Contact Tracing-Best Practices-March 20th 2PM

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Description of issue: As more cases are confirmed, employers will need to ensure they know what individuals and workspaces the confirmed positive may have infected.

General best practices:

- Share how your company will manage a potential positive case prior to an infection (See: Positive Testing Policy for more details) prepare to implement them at your own facilities.
- Clearly define the different levels of contact.
- Identify the contact trace process, including roles and responsibilities.
- Conduct a tabletop exercise with your team (i.e. key personnel discussing simulated scenarios in an informal setting, prior to any case).
- Continually update with the main focus being on employee health and well-being.

Detailed sample communication below:

Sample A: International manufacturing company

**Guidelines for Contact Tracing**

**What is contact tracing?**

This is the process of identifying contacts of an infectious person. It is an important part of controlling the spread of disease. Contacts who have been exposed to an illness may become sick themselves and/or may spread the disease to others.

**Who is a contact?**

A contact is a person who has interacted with (or may have interacted with) a person who has an infectious disease. Contacts have been exposed to an index case (the originally infected person) while the index case was infectious. One index case may have many contacts.

**Why contact trace?**

- To reduce the spread of a particular disease. Contacts that are notified of their possible infection can be treated earlier. They can also prevent spreading their infection by practicing increased hygiene measures, isolating themselves, etc.
- Contact tracing also allows [Company Name] to monitor the disease impact on the organization. Some regions may impose legal guidelines concerning contact tracing. Public health authorities may carry out contact tracing, and organizations are encouraged to assist as much as possible.

**Are there different levels of contact?**

Yes. The risk of contracting an illness is higher for those who had close contact with an index case. There are three levels of contact:
1) **Close Contacts**  
People who have cared for or lived with the index case or people who had a high likelihood of direct unprotected contact with respiratory secretions and/or body fluids of the index case (such as family members and health care workers) are considered to have had close contact. Examples of close contact are kissing, hugging, sharing eating or drinking utensils, talking within one meter (3 feet) of the person, and direct touching. Sitting next to someone for hours in an enclosed space (such as on a plane or in a meeting room or cinema) would be considered close contact.  
Close contact does NOT include activities such as walking past a person or briefly sitting across a waiting room or office.

2) **Intermediate Contacts**  
Colleagues, social contacts, fellow employees who may have shared an environment for prolonged periods of time but did not come within two meters (6 feet) for more than short periods.

3) **Distant Contacts**  
People who were with the index case in public places and facilities for brief periods of time.

**When should we start contact tracing?**
If someone in your organization has a suspected, probable or confirmed COVID-19 infection, activate tracing of close contacts.

**How do we contact trace?**

1) Collect information from the index case. It is preferable to do this on the phone to avoid becoming a contact yourself.
2) Record the sick person’s contacts.
3) If there is any question communicate with the people who may be contacts of the index case to gather additional information.
   - Find out if they have been in proximity of the index case. Ask the contact to confirm the time and place where they may have interacted with the sick person.
   - If the suspected contact says they have not interacted with the index case, record it.
   - Regardless of their exposure to the sick person, ask the suspected contact if they have any symptoms. If yes, advise to seek medical attention at the hospital immediately. If needed, arrange referral to authorized screening facilities.
   - Assess the probability that the contact has acquired their infection from the index case (high / intermediate / low / none) on the contact list.
4) When contact tracing, consider all possible routes of infection:
   - The index case may have given the illness to a contact.
   - The index case may have acquired the illness from a contact.
   - The index case and the contact may have acquired the disease from a common source.
   - The index case and the contact may have acquired the disease independently of one another.

To determine which of the above routes is most likely, ask for detailed information from both the index case and their contacts. Note that if a contact is sick and their illness is confirmed, this contact
now becomes an index case (whose contacts must then be traced). Be sure to collect all required index case information from this person.

Encourage the index case to perform their own contact tracing outside of the organization, notifying friends, relatives, etc. of their possible exposure.

**What must we do once contacts are identified?**

For all those that are considered “close contact” or “intermediate contact” observe 14-day isolation from work period. You may be required to provide medical investigation data to local public health authorities.

**Sample B: International manufacturing company**

**Business Protocol**

The purpose of this document is to provide individuals with information on reporting suspected cases of the coronavirus.

**Business Practice Protocol**

1) “Person at Risk” contacts their Manager AND calls <LINK> or local HR
   a. Manager can also call HR for the employee – BUT HR needs to complete an intake form and speak with the employee.
2) Manager contacts Local Incident Response Team (L-IRT)
   a. L-IRT consists of
      i. Site Leader (to be identified per site)
      ii. HR
      iii. EHS (Where EHS is not present HR will play both roles)
      iv. Others as needed
3) L-IRT initiates First Response Protocol
   a. Determine co-workers at risk and quarantine as appropriate
      i. Contact Tracing window – 14 days (3-day minimum)
      ii. Who have they been in contact and/or proximity with?
         1. **Direct Contact** - Bodily fluid contact (e.g. kissing, coughing, sneezing) or 15-minute face-to-face contact
         2. **Indirect Contact** - Sharing seating area, sharing work tools or supplies, sharing break areas or restrooms, being located in the same facility with reasonable likelihood of passing by one-another.
   b. Determine work area clean-up plan and perform all cleaning protocols
   c. Coordinate next steps with Central Incident Response Team (C-IRT)
4) <LINK> or local HR, completes intake form
   a. Sends Intake form to C-IRT
5) C-IRT determine risk assessment and mitigation actions
   a. The C-IRT are the company experts on Covid-19 response
   b. Three C-IRT’s (America’s, Europe, Asia)
c. C-IRT consists of
   C-IRT leader: PMO/HR leader (Shared across all three)
      i. Medical Affairs
      ii. Workplace Practice
      iii. EHS & Facilities
      iv. Communications
      v. Others as needed

d. C-IRT meets at minimum of twice daily if investigations are open

e. C-IRT Leader reports to SLT Team <INDIVIDUAL NAMES> daily
   i. Trending
   ii. Issues

f. C-IRT coordinates with L-IRT to ensure the response is comprehensive and consistent
COVID-19
Intake Assessment

The purpose of this document is to provide employees with information on reporting suspected cases of the coronavirus. Individuals need to call their manager or HR services to report their case. Your HR services will provide this information to the C-IRT (Central Incident Response Team)

1. Have you been tested?

2. Has the test been confirmed positive?

3. If you do not have the results, when do you expect to receive them?
   • Case must be confirmed via laboratory testing (local or CDC)

4. Have you been in close contact with someone who has been confirmed?
   • Close contact is defined as six feet or less.
   • Case must be confirmed via laboratory testing (local or CDC)

   If you answered yes above, please explain when and how you came into contact?

5. Have you experienced these
   □ symptoms? Fever
   □ Cough
   □ Shortness of breath

6. When did these symptoms begin?

7. Where did the symptoms begin?

8. Have you traveled in the last 30 days?

9. If so, where did you travel?