar year
 - **Recommended treatment:** Fluconazole 150 mg PO x1 +/- metronidazole 500 mg PO BID for 7 days.
 - If pregnant, consider using topical/suppository treatment
 - Estimated out of pocket cost:
 - Fluconazole \$5-10
 - Metronidazole \$10
 - **IF REFERRING TO CLINIC FOR MEDICINE:**
 - **Place order for GC/CT + Trichomonas NAA**

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- Inform patient that if desired to leave urine specimen and pick up medication from clinic
- **Follow-up:** Call patient in **5 – 7** days to assess for symptom resolution
- **Vaginal Discharge**
 - Assess for quality of discharge, or if discharge is present consistent with previous diagnosis of bacterial vaginosis.
 - **Don't forget:** to assess for LMP and pregnancy status
 - **Refer to clinic if:** any pelvic pain, any genital lesions, more than 3 BV infections over last calendar year
 - **Recommended treatment:** Fluconazole 150 mg PO x1 + metronidazole 500 mg PO BID for 7 days.
 - If pregnant, consider using topical/suppository treatment
 - Estimated out of pocket cost:
 - Fluconazole \$5-10
 - Metronidazole \$10
 - **IF REFERRING TO CLINIC FOR MEDICINE:**
 - **Place order for GC/CT + Trichomonas NAA**
 - Inform patient that if desired to leave urine specimen and pick up medication from clinic
 - **Follow-up:** Call patient in **5 – 7** days to assess for symptom resolution
- **Male Urethritis (Heterosexual / MSW)**
 - Assess for quality of discharge, severity and onset of dysuria, consistency with previous STI diagnoses.
 - **Refer to clinic if:** any genital lesions, high risk sexual encounter in < 72 hours, systemic symptoms, rashes, recent treatment and persistent symptoms
 - **Recommended treatment:**
 - Cefixime 800 mg PO + azithromycin 1 gram PO
 - Cefpodoxime 400 mg PO q12h x2 doses + azithromycin 1 gram PO x1
 - Estimated out of pocket cost:
 - Cefixime \$20
 - Cefpodoxime \$20
 - Azithromycin \$10
 - **Follow-up:** Call patient in **10-14** days to assess for symptom resolution
 - **If persistent:** refer to clinic for evaluation
- **Male Urethritis (MSM)**

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- Assess for quality of discharge, severity and onset of dysuria, consistency with previous STI diagnoses. Assess for any associated proctitis, anogenital ulceration.
- **Refer to clinic if:** any genital lesions, high risk sexual encounter in < 72 hours, systemic symptoms, rashes, recent treatment and persistent symptoms
- **Recommended treatment:**
 - Cefixime 800 mg PO + azithromycin 1 gram PO
 - Cefpodixime 400 mg PO q12h x2 doses + azithromycin 1 gram PO x1
 - Estimated out of pocket cost:
 - Cefixime \$20
 - Cefpodoxime \$20
 - Azithromycin \$10
- **IF REFERRING TO CLINIC FOR MEDICINE:**
 - **Place order for Pharyngeal GC/CT NAA**
 - **Follow-up:** Call patient in **10-14** days to assess for symptom resolution
 - **If persistent:** refer to clinic for evaluation
 - **If resolved:** refer patient to Express Clinic for test of cure in 28 days

Medication Dispensing:

Clinician:

- If a patient is unable to have prescription called into a pharmacy and would like to pick up at the Health and Wellness Center inform the patient to present during business hours (9:00 to 15:00 on Monday, Wednesday or Friday. Advise patient to inform front desk staff that presenting for medication pick up.
 - Enter medication into Assessment of eCW
 - Note that patient will present to clinic for medication

Registration:

- If a patient presents, generate a new visit for the patient under Dr. Visconti as Visit Type - Treatment
 - Inform MA in treatment room of patient

Medical Technician

- Open encounter in eCW
- Load Telemed – Medicine Pick Up Template
 - Add medicine into assessment, include expiration and lot number
- Follow medication dispensing protocol including verification of patient demographic and assessment of medication side-effects and allergies.
- Dispense medication to patient