

# COVID-19 Contract Tracing Report

**Report Completion Date:**

**Staff Completing Report:**

**Resident Room Number:**

**Date of COVID Symptom Onset:**

**Date of Positive COVID Test:**

**Contract Tracing Start Date:**

## **Directions:**

**Contract Tracing Start Date:** *Contact tracing should identify all individuals who had close (less than 6 feet) and prolonged (15 minutes or more) contact with the positive individual beginning two days prior to symptom onset or positive diagnosis (if asymptomatic). For example, if symptoms began on Saturday afternoon, then contact tracing would start the preceding Thursday.*

## **Individuals Contacted/Notes:**

*List all residents who had contact with the COVID positive individual beginning with the contact tracing start date and briefly describe contact. Ask COVID positive individual to identify all residents and staff who meet this criteria and to briefly describe the level of contact they had with each.*

*Walk them through each for which contact tracing is needed. Example of the types of questions you should ask:*

- *Did you go downstairs for breakfast? If so, did you interact with anyone? For how long and about how far away did you stand from them? Same questions for lunch and dinner.*
  - *Did you participate in any recreational activities in shelter?*
  - *Did you spend any time in the family room, adults only room, computer library, classroom?*
  - *Did you interact with anyone outside on the playground or smoking area?*
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**Staff/Volunteer Contact with Resident During Tracing Period:**

**Resident Case Manager:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who?

**1st Shift Advocates:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who had contact?

**2<sup>nd</sup> Shift Advocates:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who had contact?

**3<sup>rd</sup> Shift Advocates:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who had contact?

**Family Advocates:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who had contact?

**Kitchen Team:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who had contact?

**Other Staff (list names):**

**Volunteers (list names):**

**Other Notes:**

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After completing this report, please sign, date and submit electronically to Lisa Farmer, Alex Vredenberg and the immediate supervisor of any staff member identified as having contact with the COVID positive individual. The immediate supervisor of said individual(s) must contact Lisa Farmer immediately to discuss next steps regarding anyone identified in this report as having close and prolonged contact with the COVID positive individual.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date