POPS Chapter 9 - Disease Intervention Specialists Performance Standards

These performance standards represent detailed instructions regarding how the Disease Intervention Specialist (DIS) is expected to apply acquired knowledge and skills to critical elements of daily work in sexually transmitted infection (STI) prevention, including HIV.

For supervisors, these standards can be a tool to help evaluate the capabilities and deficiencies of a DIS. Standards can help identify workers who are especially proficient in specific performance areas. These workers can then become candidates for assignments involving greater responsibility or technical skills that can enhance career development.

When performance does not meet expectations, standards assist supervisors in identifying customized training needs for DIS. If a DIS is unable to perform at an acceptable level after a reasonable amount of remedial training or supervisory coaching, these standards can provide a framework for corrective action.

The success of DIS effort is evaluated both by disease intervention outcomes, as measured against program objectives, and by the quality of individual effort. It is the responsibility of the DIS to become familiar with these standards and to incorporate them into their performance of program activities. The DIS should seek guidance and clarification from their supervisor on any doubts or questions about these performance standards.

Staff members have a duty to report any suspected fraud, program abuse, possible illegal expenditures, unlawful activity, or violation of financial laws, rules, policies, and procedures related to performance under any DSHS contract. The staff member shall make a report no later than three (3) working days from the date the staff member has knowledge of reason to believe such activity has taken place. The staff member will notify their central office public health follow-up consultant regarding the reporting of this issue.

The Disease Intervention Specialists Performance Standards have been received and discussed.

Employee Signature		Date	
Supervisor Signature		Date	

9.1 Professional Conduct and Work Relations

Each DIS belongs to an established personnel system -- federal, state, or local -- and will observe the codes of conduct established by his/her employer with regard to punctuality, substance use, political activity, conflicts of interest, and other personnel policies. Every DIS represents both the State of Texas and the local health agencies in the performance of daily

activities. In general, the more stringent requirements among these agencies are the ones to which the DIS will conform in regard to professional conduct. The following standards for DIS will foster successful working relationships at the local level.

- Conducts all activities with honesty, integrity, and confidentiality
- Manages interactions with health officials and other local professionals with tact and diplomacy
- Treats clients, co-workers, and the general public with courtesy, dignity, and respect
- Observes operational policies regarding lines of authority and communication and use of resources, facilities, and equipment
- Informs the supervisor at the earliest opportunity of any actual, potential, or perceived conflicts which may arise and which may have a negative influence on the conduct of program activities

9.2 Confidentiality

The sensitive and highly personal nature of HIV/STI information requires strict confidentiality in the course of activities. Maintaining confidentiality means more than not revealing names. Information will not be shared that could lead to the identity of the client. Program success depends on health practitioners and clients recognizing that all HIV/STI staff observe the principle of confidentiality. The DIS is bound by such rules and laws regarding confidentiality as may be specified by his/her employing agency, as well as those of the State of Texas and of the local jurisdiction in which work is performed.

9.2.1 Medical and Laboratory

Custody and management of medical and laboratory records are the legal responsibility of the local health officer/authority (or of the individual health provider). When accessing records, it will be done in a manner that serves to protect the confidentiality of the records.

9.2.2 Investigative

The local health officer is also responsible for safeguarding the Field Record, Comprehensive Field Record Template (CFR) CDC 73.2936. The disease intervention team primarily manages the Field Record and documents the basis for the health officer to provide for STI examination and treatment of individuals.

9.2.3 Interview Record

The Interview Record, Comprehensive Interview (CIR) updated 2013, is a standard format that organizes information obtained by the DIS during the original interview and subsequent interactions. Custody and management of the Interview Record is the joint responsibility of the DIS and the supervisor.

9.2.4 Client Confidentiality

The DIS safeguards the privacy of all persons served by the health department and of those who become involved in the disease intervention process by observing strict confidentiality of information. The DIS shares information only with authorized persons on a need-to-know basis. In this case, authorized persons are health professionals who are bound by medical/professional rules of confidentiality and who are involved in providing health services to the individual in question. Attempts by any other person to obtain records or information will be reported by the DIS to the supervisor and documented in accordance with program policy.

9.2.5 HIV/STI Public Health Follow-Up (PHFU) Confidential Information Security Procedures

Proper maintenance and disposition of records are crucial to maintaining the confidentiality of persons involved with partner services. Qualified staff conducting partner services must follow the TB/HIV/STI Public Health Follow-Up (PHFU) Confidential Information Security Procedures.

9.2.6 HIV/STI Breach of Confidentiality Response Policy (TB/HIV/STD 2011.04)

The policy *HIV/STD Breach of Confidentiality Response (TB/HIV/STD 2011.04)* applies to all DSHS employees, IT staff, temporary employees, volunteers, students, DSHS program contractors, and any other person who could potentially view and/or have access to HIV/STI confidential information.

All persons affected by this policy, as specified above, are responsible for the reporting of suspected breaches.

9.3 Case Management

Case management is the systematic pursuit, documentation, and analysis of medical and epidemiologic case information that focuses on opportunities for disease intervention. The

primary purpose of case management is to develop a timely plan and identify opportunities for disease intervention.

Case management efforts entail seven steps:

1. Pre-interview analysis,
2. Original interview,
3. Post-interview analysis,
4. Referral of persons named in the social or sexual network (sex/needle-sharing partners and clusters),
5. Cluster interview(s),
6. Re-interview(s), and
7. Case closure.

Refer to the DIS Fundamentals Training Plan module for Syphilis Case Management and VCA for additional information.

9.3.1 Case Management Folders (Files)

The individual folders must contain the following for each related case:

- A copy of the infected patient's Field Record (FR), if applicable
- The original Interview Record (IR) and the most current printed Interview Record from Data Management System; destroy the previous Interview Record if the Interview Record is updated
- DIS notes from all interviews (Notes are to be reflective of the interview format)
- Case management forms:
    - Case Review Sheet
    - Re-interview Record
    - Cluster Interview Record

    - Case Closure Request/Approval

- VCA sheet on all 710, 720, and 730 cases with symptoms or related cases

- Copies of all associated field records (partners, suspects/social contacts, and associates)

Note: DIS will refer to the local, program-approved paperless procedures. Programs can choose to shift to a paperless case management system since the case management forms are reflected in the THISIS question packages. A detailed process of the paperless procedure is to be submitted to central office PHFU consultants for approval prior to implementation.

9.3.2 Lot System

A lot system is a case management tool that relies on a records management system to ensure all obtainable information regarding the continuing management of cases is contained in a centralized location and is readily accessible to all responsible workers. The individual folders that constitute the lot system should have a "lot number" assigned sequentially by the date reported. Associated cases may be assigned the same lot number if they are related for any "logical" reason, for example, patients are related (i.e., they name one another as sex partners or are linked through clustering) or cases share something in common, such as working for the same company or living in the same apartment building.

Programs should make use of current technology to facilitate DIS record keeping, case management, and the lot system, including computer storage and case analysis software, when available. Storage of records should be carefully maintained and should adhere to security and confidentiality policies.

The individual folders should be filed in a logical sequence. A case management system should include a cross-reference list kept in a book, card file, or computerized system should be established with information such as:

- Assigned lot number,

- Patient name,

- Date of interview, and

- Diagnosis, etc.

