Community Tracing Collaborative: Standard Operating Procedures for LBOH

Definitions .................................................................................................................................................. 3
Goals of SOP .................................................................................................................................................. 3
MAVEN to CRM (as of 5.May) .................................................................................................................... 4
Communication with LBOH by CTC ........................................................................................................... 4
CTC personas .................................................................................................................................................. 4
  Table 1. CTC staff and communication ..................................................................................................... 4
LBOH staff .................................................................................................................................................... 5
  Table 2. LBOH Staff ...................................................................................................................................... 5
Routine communication ................................................................................................................................ 5
Case Process .................................................................................................................................................. 6
Contact Process ............................................................................................................................................ 6
Identification of Cases and Contacts at High Risk for transmission ......................................................... 7
  Definition of high risk .................................................................................................................................. 7
    Table 3. High risk definitions, protocol for CTC staff ............................................................................. 8
  CTC protocol on handling high risk cases ................................................................................................. 8
    Table 4. CTC Protocols for high risk cases and contacts by type ......................................................... 8
Handling of Health Care Workers by CTC .................................................................................................. 9
    Table 5. CTC Protocol for Health Care Workers ................................................................................... 10
Notification to LBOH of high risk cases & contacts ................................................................................ 10
Trouble finding or communicating: Cases & Contacts .......................................................................... 10
  Definitions in the CRM: status and reasons for closing records .......................................................... 10
    Table 6. Definitions of administrative status in the CRM .................................................................. 11
    Table 7. Definition of Closing criteria in the CRM ............................................................................. 12
Reporting to LBOH .................................................................................................................................... 13
  High risk Cases and Closed statuses .................................................................................................... 13
Report: Needs Assessment and Social Determinants of Health ......................................................... 13
Special Scenarios ....................................................................................................................................... 13
  When contacts become cases ................................................................................................................ 13
Cross jurisdictional ...................................................................................................................................... 14
Missing phone #s ....................................................................................................................................... 14
Letters.............................................................................................................................................14
Data exchange between the CRM and MAVEN................................................................................14
Appendices ........................................................................................................................................15
  Appendix 1: Home Assessment Script (as of 19.May.2020).........................................................16
  Appendix 2: Guidance on Referrals for Social Assistance............................................................19
  Appendix 3: Sample LBOH standardized report ..........................................................................22
  Appendix 4: Letters from CTC to cases and contacts .................................................................23
Welcome to the CTC’s standard procedures for Local Boards of Health. Please note we regard this as a ‘living’ document. It will be updated as the CTC continues to improve and evolve, and we look forward to working with all of the local boards of health in Massachusetts in the fight against COVID-19.

Definitions

CRM = Salesforce online platform that the Collaborative contact tracing staff are using
CTC = Community Tracing Collaborative
DPH = Department of Public Health
LBOH = Local Board of Health
MAVEN = Massachusetts Virtual Epidemiologic Network
PHN = Public health nurse
Salesforce = the software used for the CRM
Social assistance = support for food / food delivery, housing, finding a PCP, PPE, and other socioeconomic challenges

Goals of SOP

• Identify clear points of contact between CTC and LBOH and streamline communication
• Document what events in MAVEN are sent to the CTC and when
• Clarify when contacts receive follow up from the CTC
• Clarify CTC procedures and data definitions, with specific attention to:
  o high risk cases and contacts (congregate settings, health care workers, hospitalized patients) and referrals back to LBOH;
  o reasons for closing records and procedures used for trying to reach all cases and contacts;
  o areas for collaboration on cases and contacts needing social assistance
• Document procedures on warm hand offs back to LBOH from the CTC (confirmation of transfer of responsibility for a case/contact via phone or email) to ensure all cases and contacts remain in a single point of care at all times
• Collaborate with LBOH to increase the proportion of cases and contacts successfully reached.
  o Communicate procedures CTC uses to attempt to reach cases / contacts
• Document the CRM definitions and data variables
• Clarify a standard report format and data variables to share routinely from CTC to LBOH.
• Define data exchange expectations between CRM and MAVEN
MAVEN to CRM (as of 5 May)

- Daily export typically begins at 10AM
- Confirmed cases only
- Applies to all cases received through 11:59 PM the previous day
  - **NO:** Cases marked NO stay with the LBOH
  - **YES:** Cases marked YES go to the CTC
  - **Unknown:** Cases marked UNKNOWN go to the CTC
  - **BLANK:** Cases left BLANK go to the CTC

Communication with LBOH by CTC

CTC personas

The table below provides an introduction to the CTC staff who are authorized to speak directly with LBOH and for the types of things they would be reaching out about.

