**Contact Tracing Protocol**

Contact tracing is the systematic identification of persons who have come into close contact[[1]](#footnote-1) with a confirmed case of COVID-19.[[2]](#footnote-2) Initially, this process was administered by MDPH or a local DPH. However, due to the increased number of cases, a Community College may be required to administer this protocol when it receives notice of a confirmed COVID-19 case in its community and the MDPH or its local DPH is unable to conduct contact tracing.

1. **Initial Protocol Considerations**

This is a confidential process. **The name of the individual who has tested positive shall not be disclosed to a close contact**, or any other individual or entity outside of MDPH/local DPH(s), nor should sufficient details be provided that makes their identity readily identifiable.

Protocol administered through Human Resources, College’s health officer or other designated individual (“Tracing Officer”).

Protocol is administered in coordination with the UPDATED *Responding to Confirmed Cases of COVID-19* policy, issued by General Counsel’s Office on March 27, 2020.

1. **Upon notification of a confirmed COVID-19 case in the College community**

Contact your local DPH to inform it of the confirmed case and determine if it will conduct the contact tracing process. If the local DPH does not return the College’s call within three (3) hours, contact MDPH at 617-983-6800.

If the local DPH is going to conduct the tracing, provide it with the confirmed case’s contact information.

If not, the College’s Tracing Officer should confirm with the local DPH that the College will conduct contact tracing in accordance with this Protocol.

1. **Initiate Contact Tracing**

Contact the confirmed COVID-19 case and complete the *Contact Tracing Reporting Form*, including identifying all individuals the confirmed case came in close contact with in the college community during their period of infectivity.[[3]](#footnote-3)

Contact those that had close contact with the confirmed case during the period of infectivity. Indicate: (a) that they have been identified as coming in close contact with a confirmed case of COVID-19; and (b) the date and location of the close contact.

Instruct close contact(s) to contact their health care provider and self-quarantine for up to 14 days or as directed by their health care provider.

Inform close contact(s) that upon completing their period of self-quarantine they will require a doctor’s note indicating they are cleared to return to work.

Inform local DPH of notification to close contacts. Provide information to local DPH as requested.

**Contact Tracing Reporting Form**

**(1) Confirmed Case Information**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Telephone |  |
| Email |  |
| Date last on campus or at a college event  |  |
| Date of first symptoms (infectivity) |  |
| Date of positive test results |  |
| Identify who conducted the testing |  |

**(2) Close Contacts Identified by the Confirmed Case**

|  |  |
| --- | --- |
| Name of close contact  |  |
| Date of close contact |  |
| Location of close contact |  |
| Length of close contact |  |

|  |  |
| --- | --- |
| Name of close contact  |  |
| Date of close contact |  |
| Location of close contact |  |
| Length of close contact |  |

|  |  |
| --- | --- |
| Name of close contact  |  |
| Date of close contact |  |
| Location of close contact |  |
| Length of close contact |  |

**(3) Tracing Officer contacts Close Contacts**

|  |  |
| --- | --- |
| Name of close contact |  |
| Inform of close contact with confirmed case  | □ |
| Instruct to contact health care provider | □ |
| Instruct to self-quarantine up to 14 days or as directed by health care provider | □ |
| Inform of written medical clearance to return to work | □ |
| Experiencing symptoms (sore throat, runny nose, cough, shortness of breath)? | □ Yes □ No |

|  |  |
| --- | --- |
| Name of close contact |  |
| Inform of close contact with confirmed case  | □ |
| Instruct to contact health care provider | □ |
| Instruct to self-quarantine up to 14 days or as directed by health care provider | □ |
| Inform of written medical clearance to return to work | □ |
| Experiencing symptoms (sore throat, runny nose, cough, shortness of breath)? | □ Yes □ No |

|  |  |
| --- | --- |
| Name of close contact |  |
| Inform of close contact with confirmed case  | □ |
| Instruct to contact health care provider | □ |
| Instruct to self-quarantine up to 14 days or as directed by health care provider | □ |
| Inform of written medical clearance to return to work | □ |
| Experiencing symptoms (sore throat, runny nose, cough, shortness of breath)? | □ Yes □ No |

1. Defined as (a) being within approximately 6 feet of a COVID-19 case for a prolonged period of time (at least 15 minutes); or (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). [↑](#footnote-ref-1)
2. Individuals who have tested positive for the virus that causes COVID-19. [↑](#footnote-ref-2)
3. Defined as the date the COVID-19 patient developed symptoms up to the time the patient went into isolation. [↑](#footnote-ref-3)