9.3.3 Case Management Objectives

- Cases are completed and submitted within three business days to the first-line supervisor for review.

- Cases have an accurate assigned date and interview date. The assigned date is determined when the DIS has sufficient information that indicates a new infection has occurred and requires public health follow-up.

    - For high priority investigations, syphilis cases are to be interviewed within three business days, and HIV cases are to be interviewed within seven business days from the date of assignment

- Cases have an accurate interview period based on testing and interview history.

- Interviewed cases will have completed demographics (age, race, ethnicity, sex at birth, gender and zip) and risk factors for the original patient.

- Investigations must begin within one business day of receipt of the field record. Initiate a Field Record for all interview period sex/needle-sharing partners and other high-risk individuals that have adequate locating information. The initiation date on the Field Record will be the same date the interview was conducted (original interview, re-interview, or cluster interview).

- If insufficient information is obtained to initiate an investigation, document sex partners or other priority individuals as "marginal contact" in the Interview Record and on the re-interview. Marginal partners, suspects/social contacts, and associates will be thoroughly record-searched and followed for additional information. The original patient will be re-interviewed to obtain additional locating on marginal partners, suspects/social contacts, and associates. When in doubt as to whether the information is sufficient to initiate a Field Record, discuss it with the supervisor.

- Complete the initial visual case analysis forms at the same time the Interview Record is prepared in a manner which:

    - Establishes the correct interview and critical periods

    - Addresses exposure gaps and discrepancies in data obtained

    - Identifies questions to ask at the re-Interview

    - Indicates potential source/spread relationships by following the ghosting hierarchy

- Maintain ongoing case management by:

- Identifying the informational needs of the individual case and of interrelated cases in the case management files

- Develop agendas for anticipated interviews, cluster interviews, and re-interviews

- Assuming responsibility for critical communications with the disease intervention team. This could take place in chalk talks, case huddles, or team meetings.

- Remaining abreast of the progress of case elements assigned to other team members as well as OOJ contacts and clusters

- Promptly pursuing case objectives and outcomes resulting from personal analysis, supervisory input, or contributions by other team members, including efforts to assist in cases managed by other team members

- Reviewing and documenting open cases with current data, updates, plans, and case development directives at least once a week

- Seeking supervisory guidance as soon as case management activities appear to be stalled

9.3.4 Case Management Minimum Standards

- Assure that syphilis case management activities result in disease intervention for at least 60% of syphilis cases interviewed. Achieve a treatment index of at least .75 for individuals newly diagnosed with early syphilis who are interviewed by DIS.

- 80% of syphilis cases are interviewed within three business days from the date of assignment (from THISIS).

- 80% of HIV cases are interviewed within seven business days from the date of assignment (from THISIS).

- 80% of cases are submitted to the supervisor within two business days of the original interview.

- Narratives are clearly composed and legibly written with the interviewer's impressions and the patient's motivations noted.

- 80% of cases have a detailed plan of action submitted.

- 80% of cases have an accurate assigned date.
- 80% of cases have an accurate original interview date.
- 80% of interviewed cases have completed demographics for the original patient (age, race, ethnicity, sex at birth, gender, zip code, and county).
- 95% of cases have documented risk factors that occurred within the last 12 months.
- 95% of the primary and secondary syphilis cases reviewed have symptoms documented at the time of exam.
- 95% of the syphilis cases with symptoms (current or historical) have accurate symptom durations.
- 80% of the eligible syphilis cases have VCA sheets attached, and the cases are plotted accurately.
- 80% of cases have original interview notes attached to the case.
- 80% of the original interview notes are reflective of the interview format.
- 80% of eligible cases have had a second disease added to the case.
- 95% of all eligible partners from interviews (OI, RI, CI) are initiated as appropriate.
- 85% of cases have a correct corresponding initiation date for all related field records. (Partner, suspect, and associate field record dates of initiation correspond to the interview (OI, RI, CI) dates.
- 80% of HIV/syphilis re-interviews have a re-interview prepared with follow-up questions pertinent to the case.
- 85% of re-interviews are conducted within seven business days of the original interview.
- 70% of eligible partners (A, B, F and 3, 4, 6, and 7) have a documented cluster interview.
- 95% of clusters have a relationship to the case documented on the field record.
- 80% of all re-interviews are thoroughly documented on appropriate re-interview forms.
- 80% of cases reflect weekly DIS review and action until the case is closed.

- 80% of supervisor comments are addressed/responded to within two business days of receipt of the case back from the supervisor.

- 85% of cases open more than seven business days have documentation of the DIS seeking guidance from a supervisor.

- 85% of the early syphilis cases with an associated case have appropriate source/spread determination.

- 80% of the early syphilis cases have a recent (last 90 days) documented HIV test result or a documented previous positive result.

- Ensure that 85% of all individuals interviewed who have been newly diagnosed with HIV successfully complete their first HIV medical appointment.

- 80% of early syphilis cases are closed within 45 days from the date of the original interview.

- 80% of HIV cases are closed within 45 days from the date of the original interview.

- 90% of the cases reflect appropriate field record dispositions prior to the DIS recommendation for closure.

- 95% of a DIS' cases on a THISIS open interview workflow are present at the time of audit.

9.4 Interviews

The Interview is the encounter with the patient, which allows the DIS to identify individuals who have been exposed to a sexually transmitted infection. Together with partner notification, it is the foundation for partner services. Interviews must be conducted as quickly as possible to prevent continued transmission by past and current partners. The focus of the interview is to:

- Prevent the development of disease in exposed partners by ensuring rapid examination and administering preventative treatment or prompt testing,

- Ensure treatment or testing of persons who are infected, reducing transmission,

- Assist clients with developing risk reduction plans, and

- Identify named persons and locations for concentrated screening efforts to take place.

The preferred method for an interview is face-to-face in a confidential environment. Telephone and interviews conducted via telehealth services are acceptable. Clients have the option to confidential services using telecommunications or information technology.

The DIS is responsible for planning, conducting and documenting three types of interviews. This includes:

- The Original Interview
- The Re-Interview
- The Cluster Interview

The DIS will follow the Original Interview format as outlined in the DIS Fundamentals Training Plan https://www.train.org/cdctrain/training_plan/4401

The Original Interview format is specifically designed to:

- Build rapport,
- Address concerns,
- Motivate the patient, and
- Elicit information about sex and/or needle-sharing partners (at the appropriate time) in order to stop the spread of infection.

The DIS will use proper communication and interviewing skills as outlined in the CDC's DIS Fundamentals Training Plan

9.4.1 Minimum Interview Standards

As outlined in the DIS Fundamentals Training Plan, the DIS will conduct Pre-Interview Analysis, which begins the interview process. The pre-interview analysis is done to examine as many facts as possible to prioritize work, prepare questions, establish interview and critical interview periods, identify conflicts or informational gaps, and anticipate client concerns. Evidence of pre-interview analysis may occur verbally between the supervisor and DIS or from case documentation.