Table 1. CTC staff and communication

<table>
<thead>
<tr>
<th>CTC Staff</th>
<th>Type of communication with LBOH</th>
</tr>
</thead>
</table>
| Supervisors          | • Main point of contact with LBOH & public health nurses.  
|                      | • Supervisors for each LBOH will reach out to the public health nurse in their towns. The list of supervisors and their assignments to LBOH is linked [here](#).  
|                      | • Supervisors are assigned to geographic teams across Massachusetts. There are 10 teams, with 5 supervisors per team.  
|                      | • Point person for questions on specific cases and contacts in a LBOH’s town including high risk cases/contacts, referrals between CTC and LBOH.                      |
| Resource Navigators  | • 1 per team; manage the resource coordination across that geographic team  
|                      | • Chair geographic task forces, where relevant  
|                      | • Point person for questions on social assistance for cases and contacts  
|                      |   o Social assistance procedures are in Appendix 1 & 2  
| Care Resource Coordinators (CRCs) | • Assigned geographically across the state, 150 in total  
|                      | • Preferentially handle cases in towns that they are connected with through living, working, or growing up and/or in subject areas of expertise  
|                      | • May interact with LBOH only in specific cases, where delegated by a Resource Navigator or through a geographic |
LBOH SOPs
V1 30.May.2020

<table>
<thead>
<tr>
<th>LBOH Staff</th>
<th>Call this person for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Director</td>
<td>When unable to reach PHN or PHN Supervisor</td>
</tr>
<tr>
<td>Public Health Nurse Supervisor</td>
<td>The point person for many towns, particularly towns with more staff or many new staff</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>The point person for towns without a PHN supervisor or with a preference for PHN to be contacted instead</td>
</tr>
</tbody>
</table>

Routine communication

Below are several mechanisms for routine communication between CTC and LBOH to make sure that issues are clarified and make their way to the correct audience.

- **Weekly meetings**
  - *Purpose:* Hosted by the Department of Public Health for routine communication with LBOH.
  - These calls are at 3 pm on Tuesdays and 9 am on Fridays. Please contact Ron O’Connor to be added to the meeting invites, if needed.
- **LBOH inbound line (857-305-2828)**
  - *Purpose:* This line is available for LBOH to reach the CTC directly and can be used for specific CTC questions and clarifications around procedures.
  - A select set of inbound line supervisors have read-only access to MAVEN to assist with clarifying questions on specific cases/contacts in the CRM.
- **DPH email address (covid19communitytracingcollaborativequestions@state.ma.us)**
  - *Purpose:* This email address is available for LBOH to reach the DPH directly about MAVEN-related topics.
  - The email addressed is staffed by users with CRM expertise as well, to assist with questions related to MAVEN and the CRM.
Case Process

CTC receives confirmed cases daily from MAVEN. This daily extract occurs around 10am. CTC staff trained in case investigation call the case to conduct the interview. CTC targets to do this interview the same day as the case information is received from MAVEN. The interview covers:

- collection of demographic data;
- determination of fit of case for any of the high-risk criteria (see section below on high risk);
- symptom and hospitalization data;
- information about exposure;
- collection of all close contacts;
- brief home assessment to identify possible social assistance needs to remain safely in isolation (see Appendix);
- education about home isolation.

At the conclusion of the interview, the ‘outreach outcome’ is indicated in the CRM as interview successfully completed. The case is moved into the follow up and monitoring period during isolation. During follow up and monitoring, CTC maintains a daily touch point, currently via a brief phone call, with cases to briefly check in on how they are doing and if any additional needs have come up. These daily phone calls are not reflected in MAVEN, and MAVEN will see these cases as ‘In Progress’.

Contact Process

All contacts are created in the CRM as named by the cases that CTC speaks with. All receive outreach from the CTC. The goal is to follow up all contacts within 24-48 hours of the contact being created in the CRM. Therefore, some contacts:

- Called by CTC upon their creation during case investigation may eventually become cases.
- Report that they have in fact already been tested and are positive for COVID-19.
- May be an exposed contact of a different case, in MAVEN or in the CRM.

Any of these scenarios could lead to contacts being called more than one time. At present DPH and the CTC are hard at work streamlining data and refining de-duplication processes to maximize efficiency and clarity and to minimize these circumstances.

The interview of the contact covers:
• collection of demographic data;
• whether the case fits any of the high-risk criteria (see section below on high risk);
• symptom screening;
• presence of other health conditions;
• testing referral;
• brief home assessment to identify possible social assistance needs to remain safely in quarantine (see Appendix);
• education about home quarantine.

