

FRAMEWORK FOR NSW SEXUAL HEALTH SERVICES RESPONSES TO COVID-19

May 2020

INTRODUCTION

NSW Sexual Health Services (SHS) are responsible for providing sexual health and HIV services to priority populations such as men who have sex with men (MSM), Aboriginal and Torres Strait Islander people, sex workers, people who inject drugs, people living with HIV and other BBVs and those at risk of STIs, e.g. contacts or symptomatic people.

This Framework for NSW SHS response to the COVID-19 pandemic aims to provide consensus regarding contingency planning, collective responses and shared priorities. NSW SHS need to be able to adapt quickly to change when delivering sexual health services to priority patients while there is potential for major disruption to all health services during the pandemic. Excessive restrictions on essential SHS delivery to vulnerable populations will result in shifting the burden of care to general practitioners or emergency departments who are also under additional strain. This Framework has been compiled by key representatives from the SHS across NSW.

This Framework provides clinics with an adaptable guideline to assist maintaining essential services for those who need care, whilst ensuring measures such as social distancing are in place to keep our patients and frontline staff safe during the COVID-19 pandemic.

KEY OBJECTIVES

To support NSW Sexual Health Services to:

- Implement social distancing measures within clinical service delivery.
- Continue to deliver and adapt essential sexual health services to key priority populations to maintain STI control in NSW.
- Develop and maintain a business continuity framework.
- Assist with communicating with clients, community based organisations and services about potential adaptations to models of care.

SHARED PRINCIPLES AND KEY CONSIDERATIONS

NSW SHS deliver consistent high quality services in many different ways and these need to be maintained as much as possible during the COVID-19 pandemic. Noted here are some shared principles and areas to consider when discussing changes to service delivery to allow you to apply social distancing measures and continuing services to priority populations.

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1. COVID-19 screening of clients

NSW SHS should proactively contact patients who have a planned in person visit to the service to assess their COVID 19 risk, including need for referral to fever/COVID 19 testing clinic and recheck the risk when they attend (planned or otherwise).

Current COVID 19 screening criteria here;

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-community-outpatient.aspx>

2. Staff safety and wellbeing

There are many practical ways of applying social distancing and infection control measures within SHS for staff while at work and when interacting with clients who have been screened for COVID-19 risk and are assessed as safe to attend in person, for example:

- Reducing consultations frequency and duration =<15 minutes or less (see more below)
- Following infection control procedures as directed by [CEC guidelines](#) and specific Local Health District resources.
- Applying social distancing measures in waiting rooms, clinical consult rooms (for example, with floor markings) and meeting spaces.
- Attending staff meetings online from desk or clinic rooms not in use using platforms such as Pexip, Skype for Business or Microsoft teams or in larger spaces.
- Consider numbers of staff on site at any one time and essential skill mixes of staff to deliver core business activities.
- Planned support of staff mental health and wellbeing– there are a number of resources managers should consider at this time. For example

<http://www.cec.health.nsw.gov.au/improve-quality/Safety-Fundamentals-for-Teams>

Reducing face-to-face (F2F) consultations

Minimising face-to-face contact with clients can be enabled by:

- Providing consultations remotely using [Telehealth](#) (see example for practice Appendix A).
- Altering pathology collection requirements, for example,
 - Introducing short appointment specifically for onsite pathology collection
 - Extending time frames between routine collections for medically stable clients.
 - Requesting pathology via a local pathology collection services if possible.
 - Testing innovations such as mailing STI testing kits and online testing options.
 - Being mindful of additional tests/vaccinations to minimise the need for future presentations when seeing F2F clients

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3. Testing capacity, laboratory services and test results

Laboratories will be prioritising COVID-19 tests during a pandemic, so contact your local pathology provider to discuss possible changes. There may be supply limitations on swab kits, extended timelines for test results, or other impacts on STI and BBV testing are likely.

Test results can be managed in new ways too. For example, enable automated SMS/email or a 'no news is good news' approach to negative test results to minimise staff contact with clients about their results.