DIS will conduct all Original Interviews following the interview format:

- Introduction
    - Introduce self

    - State role/purpose
    - Explain confidentiality
- Patient Assessment
    - Address concerns
    - Social history
    - Disease comprehension (CHART)
        - Complications of Disease
        - HIV Connection
        - Asymptomatic nature of the infection
        - Re-infection
        - Transmission
- Disease Intervention
    - Partners
    - Suspects
- Risk Reduction
- Conclusion
    - Commitments
    - Re-interview plans
    - Take-home messages

DIS will use communication skills as outlined in the DIS Fundamentals Training Plan to conduct interviews. The ten communication skills are:

- Demonstrate professionalism

- Establish rapport
- Effective listening
- Open-ended questions
- Communicate at the patient's level of understanding
- Give factual information
- Solicit patient feedback
- Use reinforcement
- Offer options, not directives
- Use appropriate nonverbal communication

DIS will use the LOVER method as outlined in the DIS Fundamentals Training Plan to problem-solve concerns raised by the client.

The LOVER method is:

- **L**isten (to the client's concerns)
- **O**bserve (the non-verbal cues from the client)
- **V**erify (what you hear/see)
- **E**valuate (Is there gaps? Is the information credible? etc.)
- **R**espond (to the client's concerns)

DIS will demonstrate analytic capabilities and problem-solving skills to overcome barriers posed by clients, including recognizing exposure gaps and confronting discrepancies in client responses.

The DIS will seek guidance from a supervisor (or designated co-worker) in situations when exposure gaps cannot be explained, no source candidate has been elicited, informational inconsistencies exist, or the DIS experiences dissatisfaction or uncertainty regarding the results of the interview.

DIS will elicit and document contracts and timelines with clients regarding partner notification or identified informational needs, establish a tentative date and time for the re-interview, and provide referrals for additional assistance as needed.

Interview Outcomes

- 85% of reported early syphilis cases are interviewed for sex partners, suspects/social contacts, and associates.
- At least 85% of reported early syphilis cases will be interviewed within three business days of confirmation of the case report.
- Achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with early syphilis.
- Achieve a cluster index of at least 1.0 for early syphilis cases interviewed by DIS.
- At least 85% of reported new HIV cases will be interviewed for partners, suspects/social contacts, and associates.
- At least 85% of interviewed new HIV-positive cases will be interviewed for partners, suspects/social contacts, and associates within seven business days of confirmation of the case report.
- Achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with HIV.
- Achieve a cluster index of at least 1.0 for HIV-positive cases interviewed by DIS.
- Achieve a partner index of at least 1.0 for GC cases interviewed by DIS.
- Achieve a partner index of at least 1.0 for CT cases interviewed by DIS.
- 75% of the early syphilis cases are re-interviewed within seven business days.
- 75% of the HIV cases are re-interviewed within seven business days.
- 85% of the interviews have documented pre-interview analysis.
- Ensure that all persons receiving PHFU (initiated partners, those co-infected with a bacterial STD, such as syphilis, gonorrhea, and/or chlamydia, and/or individuals in the social-sexual network of an identified HIV genotype cluster) who have been previously diagnosed with HIV and have no evidence of care for more than 12 months are re-engaged to establish HIV medical services.

9.5 Field Investigation and Notification

It is the responsibility of the DIS to ensure persons who are infected with HIV/STI or who are at risk of acquiring an infection receive appropriate medical care at the earliest possible time to

interrupt disease transmission and to prevent complications. Efforts to contact and communicate with infected patients, partners, and those at risk must be carried out in a manner that preserves the privacy of all involved (refer to 9.2 Confidentiality). Field activities may challenge the ability to maintain confidentiality; DIS must anticipate solutions and be able to respond appropriately and confidently.

9.5.1 Field Investigation Preparation

Effective management of field investigations demands the organization of workload, priority investigations, pouches, and field visits.

To avoid duplication of effort and to expand locating information, the DIS performs a record search immediately after initiating an investigation by examining available resources. The record(s) search and results will be completely documented.

If surveillance has not already done so, the DIS will follow up on reactive laboratory findings for priority STIs with the responsible (or reporting) healthcare provider. Ideally, before the client is initially contacted, the DIS will secure a proper diagnosis and or classification based on clinical manifestations, history of infection, and/or laboratory evidence. The DIS will attempt to reach the health provider within one business day of assignment of the Field Record. Failure to reach the provider will necessitate a field visit to the health provider to gather information about testing, treatment, and other pertinent information. When the DIS is unable to confirm test results or treatment, a notification may be conducted using a modified message with supervisory approval.

The DIS begins investigative action on priority follow-up field records within one business day of assignment or of DIS initiation. High-priority investigations require an initial attempt to locate an individual within the first 24 hours (phone call or field visit). When initial telephone attempts fail to reach the individual or when the client does not follow through with a commitment, the DIS will make a field visit on the second business day of the investigation or as directed by their supervisor.

It is necessary for DIS to make the most efficient use of field time and to conduct each field investigation thoroughly in order to maximize the impact of this activity. The DIS must have the necessary materials and equipment available in the field, including but not limited to: venipuncture kit, netbooks, internet hot spots, disease pictures, mobile phones, GPS, maps, calendar, appointment/referral cards, and appropriate forms, i.e., consent forms, lab forms, leasing form, etc.

The DIS prepares for field investigations by:

- Arranging investigations by investigative/intervention priority;

- Planning a route to address the greatest number of investigative priorities in the most efficient sequence;
- Including lower priority field activities that are located near high priority investigations;
- Consulting the supervisor on the potential for pooling work when distant locations are involved; and
- Arranging work in the planned sequence at the front of the investigative pouch.

Planning is essential, especially in high crime and high traffic areas. Field notes will be prepared before leaving for the field to improve efficiency and alertness. Program multiple stops into the GPS before departing the office. Reading maps, programming a GPS, or writing referral notes can divert the attention of the DIS and create safety issues.

9.5.2 Activities in the field

Before leaving the car for a field visit, the DIS:

- Reviews the Field Record in order to memorize all pertinent data and to establish the precise objective(s) of the visit;
- Observes the environment and anticipates investigative obstacles; and
- Stows the investigative pouch, confidential forms, and valuables in a secure place.

The DIS gathers client locating information from sources in a manner that serves to improve upon the original data provided, including previously unknown information such as:

- Full name and physical description;
- Precise address, including apartment number and full description of the location;
- Identity of co-residents;
- Telephone number, cell phone number, email address, chat handle;
- Type, place, and hours of employment;
- Hours most likely at home;
- Hangouts and who they associate with;

- Description of individual's car and tag number; and
- Individuals' location at the time of the interview;

Note: When additional information is obtained, the DIS should act on it immediately (e.g., field visit to the worksite). All new information should be recorded on the appropriate re-interview or cluster interview form. Information pertinent to an open field record should also be documented on the working copy of that field record.

When you reach the individual being sought (field, phone or internet), the DIS conveys a sense of urgency and confidentiality which motivates the client to participate in the disease intervention process by:

- Establishing the identity of the client;
- Engaging the client in a private conversation;
- Identifying self and conveying the reason for visit;
- Establishing rapport and demonstrating concern;
- Informing the client of the STI at issue and of their risk status;
- Interviewing high priority clients in the field;
- Clustering the client for other high-risk persons;
- Collecting appropriate specimens;
- Referring the client for immediate medical attention; or
- Transporting the client to the nearest available clinic, if needed.

9.5.3 Field Specimen Collection

The DIS shall perform venipuncture for blood specimen collection only after receiving training and demonstrating their competency to draw blood to the satisfaction of the local/regional health authority. The DIS will obtain consent from the client prior to performing venipuncture.