At the conclusion of the interview, the ‘outreach outcome’ is indicated in the CRM as interview successfully completed. The contact is moved into the follow up and monitoring period for quarantine. During follow up and monitoring, CTC maintains a touch point every other day, currently via a brief phone call, with contacts to briefly check in on how they are doing and if any additional needs have come up. These phone calls are not reflected in MAVEN, and MAVEN will see these as ‘In Progress’.

Identification of Cases and Contacts at High Risk for transmission

Definition of high risk

The following are the types of cases and contacts meeting the working definition of ‘high risk for transmission’. The CTC immediately flags these cases in the CRM upon speaking with the case or contact (with the current exception of clusters that are not congregate settings). CTC staff are trained to elevate these to a supervisor. The supervisors communicate these to LBOH through agreed upon channels.

Note that if cases in MAVEN have data variables that indicate they fall within these types of high priority cases, they are filtered from the MAVEN extract and not sent to the CTC. The following procedures apply for cases where these variables are unknown and thus discovered by phone when CTC staff place the initial call to the case.
Table 3. High risk definitions, protocol for CTC staff

<table>
<thead>
<tr>
<th>Health Care Worker (HCW)</th>
<th>Congregate Setting</th>
<th>Hospitalized Case</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who provide direct care to patients or who works in a setting where such care is provided. This includes anyone who is patient facing and/or working in a health facility. Low threshold for inclusion if you are not sure. Examples: Nurses, doctors, clinical staff, Janitors in hospitals, Pharmacists, Ambulance drivers</td>
<td>A setting where a group of people live or spend prolonged periods of time. This includes residents and employees. Examples: Nursing homes, Prisons, Homeless shelters, Boarding schools, Assisted living, Group home, Nurses, Janitors</td>
<td>A case or contact who is currently in the hospital when we call</td>
<td>There is not a formal definition of cluster for the CTC. This applies when it is not a congregate setting. There are a few times when you may run across this: 1) A cluster of cases identified for the CTC by the LBOH. 2) These case themselves may inform you that they are part of a cluster. 3) It may become clear, during the case interview, that there were many cases exposed at the same time.</td>
</tr>
</tbody>
</table>

CTC protocol on handling high risk cases

Below are the current procedures for handling these high risk cases at the CTC based on the philosophy of a ‘warm hand off’ from the CTC back to the LBOH. When CTC staff identify a high risk case – health care worker, hospitalized patient, congregate setting, or other cluster – they flag the case to their CTC supervisor. The supervisor then initiates procedures (described below) to transfer these cases to the LBOH.

Table 4. CTC Protocols for high risk cases and contacts by type

<table>
<thead>
<tr>
<th>What to record in the CRM</th>
<th>Congregate Setting</th>
<th>Hospitalized Case</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>Indicate ‘yes’ in ‘Connected to Congregate Setting’. Choose Congregate Setting type and list name of setting in ‘Congregate Setting Location’</td>
<td>Do NOT indicate hospitalized in the conglomerate setting dropdown. Details of the hospital stay are collected in the Clinical information section. Make sure to include the hospital name.</td>
<td>Details of clusters are recorded in the ‘Exposure Information’ section in ‘Where was the case exposed’ and ‘Exposure source details’. Do NOT attempt to link case records together for clusters.</td>
</tr>
<tr>
<td>Resident</td>
<td>Collect contacts outside of the congregate setting (family, friends, etc.)</td>
<td>Collect contacts between 48 hours before symptom onset and time of admission. Do not collect contacts from the hospital stay. Interview family if case is too sick.</td>
<td>Collect all contacts that can be named and identified.</td>
</tr>
<tr>
<td>Cases: Collecting Contacts</td>
<td>Sending a task to supervisor</td>
<td>Follow up</td>
<td>Closing the case</td>
</tr>
<tr>
<td>Subject ‘Escalate to Supervisor: LBOH-Congregate Setting’</td>
<td>Subject ‘Escalate to Supervisor: LBOH-Congregate Setting’</td>
<td>Continue follow up unless directed otherwise by your supervisor.</td>
<td>The supervisor will close the record if LBOH accepts it back.</td>
</tr>
<tr>
<td>Follow up</td>
<td>Do not continue follow up unless directed otherwise by your supervisor.</td>
<td>Continue follow up unless directed otherwise by your supervisor.</td>
<td>The supervisor will close the record if LBOH accepts it back.</td>
</tr>
<tr>
<td>Contingencies</td>
<td>If congregate setting and hospitalized, follow congregate setting rules.</td>
<td>If congregate setting and hospitalized, record hospital stay and follow congregate setting rules.</td>
<td>The supervisor will close the record if LBOH accepts it back.</td>
</tr>
</tbody>
</table>
CTC supervisors do not close a record for a case or contact until the corresponding LBOH confirms their acceptance so that no cases or contacts are left unattended in the system. CTC staff will continue to follow all of these cases until they receive word that LBOH will follow and the CTC should close the case. The exception here is made for residents of congregate settings, who are presumed followed by LBOH unless the specific LBOH has made an arrangement with CTC to continue to follow residents of congregate settings.

