COVID-19 CONTACT TRACING CHECKLISTS

OVERVIEW

The COVID-19 Contact Tracing Checklists are tools for health departments to use to plan the expansion of their contact tracing programs to be responsive to the COVID-19 pandemic. The Checklists itemize key elements of a COVID-19 contact tracing program. The items included in these checklists are important elements and the checklist can be used to track if they are in place or under development and who on staff has the lead role. However, the lists are not all-inclusive. They do not include every aspect of a general contact tracing program that a health department may already have in place, but focus on those elements that must especially be considered for a rapid expansion of the number of contact tracers conducting COVID-19 investigations and follow-up.

There are two checklists: Program Development and Infrastructure. These checklists can be used by the health department simultaneously, but it is important that the development or enhancement of the department's infrastructure meet the specific needs of the program, as detailed in the first checklist.

The Checklists provide guidance concerning the elements of a COVID-19 contact tracing program that any health department should consider. They do not provide instructions or templates for the development of a contact tracing program.

Finally, these checklists are provided as tools to assist health departments prepare for increased testing and the need for a more robust contact tracing program. PHAB urges health departments to act NOW, with a sense of urgency. The public is depending on public health departments to protect their health and mitigate the spread of the COVID-19 virus.

PROGRAM DEVELOPMENT CHECKLIST

The health department will need to develop plans, protocols, and materials for the provision of a COVID-19 contact tracing program. Some of the elements may already be in place, as functions of the health department's disease investigation program. Some elements will need to be strengthened and quickly expanded. Other, COVID-19 specific elements, will need to be developed.

ELEMENT	DEVELOP/ADOPT PROVISIONS FOR:	IN DEVELOPMENT	IN PLACE	PERSON/UNIT ASSIGNED
Concept of Operations	A strategy concerning how the various program components fit together and support each other (that is, case reporting feeds into case interviews, feeds into contact tracing) with goal statements and timelines.			
Assessment and Planning	assessment of the incidence, prevalence, mortality and spread of COVID-19 in various communities/neighborhoods/congregate living situations. Assess the availability and accuracy of testing, community isolation and quarantine options, and medical care/referral options. Consider demographic data including, for example, ethnic populations, languages spoken, access to health care, etc.			
Increasing Number of Contact Tracers	detailed plans for hiring, training, and supervising a corps of contact tracers.			
Training	core contact tracing training with the inclusion of specific COVID-19 information (contagion safety, the need for isolation/quarantine of individuals, symptoms, etc.).			
Field Tool Kit	equipment for staff hired (for example, cell phone, client referrals, maps, disease information pamphlets, personal protective equipment).			
Community Resources Guide	a resource guide for clinical, isolation/quarantine housing, and social services referrals.			
Link to Resources	agreements with medical and other service providers to ensure access to			

ELEMENT		DEVELOP/ADOPT PROVISIONS FOR:	IN DEVELOPMENT	IN PLACE	PERSON/UNIT ASSIGNED
		health care and other support services.			
Protocol for Investigations		the investigations of individuals in the community. Special protocols for congregate living (long term care facilities, homeless shelters, correctional facilities) should also be developed.			
	Case information	consideration of clusters of cases or demographics of persons exposed.			
	Safety Measures	guidance concerning contact tracers' general safety measures and COVID-19 contagion safety.			
	Case Contacts	a variety of case contact methods (for example, in person meetings, phone calls, text messages, referral letters, emails, social media, contact tracing apps)			
	Investigation	protocols for the conduct of investigations. These protocols would include investigations conducted via phone, emails, or other electronic communications as well as physically going into the community. These would include, for example, disease intervention timeline, communications, and the use of alternative third-party contacts such as neighbors, family, etc.).			
	Case Encounters and Interviews	protocol for case encounters including: team members; client education and counseling concerning signs and symptoms of COVID-19 and the need for isolation/quarantine; gaining information about the client's contacts; and referral to needed medical, community, and social service resources. These would include, for example, verifying client identity, promoting a comfortable environment for the client, collaborating with the client concerning isolation/quarantine/ medical care, and using effective communication.			

