

# **Framework for delivering Community-Based HIV and Sexual Health Services during COVID-19**

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*This resource has been produced by Terrence Higgins Trust for HIV Prevention England.*

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## Introduction

During the COVID-19 outbreak it is essential to ensure that organisations are protecting staff, volunteers and service users from COVID-19 infection and that government advice is being followed, taking all measures to reduce transmission of the virus.

Organisations have a specific role to maintain as much service as possible during this time and, where appropriate, support local partners to do the same. It is important that organisations are able to support good sexual health, including STI / HIV prevention and contraception, especially for those individuals and groups who are the most vulnerable.

As the lock down is lifted, it is recommended that services are delivered remotely or digitally wherever possible and that face-to-face services are delivered in the safest possible way.

This framework is a live resource and will be reviewed on a monthly basis or sooner, if government guidance changes.

## Part 1: Provision of Face to Face Services

It is essential that all premises where any face-to-face work takes place are risk assessed and confirmed as being 'COVID secure'. Terrence Higgins Trust can be contacted for further information about risk assessments: [hpe@tht.org.uk](mailto:hpe@tht.org.uk).

The key components of ensuring premises are COVID secure are:

- Ensuring those who are clinically or extremely clinically vulnerable only come to work if it is safe to do so
- Ensuring that, if possible, you deliver services to clinically or extremely clinically vulnerable people remotely.
- Information on those who are 'extremely clinically vulnerable' can be found here: <https://www.tht.org.uk/news/coronavirus-covid-19>
- Limiting the number of staff in buildings at any one time. This will be defined by individual premises' risk assessments
- Local risk assessments will also take into account the travel required to or between premises
- Offices / clinical spaces need to be able to facilitate social distancing of 2 metres between staff.
- Clients should be asked to wear face coverings if they attend your services
- Staff will wear face masks when interacting with clients if they are not able to maintain a distance of 2 metres apart.
- Hand sanitiser must be available for staff and clients
- 'High touch' areas must be cleaned regularly
- Social distancing does not need to be observed during an emergency – e.g. giving first aid or in fire evacuations BUT particular attention should be paid to hygiene and sanitisation immediately after the event.

Re-opening of services should be undertaken within this framework and following these basic principles:

1. Your message to service users will be to follow government guidance to protect themselves and others
2. Your service delivery model will be in line with government guidance
3. Your organisation will continue to deliver services remotely or digitally where possible
4. Face-to-face services will only re-start if they are able to follow current guidance on social distancing and have appropriate procedures in place to reduce transmission e.g. handwashing, infection control and PPE if required
5. Face-to-face services will only re-start if the premises are COVID secure and a risk assessment has been completed
6. Individual staff risk assessments will be offered and recommended for all staff before a return to face to face working in offices or other premises. A standard risk assessment form is attached, and completed forms should be stored securely. Staff who score a medium (amber) or high (red) risk should be supported by their line manager, HR and / or

Occupational Health to mitigate risks and to ensure to work from home where possible and will only stop working from home when the risk has been mitigated and it is safe to do so.

7. You should continue to ensure to focus our services on those individuals or communities most at risk or vulnerable.

In addition, a standard approach to ensuring robust safeguarding, clinical and information governance should continue to be applied to all services.

Any plans to restart face-to-face services should be communicated with local partners and commissioners.

We recognise that as lockdown is lifted more people will be having sex outside their household and will need support to prevent STIs, HIV and unplanned pregnancies. Appropriate messages should be developed as necessary, to address the needs of diverse communities at risk of poor sexual health.