LBOH have two options upon receipt of notification of a high risk case from their CTC supervisor:

1) Confirm LBOH acceptance and take ownership for the high risk record in question. Upon this confirmation, the CTC supervisor will close the record and CTC staff will stop following.

2) Acknowledge the information in email or a phone call, and request CTC staff to continue to follow the person

Because everyone is busy and this communication tends to occur on a once daily basis, the procedures below allow for continuing to collect contacts for situations outside of the high risk setting (i.e. contacts before a case was hospitalized or contacts outside the workplace for health care workers). Contacts are not collected for residents of congregate settings.

Handling of Health Care Workers by CTC

Health care workers are referred to LBOH as described in the previous section. In addition, if CTC continues to follow any health care workers (in the event the LBOH asks CTC to continue), the CTC defers to the case or contact’s occupational health department recommendations regarding isolation and quarantine recommendations and clearance. This means that the CTC is not clearing health care workers to return to work but rather, counseling the cases and contacts to follow the advice of their occupational health department. In the event a health care worker asks for a letter from CTC, the CTC would apply the same protocol for sending a letter about the end of isolation (DPH’s symptom-based strategy) as CTC is authorized to send for all cases. CTC does not recommend, interpret, or write letters based on test-based strategies to end isolation.
Table 5. CTC Protocol for Health Care Workers

<table>
<thead>
<tr>
<th>What to record in the CRM</th>
<th>Healthcare Workers (HCWs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate HCW at top of the record.</td>
<td></td>
</tr>
<tr>
<td>If HCW is employed in a congregate setting, indicate ‘yes’ in ‘Connected to Congregate Setting’. Choose Congregate Setting type and list name of setting in ‘Congregate Setting Location’.</td>
<td></td>
</tr>
<tr>
<td>Be sure to include employer name and address in the personal details section.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational Health department</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask if the HCW is in touch with their occupational health department.</td>
<td></td>
</tr>
<tr>
<td>Ask when they were last at their workplace.</td>
<td></td>
</tr>
</tbody>
</table>

| Cases: Collecting Contacts | Collect contacts outside of the workplace (family, friends, etc) |

<table>
<thead>
<tr>
<th>Sending a task to supervisor</th>
<th>Subject 'Escalate to Supervisor: LBOH- HCW Case' or 'Escalate to Supervisor: LBOH- HCW Contact'</th>
</tr>
</thead>
<tbody>
<tr>
<td>In comments include city, facility, date last at work, and if person is in contact with their occupational health department.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Continue follow up unless directed otherwise by your supervisor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can stop following if the supervisor closes because the LBOH accepts the case OR if the employer follows them at least every 2-3 days.</td>
<td></td>
</tr>
<tr>
<td>HCWs follow their occupational health department’s guidance regarding returning to work during the isolation or quarantine period:</td>
<td></td>
</tr>
<tr>
<td><strong>HCW Cases</strong>: Occupational health instructions on isolation are very similar to CTC instructions for the general public.</td>
<td></td>
</tr>
<tr>
<td><strong>HCW Contacts</strong>: Occupational health instructions on quarantine can be very different from CTC instructions: working with regular symptom checks and masks is common. See CDC recommendations for critical infrastructure workers.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Release from isolation</th>
<th>CTC uses the DPH guidelines for release from isolation (symptom-based strategy). These do not recommend testing for release from isolation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the employer recommends a negative test before clearing from isolation, we defer to the employer for testing and clearance.</td>
<td></td>
</tr>
<tr>
<td>If the HCW requests a letter from CTC, send the letter based on the same criteria for finishing isolation/quarantine that CTC guidelines stipulate.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Closing the case</th>
<th>The supervisor will close the record if LBOH accepts it back as ‘Referred to LBOH’.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the HCW is being followed closely by their occupational health department (minimum every 7 days), and the LBOH does not accept, the supervisor can close with ‘Referred to other provider’. CTC does not then do follow up calls but CI/CT should ask if they can call at the end of the period to check the outcome, and the CRC can still support as needed. After making this final call, the outcome can be changed to ‘Completed Isolation / Quarantine’ if appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

| Contingencies | If HCW and any other high-risk category: follow HCW rules. |

Notification to LBOH of high risk cases & contacts

CTC Supervisors are trained to notify LBOH about cases and contacts meeting the definitions of high risk as described above in Table 3. There are multiple ways to communicate these to LBOH, which is currently at the discretion of the LBOH and the corresponding supervisor:

1) **Report(s)**: Production of a standardized report detailing high risk cases and contacts and a set of pre-determined data variables
2) **Individual emails**: The CRM is able to automatically email a standard template with the MAVEN ID to a designated LBOH representative if individual pass off is desired.

