

## CONTACT TRACING PROTOCOLS

### Core principles of contact tracing:

- In contact tracing, the infected employee or resident is interviewed to help them recall everyone with whom they have had close contact\* during the timeframe while they may have been infectious.
- The exposed individuals (contacts) are notified of their potential exposure as rapidly and sensitively as possible.
- To protect resident or employee privacy, contacts are only informed that they may have been exposed to a resident or employee with the infection. They are not told the identity of the resident or employee who may have exposed them.
- Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who have not been exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- Self-monitoring should include temperature checks twice daily and observing for cough or shortness of breath. If symptoms occur, they should be promptly evaluated for infection and for the need of medical care.

\* **Close Contact** is defined as 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 infected person is isolated. 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.

### Completing the Review of Potential Exposures for Staff and Residents When an **EMPLOYEE** tests Positive for COVID-19

1. Enter the employee name, department, title, shift and level of care the employee worked (IL, AL or SNF).
2. Document the date that the employee's symptoms first started.
3. Describe the employee's symptoms.
4. Enter the date the COVID-19 test was performed.
5. Document the date that the COVID-19 test results were obtained by the facility.
6. Document the date that the employee last worked.
7. Determine if the positive staff member had any close resident contact, for example someone who washes dishes may not have any contact with residents, a housekeeper who cleans common areas only may not have close resident contact. ***If the employee did not have any close contact with residents questions 8 & 9 do not need to be completed.***
8. Determine if the employee who tested positive was wearing a facemask at all times during close resident contact. If they were not, create a list of residents who had close contact with the positive employee who was not wearing a facemask for the 48-hour period before their symptoms started until they were restricted from work.
9. For each resident listed in #8, determine the resident's risk of exposure. (See Determining Risk Exposure)
10. Determine if the employee who tested positive was wearing a facemask at all times during his or her shift and that he or she was social distancing from other employees during their breaks. ***If the employee was doing both then questions #11 and #12 do not need to be completed.***

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11. If the employee was not wearing a facemask and social distancing, create a list of all staff members that the positive employee who was not wearing mask and/or not social distancing from during breaks had close contact with for the 48-hour period before their symptoms started until they were restricted from work.
12. For each staff member listed in question #11, determine the employee's risk of exposure. (See Determining Risk Exposure)
13. Ask the positive employee if they know of any contacts that they may have had with an individual who was positive for COVID-19 outside of the facility such as a friend, family member, etc.
14. Document the plan to address any deficient practices and/or any testing of employees and/or residents that needs to occur.

**Completing the Review of Potential Exposures for Staff and Residents When a *RESIDENT* test Positive for COVID-19**

1. Enter the resident name, room number, unit and the resident's level of care; IL, AL or SNF.
2. Document the date the resident's symptoms started.
3. Describe the symptoms.
4. Enter the date the COVID-19 test was performed.
5. Document the date the COVID-19 test results were received by the facility.
6. Document the date the resident was placed on transmission-based precautions.
7. Determine if the resident had been self-isolating in their room, ***if they have then question #8 and #9 do not need to be completed.***
8. If the resident who tested positive was not self-isolating, list the names of residents that they may have had close contact with for the 48-hour period before their symptoms started until the time the resident was placed on precautions.
9. For each resident who had close contact with the positive resident determine each resident's risk of exposure. (See Determining Risk Exposure)
10. Determine if all employees were practicing universal use of face masks, ***if they were then question #11 and # 12 do not need to be completed.***
11. List the names of staff who were not wearing a face mask and had close contact with the resident within the 48-hour period before their symptoms started until the time the resident was placed on precautions.
12. For each staff member who had close contact with the positive resident determine each staff members risk of exposure. (See Determining Risk Exposure)
13. Determine if the positive resident was receiving any aerosol-generating procedures prior to their positive test results. If the resident was receiving an aerosol-generating procedure further investigation will need to occur as staff having close contact without an N-95 fit-tested mask may have been exposed.
14. Document the plan to address any deficient practices and/or any testing of employees and/or residents that needs to occur.

