# Key Characteristics of Successful Contact Tracers

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To be most effective, case investigation and contact tracing requires staff with adequate training, language skills, cultural sensitivity, supervision, and access to social and medical support for clients and their contacts.

**Case investigation and contact tracing is a specialized skill**. To be done effectively, it requires people with the training, supervision, and access to social and medical support for patients and contacts. Requisite knowledge and skills for case investigators and contact tracers include, but are not limited to:

* An understanding of patient confidentiality, including the ability to conduct interviews without violating confidentiality (e.g., to those who might overhear their conversations)
* Understanding of the medical terms and principles of exposure, infection, infectious period, potentially infectious interactions, symptoms of disease, pre-symptomatic and asymptomatic infection
* Excellent and sensitive interpersonal, cultural sensitivity, and interviewing skills such that they can build and maintain trust with patients and contacts
* Basic skills of crisis counseling, and the ability to confidently refer patients and contacts for further care if needed
* Resourcefulness in locating patients and contacts who may be difficult to reach or reluctant to engage in conversation
* Understanding of when to refer individuals or situations to medical, social, or supervisory resources
* Cultural competency appropriate to the local community

# Suggested Staffing Levels to be Effective

One way to quickly scale up surge capacity for case investigation and contact tracing is to specify two explicit job tasks for designated staff:

**Job Task 1. Case Investigation** – Interviewing clients with COVID-19, eliciting their close contacts, monitoring the clients for COVID-19 symptoms, connecting clients to resources to support self-isolation

**Job Task 2. Contact Tracing** – Notifying close contacts of their potential exposure, referring them to testing, monitoring them for COVID-19 symptoms, connecting contacts to resources to support self-quarantine

Case investigation and contact tracing can be handled by one properly trained person when the number of people diagnosed with COVID-19 and their close contacts can be interviewed by the staff member within 24 hours of being reported to the health department. When the number of reported daily cases does not allow for case interviews within 24 hours, a divided approach employing several staff can provide a focused scope of activity and streamlines the training competencies for the surge workforce. One staff member (case investigator) interviews and elicits contacts from a patient diagnosed with COVID-19, and additional staff members (contact tracers) notify and follow-up with the patient’s contacts. This approach requires excellent communication between staff to ensure clarity and prompt transfer of information, limited redundancy, and cohesive messaging to clients with COVID-19 and their contacts. Given each patient with COVID-19 will likely have multiple close contacts, staffing plans should include a greater number of contact tracers to meet this demand.

Public health personnel with infection control, worker safety, and health expertise may be needed to support case investigation and contact tracing within healthcare facilities (e.g., hospitals, acute care centers), critical infrastructure settings (e.g., meat and poultry processing facilities, grocery stores), and other congregate living or workplace settings (e.g., long-term care facilities, correctional facilities). These complex investigations require the application of infection control principles to make appropriate recommendations and protect additional residents and workers from infection.

# Additional Roles and Responsibilities of Key Public Health Staff to Support COVID-19 Case Investigation & Contact Tracing

**Case Investigator**

Conducts interviews of patients with confirmed or probable COVID-19, with a focus on motivational interviewing and cultural competency. Interviews should be guided by standard protocols and include: providing disease-specific information; assessing signs and symptoms, and underlying health conditions; discussing symptom onset to determine window period for contact elicitation and exposure risk for close contacts; discussing work, social, recreational, and community activities to identify who may have been exposed; eliciting information on close contacts, including names, exposure dates and locating information; and assessing support needs to maintain health and compliance during self-isolation.

Facilitates testing and referral to healthcare services and resource care coordination, as indicated. May conduct home-based specimen collection.

Provides recommendations for self-isolation and review of daily monitoring procedures.  Conducts daily monitoring during self-isolation—temperature, signs/symptoms, use of fever-reducing medications—via electronic tool (e.g., smartphone app, case management software) or other designated mechanism until patient is no longer infectious.

**Contact Tracer**

Communicates with contacts to notify them of exposure, provides disease and transmission information, gathers data on demographics, living arrangements, and daily activities. Asks about signs/symptoms and underlying medical conditions. Provides referrals for testing (if appropriate). May conduct home-based specimen collection.

Provides recommendations for self-quarantine and reviews daily monitoring procedures. Assesses supports necessary to maintain compliance during self-quarantine. Conversations with contacts should be guided by standard protocols.