Trouble finding or communicating: Cases & Contacts

Definitions in the CRM: status and reasons for closing records

The CRM uses a set of administrative statuses to define where in the workflow cases and contacts are for case investigation and contact tracing. These do not map in to MAVEN and are not currently available in MAVEN. See Table 6 for definitions. “In Progress” in MAVEN refers to all cases and contacts in the Outreach Underway and Monitoring and Support status. Thus, many of the records seen in MAVEN marked as ‘In Progress’ have already been reached out to for case investigation and contact tracing. This means that while LBOH see ‘In Progress’, the case or
contact may have already been reached and may be in the follow up period during isolation and quarantine.

Table 6. Definitions of administrative status in the CRM

<table>
<thead>
<tr>
<th>Status (administrative function in CRM)</th>
<th>MAVEN correlate</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaiting Outreach</td>
<td></td>
<td>No attempt to make contact has been made.</td>
</tr>
<tr>
<td>Outreach Underway</td>
<td>In progress</td>
<td>Has been assigned to CTC staff and an attempt to contact is being made for initial case investigation or contact tracing.</td>
</tr>
<tr>
<td>Monitoring and Support</td>
<td>In progress</td>
<td>Home monitoring and Resource Coordinator follow up and ongoing referrals. Starts when there is completion of case investigation or reaching out to an exposed contact.</td>
</tr>
<tr>
<td>Closed</td>
<td></td>
<td>When the COVID Community Team is no longer responsible for and following the case or contact. Reasons are required for this status and define our final outcome metrics.</td>
</tr>
</tbody>
</table>

CTC staff are trained to only close records when the case is ‘discharged’ from CTC’s care. The reasons for closing cases are shown in the table below.

Note, specifically, that cases are closed for ‘Referred to LBOH’ once an LBOH has confirmed acceptance of the case or contact.

There are several instances of closed reasons which can be alerted to LBOH for assistance, as LBOH local experience and expertise may help locate these individuals. This is pertinent for:
- Was never reached
- Declined
- Lost to follow up

Reasons for closing records are shown in Table 7. This also shows the definitions for the efforts made to reach cases and contacts before closing the record. At present, other routes to finding people are not possible (mail) or prohibited (googling, etc).
### Table 7. Definition of Closing criteria in the CRM

<table>
<thead>
<tr>
<th>Reasons in the CRM for closing a record at CTC</th>
<th>Definition &amp; Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Isolation completed</strong></td>
<td>When case successfully completes isolation.</td>
</tr>
<tr>
<td></td>
<td>Meets all 3:</td>
</tr>
<tr>
<td></td>
<td>1) At least 10 days since symptom onset; (or test date for asymptomatic cases);</td>
</tr>
<tr>
<td></td>
<td>2) No fever for &gt; 72 hours;</td>
</tr>
<tr>
<td></td>
<td>3) Significant improvement in respiratory symptoms</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>CTC confirms they have been released by their clinical provider or occupational health department for HCWs.</td>
</tr>
<tr>
<td><strong>Quarantine completed</strong></td>
<td>When contact successfully completes quarantine</td>
</tr>
<tr>
<td></td>
<td>14 days past last exposure.</td>
</tr>
<tr>
<td><strong>Died</strong></td>
<td>Person has died.</td>
</tr>
<tr>
<td></td>
<td>Date of death is recorded</td>
</tr>
<tr>
<td><strong>Referred to LBOH</strong></td>
<td>After confirmation from LBOH they will accept the case or contact</td>
</tr>
<tr>
<td><strong>Referred to other provider</strong></td>
<td>In rare circumstances, other providers may conduct the follow up during isolation and quarantine</td>
</tr>
<tr>
<td></td>
<td>Other provider has confirmed they will do the follow up monitoring. In these instances we will attempt to touch base at the conclusion of isolation/quarantine to update the final closed reason.</td>
</tr>
<tr>
<td><strong>Lost to follow up</strong></td>
<td>Initial contact made but were not able to do subsequent activities in the monitoring period, including confirm final outcome</td>
</tr>
<tr>
<td></td>
<td>Cases: not able to reach case after at least 2 daily attempts over 2 days</td>
</tr>
<tr>
<td></td>
<td>Contacts: not able to reach contact after at least 1 daily attempt over 3 days</td>
</tr>
<tr>
<td><strong>Was never reached</strong>*</td>
<td>Was never reached for initial outreach attempt</td>
</tr>
<tr>
<td></td>
<td>Unable to reach after 2 attempts per day for 3 days (including different times per day)</td>
</tr>
<tr>
<td></td>
<td>Note: fluid definition that can be informed by data and experience</td>
</tr>
<tr>
<td><strong>Declined</strong>*</td>
<td>Declined initial case investigation / contact tracing interview OR declined follow up subsequently</td>
</tr>
<tr>
<td></td>
<td>Person was reached but declined speaking with CTC after 2 attempts by different people.</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>If truly does not meet any other criteria.</td>
</tr>
<tr>
<td></td>
<td>Free text is audited to determine these reasons.</td>
</tr>
</tbody>
</table>
Reasons in the CRM for closing a record at CTC