4. Drug supply and provision

Clients with chronic infection need regular prescriptions. Consider providing the maximum quantities and repeats for medications like anti-retrovirals, PrEP, gender affirming hormones, herpes suppression, and contraception to limit unnecessary patient travel and clinic attendance. Other options include brief collection visit only at reception, postal delivery of either the prescription or the medication to the client, or scanning/emailing/faxing the prescription to a specified pharmacy for collection by the [patient](#)

Locating a pharmacy:

- 1) Antiretroviral medication <http://thechoiceisyours.positivelife.org.au/your-chemist.html> from Positive life
- 2) General medication including antibiotics <https://www.findapharmacy.com.au/home> From the Pharmacy Guild Australia and provides mail, email, phone and fax numbers for Guild member pharmacists only, so not discount pharmacies.

Additional points:

- Consider if the nominated pharmacist has drug stock & perhaps ring the pharmacist before emailing them
- There are only three drug wholesale suppliers in NSW so if one doesn't have it the others probably will.
- Develop a relationship with a few local pharmacists in key regions near your patient groups.

CEC provides weekly bulletins of drugs shortages here

<http://www.cec.health.nsw.gov.au/keep-patients-safe/medication-safety-and-quality>

The TGA <https://apps.tga.gov.au/prod/MSI/search>

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5. Service restrictions

Some SHS may need to temporarily scale back or suspend some 'low risk' clinical activity to help manage capacity and resources according to their local COVID-19 epidemiology. For example, SHS staff may be seconded or be sick, clinical resources may be limited or are required to reduce non-essential consultations. Consider altering clinic operating hours rather than limitation of services firstly in these situations.

6. Local SHS business continuity plan

Initial service changes to the pandemic happen quickly, are reactive to the immediate situation and have many external influences. Reducing immediate risk to staff and identifying possible cases of COVID-19 are high priorities initially but it is important also to consider the impact on staff and clients in a planned way and to advocate for the service needs. A local business continuity plan developed with your local management team helps guide the changes, who is affected and can be used to communicate with internal and external stakeholders.

7. Communication and sharing amongst SHS

Each NSW SHS will have different capacity and resourcing challenges when responding to COVID-19. It is essential that all services ensure good communication to their clients and community organisations and other supporting services regarding clinical service availability. SHS will be sharing examples of models of care at different services and settings which will provide opportunities for local adaptation but allow for consistency in overall practices.

APPENDICES

Appendix A is a guide to managing clinical care in NSW SHS during different levels of service restriction related to COVID-19.

GUIDE TO MANAGING CLINICAL CARE IN NSW SEXUAL HEALTH SERVICES DURING DIFFERENT LEVELS OF SERVICE RESTRICTION DURING COVID-19 PANDEMIC

	Level 1 INITIAL LIMIT ON SERVICE DELIVERY	Level 2 MODERATELY LIMITED SERVICE DELIVERY	Level 3 SEVERELY LIMITED STAFFING OR MARKED REDUCTION IN SERVICE CAPACITY OR CLOSURE.
SEXUAL HEALTH SERVICE DELIVERY	<ul style="list-style-type: none"> • Staff numbers near normal and standard social distancing measures in place • Service preparedness • Reduce number of F2F clients 	<ul style="list-style-type: none"> • Reduced staff numbers and/or increased local social distancing required • Increase telehealth appointments • pathology collection at other services • alternate prescription provision 	<ul style="list-style-type: none"> • Major reduction in staff numbers and/or case number require routine PPE use • Strict cessation of non-essential services
PRESENTING ISSUE			
Asymptomatic sexual health screening	<ul style="list-style-type: none"> • F2F consultations kept <15 mins • Move F2F clients testing 3 monthly to 6 monthly • Natural decline in numbers of presentations due to social distancing and recommendations to stay at home 	<ul style="list-style-type: none"> • 6 monthly testing for priority groups • Telehealth appointment for assessment • F2F for pathology collection or form emailed to patient to attend alternative pathology collection service 	<ul style="list-style-type: none"> • Not considered essential, unable to be provided. • Ensure clear messaging for clients • Advise to attend GP service • Routine safer sex advice messaging or abstain until able to be seen • SHIL advice line if applicable
Asymptomatic contacts of STI	<ul style="list-style-type: none"> • Telehealth appointment for assessment and brief F2F appointment for pathology collection and treatment if clinically relevant e.g. syphilis 	<ul style="list-style-type: none"> • As for level 1 • If no contact treatment required, email pathology collection form to patient for attending alternative pathology collection service 	<ul style="list-style-type: none"> • Not considered essential and unable to provide
Test of cure	<ul style="list-style-type: none"> • Defer & only if clinically relevant and client presenting for another essential reason • consider giving pathology form at diagnosing/treatment appointment 	<ul style="list-style-type: none"> • Service not a current priority at SHS and unable to be provided 	<ul style="list-style-type: none"> • Not considered essential and unable to provide
Test of reinfection	<ul style="list-style-type: none"> • Only if clinically relevant and client presenting for other essential reason. • Refer to GP • consider giving pathology form at diagnosing/treatment appointment 	<ul style="list-style-type: none"> • Service not a current priority at PFSHS and unable to be provided • Refer to GP if appropriate 	<ul style="list-style-type: none"> • Not considered essential and unable to provide

