

Voicemail Script

With inbound call::

Hello, _____ [*insert name*], my name is _____, and I'm calling from Partners In Health, working with the COVID-19 Community Tracing Collaborative. We need to speak with you and will call you back again soon. Your phone will say 'MA COVID TEAM' or it will be a number starting with 857. You are also welcome to call us back at (833) 638-1585 or 857-305-2728.

Script #1: You've been Diagnosed With COVID; Who are your contacts?

Tips:

- It may be helpful to use a calendar or specific dates (holidays, weekends, etc) to help patients recall activities.
- You will not be giving clinical advice but you will be asking about symptoms. We hope this will help break the ice. If you feel nervous at any point you should refer them to their provider.
- Fear can slow down someone's ability to recall contacts. Providing reassurance and gentle prompts may help put the patient at ease. It is ok to redirect to a different part of the script and come back to items if they are stuck.
- Remember to be compassionate and empathetic. These are individuals who have learned just recently (or while on this call) that they were diagnosed with this virus. They may feel scared about this or about the possibility of having exposed others to the virus.

Section 1: Introduction and confirming identity

Make sure to assign yourself as owner and move the case status to 'Outreach Underway' once you are working on the case. If you do not reach the person, leave a voicemail and send yourself a task to remind yourself to call them back.

Hello, my name is _____ and I am calling from the Community Tracing Collaborative. The Collaborative is working with Partners In Health and the Department of Public Health in Massachusetts on the COVID-19 response.

Can I confirm that I am speaking with [insert name]?

If yes, ask them to confirm their address and date of birth. You should not read this information to them. If no, ask to speak to that person. [Note for cases <18 years you should ask to speak to the guardian]

Thank you for confirming this information.

You were recently tested for COVID-19 and your test result has come back positive, meaning that you are infected with the coronavirus or COVID-19. We are calling everyone who has tested positive in the state to collect some information important to the response to covid.

Do you have time to speak with me now?

If yes → Continue. If No → get a time to call back (consider setting a task)

COVID-19 is a new virus and is in almost all countries in the world. It can cause many types of symptoms but mostly affects the respiratory system, causing fever and cough. It spreads from an infected person from when they cough, breathe, sneeze or touch a surface that other people then touch. COVID-19 is extremely contagious, and it spreads very easily through contact. Luckily, most cases are mild or moderate and most people don't need to be in the hospital. Some cases can get more serious and cause pneumonia and breathing difficulties. I am not a doctor or nurse, and cannot provide you with medical advice. If you need additional information, please speak with your clinician.

Have you already spoken with a doctor or a nurse about your test results?

If yes, → continue

If no, To assess your symptoms and risks you should speak with a clinician. It is important that you contact your health provider.

If person brings up clinical questions or concerns:

I am not able to answer any clinical questions you have. If you believe you are having a medical emergency, you should call 911. Otherwise, you should contact your primary care doctor's office. If you don't have a doctor to go see, we will refer you to one of our resource coordinators who can try to help set you up with a practice accepting new patients. We are working to negotiate access with trusted medical practices across the state but may not be able to support all cases. If none of these options are available to you, you can go to the emergency room.

[If there is any concern or questions please refer to your supervisor.]

The state of Massachusetts is working to stop the spread of COVID-19. To do this, we need to **talk about two important items** with you.

First, we need to call the people you have been in contact with and let them know that they should be evaluated. Your name will not be disclosed to the contacts we call.

Second, if you are living at home, it is critical that you self-isolate immediately in order to protect your friends and family, so that nobody else is infected.

Section 2: Confirm person details.

Before we start, let's make sure we have your correct contact information. We also need a few more details about you and the symptoms you have had. The information will be provided to the Department of Public Health and your local board of health. We will not share it with anyone else. The information we collect about you and the symptoms you have had is for the Department of Health to help them learn about the epidemic overall, not for other specific actions.