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## DETERMINING RISK EXPOSURE

### **HIGH RISK**

HCP with incomplete PPE **during certain procedures:**

- *HCP with unprotected eyes, nose, or mouth who are present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction)*

HCP with **prolonged close contact** with a COVID- 19 patient who was not wearing a facemask (i.e., **no source control**)

- *HCP not wearing any PPE OR*
- *HCP not wearing a facemask or respirator, but wearing all other recommended PPE*

### **MEDIUM RISK**

HCP with **prolonged close contact** with a COVID-19 patient who was wearing a facemask (i.e., **source control**):

- *HCP not wearing any PPE OR*
- *HCP not wearing a facemask or respirator, but wearing all other recommended PPE*

HCP with **prolonged close contact** with a COVID-19 patient who was not wearing a facemask (i.e., **no source control**):

- *HCP not wearing eye protection, but wearing all other recommended PPE† OR HCP not wearing a gown or gloves AND HCP had **extensive body contact** with the patient (e.g., rolling the patient)*

HCP with **prolonged close contact** with a COVID- 19 patient who was wearing a facemask (i.e., **source control**):

- *HCP not wearing eye protection, but wearing all other recommended PPE OR*
- *HCP not wearing gown or gloves, but wearing all other recommended PPE OR*
- *HCP wearing all recommended PPE except wearing a facemask instead of a respirator*

### **LOW RISK**

HCP with **prolonged close contact** with a COVID- 19 patient who was not wearing a facemask (i.e., **no source control**)

- *HCP not wearing gown or gloves, but wearing all other recommended PPE OR*
- *HCP wearing all recommended PPE except for wearing a facemask instead of a respirator*

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HCP with **brief interactions** with a COVID-19 patient:

- *HCP not using all recommended PPE who have brief interactions with a patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged).*

### **NO IDENTIFIABLE RISK**

HCP not providing direct patient care to patient:

- *HCP who walks by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room*

<https://www.dshs.state.tx.us/coronavirus/>

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**REVIEW OF POTENTIAL EXPOSURES FOR STAFF AND RESIDENTS  
EMPLOYEE TEST POSITIVE**

Name of Employee who tested positive \_\_\_\_\_ Department \_\_\_\_\_

Title \_\_\_\_\_ Shift \_\_\_\_\_ Where does the employee work? IL AL SNF

	INFORMATION	Answer
2	Date symptoms started	
3	Symptoms	
4	Date COVID-19 test was performed	
5	Date positive test results were obtained by the facility.	
6	Date the employee last worked	
7	Determine if the staff member had any close contact with residents, <i>if there was not any close contact skip to question #10.</i>	
8	Was the employee who tested positive wearing a mask at all times during close contacts with residents? If not explain and list the residents who had close contact with the positive employee who was not wearing a facemask for the 48-hour period before symptoms started until they were restricted from work.	
9	For each resident listed in question #8, determine the resident's risk of exposure. (See Determining Risk Exposure)	

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10	<p>Was the employee who tested positive wearing a facemask at all times on his or her shift? Was he or she social distancing during breaks? <i>If yes to both questions skip to question #13.</i></p>	
	INFORMATION	Answer
11	<p>If not explain and list the employees who had close contact with the positive employee without a facemask for the 48-hour period before symptoms started until they were restricted from work.</p>	
12	<p>For each staff member listed in #11 determine the employee's risk of exposure. (See Determining Risk Exposure)</p>	

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13	Does the employee know of any close contacts they may have had with an individual who was positive for COVID-19, such as family member, friend, etc.	
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PLAN-

Completed by \_\_\_\_\_ Date \_\_\_\_\_

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## REVIEW OF POTENTIAL EXPOSURES FOR STAFF AND RESIDENTS RESIDENT TEST POSITIVE

Name of resident who tested positive \_\_\_\_\_ Date: \_\_\_\_\_

Room number \_\_\_\_\_ Unit \_\_\_\_\_

Was the resident residing on IL, AL or SNF \_\_\_\_\_

	INFORMATION	ANSWER
2	Date symptoms started	
3	Symptoms	
4	Date COVID-19 test was performed	
5	Date positive test results were received by the facility.	
6	Date the resident was placed on transmission-based precautions.	
7	Determine if the resident has been self-isolating, <i>if they have been self-isolating skip to question #10</i>	
8	If the resident was not self-isolating, list the name of any residents this resident may have had close contact with for the 48-hour period before the symptoms started until the time the resident was placed on precautions.	
9	For each resident listed in #8, determine their risk exposure. (See Determining Risk Exposure)	

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10	Determine if all employees were practicing universal use of facemasks, <i>if they were using face masks skip to question #13.</i>	
11	List the names of employees who were not wearing a face mask and had close contact with this resident for the 48-hour period before symptoms started until the resident was placed on precautions	
12	For each employee listed in #11, determine their risk exposure. (See Determining Risk Exposure)	
13	Was the resident receiving any aerosol-generating procedures before they tested positive? <i>If yes, employees may have been exposed, this requires further investigation.</i>	

**PLAN-**

Completed by \_\_\_\_\_ Date \_\_\_\_\_

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