Standing delegation orders must be in place to allow DIS to perform venipuncture for blood specimens (see Chapter 12 STI Clinical Standards). DIS are required to draw a minimum of five blood specimens every month to maintain their skill sets.

The DIS will encourage and offer both HIV and syphilis testing at the time of venipuncture, regardless of the reason for initiation.

The DIS will perform venipuncture in the field in the following situations:

- Syphilis contacts with last exposures greater than 90 days or syphilis contacts that have not been motivated to come in for exam and treatment;
- HIV contacts; encourage the client to come to the clinic for a full STI screen, but draw the blood in the field;
- Suspects and associates, unless known to be exposed or having symptoms, will have their blood drawn in the field. Encourage the client to come to the clinic for a full STI screen, but draw the blood in the field;
- When confirmatory testing is needed;
- When case-related screening opportunities arise;
- When other program-designated screenings are scheduled;

Note: Local programs will develop policies and procedures and provide adequate training prior to the implementation of new technologies.

9.5.4 Dealing with Alternative Outcomes

When the client wants to access care from a non-health department provider, the DIS attempts to arrange/confirm the appointment personally. The DIS apprises both the health provider and the individual of the need for recommended testing, counseling, and treatment and determines when the test results will be available.

When there is no response at the door of the individual sought, the DIS checks for occupants at the side of the building if access is not barred and it appears safe.

When the individual sought is not encountered, the DIS explores reasonable sources of information to confirm locating information, including but not limited to:

- Gathering information about the individual's living situation, lifestyle, habits, identity of co-habitants or co-residents, etc.;
- Looking at names on the mailbox;
- Recording the license plates and descriptions of cars in the driveway;

- Speaking with neighbors, apartment managers, building superintendents;
- Speaking with postal employees and other delivery personnel;
- Speaking with local businesspeople; and
- Speaking with children in the area.

When the individual sought is not encountered at a confirmed place of residence, the DIS leaves a referral notice in a sealed envelope marked personal or confidential (Referral Card). The DIS may add a personal note of urgency to the form. The DIS may leave referral notices with co-residents, building managers, employers, under the door, or in any area where the referral is protected and not accessible to children or casual visitors. Referral notices cannot be placed in or affixed to any postal/mailbox (U.S. Postal Service Code 1702, 1705, 1708, and 1725). The DIS should not leave a third referral notice at the same address except with supervisory consent.

When locating information appears invalid, the DIS should transpose house and street numbers and check similar locations in the immediate vicinity. Before returning to headquarters from distant locations, the DIS should contact the supervisor (or another designated team member) by telephone to inquire about emergent needs she or he should attend to before returning to the office.

9.5.5 Timely and Safe Documentation

When the DIS is in a safe location, she or he will document the results of the field investigation. Documentation of field activities should occur as quickly after the activity as safely possible. DIS should drive a short distance away from the location to a safe place and document the date, time, activity, and result (DTAR). The following information is legibly, accurately, and concisely documented on the Field Record using accepted abbreviations and symbols:

- Date and time of day;
- Type activity, e.g., field visit (FV);
- Full physical description of the site(s) visited
- Name and description of persons encountered;
- Investigative results, which may include next planned action (date and type);

- Referral specifics; and
- Directions for difficult-to-find locations, when appropriate.

9.5.6 Field Investigation Follow-up

The DIS follows through on all commitments and pursues new information elicited during the course of investigations, as follows:

- Confirms appointments made and kept within one business day;
- Re-initiates action within one business day when commitments fail; and
- Pursues new locating information within one business day.

When the original information provided fails to locate the individual sought, the DIS seeks to contact the source of information at the first reasonable opportunity in order to correct or to expand locating data. Sources to contact include:

- The client or others involved in a case;
- Other case managers;
- Health providers; and
- The Interstate Communication Control Record (ICCR) desk (according to established local procedures).

When there is no direct avenue to correct inadequate locating information, the DIS discretely accesses other agency resources, such as:

- Accurint
- Department of Motor Vehicles
- Postal Service
- Utilities
- Public Assistance
- Local schools

- Law enforcement (jail rosters)
- Voter registration
- Tax appraisal office
- Fire department (directory/department of streets)
- Other health department programs (family planning, WIC, TB, etc.)
- Other community resources (hospitals, CBO, etc.)

When an investigation stalls, the DIS must apprise the supervisor or appropriate case manager at the earliest reasonable opportunity (not to exceed three business days **from the date of initiation**).

Supervisory assistance and approval are needed to close unsuccessful investigations.

9.5.7 Internet Contact Pursuit

The following standards are designed to assist trained Disease Intervention Specialists (DIS) at regional and local health departments in accessing individuals and their identified social networks using Internet websites, online social networking applications (apps), text messaging, and electronic mail (email). DIS who use these methods of communication must still maintain the high standards associated with more traditional contact procedures. Maintaining confidentiality, providing accurate and culturally sensitive health education and risk reduction messages, providing referral information and performing case management activities must be part of any investigation (including using the internet) to contact individuals exposed to disease.

The following standards cover the components of Internet Partner Services (IPS), issues related to confidentiality, the use of emails and text messaging to initiate partner services and ways to identify yourself as a health department employee. Examples for contacting individuals using online-based platforms as the referral mechanism are also provided. Local and regional health department STD Program staff should consult with their supervisors and Information Technology (IT) departments about these activities prior to implementing any of these recommendations.

9.5.7.1 Internet Partner Services (IPS) Components

Partner services activities involving email, messaging, or social networking apps must follow the established guidelines for telephone contacts. Online partner notification should stress the need for immediate communication with the DIS. Person-to-person and phone contact is the preferred method of communication, followed by email, text, and online messaging. Communications should include the DIS's name, office location, and phone number. No specific medical information relating to the possible exposure to a specific HIV/STD should be provided until the DIS has reasonable assurance this individual is the person the DIS is trying to locate.

As is normal practice in all interviews, identifying information from the original patient or partner (address, physical description, aliases) is used to assist in confirming the identity of the person being investigated. If there is any concern about the identity of the individual or the confidentiality of the situation, the DIS should seek more traditional means for providing information to the individual.

Send all online communications:

- **Confidential;**
- **Of high importance; and**
- **With an automatic request for notification when the message is read.**

Never use a private email, messaging, or social networking account to conduct health department or DIS business.

Never send a group email (if email addresses are provided for more than one partner, suspect, associate, etc.).

There will be occasions when a DIS has only an individual's screen name associated with an Internet app. Sometimes an email can be sent to the individual directly through the app. If an email is not possible, the DIS and supervisor need to determine if the use of a private message is an appropriate mechanism to provide partner services.