<table>
<thead>
<tr>
<th>Reason</th>
<th>Definition &amp; Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact diagnosed with COVID-19**</td>
<td>During contact tracing or follow up and monitoring a contact has been diagnosed with COVID-19. Cases are closed for this reason when the record from MAVEN for the same individual is also present in the CRM.</td>
</tr>
</tbody>
</table>

Reporting to LBOH

High risk Cases and Closed statuses

*The CTC is working on the best mechanism(s) for timely reporting of high risk cases and closed statuses to LBOH and will be in touch shortly with LBOH regarding solution.*

This mechanism would cover, by town:

- High risk cases and contacts
  - Congregate settings
  - Healthcare workers
  - Hospitalized cases
- Closed reasons for cases and contacts
  - Lost to follow up
  - Declined to speak to CTC
  - Was never reached

Report: Needs Assessment and Social Determinants of Health

*Similar to the above, the CTC is investigating the optimal mechanism(s) for communicating needs for vulnerable cases and contacts the CTC is working with. Please see Appendix 1 and Appendix 2 for Home Assessment and guidelines for providing support to these cases and contacts.*

Special Scenarios

When contacts become cases

When CTC staff speak with a contact during the contact tracing interview and they report that they have been tested for COVID-19 and are positive, the CTC will change the interview to proceed to case investigation. In the CRM these cases are flagged with terminology of ‘self-reported positive’ to mark this type of suspect case in order to distinguish the case from a laboratory-confirmed diagnosis from MAVEN. The interview proceeds directly to case investigation as described above. CTC staff also determine if the MAVEN record is in the CRM. If
the record is located from MAVEN, that record is used for case investigation and the original record is closed for the reason ‘Contact diagnosed with COVID-19’ as described above.

Cross jurisdictional

When a case or contact lives out of state, CTC staff contact the DPH directly to organize an out-of-state handoff of the case or contact to that state’s DPH.

Missing phone #s

For cases received by the CTC from MAVEN who are missing phone number information, CTC staff are authorized by DPH to contact the ordering provider to obtain the missing phone number for the case. CTC staff use a script to call designated members at the ordering provider 1-2 times per day to obtain the missing phone numbers if available. These cases are then released into the CRM for case investigation. When multiple cases are missing phone numbers from a reporting laboratory, CTC will contact DPH with the information as DPH is working with labs to reduce missing demographic information.

Letters

CTC staff are authorized to send official letters on behalf of DPH for a few select circumstances. These letters can currently only be emailed and plans to physically mail via USPS are underway. These include:

- Employer letter informing employer that case/contact needs to be in isolation/quarantine for COVID-19.
- Release from isolation/quarantine letter. Requirements to be released are based on DPH guidelines and utilize the symptom strategy for clearance from isolation.
- Testing pass will be used starting late May 2020 to support testing of all exposed contacts, regardless of symptoms, in concordance with DPH guidelines.

Should this letter require additional communication, CTC can organize phone calls between the case/contact and employers.

Data exchange between the CRM and MAVEN

- Daily export to MAVEN
- All cases and contacts identified from confirmed cases that have been updated since the previous export
- Data collected by CTC in eCR question package
Appendices
Appendix 1: Home Assessment Script (as of 19.May.2020)

Below is the exact script for the Home Assessment.

Next, I’d like to talk about helping you stay safe during your illness at home. I have some questions about your home that I would like to ask you. We can also talk about what isolation means and how to reduce the risk that nobody catches the virus from you. I am going to ask several questions about your situation. I want to be clear that I will guarantee that we will try to get you the help that you need. However, in certain situations, we cannot guarantee that your community has the resources that you need.