*Collect or complete all of the information in the **Person Details Section** (access this from the **Contact Details** section at the top left of your screen).*

- *Address*
- *Additional phone numbers [be sure to enter town/city into the city field and state into the state field]*
- *Email address*
- *Race and ethnicity [required]*
- *Gender [required]*
- *Preferred language*
- *Next of kin information [this should be the guardian for cases <18 years]*
- *Occupation and employer information [select "other" if occupation not found and enter details into "other occupation" field]*

[Save your edits and now proceed to the middle section of the screen]

Section 3: Positive Outreach Case Details

Indicate whether the person is a health care worker and/or if they are currently residing in a congregate setting (nursing facility, prison, group home, etc). If yes start procedure to notify Local Board of Health

Section 4: Symptoms

Have you had any symptoms?

If no, mark and proceed to next section (do not complete other symptom questions). Note: when some symptoms are present, you do not need to select “no” for those which are not.

When was the first day you felt any symptoms at all? Even if these were minimal symptoms like being extra tired or a runny nose, we want to be sure to capture the first day you felt symptoms.

Indicate the symptom onset date

Do you still have symptoms?

If no, indicate the date the symptoms resolved.

I’m going to ask you a list of symptoms that you may have had at any point to see which of these you have experienced or that you may currently still be experiencing.

Do the yes/no list of symptoms

Section 5: Clinical

1) Have you been hospitalized during your illness?

If no, select “no” and proceed directly to the question about underlying illness.

If yes, select “yes” and then fill in the hospital details (hospital name, dates of hospitalized and discharge). Were you admitted to the ICU during this time?

2) Do you have any other health conditions?

If no, select “no” and proceed directly to the “exposure information” section.

If yes, select “yes” and scroll down the page to the separate “underlying illness” section below home assessment. Enter information for each health condition in the pop-up and save.

If patient is pregnant, select pregnancy from dropdown, and include number of weeks pregnant [gestational age] in pregnancy detail field.

If “other” is selected, include additional information in the appropriate free text field.

Once all conditions have been entered, scroll up for the section on “exposure information”

Section 6: Exposure Information

I also have a few questions about where you might have been exposed, which helps the Department of Public Health gather information about the epidemic.

Do you know where you may have been exposed to the virus? Potential places include: someone you live with, a close friend or colleague, your workplace, a healthcare setting, a community event, or travel. It’s also possible that you don’t know. Are there any other details you would like to provide about your possible exposure.

Fill in the exposure information section.

Section 7: Creating New Contacts

If the person has contacts, proceed to the section for adding contacts. If the person has no contacts, tick the box and proceed to the home assessment and isolation instructions

One of the most important things that we can do as a community in Massachusetts to stop the pandemic is contact tracing. We need your help to do this. We are talking to everyone who is diagnosed, such as yourself. We need to notify individuals you came into close contact with while you were contagious and urge them to be hypervigilant about developing symptoms and urge them to get tested. This will help them protect themselves and their families, and we want to make sure they receive the help they need to do that.

During this process we do everything we can to keep your diagnosis, specifically, confidential, but sometimes that may not be possible, for example for activities where there was only one other person present.

Do you have any questions before we start?

We recommend you start with everyone OUTSIDE the home. Go into great detail. Then, when you arrive at the case's household: go to the bottom and unclick the box that sends it to the queue. This will keep all of the people in the household together in your list rather than sending them to the queue. You can then speak with contacts immediately after the case.

For each contact created, fill in the 'create contact' form with as much detail as possible:

- *Name*
- *Home phone*
- *Type of exposure [other high risk indicates if you think this may need special attention]*
- *If the contact has been informed that they've been exposed (for example family or friend of the case). Encourage them as you go to inform their contacts in order to protect them, and to pick up the phone when we call.*
- *If required information is not available but there is any possibility of finding the information you can fill in with 'X' and indicate in description how we can locate the missing information (e.g. if we have email but not phone)*

This is an example script of obtaining contacts in a comprehensive way:

We know that your symptoms started on _____ [*insert date*]. We are going to think through everyone you have been around since 2 days before that, meaning _____ [*insert date*]. [*If no symptoms, use 2 days before the test date*]

Think back quickly to where you were that day and your life since then. Don't worry, we will go into detail.

Please note that if any of the people we talk about don't speak English as their first language.

I want to think about people you are around routinely in your daily life: your family, friends, and coworkers. We will also discuss anyone you've been within 6 feet (2 meters) for 15 minutes or more.