9.5.7.2 Creating Profiles, Screen Names, and Email Addresses

To access many of the online applications to conduct internet partner notification (IPN), programs may need to create a user or member profile. DIS must have supervisor approval to create a user or member profile. It is recommended that an official health department email be associated with the profile. The official health department logo should be used as the image, and other identifying information should be provided respectively to ISP/website protocol for health departments. Several sites will not allow logos and require the profile image to be a person. In these cases, a photo of the DIS standing in front of their building,

clinic, or signage that signifies their official capacity may be sufficient. DIS must get supervisor approval to ensure an appropriate profile image is selected for the account. **Never use a personal profile or screen name to conduct DIS business.**

Example of possible Texas DSHS DIS Profile:

Screen name: statehealth1 *Name:* John Investigator *Location:* Anywhere, Texas *Occupation:* I am a Disease Intervention Specialist with (agency). *Hobbies & Interests:* I'm passionate about public health and preventing disease. *Pictures:* For more information, visit our website (URL)

9.5.7.3 Interviewing and Elicitation

While interviewing the patient, the DIS should make every attempt to establish rapport with the patient, making it clear that the information the patient provides will be confidential and very helpful to the DIS, the patient, and the patient's partners. The DIS can incorporate elements of patient-centered counseling by acknowledging and treating the patient as a partner in reducing additional HIV/STD in their community.

9.5.7.4 Internet Partner Services (IPS) Specific Parts of the Original Interview

IPS-related questions should be asked in all interviews, whether the patient specifically mentions online venues/applications or not. Until the original patient (OP) indicates otherwise, it can be assumed that the OP has met or communicated with at least one of their sex partners through virtual or technology-based media. When interviewing patients, DIS can ask about sex partners met through online networking by using open-ended questions and specifically naming known websites used for sex-seeking. This helps to let the patient know the DIS is familiar with and comfortable discussing such venues.

At a minimum, it is important that DIS attempt to obtain OP screen names, associated venues (website, mobile app), email addresses, and to verify physical location information. This information will be useful if a partner references the OP in an interview. Furthermore, in future cases, if the OP's screen name is named as a partner, locating information will already exist in the database, and partner notification can be initiated. It is equally important for DIS to gather and confirm the exact spelling of partner screen names, email addresses, and

physical locating information. When the real name of the partner is unknown, document the screen name or email address in the last name and in AKA sections of the field record in THISIS. Other information such as websites, specific mobile applications used, plus days and times for contact should be documented in the notes section of the field record. Confirming the exact spelling is extremely important because often, numbers and characters are used in lieu of letters (i.e., Man4you vs. Manforu). However, it is important to remember that all information provided within a profile is subject to change, and the profile can be deleted at any time. Lastly, DIS can ask about physical locations where sexual encounters took place, such as a person's home or hotel. This information can help give an approximate geographic location of a partner.

9.5.7.5 Access to Internet/Mobile Devices During the Interview

Having computers and mobile devices that can access the internet available during the interview can improve the information obtained during an interview. Having access to named websites allows the OP or the DIS to immediately log on to that site to access and verify information about sex partners and can lead to an increase in the number of partners named. Notification emails can also be sent to all sex partners at the time of the interview, either through the program's profile or from the OP.

Programs should ensure a cell phone charger that is compatible with all major cell phone brands is present in all interview rooms. This will allow patients to have access to their cell phone and social media contacts during an original interview.

9.5.7.6 Geographic Location of a Partner

Prior to initiating internet partner notification (IPN), it is important to attempt to obtain and confirm the geographic location of the individual being contacted. Knowing the geographic location of the sex partner will allow the DIS to confirm whether the client resides within the DIS's jurisdiction and provide appropriate referral information (i.e., clinic locations, clinic times). The physical location of a website member is often listed within the individual's online profile. However, the true physical location of a partner may not be known until contact is made due to the ability to change location within many online and mobile sites. The location of a profile at any given time may not actually reflect the user's residency but instead may indicate that the partner is "surfing" the site for members in that geographic area.

9.5.7.7 Out-of-Jurisdiction Issues

Email addresses and screen names with an identified geographic location outside of a program's jurisdiction may require that an out-of-jurisdiction (OOJ) field record be initiated. It is important to discuss the situation with the appropriate program in the jurisdiction in which the partner is believed to reside to understand that jurisdiction's protocols for handling internet locating information and IPN. Established standards of practice for handling OOJ should be followed unless these situations are handled on a case-by-case basis.

9.5.7.8 Language Used for Internet Partner Notification

The language used for partner notification varies, depending on several factors, including the specific person to be reached, the channel (e.g., email, a website, text) used to contact a person and the type of infection to which the person has been exposed. These notifications must be in compliance with requirements set out in the Texas Health and Safety Code, Section 81.051 regarding Partner Notification Programs and Section 81.103 regarding Confidentiality, Criminal Penalty.
Avoid discussing specific medical information until you are comfortable communicating with the appropriate individual. Verify the individual's identity and ask him/her to call you or arrange a face-to-face meeting to discuss the situation.

If you cannot convince the contact to call or meet, the notification can proceed much like a telephone contact, including notification of possible exposure, information about the disease in question, an appointment or referral for exam and treatment, and a problem-solving discussion about barriers to completing the exam process. Complete locating and identifying information should be elicited and documented in the patient record.

Many websites and apps restrict the number of contacts for public health notifications. Please adhere to their guidelines.

The legitimacy of the notification is enhanced when the following information is included: name of the contacting DIS, program or health department affiliation, contact information, and a brief message encouraging the partner to contact the DIS as soon as possible.

Other information can be included, space permitting, such as times the DIS can be reached in the office, the frequency with which emails, voicemails, etc. are checked, and how the patient can confirm the DIS's identity, such as the name of a supervisor and his/her telephone number. It may also be helpful to mention that leaving a message on voicemail is confidential.

Sending notifications to and from official health department email addresses or profiles also helps to legitimize the notification for the recipient. **Partner notification from personal email addresses or digital profiles is NOT allowed.** Whenever possible, messages should be accompanied by an automatic request for notification when the message is read.

9.5.7.9 Language Specificity

Patient characteristics (e.g., adolescent versus adult) and the channel through which the patient is being reached will determine the type of language to use. Care and consideration should be given to both the person to be reached and the channel through which they are being reached when deciding what type of language to use when sending a message. Messages sent by a health department should never include an individual's protected health information. For more information regarding client confidentiality and security, please refer to the TB/HIV/STD Section Confidential Information Security Policy and the POPS Chapter 14 - Client File Organization, Content and Security Standards.

9.5.7.10 Confidentiality

The sensitive and highly personal nature of HIV/STI information requires strict confidentiality in the course of activities. DSHS standards for maintaining client confidentiality must be followed in any type of communication. The DIS is bound by such rules and laws regarding confidentiality as may be specified by his/her employing agency, as well as those of the State of Texas and of the local jurisdiction in which work is performed. These standards emphasize, face-to-face partner notification is the preferred method, followed by telephone notification. Partner notification over the internet should be used as part of standard public health follow-up in conjunction with and when the preferred methods are unavailable.

Reaching the Right Person

It's very important to ensure all emails and messages are sent to the intended recipients. Locating online partners has become much more challenging due to the variable ease and frequency with which email addresses, screen names, instant messaging, and smartphone app accounts can be obtained and changed. Screen names may be very similar and sound the same. For example, members with the screen names "partyboi" or "Man4U" are likely different users than members with the screen names "partyboy" or "Manforyou."

During the original interview, have the OP access email messages, SMS profiles, and saved instant messages to confirm the spelling of partners' screen names. Be sure that the OP has logged completely out of his/her account when done. Additionally, eliciting descriptive details about partners – such as race, height, weight, interests, location, and other identifying characteristics – can help DIS verify that the correct person is being contacted. The experience reported by many HIV/STD programs around the US is that patient confidentiality can be maintained in the same way that confidentiality is maintained when conducting partner notification via the telephone.

