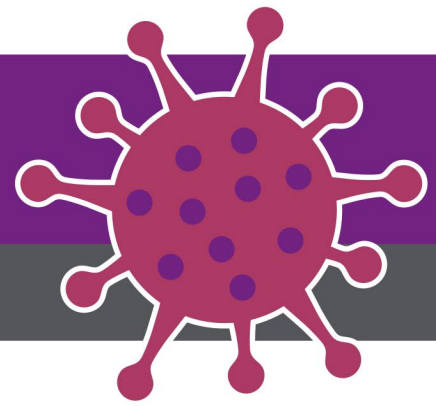


CORONAVIRUS DISEASE 2019 (COVID-19)

Contact Tracing for Trinity Health Colleagues



Audience: Infection Preventionists, Regulatory & Accreditation Leaders, Insurance & Risk Management Services Leaders, and Employee Health & Human Resources Leadership

Revision Date: 04/18/2022

Version: #5

COVID-19 Response Team owner: Clinical and Operations

Date of Last Review: 04/18/2022

UNIVERSAL: This guide should be used for all COVID patients regardless of Ministry COVID Levels

What's changed: Deleted prior requirements for some element of OSHA ETS, added additional guidance on defining potential clusters of infection that warrant contact tracing

Process for Response to Suspected Ministry Associated SARS-CoV-2 Exposures Among Health Care Personnel (HCP) and Patients

Refer also to System Guide on [Investigation, Management and Control of Possible Outbreaks when a cluster or outbreak is suspected](#). Contact tracing for patients/residents is limited to those resulting in exposure within a Trinity Health ministry.

Contact tracing is required for colleagues and clinicians that experience unprotected, close contact exposure (refer to Colleague Exposure Assessment Tool to determine exposure) to someone with acute COVID-19. The extent of contact tracing, e.g. each exposure incident vs. focus only on potential clusters in a patient or resident care area should be adjusted when community transmission rates are substantial / high and reflect available resources to conduct contact tracing. Therefore, priority should be given to instances where there is suspected, ongoing cluster of infections in a defined location, e.g. patient or resident unit, involving colleagues and patients, and not each single exposure incident.

Below are additional details on situations where contact tracing is a priority:

- When to implement:
 - Only for potential clusters (involving 2 or more persons) occurring within a 72 hr period in a defined location, e.g. patient or resident care area;
 - Note: for single person (e.g. colleague) with new infection – investigate and notify others who might have close contact exposure to this newly identified infection.
- Who oversees notification of close contacts:
 - For colleagues and clinicians – EHS lead in collaboration with infection preventionist (IP)
 - For patients – IP will notify patient's provider
- Important: those overseeing receipt of notification and any follow-up must adhere to requirements for entering documentation into the ministry's COVID-19 log (see below for additional details)

Initial Steps by the Ministry Following Receipt of Notification of Someone with Acute COVID-19:

- Acute COVID-19 Positive healthcare workers (including colleagues, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) , will report their results to EHS and the ministry will assess need for contact tracing among those with close contact exposure to the newly identified person with infection.
- Elements of contact tracing include:
 - Notification of persons with possible close contact exposure and application of colleague exposure assessment tool. [colleague-exposure-assessment-tool.pdf \(trinity-health.org\)](https://trinity-health.org/colleague-exposure-assessment-tool.pdf)
 - The potential transmission period runs from 2 days before the onset of the person's with newly identified infection (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated.
 - The notification required of this section must **NOT** include any identifiers of the person with COVID-19 including name, contact information (e.g., phone number, email address), or occupation.
- **NOTE:** The notification provisions are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals).