**Housing**
What type of housing do you live in?:
- Apartment
- Single family house
- Condominium
- Shelter/homeless
- Assisted living
- Nursing home

**Basic Necessities**
Over the next 2-3 weeks, do you have reliable access to:
- Food (Reliable access to food: family, friend, neighbor able to deliver food while you remain in isolation or other food delivery service (local grocery store delivery, meals on wheels). Infant formula?
- Medications including birth control, feminine hygiene products
- Heat
- Water
- Electricity and/or gas
- Phone service
- Means of communication in the event of an emergency
- Supplies like soap, water, disinfectant that can help keep the house clean
- Family, friends, and other social networks
- Way to connect with social networks while in home isolation
- Child care

**Space**
- Do you have a separate room for sleeping and daily activities where you can stay away from others in your household?
- Do you have a separate bathroom that you can use? If no, do you or someone you live with have the ability to clean bathroom after each use?
- Do you have the ability to make your food separately from the others in the household?
- Do you have someone who is able to prepare and bring food to the place in the house where you will stay?

**ADLs & Mobility**
What assistance do you need with your daily activities such as bathing, moving around your house to do your activities?

**Caregiver**

Do you have someone at home who could help you with your daily needs

- If no caregiver available, ask:
  - Are you able to meet your daily needs while in isolation or quarantine such as preparing meals, cleaning, taking medications, with a plan to call for help if needed?

Does your caregiver have masks or can they get them? They would need a mask if they need to be within 6 feet (2 meters) of you in order to help you. Are you able to manage your medications on your own?

- If no, ask:

Do you have a caregiver who can help you to take your medications? Are you normally the primary caregiver for anyone else in your home or elsewhere?

- If yes, is that person also ill with coronavirus?
  - If that person is not already ill, is there someone else who can fill this role for you while you are ill and isolating?

**At risk household members:**

Do you live with anyone who:

- Is more than 65 years old?
- Has chronic conditions such as: diabetes, chronic kidney disease, chronic lung disease, liver disease, or cardiovascular disease?
- Is immunocompromised (e.g. HIV, cancer patients receiving chemotherapy, patients on immunosuppressant drugs)?
- Has extreme obesity?
- Is on dialysis?
- Has received a transplant?
- Is pregnant?

*If any yes:* Because some people are more at risk for serious illness from COVID-19, we recommend that, if possible, you take extra care to stay separate from them during the isolation period. We are going to talk about strategies for safely isolating together today.

Do you feel you are safely able to isolate at home?

*This question is very important. Please make sure to ask this question. It is important that we know if people are safe.*

Thank you for answering my questions. To reiterate, I cannot guarantee what will happen next, but by providing this information, the Resource Coordinator will have a sense of your situation.

*Indicate if person is referred to resource coordinator.*

*Indicate Social Assistance Needs from the list*

- Food
- Support for chronic conditions (prescription refills, home nursing, etc.)
Lack of mobility or need for support with ADLs
Need for specific household items
Way to connect with social networks while in home isolation
Housing
Safety concerns
Other: _______________________

*If there are referral reasons, don’t forget to send a task to the resource coordinator.*
Appendix 2: Guidance on Referrals for Social Assistance

