**Virus Testing and Anti-Violence Programs**

This document contains guidance and options regarding contract tracing and confidentiality for sexual assault, domestic violence and child advocacy center programs. The response from each program will vary based on the agency and community capacity and resources. The following steps are important considerations for programs:

1. To minimize exposure risks, at program intake all incoming clients will be provided with information about any existing service alternatives to services within congregate settings. Client choice and safety will determine how services are delivered to individual clients.
2. Programs will notify clients about local options to participate in virus testing, at no charge, either at the agency or at another site of the client’s choosing.
3. Testing will be strongly encouraged but will not be mandatory.
4. Clients may elect to give program addresses and phone numbers as contact information for test outcome notification. A designated staff member at the agency will receive the notification for the client to contact the Department of Health, pursuant to a release form supplied to the client by the program and executed by the client at the time of testing.
5. Programs work with clients not residing at the program, or who are ending their term of residency at the program, to develop a safety plan that includes steps for safe notification of both a testing outcome and a program-related exposure to an infected individual.
6. Programs will make every reasonable effort to contact clients regarding messages from DOH regarding test result outcomes and also for notification of potential exposure to individuals who are confirmed as infected with the CoVid-19 virus as a result of accessing program services.
7. Clients who do not wish to be contacted by the program may be asked to contact the program 15 days from the last time they sought program services to determine if the designated program staff member has any updated information to convey regarding virus status or possible exposure.
8. Programs may assist the client in contacting DOH contact tracers to obtain additional information regarding risk.
9. Clients who opt to provide full contact information at the time of testing will be asked not to identify other clients at programs, but instead refer contact tracers to the program. In this instance, the program will act as the notification agent and give the exposed clients the option of directly contacting the Department of Health, or going through the program to access more information.
10. Staff virus illness or positive test results will also lead to program staff making notifications to exposed clients in the same manner described above for an infected client.
11. Program actions under this policy will be guided by the procedures provided below.
12. Anti-violence programs with inadequate staffing to perform notification responsibilities may opt out of this program but will need to independently devise a system of communicating with DOH contact tracers that complies with the VAWA/VOCA/FVPSA obligations noted in their relevant funding contracts.
13. A positive virus test result is considered a *critical incident* and programs will need to notify funders as per relevant contracts with NM CVRC and/or CYFD.

**Program Procedures**

These procedures are based on information that is currently known about the COVID-19 pandemic and are subject to change as additional information becomes available.

Contact tracing is a key strategy for preventing further spread of COVID-19. Some goals of contact tracing are:

* Provide support to individuals with a suspected or confirmed infection.
* Provide information on self-quarantine in order to minimize the risk of further spreading the virus.
* Provide resources to individuals who need further medical support due to the infection.

Details can be found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>.

According to the CDC website “contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient who may have exposed them.”

Contact tracing is a specialized skill and “requires people with the training, supervision, and access to social and medical support for patients and contacts.” Knowledge and skills of a trained contact tracer include, but are not limited to:

* An understanding of patient confidentiality, including the ability to conduct interviews without violating confidentiality (e.g., to those who might overhear their conversations)
* Understanding of the medical terms and principles of exposure, infection, infectious period, potentially infectious interactions, symptoms of disease, pre-symptomatic and asymptomatic infection.
* Excellent and sensitive interpersonal, cultural sensitivity, and interviewing skills such that they can build and maintain trust with patients and contacts.
* Basic skills of crisis counseling, and the ability to confidently refer patients and contact for further care if needed.
* Resourcefulness in locating patients and contact who may be difficult to reach or reluctant to engage in conversation.
* Understanding of when to refer individuals or situations to medical, social, or supervisory resources.
* Cultural competency appropriate to the local community.

As domestic violence and sexual violence programs, our primary focus and expertise is supporting safety when domestic violence/sexual violence is present. During this pandemic, our role has been expanded to support safety of victims in the face of domestic violence/sexual violence while also supporting the safety of our staff, clients and community in a health crisis. This requires a balance of cooperation with the Department of Health and protection of confidential victim information. These procedures are intended to guide the process of balancing contact tracing and confidentiality.

The Violence Against Women Act, Family Violence Prevention Services Act, and Victims of Crime Act require funded anti-violence programs to protect client identifying information unless:

1. a specific release has been executed by the client in writing, or
2. unless state or federal law creates an affirmative mandated reporting duty, such as the child abuse reporting law, or
3. a court order is received commanding a disclosure.

These laws apply to releases of client information pursuant to virus contact tracing. New Mexico’s administrative code regarding reporting of contagious diseases have historically not been applied to social service agencies and have instead been notification directives for health care professionals and thus do not extend to a disclosure authorization for anti-violence programs. During a pandemic, special powers are delegated to the Executive Branch of government, so this legal analysis is subject to change with new Executive Orders. An alert will be forthcoming to programs should a relevant change of law occur.