Key Elements of Exposure Management:

- In most cases, state or local public health departments are responsible for contact tracing. Trinity Health ministries will initiate contact tracing in the event of a home positive test, or a lab-confirmed case where there is a question of possible exposure of a colleague, patient or resident in a Trinity Health ministry. Examples of this include:
 - Public Health notifies Trinity Health of a positive colleague with no known exposure outside of work.
 - Identification of a new infection in a resident in a skilled nursing facility who had no recent history of receiving care outside of their resident facility.
 - Several colleagues on the same unit, work area or department all test positive.
 - Colleagues performing high risk procedure (i.e. AGP) on a patient identified as COVID-19 positive later in the hospital stay.
- Notify and collaborate with local public health about suspected or confirmed cases of SARS-CoV-2 infection that involves possible clusters of infection within the ministry.
 - Under this collaboration, the IP also is likely to receive notice from public health regarding their case investigation if this finds the newly identified person with infection is a colleague at the health ministry of the IP. For these instances, the IP will work with public health, EHS and the colleague to address work restrictions, testing, etc., on a case by case basis.
- Use contact tracing as indicated to identify and notify those with possible exposure.
 - Contact tracing should be carried out in a way that protects the confidentiality of affected individuals and is consistent with applicable laws and regulations.
 - Healthcare professional (HCP), patients or residents who were exposed following contact from a colleague or clinician with new, acute infection within a Trinity Health ministry, **AND** are currently admitted to the ministry or were transferred to another health care ministry should be prioritized for notification. These groups, if infected, have the potential to expose a large number

of individuals at higher risk for severe disease, or in the situation of admitted patients, are at higher risk for severe illness themselves.

- Include the following in Health Ministry policies or plans:
 - Define and establish a process for who is responsible, e.g., infection preventionists or colleague safety, for identifying contacts of a newly identified case of SARS-CoV-2 among personnel and others with possible unprotected exposure and notifying those with potential exposure.
 - Define how notifications occur
 - Identify actions and follow-up recommendations for those who were exposed

Roles and Responsibilities of IP and EHS^{1,2}.

- Infection Prevention and Control (IPC):
 - Conducts surveillance for HAIs and reports diseases and conditions to local public health.
 - Identifies risk of communicable diseases to the patient and HCP, including possible clusters or outbreaks of infection.
 - Coordinates implementation of pre-exposure and post-exposure management and evaluates the effectiveness of interventions.
- Employee / Occupational Health:
 - Communicate and collaborate with HCP and others in the ministry:
 - Report interventions needed to appropriate supervisors and unit/service line leaders and/or individuals.
 - Provide assistance with Trinity Health Employee Incident Reporting (THEIR) process in coordination with the ministry Gatekeeper (person responsible for processing work-related incidents that have been reported through the THEIR application). Refer to [Colleague Work-Related Incident Reporting Frequently Asked Questions](#) for more details on reporting exposure incidents.
 - Inform IPC when notified of a colleague or clinician with new confirmed infection or concern about possible occupational exposure
 - Manage potentially infectious exposures and illnesses that may require testing and/or treatment:
 - Communicate any work restrictions to appropriate individuals and ministry leaders, such as supervisors, HR, etc., while maintaining the HCP right to privacy.
 - Assist with determining nature of exposure. See [Colleague Exposure Assessment Tool](#).
 - Evaluate, treat and counsel exposed or ill HCP.
 - Provide recommendations on monitoring and reporting symptoms of infection.

Components of Case Investigation and Contact Tracing:

- **Case investigation:** IPC should interview newly identified case of SARS-CoV-2 (case investigation) to identify everyone with whom the new case of infection has had close contact during the time when they may have been infectious. See also case investigation workflow adapted APIC Text Online (Figure 1) and CDC case investigation and contact tracing workflows (Figures 2,3). Steps used by IPC and EHS team will differ from those in the CDC workflows which reflect process used by public health professionals in communities; however, the elements are similar.
 - To determine whether an exposure was prolonged or brief – gather details about exposure incident and compare to level and extent of PPE from the System [Colleague Exposure Assessment Tool](#) and [PPE Guidebook](#).
 - Follow the Colleague Exposure Assessment tool to determine the level of risk for the exposure. Contact tracing is strongly recommended for all high-risk exposures and is optional for low risk exposures.