### Condom distribution

Condom distribution can continue as long as it is delivered within this framework. This would involve:

- Ensuring existing (or new) distribution sites are open and happy to continue
- Considering reducing distribution sites to deliver more condoms to fewer sites
- Considering alternative methods of delivery e.g. courier and focussing on postal delivery primarily where this is possible
- Ensuring that where condoms and resources have to be accessed or collected from your organisation's buildings, that this is being done in line with the premises risk assessment for that service
- Ensuring that condoms are not distributed for at least 72 hours from the time of delivery
- Not undertaking any outreach activity that increases risk of COVID-19 or contravenes 'social distancing' advice
- Ensuring a risk assessment of outreach activity is completed and signed off before the service is started
- Ensuring that staff are aware that delivering condoms to distribution sites is safe and acceptable as long as the '2 metre distancing' rules are followed whilst doing so
- Considering new pick up sites e.g. in partnership with Local Authority and other commissioners as well as any locations that are remaining open
- Considering how you ensure that those individuals from communities who are most at risk or vulnerable are able to access whatever services you provide

### STI / HIV testing

STI testing should be delivered in line with this framework with postal or online testing being the preferred method and:

- Continuing with existing online postal services if you and partner organisations can manage it; including adapting current service provision if appropriate

- Considering options for setting up new online testing e.g. in partnership with local services
- Re-starting face-to-face testing only if the testing site has been risk assessed and approved as COVID secure, clients are informed not to attend if they have symptoms of COVID-19 and ensuring that social distancing of 2 metres can be maintained, for example in waiting rooms and clinic rooms
- Where face-to-face HIV testing is taking place, point of care testing should be replaced with assisted HIV self-testing so the client does the test themselves away from the staff member.
- Self-testing can also be supported virtually using phone or video consultations. Please ensure that the associated Online Services Guidelines are followed accordingly.
- Point of care testing, venepuncture or dried blood spot testing should only be considered where there is no other alternative. Risk assessments should be undertaken for any testing that requires staff to be closer than 2 metres to the client, the service should be approved by the organisation's senior management, and the service will need to ensure that appropriate PPE is available (gloves, apron, visor and mask).
- As testing services increase it is important to ensure that:
  - local sexual health services are able to see any clients who test positive
  - you are aware of how local sexual health services are managing access, as it will vary around the country
  - individuals are signposted to sources of information and support, including your own, partners' and other resources. For example, THT Direct.

### Non-clinical face-to-face services (including outreach)

- Health promotion, HIV prevention, HIV care and support and counselling services should continue virtually where possible and only re-start if they are able to be delivered when offices have been assessed as COVID secure and where they can be delivered in line with current guidance about social distancing
- Services should continue with or consider starting remote / virtual interactions with clients where this can deliver the relevant service effectively
- Face-to-face outreach should only be delivered if a risk assessment has been completed and signed off and it can be conducted in line with current guidance around social distancing.
- Condoms or STI testing kits should only be distributed at least 72 hours from the time of delivery
- If areas have active open air public sex environments (PSE) sites then outreach can be delivered providing that current guidance about social distancing can be maintained at all times between workers and clients. Face masks, disposable gloves and hand sanitiser must be used at all times when distributing or handling condoms etc. Risk assessments for PSE outreach sites must be approved as below and must include any staff travel arrangements avoiding public transport where possible.

### Campaigns or promotion of services

Any local promotion of services should only be delivered if they align with this framework. This would include:

- Ensuring the primary message is clear that people should follow government to reduce transmission risk of the virus.
- Ensuring there is capacity (either within your services or partner organisations) to deliver the service you are promoting e.g. we have condom distribution sites or STI / HIV testing available
- Ensuring that consideration is given to targeting promotion to those at greatest risk / vulnerable groups

## Safeguarding children, young people and vulnerable adults

- It is essential that you maintain existing approaches to safeguarding children, young people and vulnerable adults.
- Where there is an interaction with clients (whether remotely or face-to-face) a safeguarding assessment should be made and documented for all under-18s and vulnerable adults.
- Telephone safeguarding assessment is acceptable for under-18s and vulnerable adults
- Under-16s should be seen for a face-to-face assessment as long as social distancing can be ensured
- Consideration to safeguarding, information governance and GDPR must be made for any service using video consultations and separate guidance has been provided for this

## General points

Although lockdown is being lifted, there remain concerns that infection rates are still high in certain parts of the country and local outbreaks are occurring regularly. There is a real possibility of a second surge of infections and, as such, we need to be cautious about our approach to re-opening services to ensure the safety of staff, volunteers and clients.