Conducts daily monitoring during self-quarantine—temperature, signs/symptoms, use of fever-reducing medications—via electronic tool (e.g., smartphone, case management software) or other designated mechanism, until 14 days after last potential exposure, and referral to healthcare if contact becomes symptomatic.

# Other Potential Roles and Responsibilities

**Surveillance Triage and Support**

Processes incoming laboratory and provider reports in surveillance system. Follows-up to obtain relevant medical and demographic information. Acts as a resource for interjurisdictional communication & transfer of patient and contact information. Responsible for gathering relevant locating information (e.g., “people-searches”) for clients and contacts.

**Case Investigation and Contact Tracing Lead**

Directly oversees the work of the Case Investigator and/or Contact Tracer and others who may work as part of a team. Assigns work and oversees the quality of work. Ensures completion of case interviews and contact follow-up according to established standards. Reviews work for missing information, inconsistencies, or areas that need further exploration and directs staff follow-up to seek clarification and obtain additional information. Addresses complex issues with cases or contacts that have been escalated by staff.

Uses qualitative (interview audits) and quantitative (review of statistical outputs) methods to review performance and determine areas for formal or informal professional development, training, coaching, and mentoring. When necessary, uses progressive discipline to address performance or conduct issues. Recognizes staff for exceptional and outstanding performance.  Maintains employee personnel files.

**Care Resource Manager**

Assesses social support that clients and contacts need to maintain healthy living in self-isolation or self-quarantine. Identifies housing needs and facilitates transition to appropriate housing supports. Provides tools (e.g., thermometer) to assist with daily monitoring and prevent further spread in home. Coordinates other support services such as delivery of food or medications, and referral to programs that provide financial assistance.

**Self-Isolation and Self-Quarantine Monitor**

Daily monitoring (ideally) of clients with COVID-19 during self-isolation and contacts during self-quarantine—temperature, signs/symptoms—via electronic tool (e.g., smartphone app, case management software) or other designated mechanism. Assesses changes (initiation or increase in severity) in COVID-19 signs and symptoms. Facilitates prompt medical attention, as necessary. Tracks when clients or contacts are eligible to discontinue self-isolation/self-quarantine and refers them to testing when available to assess their readiness for discontinuation.

**High-Risk Medical Monitor**

Interactive daily monitoring of clients with COVID-19 during self-isolation and contacts during self-quarantine who are at higher risk for severe disease. Assesses changes (initiation or increase in severity) in signs and symptoms. Facilitates prompt medical attention, as necessary. Tracks when clients or contacts are eligible to discontinue self-isolation or self-quarantine.

**Infection Control Personnel**

Conducts investigation of congregate living facilities (e.g., skilled nursing facilities, hospitals, acute care settings, long-term care facilities, group homes, homeless shelters, prisons, jails) and workplaces that have a patient (either resident/patient or staff member) with COVID-19 to assess potential exposure of other staff and residents/patients at the site and recommend infection control procedures.

**Data Manager**

Manages digital infrastructure for surveillance and contact investigation. Abstracts data from surveillance system for import into appropriate contact investigation platform and visa-versa, when automated data synchronization is not available. Assesses and improves data quality and interoperability of data systems. Supports the development and modification of data systems to appropriately capture, integrate and report multiple data streams necessary to monitor response progress and outcomes.

**Epidemiologist**

Analyzes data on cases and contact outcomes in order to identify outbreaks and priority populations. Monitors and evaluates the response in order to shift program efforts appropriately.

**Clinical Consultant**

Provides clinical support to the case investigation team, provides consultation for complex cases, and collaborates with healthcare providers, hospitals, and other facilities regarding clinical recommendations.

**Severs of Public Health Orders\***

Serves public health orders for isolation (clients with COVID-19) or quarantine (contacts) as necessary for people who are noncompliant with public health recommendations to self-isolate or self-quarantine—either in-person or electronically.\*\*

\* Pursuant to the availability of jurisdiction-specific laws that provide authority for the local health department to issue legal orders for isolation of people diagnosed with infectious disease and quarantine of people who have been exposed to infectious disease. Local policies and procedures dictate the delegation of authority (e.g., officially deputized, acting on behalf of local health officer) and type of personnel who can serve legal orders.

\*\* Per jurisdictional protocols

Source: Centers for Disease Control and Prevention. (2020, May 26). Scaling Up Staffing Roles in Case Investigation and Contact Tracing. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/scaling-staff.html>