- Investigate and classify exposure of patients to HCP with SARS-CoV-2:
 - During case investigation interview, ask colleague with newly identified infection if there were any patients for whom they recall not wearing appropriate PPE during direct care of any patients (e.g., did not wear mask) during the 48 hours prior to onset or date of specimen that was positive.
 - For those identified, the IP will notify the patient's attending physician or advanced practice professional of the possible exposure incident. If appropriate PPE was consistently worn, exposure of the patient is unlikely.
 - The incubation period for SARS-CoV-2 is 2-14 days, and median time of symptom onset is 4-5 days from exposure. Use this time frame to define the window of potential exposures by the colleague.
 - Notify EHS (if contact tracer is not an EHS colleague), supervisor of colleague and leader to whom IPC reports
 - Colleagues identified during contact tracing must complete a THEIR report and notify their supervisor.
- **Documentation- COVID-19 Log:**
 - The ministry's Preparedness, Notification and Response Plan (PNRP) refers to use of a COVID-19 Log. This log must be used as part of case investigation and contract tracing and:
 - Is used to record each instance identified by the ministry in which a colleague is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work or in the community.
 - It must contain, for each instance, the colleague's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the ministry, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.
 - The information in the COVID-19 log must be recorded within 24 hours of the ministry learning that the colleague is COVID-19 positive and must be maintained as though it is a confidential medical record and must not be disclosed except as required by the OSHA ETS or other federal law.
 - A version of the COVID-19 log that removes the names of colleagues, contact information, and occupation and only includes, for each colleague in the COVID-19 log, the location where the colleague worked, the last day that the colleague was at the workplace before removal, the date of that colleague's positive test for, or diagnosis of, COVID-19, and the date the colleague first had one or more COVID-19 symptoms, if any were experienced, to all of the following: Any employees, their personal representatives, and their authorized representatives.
 - Ministries are strongly encouraged to use the *COVID-19 Exposure Database* a case investigation template that has been made available in Quickbase application for fulfilling the requirements of a COVID-19 Log. For details about this database tool contact System Office leader Total Rewards Benefits & Well-being Absence, Well-being or the ministry's local HR leader.
- **Contact tracing:** Involves notifying exposed individuals (contacts) of their potential exposure to someone with SARS-CoV-2 as rapidly and sensitively as possible, not revealing the infected person's identity.
 - Colleagues must notify Employee Health when they receive a positive home test, or a lab-confirmed positive test result. Follow local, state or federal health department guidelines for SARS-CoV-2 reporting.
 - Colleagues must continue to report all unprotected work-related exposures and diagnoses through the Trinity Health Employee Incident Reporting (THEIR) application, regardless of whether the diagnosis is lab-confirmed.

- Notify contacts of their potential exposure and enter details into a line listing that is used by the ministry or available from System Quickbase tool supported by HR.
- Follow Trinity Health [Guidance for Colleagues Returning to Work Post COVID-19](#) criteria for colleagues with close contact exposure or those who test positive for SARS-CoV-2 following the exposure incident.

Additional References:

For definitions of and investigations of possible work-related exposures, please refer to [THEIR Gatekeeping and OSHA Recordability FAQs](#)

Refer to the [THEIR Infectious Disease Capture Job Aid](#) for assistance with entering an incident in THEIR.

Refer to the [Identification, Management & Control of Possible Outbreak or Clusters of COVID-19](#) for outbreak management guidelines.