A client who wishes to execute a release of information must be advised regarding:

1. the pros and cons of executing the release,
2. the release is time-limited,
3. the services of the funded program are not contingent upon the release decision,
4. the right to rescind the release at any time, and
5. the release must be in writing.

Programs will need to train staff to underscore that the pandemic has not reduced the responsibility to protect the confidentiality of client information. If a staff member tests positive for CoVid-19, the program will notify the affected clients and staff. The ill staff member will not be identified in this process. Staff members will not disclose affected clients’ names absent written consent. If a client tests positive for the virus, staff and affected clients will be notified without identification of the ill client. Whenever anyone in the program tests positive for the virus, the program will assist in accessing optional testing and information.

Contact tracers who call, or come to, the anti-violence program site will be directed to a designated staff member to assess what type of information is to be relayed and how best to do that notification without disclosure of client identifying information.

The process of contact tracing will begin when the individual receives a positive test result, so it is important that these procedures are shared with service agency personnel prior to that. *(Recommend passing out to all employees immediately with a signature indicating understanding, use at intake with new shelter residents and post, inform all visitors to the building either with a handout, posting or both)*

Clients will have the option of giving the service agency’s address and phone number as the contact location for notification that the DOH needs to speak with them about a testing outcome. Clients who elect that option will execute a release to permit the Department of Health to leave a message about them with the program’s designated staff member.

Clients alternatively may fully identify themselves for the testing result notification. Clients who elect this option will be asked to notify the service provider if they receive a positive result relevant to the timeframe when they attended the programs of the service provider. *Programs may wish to request this of clients in a written memo.*

It is recommended that each facility designate one individual to receive the information that there has been contact with an infected person within the program. The designated individual should be able to do the following:

* This designated individual must be trained to respond to this information as follows: 
  + Clients who receive a message to contact the DOH are to be informed of their option to contact DOH independently, or with the assistance of the program.
  + Clients who are being notified of an exposure that occurred through the service agency are informed of their option to contact DOH independently, or with the assistance of the program.
  + Clients have the option to fully disclose their own information but will be strongly discouraged from making that choice for others in congregate settings.
  + The designated individual will make reasonable efforts to locate affected clients and staff who are no longer physically located at a program site.
* The contact information for the designated staff member should be provided to everyone who may be subject to contact tracing that involves your agency.
* The designated person should not identify as an advocate at a service provider when making these the notification calls; it is important to only identify as the designated individual for a congregate services setting.
* This person will be trained to ensure that all affected clients served during the exposure timeframe are notified that they have been exposed and encourage them to contact DOH.
* Each client should be offered individualized safety planning around DOH contacts that includes the confidentiality practices of the contact tracers and the importance of medical resources if they become ill.
* Each survivor should also be given the resources needed to obtain testing, how to elect either a message through the antiviolence program or direct contact from the testing facility, information strongly discouraging them from specifically identifying other affected program clients, and informed of the procedures to follow as they participate in their own contact tracing interviews.
* *Each facility will need to determine what steps they will take if a resident refuses testing, or refuses to self-isolate when exposed. This needs to be determined before the situation arises to ensure consistent application.*

**Employees**

When contributing to a contact tracing interview you must report that you work in a congregate care facility. Provide the contact information for the person designated to take action within your shelter. **DO NOT provide names of any shelter residents or individuals who have visited the agency seeking services.** You may provide information on other staff members that you have come in contact with.

**Visitors to your facility**

If the visitor was a survivor seeking services, they may not be willing to self-disclose that they were at your facility and therefore not be willing to give contact tracers the contact information of the program’s designated person. When initiating services with survivors, it is important to provide information about their options. Inform the survivor that if the designated individual is contacted, they will not disclose that they are part of a domestic violence/sexual violence agency. Also offer the option for the survivor to contact the program designated individual on their own without disclosing to the contact tracer. Make sure they have the option to make this contact with your agency anonymously, but that contact should include some information on the timeframe that they received your services, so you have enough information to inform people at risk within your agency.

**Shelter residents**

Shelter residents have the right to self-disclose that they are living in a domestic violence shelter, however they should be encouraged to not disclose the identity of any other resident

living in the shelter. They should provide the contact information for the agency designated person only.

**IMPORTANT:** Any person has the right to choose whether to disclose what contacts they have had while participating in contact tracing. We should inform all clients of their rights under these circumstances, but also inform them of the important role that contact tracing plays in minimizing risk to the community for the spread of this virus and the resources available through this process.