It is important to acknowledge that the people DIS are attempting to contact could share an email account or profile with another person. Profile names that indicate a profile may be

shared by two or more people (e.g., “2hotmen”) should be closely reviewed before sending information. If there is evidence that an email or profile is shared or any level of uncertainty exists, information should not be sent and should be discussed with a supervisor.

Protecting Confidentiality

The use of individual identifiers (screen names, email addresses, profile names, etc.) combined with language that specifically mentions exposure to a specific infection, such as HIV, may breach confidentiality. Confidentiality issues associated with online notifications can be avoided by using broad or generic messaging that omits any mention of HIV, STD, or sexual activity. Examples of broad or generic messaging include “serious health risk” or “urgent health matter.”

Be aware that different websites and apps have different options that may help maintain or potentially breach confidentiality.

For example, when creating a profile on certain sex-seeking websites, the default settings include a function that allows all users to see who has visited a profile. Unless that functionality is turned off in the “Accounts Options” section, all users will be able to see that a health department virtually visited a member’s profile. This can lead to breaches in confidentiality or distrust of health department activities.

Some health departments have found IPS to be more successful when the OP makes first contact with named partners, with follow-up by DIS, versus first contact by DIS.

DIS can provide support and guidance to the OP about how to notify their sex partners, including language to use, follow-up resources (e.g., testing sites), or example email templates. Patient-initiated Internet messages should include the name and contact information of the DIS.
When the OP makes first contact with a potentially infected partner, there are generally three ways in which contact can occur:

1. The OP contacts their partner(s) directly, on their own initiative, notifying partners of their potential exposure and indicating that DIS will be reaching out to the partner for HIV/STD screening and partner services. Subsequently, the OP will follow up with the DIS on whether or not partners were contacted.

2. The OP can also notify their partners in the presence of DIS by contacting partners through health department computers or phones or by using their own digital devices (e.g., mobile phone). This method provides evidence that partners were contacted and notified.

3. Lastly, OPs can use third-party sites, which allow them to contact and notify partners anonymously. Limited outcome evaluation data is available on these third-party

notification sites, and there is potential for false or “joke” notifications. These sites may have the potential to improve partner services for STDs such as chlamydia and gonorrhea, which often do not fall within the purview of partner services. However, for STDs such as HIV and syphilis, the DIS model is still recommended because there is no way to verify that a partner was notified or that the individual sending the notification has a laboratory-confirmed STD.

When a contact calls or comes to the clinic, it is important to ask how the partner was notified of potential exposure. If the individual was notified via IPS, the DIS might not have the real name of the individual. DIS should ask the individual for the referral letter or number or his/her Internet screen name or email address, then search the case management data system. Once the DIS confirms the identity of the individual through other identifying information obtained from the original patient, the field record needs to be updated. It is important to retain the IPS information, such as the screen name and website, and not to delete the screen name or website from the field record.

9.5.7.11 Email, Text Notification and Mobile Applications (Apps)

The following referral notices are examples of messages that DIS can send to an individual identified in a disease investigation as at-risk for HIV/STD. The dates in the examples are suggested and may be adjusted to accommodate holidays and weekends. A more rapid timeframe is permissible. **These notices must be used by DIS.**

If, after sending a message (text, email or another online message), the partner or cluster fails to respond:

- DIS should not send more than two messages without first talking with the supervisor, and
- Never send more than a total of three messages.

At the supervisor’s discretion, language in these examples may be adjusted to be culturally appropriate, to be appropriate to the contact’s health literacy or for other reasons supervisory staff feel are appropriate. Any alteration to the format must be approved by local management and DSHS central office. Be sure to include a confidentiality statement at the bottom of all correspondence.

If there is no response after Day 4, the DIS should discuss the situation with their supervisor. The DIS should attempt to re-interview the OP for additional locating information and consider having the OP complete the partner-locating guide (see attached). Also, consider having the OP attempt to notify the partner. The OP can explain that a representative from

the health department will be contacting him/her with important health-related information and will provide the DIS's name and office number.

On Day 10 of the investigation and after three messaging attempts with no response, the DIS should submit the field record to their supervisor as “unable to locate” or “H”.

DIS need to have a tracking system for Internet activities such as logs for tracking attempts, replies, and dispositions.

For text messages, which can be seen by others, and for certain social networking sites, like Facebook, where accounts are shared with friends or monitored by parents, broad or generic language such as “urgent health matter” is suggested.

Because of the unique issues found within online communities, the emails you send to contacts may at first be perceived as “spam” (unsolicited email) or a hoax. To encourage patients to read email and avoid appearing as “spam,” some programs leave the subject field blank, containing no text. Other programs have standard subject lines such as “Confidential message from the (insert local health department name),” or, “Please call the (insert local health department name).” If emails aren’t being read, new subject lines and methods can be considered.

Subsequent attempts to contact the partner may include, where appropriate, additional information to increase the sense of urgency or may request the individual’s consent to receive information via another medium to provide disease-specific exposure information.

Email for Partner Notification

Email - 1st attempt

Date: sent on Day 1 of the investigation

To: BOBsINLUV@worldnet.com
From: jinvestigator@dshs.texas.gov
Subject: Confidential message from the Texas DSHS

This email is intentionally vague in order to protect your privacy.

My name is John Investigator, and I am with the Texas Department of State Health Services. I have urgent and confidential health information to discuss with you. I can be reached at my office at (555) 234-5678. Please contact me as soon as possible. Thank you, John Investigator.

Email - 2nd attempt

Date: sent on Day 3 of the investigation

To: BOBsINLUV@worldnet.com
From: jinvegator@dshs.texas.gov
Subject: Confidential message from the Texas DSHS

This email is intentionally vague in order to protect your privacy.

My name is John Investigator, and I work with the Texas Department of State Health Services. I attempted to contact you on 01/01/04; I have some very important health information to share with you. This is a very urgent matter, and because of the confidential nature of this information, it is vital you contact me. Please call me at (555) 234-5678. I can be reached at this number from 8am to 5pm, Monday through Friday, or you can contact me using my email address jinvestigator@dshs.texas.gov or my cell phone at (555) 255-5888. To assist you in confirming my identity, I have included my supervisor's name and phone number: Josefina Boss, Program Manager, (555) 234-5679. Please do not delay in contacting me.

John Investigator
Disease Intervention Specialist
Texas Department of State Health Services
South Central District Office
(555) 234-5678

Note: Email Partner Notification in the City of San Francisco Project Area was more successful when the original patient made contact first, with a follow-up by the DIS (60%), compared to the DIS making first contact (21%).

Email - 3rd attempt (option one)

Date: sent on Day 7 of the investigation

To: BOBsINLUV@worldnet.com
From: jinvestigator@dshs.texas.gov
Subject: Please call the Texas Department of State Health Services

This email is intentionally vague in order to protect your privacy.