[colleague-exposure-assessment-tool.pdf \(trinity-health.org\)](#)

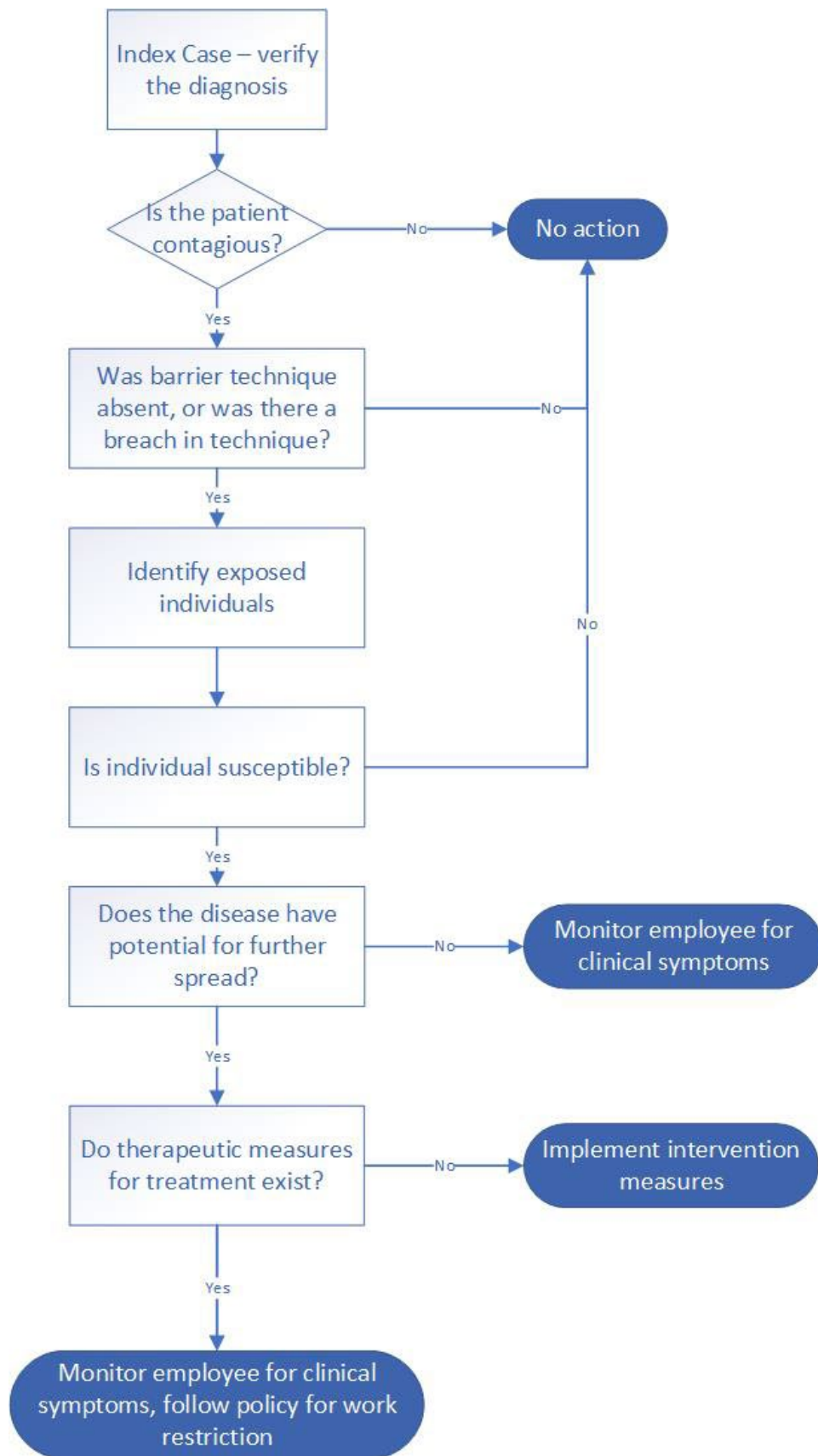
Figure 1. Case investigation Decision Flow