<table>
<thead>
<tr>
<th>Issue Area</th>
<th>Questions to Consider</th>
<th>How to Document <em>(in the comments of the task)</em></th>
<th>Mark as High Priority <em>(in the task)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food</strong></td>
<td>Do they have food?</td>
<td>4.29.20 Case needs financial assistance and delivery. Currently in isolation. 3 small children also in the home</td>
<td>No food currently available</td>
</tr>
<tr>
<td></td>
<td>Can they afford food?</td>
<td></td>
<td>Food supply low AND at-risk members in household</td>
</tr>
<tr>
<td></td>
<td>Do they require delivery assistance?</td>
<td></td>
<td>Food supply low AND no delivery option available</td>
</tr>
<tr>
<td></td>
<td>Are they enrolled in SNAP/WIC or reduced school lunch program? If not, are they eligible?</td>
<td></td>
<td>Food supply low AND no money to purchase additional supplies</td>
</tr>
<tr>
<td></td>
<td>Is food needed for adult(s), children, or both? Size of household?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>Are they unsheltered?</td>
<td>04.29.20 Contact is currently staying with roommate but must move out because of quarantine requirements.</td>
<td>Case/contact is unsheltered</td>
</tr>
<tr>
<td></td>
<td>Are they in danger of becoming unsheltered?</td>
<td></td>
<td>Case/contact in an overcrowded home AND unable to isolate/quarantine with high-risk family members</td>
</tr>
<tr>
<td></td>
<td>Have they received an eviction notice?</td>
<td></td>
<td>Household unsafe AND case/contact looking for protection</td>
</tr>
<tr>
<td></td>
<td>Are they able to pay rent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is the house overcrowded? Are they able to safely quarantine/isolate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing stable but unable to pay utilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medication</strong></td>
<td>Do they need Rx medication?</td>
<td>04.29.20 Contact needs to arrange delivery of Rx for XX condition</td>
<td>Patient needs Rx refill AND no transportation</td>
</tr>
<tr>
<td></td>
<td>Does someone help them take their medicine?</td>
<td></td>
<td>Patient needs new RX AND no PCP</td>
</tr>
<tr>
<td></td>
<td>Do they have a question about their Rx?</td>
<td></td>
<td>Patient needs Rx refill AND no money</td>
</tr>
<tr>
<td></td>
<td>Do they require a delivery service?</td>
<td></td>
<td>Patient needs support administering medicine AND no caregiver</td>
</tr>
<tr>
<td><strong>Mobility/ADL</strong></td>
<td>Do they have money for requested OTC? Is delivery assistance required?</td>
<td>04.29.20 Contact has not been able to take care of themselves, caregiver has COVID-19</td>
<td>Case/contact needs support with ADL AND no caregiver available</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Does case/contact need assistance with activities of daily life? Is ADL support a new need? Or due to limited caregiver access? Specific mobility needs?</td>
<td>04.29.20 Case is unable to bring out the trash</td>
<td>Caregiver is COVID-19+ AND unable to support family members with ADL/mobility issues</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Specific household items</strong></th>
<th>Does the household have enough PPE and cleaning materials for safe isolation/quarantine? Other essential household items needed? Specifications? Quantities? Does the case/contact have money for household items?</th>
<th>04.29.20 Case lives in a multigenerational home, young children and 1 immunocompromised relative. No masks, gloves or hand sanitizer.</th>
<th>COVID-19 case, no PPE AND living with at-risk household members</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Social Connectedness</strong></th>
<th>Case/contact lonely or showing signs of distress</th>
<th>04.29.20 Case requesting daily check-in because they don’t have family/friends to speak with</th>
<th>Case/contact in recovery AND no support group</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>PCP Referral (include referral as ‘Other’)</strong></th>
<th>Does the case/contact have worsening symptoms? Did the case/contact express other medical concerns? (e.g. need for new prescription, concerns about implications of diagnosis, comorbidities, etc) Is the contact interested in a medical consultation? Testing? Both? Is the contact interested in urgent care of establishing a PCP for future medical problems/health monitoring? Does the case/contact have insurance?</th>
<th>04.29.20 contact is symptomatic, no PCP, enrolled in MassHealth, looking for testing 04.29.20 case is worried about COVID-19 diagnosis and managing DM while in isolation, wants consult, no PCP</th>
<th>Case is symptomatic (urgent not emergent), wants testing and consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>04.29.20 case is worried about COVID-19 diagnosis and managing DM while in isolation, wants consult, no PCP</td>
<td>Case/contact expresses urgent need for clinical consult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case/contact has questions about diagnosis and needs answers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not, are they eligible for MassHealth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the case/contact have a smartphone?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Sample LBOH standardized report

Coming soon
Appendix 4: Letters from CTC to cases and contacts

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
305 South Street, Jamaica Plain, MA 02130
Bureau of Infectious Disease and Laboratory Sciences

To whom it may concern,

This letter is being sent to you at the request of a positive COVID-19 patient or someone who has been exposed.

This individual has been instructed to stay at home for a period of time to help prevent the spread of COVID-19.

COVID-19 is a new respiratory disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases.


People who are infected with COVID-19 or exposed to COVID-19 need to stay at home even if they are experiencing no or mild symptoms. This important public health measure is necessary to limit community spread of COVID-19.

The exact amount of time that the patient needs to stay at home will be determined by the person’s primary physician or local Board of Health. Generally, this is 14 days or less.


Sincerely,

Catherine M. Brown, DVM, MSc, MPH
State Epidemiologist
To Whom It May Concern:

This letter is to inform you that as of today's date, you no longer need to stay at home and avoid contact with other people due to COVID-19.

Previously you were informed that either you had been exposed to COVID-19 or had been diagnosed with COVID-19 infection. At that time, you were instructed to stay at home and avoid contact with other people for a period of time in order to prevent transmission of this highly infectious disease.

As of today, according to Massachusetts Department of Health and U.S. Centers for Disease Control and Prevention (CDC) protocols, you are no longer considered to be infectious. You may safely leave the house and return to your workplace, but please continue to respect all social distancing measures that are in effect. These may include working at home, wearing a mask and keeping six feet away from others in public places.

If you continue to have symptoms, or develop new symptoms, please contact your primary physician. If your physician instructs you to stay at home for a longer period of time, you should follow that advice.


Sincerely,

Catherine M. Brown, DVM, MSc, MPH
State Epidemiologist