As such this framework will be kept under review and update as appropriate.

Delivering as much service as is safe to do so, especially for the most vulnerable clients, to support good sexual health and prevent unplanned pregnancy is a necessary service. As long as services are risk assessed and staff are following the guidance to keep a distance of at least 2 metres from others, for example when delivering condoms or postal testing kits, keeping deliveries to a minimum and using PPE where appropriate this falls within the government guidance to prevent the spread of COVID-19.

Dr Michael Brady  
Medical Director

17<sup>th</sup> July 2020

## Part 2: Provision of Online Services

The use of online platforms for service delivery has increased in recent times, particularly since the start of the COVID-19 pandemic. As a relatively new setting for provision of HIV and sexual health community services, including one-to-one information and advice, group peer support groups and assisted self-testing, it is imperative that key factors are considered to ensure that the safety of clients and staff, the protection of data, and the quality of interventions are maintained to a high standard.

This resource is intended to provide a summary of these key considerations.

Please note that online services are not a replacement for face to face services. A significant number of especially vulnerable clients may be unable to access online forms of services, and organisations need to ensure that the needs of these clients are being met appropriately.

### Choosing which online platform to use

Organisations need to ensure that online platforms are used in a safe and responsible way.

The most common virtual platforms being used currently are Zoom and Microsoft Teams. However, whether activities are being delivered through these platforms or over the phone, all relevant information governance, confidentiality, GDPR and safeguarding policies and procedures should be in place and the platform must comply with these requirements. This will protect the safety of service users, staff and anyone else who uses services.

Please note that platforms have different privacy, data management and other terms and conditions of usage which may change over time, and which will need to be accounted for in terms of key safeguarding and information governance considerations.

### Use of online platforms

#### Client privacy and consent

Online services which cover sensitive personal data issues must gather consent from the individual or individuals prior to the service being provided. This consent must be recorded in a robust and secure client information database, alongside the client record. In the process of getting consent you must provide an appropriate privacy statement explaining how your organisation will process the individual's personal data, when they sign up to access the service or other interactive sessions.



### Creating a safe and acceptable environment for the session

It is important to create an emotionally safe space for staff and service users when delivering any services or activities virtually. You may wish to establish ground rules for participation asking all participants to give their consent. However, please ensure that the service still abides by relevant information governance guidelines.

### Recording

By default, you **should not use** any record features on Zoom, Microsoft teams or over the phone.

**Under no circumstances** should a virtual session involving sensitive information *i.e. Health, sexuality or sex life* relating to specific individuals be recorded. For example, Zoom processes information outside of the EU, which may have GDPR implications.

Recording events where issues (such as general sexual health, prevention, mental health issues, living well issues, etc) are discussed is fine, providing that these issues do not relate to specific individuals and are discussed in a more informational context, e.g. a webinar on tackling mental health issues during lockdown.

For sessions where you are primarily providing general sexual health guidance and information updates and it has been agreed that it can be recorded the following process should be followed:

- Upon sign-up for a virtual session, individuals must be provided with a privacy statement. This statement should explain that the event is being recorded and how that recording will be used, *e.g. to publish the video on the website so that it can be viewed by those unable to attend.*
- Guidance on how to turn off video and audio should also be provided for individuals that do not wish to be recorded.
- At the time the event takes place, the organiser of the virtual event should at the beginning of the event briefly explain that the event is going to be recorded and that by turning off the video and audio, individuals can still attend but avoid being recorded.

If there is a requirement to record virtual meetings then steps should be taken to ensure that the recording is stored on the organisations systems locally, rather than to the platform's cloud which is the default option. For example, Zoom cloud recordings are stored on servers in the US by default which is an issue for GDPR compliance. There have also been incidents where Zoom recordings have been discovered by security researchers without any protection.

### *What if a service user requests that a meeting is recorded?*

If a service user specifically requests for a meeting to be recorded, it is important to be transparent and explain that the default position is not to record sessions that cover sensitive information. Individuals should be informed that notes are still taken and later recorded on the organisation's systems and that Individuals can request information held in these systems by submitting a subject access request under GDPR.