[All are since 2 days before symptom onset. Create new contact for each as you go]

- **Workplace:** Have you been at a job? **If yes** → L'et's go through your *coworkers* one by one.
 - Who do you share an office with?
 - Who do you have regular meetings with?
 - Who is your boss? Who reports to you?
 - Who do you eat meals with when 'ou're at work?

- 'et's now go through others you interacted with at work one by one:
 - Do you have customers or clients you know by name?
 - How do you travel to work?
- Do you have another job you've been to? *If yes, repeat work questions*
- **Social Events:** Let's think through social or recreational things you've done.
 - Have you had a meal at anyone else's house recently or had someone to your house for a meal?
 - Have you met with any friends to go shopping or do any sports or anything fun recently?
 - Have you attended any parties?
 - Have you been to church?
 - What did you do last weekend?
 - Have you been to any restaurants recently?
 - Do you go to a gym or exercise classes?
 - Have you been to any gatherings or social events?
 - Have you been to any sporting events, or concerts, or any other event where there were a lot of people?
- Have you been to a school?
- Have you been to a health appointment or health facility, (other than where you got your test for COVID-19)?
- Let's look at your calendar together. Have you done anything unusual?
 - Any air travel?
 - Any road travel – car road trips, bus, trains?
 - Has anyone visited you from out of town?
 - Have you been shopping in the last two weeks?
- **Household members or close friends:** Tell me what family members and friends you have seen.
 - Who lives in your household?
 - Has any family visited you at home?

We do encourage you to let your contacts know about their exposure. In particular, if you can let them know we will be calling, they may be more likely to answer their phone. It's important we speak with them for a few reasons. First, if they are having symptoms they likely need to get testing for COVID-19. Second, we want to be sure to help them protect their friends and family. We know that all of this can sound scary, but we also know that the only way to beat this pandemic is to work together as a community to stop it. The more contacts we find and get tested early, the more cases we can prevent. Thank you for helping us help our local communities.

Remind them that information is only shared with the Department of Public Health.

Consider contact tracing for all members of household at this point.

[If relevant, continue direct to do the contact tracing for the members of the household right now. Uncheck the "Send to Contact Trace Queue" box. You can open new records in tabs to capture the information for each individual contact and closing out those records.]

Section 8: home assessment and isolation instructions

Do this section if the case has been told to stay at home by their clinician.

Next, we'd like to talk about helping you stay safe during your illness at home. We have some questions about your home and we can also talk about what isolation means and how to reduce the risk that nobody catches the virus from you.

Housing

What type of home 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)
- Medications
- Heat
- Water
- Electricity
- Phone service
- Means of communication in the event of an emergency
- Infection prevention and control supplies- soap, water, disinfectant
- Identified network of family, friends, and other social networks
- Way to connect with social networks while in home isolation

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?
- Ability to have separate food preparation space or someone who is able to prepare and bring food to your isolation area

ADLs & Mobility

- Are you independent with your daily activities such as bathing, moving around your house to do your activities or do you have appropriate assistance?

Caregiver

- Appropriate caregiver available at home who can help meet daily needs
 - If no caregiver available, is person able to meet their daily needs while in isolation or quarantine such as preparing meals, cleaning, taking medications, with a plan to call for help if needed
- Caregiver has access to mask if needs to be within 6 feet (2 meters) of patient to assist with activities of daily living
- Patient/contact themselves or caregiver able to manage 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?
- No need to leave home (or can make adjustments not to need to leave home) for other routine needs, such as taking out trash.

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?

Make sure to answer this question if they are at home. It is important that we know how people are doing.

Indicate if person is referred to resource coordinator.

Indicate referral reasons 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
- Other: _____

If there are referral reasons, don't forget to send a task to the resource coordinator.

Section 9: Home Isolation Instructions

Let's review some tips for self-isolating at home.

Home Isolation Instructions

To protect the people you care about, you must isolate yourself from others for at least 7 days but sometimes longer because we have to wait for the virus to clear from your body. Before you finish isolation, it has to be at least seven days since you first felt sick PLUS three days without fever (without the use of fever-reducing

medicines like Tylenol) PLUS improvement in your respiratory symptoms (like a significantly reduced cough or less shortness of breath).

