

New Normal Taskforce

Case Investigation and Contact Tracing Policy

OVERVIEW

Case investigation and contact tracing are fundamental activities that involve working with a patient who has been diagnosed with an infectious disease to identify and provide support to people (contacts) who may have been infected through exposure to the patient. This process prevents further transmission of disease by separating people who have (or may have) an infectious disease from people who do not. It is a core disease control measure that has been employed by public health agency personnel for decades. Case investigation and contact tracing are most effective when part of a multifaceted response to an outbreak.

Case investigation and contact tracing performed by Charles County Government is meant to supplement and strengthen activities that are the normal purview of the local health department. It is not meant to replace those efforts, nor is it intended to address contact tracing beyond the workplace.

DEFINITIONS

- **Case Investigation & Contact Tracing** - Fundamental activities that involve working with a patient who has been diagnosed with an infectious disease to identify and provide support to people (contacts) who may have been infected through exposure to the patient. This process prevents further transmission of disease by separating people who have (or may have) an infectious disease from people who do not.
- **Close Contact** - Contact Someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated. Data are limited to precisely define the “prolonged exposure” to determine “close contact”, however 15 minutes of close exposure can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether either the case patient or contact were wearing an N95 respirator (which can efficiently block respiratory secretions from contaminating others and the environment). At this time, differential determination of close contact for those using fabric face coverings is not recommended at this time. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than 10 minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

- **Contact Elicitation Window** The timeframe when the case was likely infectious and not under isolation. This is the time period for which possible contacts should be elicited.
- **Isolation** The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease.
- **Quarantine** The separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic from others who have not been so exposed to prevent the possible spread of the communicable disease.

JOB TASKS & REQUIREMENTS

Job Task 1: Case Investigation - Interviewing patients with COVID-19, eliciting their close contacts, monitoring the patients for COVID-19 symptoms, connecting patients to resources to support self-isolation.

Job Task 2: Contact Tracing - Notifying close contacts of their potential exposure, referring them to testing, monitoring them for COVID-19 symptoms, connecting contacts to resources to support self-quarantine.

Knowledge and Skills Needed for Case Investigation & Contact Tracing Staff

- A keen understanding of the need for patient confidentiality and the ability to conduct case interviews without violating confidentiality and to conduct contact tracing without disclosing the identity of the patient (case).
- Understanding of, and ability to explain, the medical terms associated with COVID-19 and principles of exposure, infection, infectious period, potentially infectious interactions, symptoms of disease, pre-symptomatic and asymptomatic infection, types of tests used to diagnose infection, and available prevention and control interventions (e.g., isolation/quarantine, social distancing, environmental surface cleaning).
- Understanding of when to refer individuals or situations to medical, social, or supervisory resources
- Ability to conduct environmental assessments of a patient's or contact's home, including the need for any social support during self-isolation/self-quarantine.

CASE IDENTIFICATION

There are three primary routes by which employees should qualify for case investigation and contact tracing.

1. Confirmed COVID-19 employees who self-report or those who are reported by the local health department as part of their routine contact tracing activities.
2. Employees who have not been tested for the presence of SARS COV-2 but who are suspected of having COVID-19 when they report or are screened for signs and symptoms that are consistent with COVID-19 illness.

3. Employees who have been exposed to individuals who have tested positive for COVID-19. These employees will become new cases to be investigated for possible quarantine and monitoring.

COVID EMAIL TEAM

- When a CCG supervisor has been notified that an employee has tested positive for COVID-19 or has been designated as a Person Under Investigation (PUI), the COVID-19 email team should be notified.
- A member of the COVID email team will contact the employee to confirm the presence of a positive COVID-19 test or signs and symptoms that are consistent with COVID-19.
- If affirmed, a member of the COVID Contact Tracing team will be charged with further case investigation & contact tracing.
- The COVID email team will ensure that appropriate disinfecting/cleaning of the employee's work area takes place.
 - No cleaning is needed if the employee has not been in the workplace for the previous seven (7) days.
 - If possible, cleaning of the workspace should be delayed for up to 24 hours in order to minimize risk to the cleaning staff.

COVID CONTACT TRACING TEAM

Comprehensive information on a patient diagnosed with COVID-19 is the foundation of case investigation and contact tracing. This information includes the socio-demographic information, date of symptom onset or date of specimen collection for SARS-CoV-2 (the virus that causes COVID-19) testing, source of illness, list of close contacts and their locating information, duration of exposure, activity history during the contact elicitation window (when the patient was infectious and not under isolation), and exposure locations (including events/gatherings with unknown contacts).