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STI treatments	<ul style="list-style-type: none"> • Telehealth appointment for assessment and brief F2F appointment for all types of treatment administration / collection 	<ul style="list-style-type: none"> • Telehealth appointment for assessment and <ul style="list-style-type: none"> • Brief F2F appointment for IM injections only. • Provide prescription via post or fax to person or pharmacy to collect oral medication 	<ul style="list-style-type: none"> • As for Level 2 for essential treatments • Involve GP services if appropriate
Symptomatic presentation	<ul style="list-style-type: none"> • F2F appointment for assessment and management for all symptomatic presentations • Consider phone consult for ascertain history from another clinic room to reduce F2F time • Consider follow up management by telehealth 	<ul style="list-style-type: none"> • Telehealth for review of symptoms • F2F only booked for examination and pathology collection if required. • Consider reduction of F2F, non-urgent symptomatic presentations such as; <ul style="list-style-type: none"> • Genital dermatoses/lumps • Uncomplicated vaginal itch or discharge suggestive of thrush • Warts • Genital rash • General rash not considered indicative of syphilis or other STI 	<ul style="list-style-type: none"> • Telehealth for review of symptoms • F2F only for clinically urgent symptoms Include <ul style="list-style-type: none"> • Rectal symptoms • Pelvic pain, pain during sex, post coital bleeding, intermenstrual bleeding • Testicular pain, swelling • Urethral discharge/severe dysuria • Vaginal discharge (not clearly thrush) • Genital ulceration • Symptoms/signs strongly suggestive of primary or secondary syphilis • Syphilis contacts
Hepatitis A & B Vaccinations	<ul style="list-style-type: none"> • Telehealth appointment to confirm eligibility • Offer F2F vaccination only service 	<ul style="list-style-type: none"> • Defer recall for all non-urgent hepatitis vaccinations • Only administer opportunistically if client presenting for other essential reason • Refer to GP if available 	<ul style="list-style-type: none"> • Not considered essential and unable to provide
Hepatitis management (New diagnosis & or on treatment)	<ul style="list-style-type: none"> • Telehealth appointment for assessment • F2F for prescription /pathology/Fibroscan • Regular telephone reviews 	<ul style="list-style-type: none"> • Telehealth appointment for assessment • No F2F • Prescription to pharmacy for patient pick up • No Fibroscan • Regular telephone reviews 	<ul style="list-style-type: none"> • See Level 2
Transgender hormone therapy	To be determined		
Pregnancy/contraception and women's health	<ul style="list-style-type: none"> • Telehealth appointment for assessment • F2F for prescription plus pregnancy or other test 	<ul style="list-style-type: none"> • Telehealth appointment for assessment • Fax prescription to pharmacy or refer to GP • No F2F • OTC pregnancy tests & emergency contraception 	<ul style="list-style-type: none"> • GP management only • Family Planning NSW