Figure 2

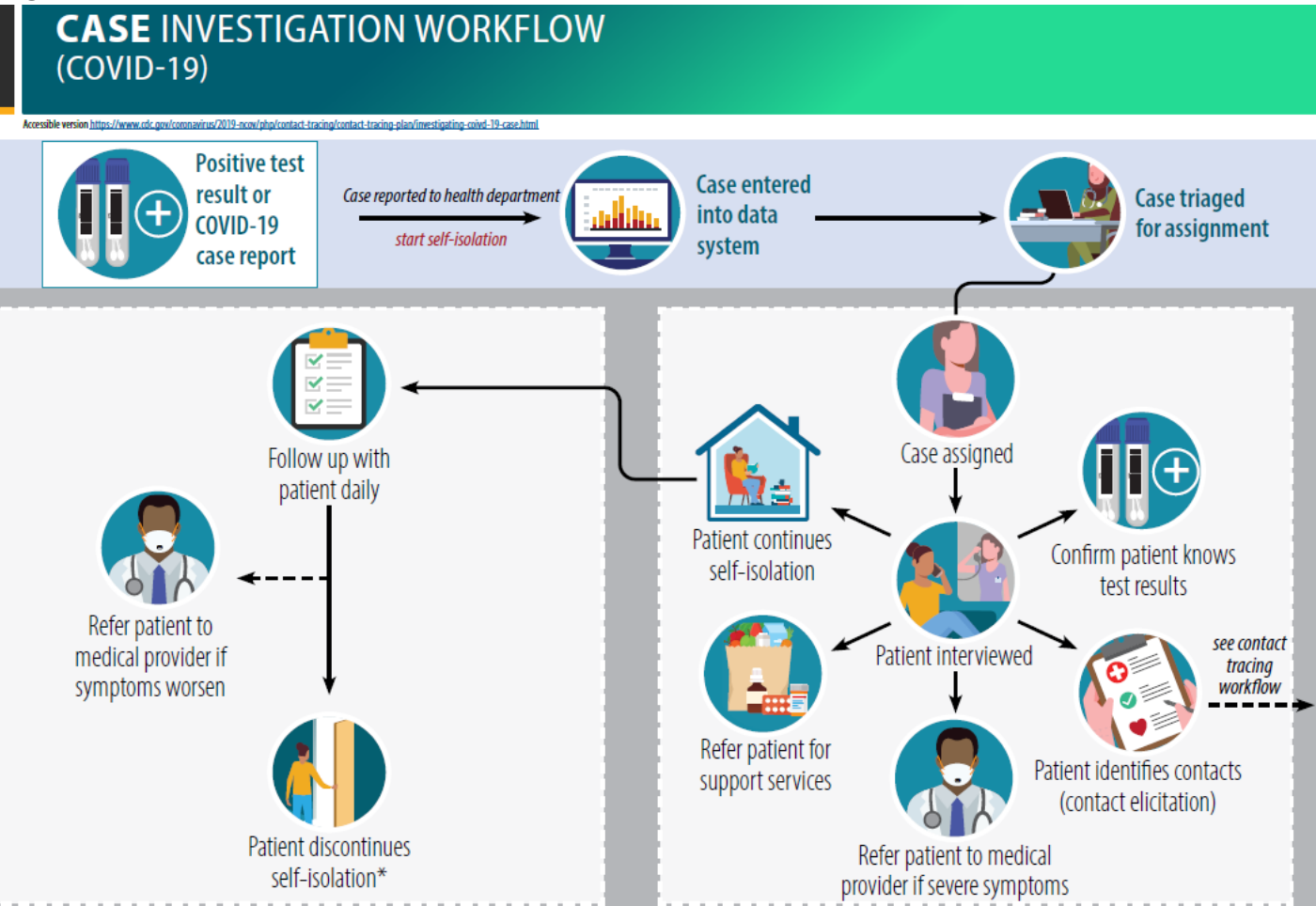
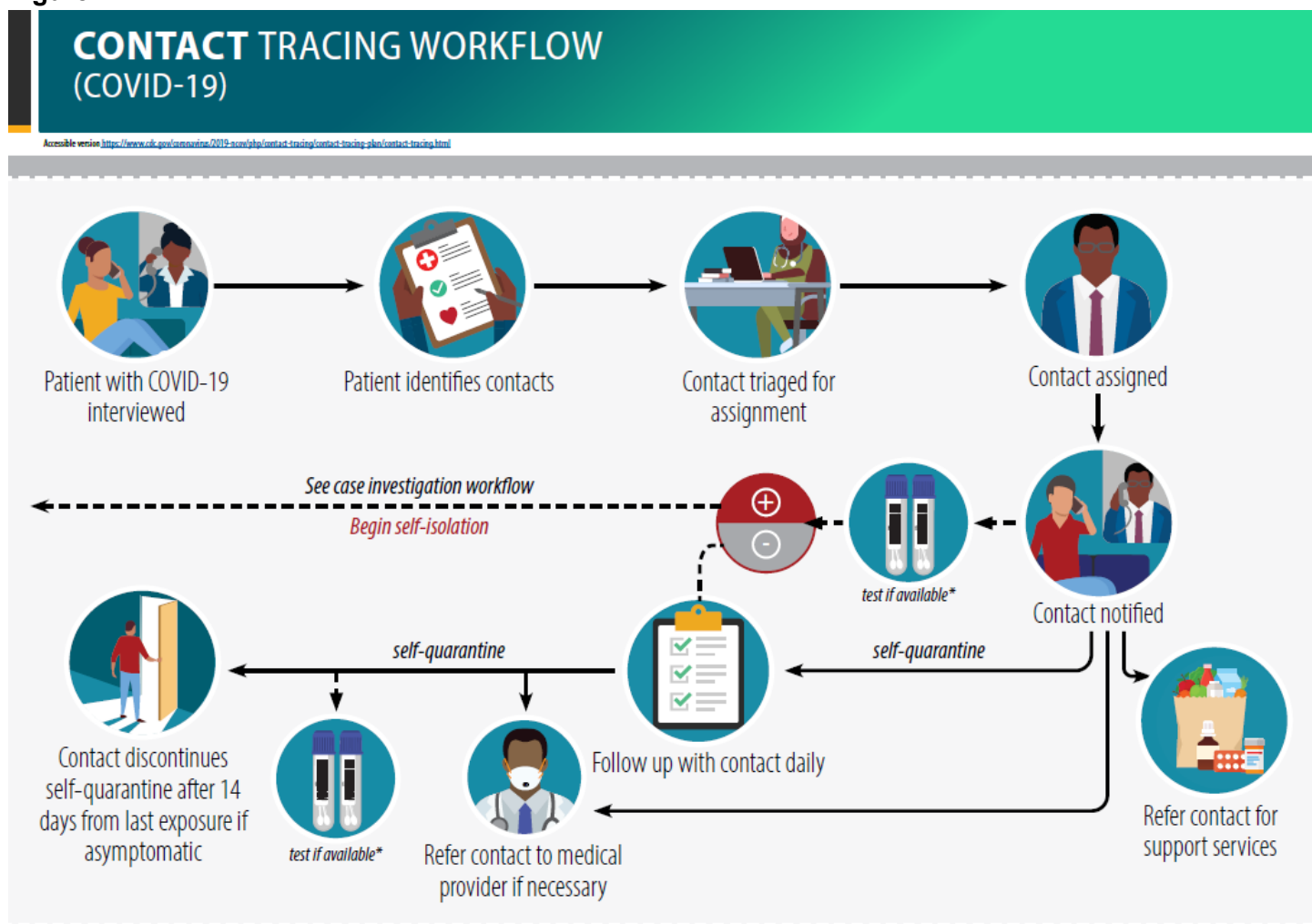


Figure 2



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