ELEMENT	DEVELOP/ADOPT PROVISIONS FOR:	IN DEVELOPMENT	IN PLACE	PERSON/UNIT ASSIGNED
Medical Monitoring Support	support home care medical monitoring, as possible, including patient care packages (for example, thermometers, sanitizers, mask, gloves) and technological supports for medical monitoring (for example, mobile phone apps).			
Case Analysis	the conduct of case analysis to determine additional steps for intervention according to local COVID19 protocol.			
Case Services	the assignment of clients to isolation and quarantine, as well as a social services to make sure the client has the needed resources to stay in isolation or quarantine (food; medicines; medical items such as thermometer, oxygen level reader; communication vehicles such as a phone; etc.)			
Surveillance	the collection of population surveillance information and data entry.			
Follow-up	the verification that clients received needed services including, for example, testing, treatment, and support services, as appropriate. Protocol for the provision for subsequent client interview and follow-up counseling, as needed should be in place.			
Case Management	identification of needed case management information specific to COVID-19.			
	the documentation (data entry) of individual intervention activities in a timely manner per local COVID-19 protocol. A standard form or format will be required.			

COVID-19 CONTACT TRACING

INFRASTRUCTURE CHECKLIST

The health department will need to ensure that it has the infrastructure in place to support an expanded contact tracing effort for the implementation of a COVID-19 response and mitigation program. Some of the infrastructure and systems may already be in place, as functions of the health department's administration and management functions. Some elements will need to be strengthened and quickly expanded. Other, COVID-19 specific elements, will need to be developed.

Capacity		Plans, protocols, or procedures for:	In Development	In Place	Person/unit assigned
Data Collection		the active collection of data and its entry into health department data bases.			
		an automated case management system for the collection of case information.			
Data/information Management		an infrastructure for data storage, protection, and management; and data analysis and reporting.			
		real-time electronic transmission of data of laboratory and case data.			
		the assurance of confidentiality of sensitive client and protected health information.			
		monitored timely and accurate reporting of mortality/morbidity, lab test results, and investigation results.			
Human Resources		the rapid hiring and training of contact tracers. If governmental hiring processes are slow, the health department may need to hire staff through a third party (public health institute, academic institution, health care provider, etc.). Consideration could also be given to recently out of work government workers.			
	Outreach	community based outreach for applicants including consideration of languages spoken and ethnic populations in the community.			
	On boarding	the rapid onboarding of large numbers of new staff, including for			

Capacity	Plans, protocols, or procedures for:	In Development	In Place	Person/unit assigned
	example, the work location, technology, and protocols for reporting to supervisors.			
Procurement	the systems to procure needed materials and equipment, such as field tool kits, home medical monitoring kits, and personal protective equipment for contact tracers and clients.			
Financial Management	system to track the use of special COVID-19 support funding as well as to forecast the need for continuing/increased funding.			
Epidemiological Services	access to epidemiological resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems.			
Laboratory Services	assurance of laboratory certifications and quality.			
	agreements concerning the rapid sharing of test results.			
	the education of health care providers and laboratories to ensure reporting compliance.			
Links with Testing Sites	referrals of clients for tests and processes for receiving results.			
Public Health Communication	protocols for communications and being the local resource for public health information and health protection recommendations to various audiences in the community (for example, residents, schools, places of worship, health care providers correctional facilities, etc.). Provide accessible, accurate, current, actionable information. Consider hard to reach populations including cultural differences, non-English speaking populations, individuals with low literacy and low medical literacy, and those with physical disabilities. Communication protocols should include approaches			

Capacity	Plans, protocols, or procedures for:	In Development	In Place	Person/unit assigned
	to address misconceptions and misinformation.			
Performance Management and Quality Improvement	the tracking and management of performance measures and the use of quality improvement processes, as necessary. Develop a set of metrics, for example, timelines met, number of contacts identified, contacts contacted, etc.			
Collaborations	the coordination with various government and public health officials to perform required tasks (for example, data collection, vital records, data analysis, contact elicitation, quarantine and isolation enforcement, rapid needs assessment, samples and specimens for testing collection, epidemiology consultation, community outreach, awareness promotion).			
	cross-jurisdictional agreements for collaborations on investigations, data sharing, and staff sharing.			