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HIV PREVENTION			
PrEP initiation	<ul style="list-style-type: none"> • Telehealth appointment for assessment • Discuss non-daily PrEP with clients as appropriate which may also increase longevity of PrEP prescriptions • Reinforce social distancing advice • If eligible, brief F2F appointment for pathology collection and prescription collection • Plan telehealth review in 3 months • Medicare ineligible online order Rx 90 x3 repeats • Refer Medicare eligible to GP 	<ul style="list-style-type: none"> • Telehealth appointment for assessment • If eligible, brief F2F appointment for pathology collection and prescription collection only • Consider sending prescription via post or fax to person or pharmacy to collect oral medication and alternative pathology collection • Plan telehealth review in 3 months, F2F in 6 months if stable pathology • Medicare ineligible online order Rx 90 x3 repeats • Refer Medicare eligible to GP 	<ul style="list-style-type: none"> • If unable to provide level 2 option, ensure clear messaging regarding safer sex, encourage condom use • Advise to attend GP service • SHIL advice line if applicable
PrEP continuation	<ul style="list-style-type: none"> • Telehealth appointment for assessment • Discuss non-daily PrEP with clients as appropriate which may also increase longevity of PrEP prescriptions • Reinforce social distancing advice • If eligible brief F2F appointment for pathology collection and 6 month prescription collection only • Plan telehealth/F2F review in 6 months if considered stable • Medicare ineligible online order Rx 90 x3 repeats • Refer Medicare eligible to GP If complex discuss plan with MO 	<ul style="list-style-type: none"> • Telehealth appointment for assessment • If eligible brief F2F appointment for pathology collection and prescription collection only • Consider sending prescription via post or fax to person or pharmacy to collect oral medication and alternative pathology collection • Plan Telehealth/F2F review in 6 months if considered stable • Medicare ineligible online order Rx 90 x3 repeats • Refer to Medicare eligible to GP 	<ul style="list-style-type: none"> • As above
PEP	<ul style="list-style-type: none"> • Telehealth appointment for assessment. • If eligible, brief F2F appointment for pathology collection and 1 month prescription collection only • F2F Pathology appointment and STI screen 	<ul style="list-style-type: none"> • Telehealth appointment for assessment. • If eligible, brief F2F appointment for pathology collection and prescription collection only. • Consider sending prescription via post or fax to person or pharmacy to collect oral medication and alternative pathology collection 	<ul style="list-style-type: none"> • Telehealth appointment for assessment. • If eligible brief F2F appointment for pathology collection and prescription collection only. • Consider sending prescription via post or fax to person or pharmacy to collect oral medication and alternative pathology collection

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		<ul style="list-style-type: none"> • Telehealth appointment/F2F for pathology collection at 6 weeks or provide pathology form at initial appointment 	
HIV MANAGEMENT			
New HIV diagnosis	<ul style="list-style-type: none"> • Telehealth plus F2F appointment for pathology collection at first appointment • Consider sending prescription via post or fax to person or pharmacy to collect oral medication and alternative pathology collection 	<ul style="list-style-type: none"> • Telehealth plus F2F appointment for pathology collection at first appointment • Consider sending prescription via post or fax to person or pharmacy to collect oral medication and alternative pathology collection if appropriate 	<ul style="list-style-type: none"> • See level 2
Continued HIV care – non complex	<ul style="list-style-type: none"> • Telehealth appointment at 6-12 months and brief F2F pathology and prescription 	<ul style="list-style-type: none"> • Telehealth appointment at 6-12 months and sending of prescriptions via post or fax to person or pharmacy to collect oral medication and alternative pathology collection 	<ul style="list-style-type: none"> • See level 2
Continued HIV care – complex	<ul style="list-style-type: none"> • Telehealth appointment at 3months and brief F2F pathology and prescription 	<ul style="list-style-type: none"> • Telehealth appointment at 3months and sending of prescriptions via post or fax to person or pharmacy to collect oral medication and alternative pathology collection 	<ul style="list-style-type: none"> • See level 2
Flu and pneumococcal vaccinations for target groups	<ul style="list-style-type: none"> • Telehealth appointment to confirm eligibility • Offer F2F vaccination only service 	<ul style="list-style-type: none"> • See level 1 	<ul style="list-style-type: none"> • Telehealth appointment to confirm eligibility • If vaccination cannot be provided at the PFSHS, refer to GP, fax prescription to pharmacy