I am John, Investigator with the Texas Department of State Health Services. This is my third attempt to contact you through this email address. On 01/01/04 and 01/03/04, I sent you an email asking you to contact me ASAP, because I have urgent health information to pass on to you. It is vital that you contact me immediately. As this is my only means of contacting you currently, I hope you take this message seriously. I can be reached at my office Monday–Friday 7:30AM through 4:30PM or at my email address jinvestigator@dshs.texas.gov, or my cell phone at (555) 255-5888. To confirm my identity, you can contact my supervisor at (555) 234-5679. Please do not delay!!!

John Investigator
Disease Intervention Specialist

Texas Department of State Health Services
South Central Office

Email – 3rd attempt (option two)

Date: sent on Day 7 of the investigation

To: BobsINLUV@worldnet.com
From: jboss@dshs.texas.gov
Subject: Please call the Texas Department of State Health Services

This email is intentionally vague to protect your privacy.

My name is Josefina Boss, and I work with the Texas Department of State Health Services. You have received prior emails from one of my employees, John Investigator. As John's supervisor, I am concerned that we have not heard from you. We need to discuss some urgent and confidential information with you, so please call John at (555) 234-5678 or myself at the number below.

Josefina Supervisor
Texas Department of State Health Services
DIS Supervisor
(555) 234-5679

Text Messaging/Short Message Service (SMS) for Partner Notification

Examples of language to use when texting clients for partner services:

I am John Investigator with Travis County and I need to speak with you. Please call me as soon as possible at (555) 255-5888.

I am with Travis County and I have important information regarding your personal health. Please call me as soon as possible at (555) 255-5888.

I am with Travis County and I have information regarding an urgent health matter. Please call me at (555) 255-5888.

I have made numerous attempts to contact you. It is very important that we talk. Please call me at (555) 255-5888.

If a client responds to your text message with another text message instead of calling, use an approved message to encourage the client to call you.

Never respond to a text message from an individual that contains PHI. Instead, send a new text message to encourage the individual to call you.

Examples are:

I am not able to give you specific information in a text message. Please call me at (555) 255-5888.
I can tell you more when you call. Please call me at (555) 255-5888.
This is urgent and needs your immediate attention. Please call me at (555) 255-5888.
The information I have for you is confidential. I can tell you more when you call. Please call me at (555) 255-5888.

When you are unsure how to respond to a text message, ask your supervisor or manager for guidance. Managers and supervisors are responsible for ensuring that staff understands the proper use of text messaging.

Confirming Your Identity

The individual may want to confirm the identity of the DIS (who he/she is and where he/she works) to ensure your message is real. Steps to facilitate this process could be as simple as using the DIS-assigned regional or local email address (including the health department logo) within an email or providing a health department phone number and the name of the DIS supervisor or STD manager that could be verified by the individual. Once the individual understands this is a legitimate and urgent matter, the individual may be more likely to respond.

Always use a cell phone or landline telephone with Caller ID capabilities. Record the telephone number the patient called from immediately following the call.

Communication Etiquette

Understanding and using mobile device etiquette is important and can help improve response rates from patients and/or their contacts. Here are some helpful tips.

- Always be professional. Avoid the use of abbreviations, jargon, acronyms, or images.
- Be timely in responding to returned texts. Returned texts can come at any time of the day. Be prepared to respond within a reasonable time frame, ideally within the same business day, as possible. If you receive a text after hours, return by the following

morning. Check with your supervisor on agency policies regarding returning texts outside of regular business hours.

- Recognize it is extremely difficult to discern tone in online or text messages. It is very hard to discern humor, sarcasm, etc., from the text.

- Remember, some users may not have a text messaging plan, and each incoming and outgoing text may cost them money.

- Obtain the person's permission if, after contacting a patient or partner, the DIS would like to text to confirm an appointment or meeting time.

- Remember, messages may be limited in the character count. For example, a text message with over 160 characters may be split into two messages.

9.5.7.12 Follow-Up

Some individuals may consider seeking services at their private medical provider. The DIS will obtain the provider's information and alert the provider of the individual's exposure when appropriate. The individual should be advised to print the email from the DIS and ask the provider to call the DIS to confirm the urgency of the matter and the recommended examination, testing, and treatment protocols. Before providing any information over the phone to the provider, the DIS must confirm the identity of the provider by taking a name and office phone number where the provider can be reached.

When a contact telephones or comes to the clinic, ask how he/she was notified. If the individual was notified via email or the internet, the DIS might not have the real name. Ask the individual for his/her internet screen name or email address and conduct the THISIS search. Once the DIS confirms the identity of the individual through other locating information obtained from the original patient, update the field record with the real name and place an updated version of the field record in the Expected-In box. Do not delete the screen name from AKA.

Document all email and online message correspondence in the follow-up activities section of THISIS. Documentation should include a summary of the content of the messages and the date and time messages were sent and received.

9.5.7.13 IPS Staffing and Supervision

Only a limited number of DIS will have access to conduct IPS. However, it is advantageous for all DIS to be familiar with popular websites, mobile apps, and other online meeting venues to conduct thorough interviews.

Supervisors are responsible for monitoring IPS activities. Supervisors should maintain a list of all IPS-related passwords and screen or profile names used by the patients. Additionally, supervisors should have access to all exchanges made between DIS and patients to evaluate staff activities, provide feedback, and assess quality assurance.

All DIS performing IPS activities should be familiar with Section 9.5.7 of the POPS and sign an agreement of acknowledgment and acceptable use of state-issued mobile devices. Below is an example of the language that may be included in the agreement:

By signing below, I acknowledge that accessing these websites and/or apps on my state-issued phone/computer will be for professional purposes only. Personal use will not be tolerated, and abuse of this privilege will lead to termination of access and possibly further disciplinary or corrective actions.

9.5.8 Investigation Minimum Standards

- 80% of open field records have daily documentation for each work until closure (excluding pending field records).
-
- 80% of Field Records have record search results documented within one business day of the assignment.

- The number of field records that are open for more than 7 days does not exceed 20% of the total open field records (excluding pending field records).

- 80% of available demographic information is complete and accurately entered into THISIS

- 80% of the high priority investigations (syphilis and HIV) document an attempt to locate the client (phone call, text, or field visit) within one business day of the assignment.

- 80% of field records have a documented field visit to locate the client within two business days of assignment.

- 90% of Field Records are documented in accordance with the DIS guidelines (date and time of day, type activity (e.g.: field visit (FV), persons encountered, investigative results).

- 80% of field records open more than 3 business days has guidance from the FLS.

- 90% of FLS directives provided on field records were followed timely and appropriately

- 70% of new partners to early syphilis are examined.
- 75% of syphilis partners, suspects/social contacts or associates located are examined within seven business days.
- 70% of all partners initiated on a new HIV interview are tested for HIV.
- 75% of the located new partners, suspects/social contacts, and associates of HIV positive clients are tested for HIV.
- 65% of located partners to HIV are closed to final disposition within seven business days of initiation.
- 95% of D, G, H, J, 4, 7, and L dispositions are submitted by DIS to the supervisor prior to closure.
- 85% of initiated and examined in-jurisdiction neonatal and prenatal reactive serologic tests for syphilis (STS) will be dispositioned within seven business days.
- 75% of initiated and examined reactive STS are closed to final disposition within seven business days of initiation.
- 65% of initiated and examined partners to early syphilis are closed to final disposition within seven business days of initiation.
- 75% of GC/CT partners, suspects/social contacts and associates located are examined within seven business days.
- 90% of outreach screening activities will be documented within seven business days, including all lab results. The minimum documentation will include screening location, number of tests by disease, number of positive tests by disease, and the number of new cases identified by disease.
- The DIS will perform at least five field blood tests each month.
- The DIS will use resources effectively in planning field activity.
- The DIS prioritizes and organizes field records according to program expectations.
- The DIS prioritizes field visits geographically.
- The DIS ensures necessary materials and equipment are available (referrals, GPS, envelopes, working pens, pouch, maps, blood kit).