### [Sending documents through online platforms](#)

Virtual platforms such as Zoom or Microsoft Teams **should not** be used to send documents containing sensitive information to anyone, please use existing secure file sharing solutions.

### [Further information](#)

If you need more information on Data Protection and GDPR [find it here](#).

### [Assisted self-testing and self-sampling online](#)

Due to the limitations of face-to-face community-based testing during the COVID-19 pandemic, online services can be used to provide support to clients who need an HIV or sexual health test.

This may be in the form of providing guidance and information to individuals to support them to do a HIV test themselves remotely, as follows:

**Assisted self-sampling:** involves remotely helping them collect the sample and packaging it accurately to be posted to the laboratory, where it will be processed independently. Individuals would receive the results over the phone by the laboratory or their clinical partner directly rather than the community health worker performing assisted self-sampling.

**Assisted self-testing:** involves remotely helping them to collect the sample, supporting them as they wait for the result, and providing them with result management particularly in the event of a reactive result.

For remote assisted self-sampling and self testing, all workers need to abide by the relevant principles of existing policies:

- face-to-face community-based testing clinical governance
- Infection control
- Safeguarding and data protection.

Workers need to be trained to the appropriate level and organisations are required to ensure robust governance measures are in place for the safety and wellbeing of clients and workers.

In addition to existing good practice guidelines, there are other considerations when providing assisted self testing online.

- Ensure that workers are delivering the intervention in private, with no other occupants in the room or nearby who can overhear the conversation.
- Make it clear that the intervention is a 1:1 service and that they also need to be somewhere private and confidential, so that nothing is inadvertently disclosed.
- Ensure you and the client have clear visibility of each other (including client test site – torso and arms, free), maintain good lighting and ensure there are no loud noises or other distractions. Take every precaution to ensure the session is not interrupted.
- As the client will be collecting their own sample, inform them ahead of time that their torso and arms will need to be visible and that the test should be nearby to facilitate a smooth intervention. Request that they use their device in hands-free format.

- Situate yourself in an area where you get the best internet connectivity, and please ensure that your client does the same.
- Circulate instructions and any data forms before the session, to minimise and pre-empt any issues or connection issues which may arise.
- Take the opportunity to offer appropriate health promotion and harm reduction strategies around any identified risk taking behaviours, including signposting to specialist support services and condom use.

### Managing a reactive result remotely

All workers delivering assisted self-testing are required to have clear knowledge of local specialist services and have an established pathway for onward referral. This is in order for the client to be linked into care for confirmatory testing by the earliest opportunity (within 48 hours if possible). Follow-up with the client is necessary, to support their wellbeing and to ensure that the referral pathway was successful and that they have been linked into care. Always check that you have the correct client contact details for follow-up.

Getting a reactive result may cause distress to the client. Please consider how this situation would be managed, as the dynamics of the interaction in a remote setting may be distinctly different compared to a face-to-face interaction. For example, how would workers check in with a client to ensure that they are not distressed, especially as there may be video issues with Microsoft Teams or Zoom?

Some specific new training to manage this situation may be required. Organisation's safeguarding policies and referral pathways should also be reviewed to ensure that they apply to working in a remote setting.

In addition to this, please make sure that clinical supervision processes to support workers who give a reactive result remotely are set, similar to what they would be for workers delivering face to face reactive results to a client.

### Assisted self-testing over the phone

Using a video-enabled virtual platform to provide remote assisted-testing is the primary recommended approach. However, as a secondary measure, where this is not available, assisted self-testing can be delivered over the phone. Please ensure that community health workers doing this have undergone robust safeguarding training and can communicate clearly over the phone.

## References

The following Terrence Higgins Trust resources were used to inform these guidelines:

- *Zoom policy*
- *Online counselling under COVID-19*
- *Assisted Practitioner handbook*

For further information, visit

<https://assets.publishing.service.gov.uk/media/5ef2889986650c12970e9b57/working-safely-during-covid-19-close-contact-130820.pdf>