Be Supportive

First, when the employee brings you the news, **express sympathy**. Even if the person's symptoms are mild, they are likely to be anxious about what might happen or whether they might have spread the virus to their family or coworkers. Let the employee share their feelings. As you talk with them, clearly communicate that they can count on you and the team to be supportive. You could say, for example: "I know that this is a scary thing to deal with. I am here for you if you need to talk, and certainly I understand that you may not be able to work for a little while or that your productivity may go down. Don't worry about that, I understand what you're dealing with."

Offer Guidance on Isolation

- Patients with probable or confirmed COVID-19 should be advised to self-isolate immediately, if they are not doing so already. Self-isolation is recommended for people with probable or confirmed COVID-19 who have mild illness and are able to recover at home
- The patient should be informed of COVID-19 symptoms to monitor for and be instructed to get medical attention immediately if he/she has any emergency warning signs. These include trouble breathing, persistent chest pain or pressure, disorientation, an inability to awaken or stay awake, or bluish lips and face.
- The patient should also be informed of ways to prevent infection among those living in their household.
- Offer guidance by referring employees to the CDC for what to do when you are sick. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html#emergency>
- Patients will also need to be supported with health coaching to ensure daily monitoring of temperature and COVID-19 symptoms.
- All patients with a confirmed or probable diagnosis of COVID-19 who are entering self-isolation in a nonhealthcare setting ideally should make a COVID-19 kit with the following resources:
 - i. Washable cloth face covering
 - ii. Gloves
 - iii. Digital thermometer
 - iv. Alcohol-based hand sanitizer, soap
 - v. EPA-registered household disinfectant
- Guidance on how to clean and disinfect their home. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

Assess Self-Isolation Support Needs

- Self-isolation requires that patients remain separate from others in the home, staying in a specific room away from other people and pets, and ideally with access to a separate bathroom. First and foremost, a case investigator should assess a patient's ability to self-isolate in a safe environment that provides access to a private room and bathroom, as well as access to adequate food and water, among other considerations
- Additionally, some patients (e.g., single parents, nursing mothers, parents with children and toddlers, and other primary caregivers) may face other challenges, such as childcare or dependent adult care, that may affect their ability to self-isolate. Social services, housing and other supportive services will be needed for those patients who are unable to separate themselves from others in their current living situation

Explain the Course of Isolation

- Employees that are able and feel well enough to work remotely during quarantine may do so.
- Kim Pelczar will be notified so that FMLA paperwork and EPSL can be applied if applicable.
- Inform them of our accumulated sick leave options, most importantly the enhanced paid sick leave offered by the [Families First Coronavirus Response Act](#).
- Daily contact between the employer and employee should continue during the period of quarantine to track symptoms and the results of any new tests.

Perform Contact Tracing

- Explain ADA privacy rules: you will not reveal the fact they tested positive to their colleagues, unless instructed to. You should ask them whether their manager/supervisor can know—if not, they should only be told that the employee is on a leave of absence for non-disciplinary reasons.
- Complete the Contact Tracing Questionnaire
- Determine the contact elicitation window as shown in Box 1

Box 1

In order to elicit contacts from a confirmed or probable COVID-19 patient, a case investigator will first need to determine the appropriate contact elicitation window. An assessment of the patient's COVID-19 symptoms will help identify their infectious period. Building on that information, the contact elicitation window is the timeframe when the patient was infectious and not under isolation. If there are additional contacts during isolation (such as household contacts), those contacts should also be elicited.

Patient with Confirmed or Probable COVID-19—Symptomatic

When interviewing a symptomatic patient, a case investigator should elicit all close contacts from 48 hours prior to onset of any symptoms through the beginning of isolation

Start date: 48 hours before symptom* onset

End date: Beginning of isolation period OR until discontinuation of home isolation (to elicit household contacts of patients recovering at home)

*All possible symptoms should be considered, with particular attention to those that may be mild and/or nonspecific (e.g., fatigue, muscle pain) and those less common.

Patient with Confirmed or Probable COVID-19—Asymptomatic

Determining the contact elicitation window for an asymptomatic patient is challenging and should be considered an estimate instead of a precise timeframe. Rather than focusing on the suggested start date, a case investigator may want to prioritize eliciting any recent close contacts with high-risk groups.