Let's review things you can do to take care of yourself

- Stay hydrated and drink plenty of water
- Stay away from caffeine and alcohol
- Get plenty of rest. If you are currently working out of the house you now need to stay home, if you are working at home take it easy or stop working so you can give your body rest needed to help recovery.
- You should seek healthcare if symptoms worsen. Make sure to call in advance if seeking medical care so sites can be prepared to receive the case.

These are things you can do to keep others safe:

- Do not leave your home except for urgent medical care. If you must leave, wear a mask as available. Make sure to call the provider before you go and tell them you are diagnosed with COVID-19. Do not take public transportation, ride shares, or taxis.
- Keep 6 feet from other people at all times.
 - If you have a mask, you should wear it at all times when around other people, but you really should not be around other people and still need to stay 6 feet away.
 - Anyone you come in contact with in your household should wash their hands often and wear a mask if possible whenever they are in close contact with you. If this isn't possible, limit your time with them to 5 minutes or less.
- Do not have visitors in your home.
- Avoid touching your face as much as possible
- You will need to sleep alone in a separate room if possible.
- If possible, use a separate bathroom.
- You should use your own plate, bowl, and utensils – do not share food with anyone
- Avoid sharing other personal household items (combs, toothbrush, cups, sheets/blankets etc.). Wash your laundry separately with detergent; bleach can be used but is not needed.
- Cover your mouth with tissue when coughing or sneezing and throw the tissue away
- Wash your hands frequently throughout the day with soap and water for at least 20 seconds.
 - Before and after preparing food for yourself (*do not prepare food for others*)
 - Before and after eating
 - After going to the bathroom
 - After sneezing, blowing your nose, or touching your face
- Wipe down surfaces that you touch frequently with disposable cloths using bleach if possible or household cleaners. Your bathrooms should be cleaned every day using a household disinfectant. Wear gloves while cleaning if possible.
- Your gloves, tissues, masks, and other trash should be put in a bag, tied closed, and put with other household trash.
- Anyone you come in contact with (including anyone in your home) must watch themselves for fever, cough, and other symptoms.
- We also can email you or text you additional instructions.

There is also more information at mass.gov in the COVID-19 section or at mass211.org.

Outreach Outcome

At the end of the case, please submit the outcome of the outreach:

- Completed (move status to 'Monitoring and Support')*
- Partially completed (move status to 'Monitoring and Support' or 'Closed' as appropriate)*
- Referred to LBOH (send to supervisor)*
- Couldn't be reached (will close case automatically)*
- Refused interview (will close case automatically)*
- Note: Contact diagnosed with COVID-19 is NOT a reason for cases and should not be selected here. This applies to contacts only.*

Script #2: Contact tracing and testing referral for individuals

Make sure to assign yourself as owner and move the contact status to 'Outreach Underway' as soon as you are working on the case. If you do not reach the person, leave a voicemail and send yourself a task to remind yourself to call them back.

Hello, my name is _____ and I am calling from the Community Tracing Collaborative. The Collaborative is working with Partners In Health and the Department of Public Health in Massachusetts on the COVID-19 response.

Can I confirm that I am speaking with [insert name]?

If no → ask to speak to that person.

We are following up on all cases of the novel coronavirus called COVID-19. One person who has recently been diagnosed with the virus has been in contact with you recently. This does not mean that you have coronavirus or will get coronavirus. Do you have a few minutes for us to discuss what this might mean for you?

- If No – when is a better time to call you in the next 24 hours? [*Get a time to call back and set a task.*]
- If Yes – continue below.

Note if the person tells you they have had a positive test for COVID-19, you should continue to the personal details section and then proceed to middle section. You should complete the first section on healthcare workers and congregate settings, and then complete the "Self-reported positive" section to record details of the test. This will change the "contact" form to a case investigation form.

We believe that you could have been exposed to the coronavirus in the last ___ days.

There are a few next steps for you, but first, I'd like to tell you more about the coronavirus. It is a new virus and is in almost all the countries. It can cause many types of symptoms but mostly is in the respiratory system, causing fever and cough. It can spread from an infected person when they cough or breathe or sneeze, or touch a surface that other people then touch. So, COVID-19 spreads pretty easily through contact. Luckily, most cases are mild or moderate and most people don't need to be in the hospital. Some cases can get more serious and cause pneumonia and breathing difficulties.

There are **2 key things** we'd like to discuss with you today:

First, I would like to ask you about a list of symptoms.

