



COVID-19 Contact Tracing Guidelines & Template

The purpose of contact tracing is to identify any individuals in which an employee or support recipient, who is being tested for or has a positive test for COVID-19, has been in prolonged, close contact with.

Close contact is defined as:

- a) Being within approximately 6 feet within the infected or potentially infected person for a long period of time. The State of AK considers a long period of time to mean 10 minutes or more.
- b) Having unprotected direct contact with infectious secretions or excretions from the patient (being coughed on, touching used tissues with bare hand etc).

The goal is to identify each and every person who the person was in close contact with during their infectious period. As of April 12, 2020, the CDC now defines the period of exposure risk as 48 hours before the onset of symptoms. Hope's Medical Director or designee will confirm which dates should be considered in the contact tracing efforts.

For close contacts identified, the close contact will need to self-quarantine for 14 days and closely watch for virus symptoms. This includes monitoring and documenting their temperature two times each day. Prior to being permitted to return to work or resume normal support activities, the individual will need to be cleared by Hope's Medical Director. Each person should be prepared to provide the details of temperature monitoring and any symptoms noticed.

Some example questions to ask in determining a list of close contacts includes:

- Is there anyone else who resides in your home with you?
- On Tuesday (Wed, Thurs, Fri etc), did you leave your house?
- When you left your house, where did you go?
- Did you travel with anyone when you went?
- Did you talk or interact with anyone when you got there?

Ways to jog someone's memory may include them reviewing items on their phone such as phone calls made, texts sent or received, credit card charges made, service notes submitted with logs of daily activities etc.

Close Contacts Template

Close Contacts: List names and contact information for close contacts within the identified timeframe of potential exposure. This list should include residents of the home, other household contacts, and any others if they traveled outside of the home.

Name	Phone number	Relationship to infectious person	Est age (if known)	Date of last exposure	Any COVID-19 symptoms? If yes, list.

High Risk Exposures: List any high-risk activities in the 14-days prior to illness where the individual being tested thinks they may have been exposed to COVID-19, such as reporting to work, travel, gatherings, etc.

Name of employer, gathering etc.	Location	Organizer or contact person	Phone number	Last date at employer or gathering	Description

Activity History: List all activities, places visited, and travel participated in during the timeframe of potential exposure.

Date	AM Events/Locations	PM Events/Locations	Notes about people who they interacted with during the day
2 days before illness onset: DATE			
1 day before illness onset: DATE			
Symptom onset: DATE			

1 day after illness onset: DATE			
2 days after illness onset: DATE			
3 days after illness onset: DATE			
4days after illness onset: DATE			
5 days after illness onset: DATE			
6 days after illness onset: DATE			
7 days after illness onset: DATE			
8 days after illness onset: DATE			
9 days after illness onset: DATE			

Contact Log: List all individuals who have been contacted as required as a result as a potential exposure to COVID-19. This may include, but is not limited to, parents, guardians, care coordinators, etc.

Name of contact	Phone number	Relationship to person exposed	Date & time of contact	Was contact made? Indicate if had to leave message	Hope staff name who made contact

Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<http://www.dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>

<https://www.adn.com/alaska-news/2020/04/17/how-epidemiology-detectives-are-tracing-each-alaska-coronavirus-case/>

<https://www.dhs.wisconsin.gov/forms/f02631.pdf>