Start date: 10 days before the date of specimen collection for confirmed laboratory test

End date: Beginning of isolation period OR discontinuation of home isolation (to elicit household contacts of patients recovering at home)

- Extended contact tracing will be conducted for close contacts (any individual within 6 feet of an infected person for at least 15 minutes) of confirmed or probable COVID-19 patients. The list of close contacts should include co-workers, clients, vendors, and other visitors as appropriate.
- Provide instructions for Close Contacts

Instructions for Close Contacts

- Self-quarantine, preferably at home, until 14 days after last potential exposure and maintain social distance (at least 6 feet) from others at all times.
- Follow CDC guidance on self-quarantine.
- Self-monitor daily for symptoms
 - If you have a thermometer, check and record your temperature twice a day
 - Contact a healthcare provider immediately if you:
 - Feel feverish or have a temperature of 100.4°F or higher.
 - Develop a cough or shortness of breath.
 - Develop mild symptoms like sore throat, muscle aches, tiredness, or diarrhea
- Avoid contact with people at higher risk for severe illness

MEDICAL MONITORING

- Contacts who agree to self-quarantine will ideally receive active daily monitoring through real-time communication methods (e.g., telephone calls, video conferencing) to check-in on their temperature and COVID-19 symptoms throughout the length of their self-quarantine
- For those individuals self-monitoring and sharing reports remotely, reports must be received by the agreed upon time each day, and protocol must address follow-up actions for contacts who do not report out

- Contacts who develop and report symptoms should be linked to clinical care and testing. For contacts who report testing, follow up to confirm results
 - If positive, the contact will be referred to a case investigator.
 - If negative, symptomatic contacts should continue to self-quarantine and follow all recommendations of public health authorities. A second test and additional medical consultation may be needed if symptoms do not improve.
 - If testing is not available, symptomatic close contacts should be advised to self-isolate and be managed as a probable case. Self-isolation is recommended for people with probable or confirmed COVID-19 who have mild illness and are able to recover at home.

RETURN TO WORK

People with COVID-19 or its symptoms who are recovering at home (or other non-hospital setting), and	
Will not be tested	Will be tested
to determine if they are no longer contagious, can leave their “sick room” and home when:	
<ul style="list-style-type: none"> • They have had no fever for at least 72 hours (that is 3 full days of no fever) without the use of medicine that reduces fevers <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • Other symptoms have improved (for example, when their cough or shortness of breath have improved) <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • At least 10 days have passed since their symptoms first appeared 	<ul style="list-style-type: none"> • They no longer have a fever (without the use of medicine that reduces fevers) <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • Other symptoms have improved (for example, when their cough or shortness of breath have improved) <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • They received two negative tests in a row, 24 hours apart
People who DID NOT have COVID-19 symptoms, but tested positive who:	
Will not be tested again	Will be tested again
to determine if they are no longer contagious, can leave their “sick room” and home when:	
<ul style="list-style-type: none"> • At least 10 days have passed since the date of the first positive test <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • They continue to have no symptoms (no cough or shortness of breath) since the test 	<ul style="list-style-type: none"> • They received two negative tests in a row, at least 24 hours apart

COVID Contact Questionnaire

Employee Name	
Department	
Division	
Email	
Preferred Phone	

1. Do you have any of the following symptoms?
 - Fever of 100.4 °F or higher
 - Feeling feverish. e.g. chills
 - Persistent cough
 - Body aches
 - Congestion
 - Sore throat
 - Headaches
 - Sudden loss of taste or smell
2. If symptomatic, when did they begin? _____
3. Have you been tested for COVID-19? ___Yes ___No
4. If so, what are the results?
 - ___ Positive
 - ___ Negative
 - ___ Pending
5. If tested, when were you tested? _____
6. When was the last date you worked outside your home? _____
7. Between _____ (the contact elicitation start date) and _____ (the contact elicitation end date), please identify all areas you may have entered while at work.

8. Between _____ (the contact elicitation start date) and _____ (the contact elicitation end date), please identify all individuals with which you may have had close contact while at work.

Co-Workers

Vendors/Contractors

Clients

Others

9. If you worked during the aforementioned time period, how did you get to work?

10. Have you been in close contact with anyone that has tested positive for or is suspected of having COVID-19? Yes No