Second, we will make a plan together to help you make sure that in case you did get the coronavirus, that your family and friends will not be put at risk.

Section 1: Confirm Personal Details

Before we start, let's make sure we have your correct contact information. We also need a few more details about you and the symptoms you have had. This information will be provided to the Department of Public Health but will not be shared with anyone else and will be kept confidential.

*It is important to collect all of the information in the **Personal Details Section** (access this from the Contact Details section at the top left of your screen).*

- *Address [be sure to enter town/city into the city field and state into the state field]*
- *Additional phone numbers*
- *Email address*
- *Race and ethnicity [required]*
- *Gender [required]*
- *Preferred language*
- *Next of kin information [this should be the guardian for cases <18 years]*
- *Occupation and employer information [select "other" if occupation not found and enter details into "other occupation" field]*

[Save your edits and proceed to the details for the contact in the middle section of the screen. Indicate if the contact themselves is a healthcare worker or in a congregate setting. Indicate if you are speaking with another member of the household if the contact can't be reached.]

Section 2: Exposed contact case details

Indicate whether the person is a health care worker and/or if they are currently residing in a congregate setting (nursing facility, prison, group home, etc). If yes start procedure to notify Local Board of Health

Section 3: Self-reported positive

If person reports they have been tested, indicate in this section:

- *Date of test*
- *Test Result*
- *Place of test*
- *Type of test (swab in their nose, finger prick, blood draw)*

***Note that indicating a positive test result will turn this into a case investigation, and you will follow the case investigation script prompts instead.** Then you will be able to fill out details for this person as a case diagnosed with COVID-19 and collect their contacts. If you have not been trained in case investigation, collect all of the information as usual and then choose the outreach outcome as 'Contact Diagnosed with COVID-19' and send a task to your case investigator or supervisor. Let the person know that someone will call them back to speak with them about their contacts.*

Section 4: Symptom Screening

Let's first review what symptoms you may have. Please note that I am not a nurse or a doctor, and I cannot provide you with medical advice. This is to check what you may be experiencing, and then you may need to see a healthcare provider and have a test done.

Have you had any symptoms?

If no, mark and proceed to next section (do not complete other symptom questions). Note: when some symptoms are present, you do not need to select "no" for those which are not.

When was the first day you felt any symptoms at all? Even if these were minimal symptoms like being extra tired or a runny nose, we want to be sure to capture the first day you felt symptoms.

Indicate the symptom onset date

Do you still have symptoms?

If no, indicate the date the symptoms resolved.

I'm going to ask you a list of symptoms that you may have had at any point to see which of these you have experienced or that you may currently still be experiencing.

Do the yes/no list of symptoms

Section 5: Clinical Information

Now I would like to ask if you have any of the following health conditions.

Do you have any health conditions?

If no, select "no" and proceed directly to the "exposure information" section.

If yes, select "yes" and scroll down the page to the separate "underlying illness" section below home assessment.

Enter information for each health condition in the pop-up and save.

If patient is pregnant, select pregnancy from dropdown, and include number of weeks pregnant [gestational age] in pregnancy detail field.

If "other" is selected, include additional information in the appropriate free text field.

Once all conditions have been entered, scroll up for the section on "exposure information"

Section 6: Referrals

Do you have a healthcare provider?

If no send a task to the resource coordinator for finding a PCP.

[If the person had symptoms]:

Please call your provider. Tell them you were contacted by the Massachusetts Department of Public Health and told you were exposed to the coronavirus. Tell them you were instructed to call them as soon as possible because you have symptoms and need to see if you should be tested.

[Mark referred to provider if done]

[If in a location with direct referral for testing: refer to test and mark if referred and agreed as appropriate]

Please also note that if you are tested and your test shows you have coronavirus, we will speak again to gather information about people you have been around since a few days before your symptoms started. That's good to think about now so your memory is fresh. From now on it will be important to separate yourselves from close contact with people and stay in your home.

[Note: If person is a health care worker they should follow guidelines of their provider and you do not need to instruct them on quarantine.]

[Proceed to home assessment and quarantine instructions. These will guide the referrals section]

Section 5: Home Assessment

Next, we'd like to talk about helping you stay safe during your quarantine at home. We have some questions about your home and we can also talk about what quarantine means.