- The DIS displays awareness of, and practices, field safety.
- The DIS maintains patient confidentiality during field activities.
- The DIS manages circumstances that present obstacles to executing referrals in a professional manner.
- The DIS utilizes field resources in executing referrals.
- The DIS recognizes and motivates persons who may assist in an investigation.
- The DIS motivates persons to seek examination and treatment.
- The DIS pursues and performs syphilis and HIV screening while in the field.
- The DIS documents investigative activities completely, clearly, and accurately at each stop according to program and DSHS POPS.
- The DIS documents mileage at departure, after each stop, and at the end of the day when conducting field activities.
- The DIS checks in via cell phone (when possible) with FLS and surveillance before returning to the clinic.

9.6 Partner Services in Clinical Facilities

DIS working in programs that offer clinic services will be expected to provide partner services to patients during clinic hours. Scheduling will be administered by the program supervisor.

DIS will exhibit an understanding of STI clinical care and demonstrate a verbal understanding of STI diagnostic test results.

DIS must facilitate regular communications between themselves and clinic staff regarding prevention messages to ensure that clients receive consistent information.

DIS should expect to be evaluated regularly to ensure they are using STI intervention skills and HIV counseling and testing skills appropriately and to assure consistency of messages.

9.7 DIS Services in Medical Facilities

Even if the focus of Partner Services is Disease Intervention, the DIS must remain sensitive to additional health/social needs of clients served. When health/social needs are perceived by

the DIS or expressed by a client, the DIS will provide the client with information on other available services to help address the need(s).

Each program should have access to (or develop) a referral guide that identifies other services within the community to help the DIS make timely referrals, as appropriate.

When possible, the DIS should assist the client by calling and setting the first available appointment or allowing the client to call from the DIS' office. The DIS should document the referral in the case management notes.

- The DIS will follow up and document the completion of the following referrals to ensure successful completion of the appointment: Newly diagnosed HIV positive individuals referred for HIV medical services;

Individuals with previously diagnosed HIV who have been out of care for more than twelve months are re-engaged to establish HIV medical services.

- Clients referred for penicillin desensitization;
- Mothers and children potentially involved in congenital cases; and/or
- Pregnant persons are referred for prenatal care.

Unsuccessful referrals for these services require documentation and a re-visit with the client.

9.8 Other STI Counseling

The DIS may be assigned to counsel individuals regarding STIs that are not designated as "high priority." STIs such as gonorrhea or chlamydia that are not a priority may not involve case management and partner follow-up. Regardless of priority status, the DIS should perform the service professionally and efficiently and include the following:

- The precise nature of the individual's status (infection, exposure);
- Information regarding the course of the specific STI (e.g., modes of transmission and risk of infection/re-infection);
- Standard health behavior messages:
    - Referral of partners for evaluation
    - Prevention counseling; (See Chapter 1, HIV/STI/HCV Testing, Counseling and Linkage to HIV Medical Care)

- Referral of high-risk pregnant women (as appropriate);
- Importance of complying with medical instructions; and

Applicable educational literature (HIV/STI materials available from the DSHS Warehouse).

9.9 Special Circumstances

There will be times when DIS encounters sensitive issues that are not specifically covered by the HIV/STI Program Operating Procedures and Standards (POPS). In these instances, the DIS should immediately discuss the situation with his/her supervisor to obtain guidance.

9.9.1 Third-Party Consent

If it is necessary to obtain consent from a third-party for HIV and/or other STI testing due to the age, mental health status, and/or other physical disabilities of the person who is being tested, the DIS should discuss the need to obtain third-party consent with his/her supervisor and/or the Medical Director/local health authority. DSHS Central Office staff should also be notified of the situation.

9.10 DIS Educational Presentations

The DIS may be called upon to deliver an educational presentation to a community group or agency. The DIS must obtain approval from a supervisor to conduct the outside event.

For each outside request for an educational presentation, the DIS is responsible for:

- Ensuring the topic relates to program priorities,
- Establishing particulars (time of event, time allotted for presentation, location, audience) with an agency or community representative,
- Confirming learning objectives are identified by requesting agency or group, and
- Obtaining supervisor approval of the presentation and materials.

The DIS will prepare the presentation, gather materials and create an evaluation for each presentation given.

The DIS will submit documentation of the educational presentation performed to the supervisor after the presentation has been delivered (including date, location, # of persons present, etc.).

9.11 Health Provider Visits

The DIS, depending on programmatic staffing and expectations, may be called upon to conduct visits to non-STI clinic health providers who offer STI services.

The purpose of these visits is to provide information about HIV/STI testing, treatment, reporting rules, and/or partner services, including but not limited to:

- Health department services,
- Diagnostic criteria and treatment regimens,
- Establishment or improvement of reporting activities, Local disease trend information, and/or
- Client education materials

Prior to conducting health provider visits independently, the DIS should:

- Receive training from a supervisor to conduct these visits;
- Accompany a trained colleague on a previously decided number of visits; and
- Conduct a previously decided number of health provider visits being observed by a supervisor.

To prepare for Health Provider Visits, the DIS will:

- Schedule and document the appointment with the health provider on the program calendar;
- Review the provider's previous history of diagnosis, treatment and reporting;
- Review available documentation on previous visits to the provider; and
- Assemble program packets or applicable materials including but not limited to:

- Copy of current reporting guidelines
- Current STI treatment guidelines
- Current morbidity trends (state & local)
- ‘Health Alerts’ from the past quarter (or longer if appropriate)
- Client education materials
- Business cards

The DIS will submit complete documentation of each health provider visit within three days of the visit for supervisory review.

- Who the DIS met with – identification of key provider personnel,
- Information shared and discussed,
- Complete list of commitments and requests, and
- Recommendations

All elements that need immediate action or consideration will be brought to the attention of the supervisor.

9.12 Laboratory Visits

The DIS, depending on programmatic staffing and expectations, may be called upon to conduct visits to non-health department laboratories.

The purpose of these visits can include:

- establishing or improving reporting practices,
- maintaining existing and cooperative relationships, or
- offering health department services.

Prior to conducting laboratory visits independently, the DIS should:

- Receive training from a supervisor to conduct such visits;

- Accompany a trained colleague on a number of visits prior to conducting them independently; and
- Will assemble applicable materials for visits such as:
    - Copies of reporting regulations
    - Current health alerts and morbidity trends
    - Previous reporting history
    - Business cards

The DIS will plan laboratory visits by:

- Making and scheduling the appointment, and
- Recording the date and time of the visit on the program calendar

The DIS will submit complete documentation of the visit within three days for supervisory review.

Documentation will include:

Who the DIS met with,

- Information shared and discussed,
- Description of specimen management and reporting,
- Complete list of commitments and requests, and
- Recommendations

All elements that need immediate action or consideration will be brought to the attention of the supervisor.