Housing

What type of home 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)
- Medications
- Heat
- Water
- Electricity
- Phone service
- Means of communication in the event of an emergency
- Infection prevention and control supplies- soap, water, disinfectant
- Identified network of family, friends, and other social networks
- Way to connect with social networks while in home isolation

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?
- Ability to have separate food preparation space or someone who is able to prepare and bring food to your isolation area

ADLs & Mobility

- Are you independent with your daily activities such as bathing, moving around your house to do your activities or do you have appropriate assistance?

Caregiver

- Appropriate caregiver available at home who can help meet daily needs

- If no caregiver available, is person able to meet their daily needs while in isolation or quarantine such as preparing meals, cleaning, taking medications, with a plan to call for help if needed
- Caregiver has access to mask if needs to be within 6 feet (2 meters) of patient to assist with activities of daily living
- Patient/contact themselves or caregiver able to manage 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?
- No need to leave home (or can make adjustments not to need to leave home) for other routine needs, such as taking out trash.

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 stay separate from them during the quarantine period. This is to protect them in case you develop symptoms. Sometimes symptoms can take a few days to show up, so it's important we separate individuals who may be at risk. This is to be on the safe side. We are going to talk about what quarantine means together today.

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

Make sure to answer this question if they are at home. It is important that we know how people are doing. If answer is no, be sure to send a task to CCRC.

Indicate if person is referred to resource coordinator.

Indicate referral reasons from possible 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
- Other: _____

If there are referral reasons, don't forget to send a task to the resource coordinator.

Section 6: Quarantine and monitoring

Quarantine is 14 days long from when you were exposed. For you, this means until _____. [date]

It is important to separate yourself even if you do not have any symptoms, because you can transmit the virus before you develop symptoms.

During this time period you will actively monitor your symptoms. This includes fever, cough, shortness of breath, and muscle aches and pains. At any point if you develop symptoms you should call your provider immediately as you likely will be eligible for COVID-19 testing. It is very critical that you remain in quarantine during this entire time period.

Let's talk about what quarantine means. These are things you can do to reduce the risk that you transmit the virus to others in your household or family:

- Do not leave your home except for medical care. Make sure to call the provider before you go and tell them you have been exposed to COVID-19. Do not take public transportation, ride shares, or taxis.
- Keep 6 feet from other people at all times.
- Do not have visitors in your home.
- Avoid touching your face as much as possible
- If possible, you will need to sleep alone in a room that has a window with good air flow.
- If possible, use a separate bathroom.
- You should use your own plate, bowl, and utensils – do not share these or food with anyone
- Avoid sharing other personal household items (combs, toothbrush, cups, sheets/blankets etc.). Wash your laundry separately with detergent; bleach can be used but is not needed.
- Cover your mouth with tissue when coughing or sneezing and throw the tissue away
- Wash your hands frequently throughout the day with soap and water for at least 20 seconds.
 - Before and after preparing food for yourself (*do not prepare food for others*)
 - Before and after eating
 - After going to the bathroom
 - After sneezing, blowing your nose, or touching your face
- Wipe down surfaces that you touch frequently with disposable cloths using bleach if possible or household cleaners. Your bathrooms should be cleaned every day using a household disinfectant. Wear gloves while cleaning if possible.
- Your gloves, tissues, masks, and other trash should be put in a bag, tied closed, and put with other household trash.
- Anyone you come in contact with (including anyone in your home) should be aware of health and watch themselves for fever, cough, and other symptoms.

We also can email you or text you additional information.

There is also more information at mass.gov in the COVID-19 section or at mass211.org.

Outreach Outcome

At the end of the case, please submit the outcome of the outreach:

- *Completed (move status to 'Monitoring and Support')*
- *Partially completed (move status to 'Monitoring and Support' or 'Closed' as appropriate)*
- *Referred to LBOH (send to supervisor)*
- *Couldn't be reached (will close case automatically)*

- *Refused interview (will close case automatically)*
- *Contact diagnosed with COVID-19: MAKE SURE TO FILL IN SYMPTOM ONSET DATE AND INFORMATION ABOUT THE TEST. PROCEED TO CASE INVESTIGATION TO COLLECT DATA AND DETAILS OF EXPOSED CONTACTS.*