

# COVID-19 contact tracing online course

## Module 3 – Contact tracing in hospitals/ healthcare settings



# Purpose of this training – Who is this for?

This module has been developed by Queensland Health for Queensland Government and local government employees interested in becoming a Contact Tracing Officer (CTO) or Contact Tracing Support Officer (CTSO) to undertake COVID-19 contact tracing.

This module does not replace the mandatory Contact Tracing Officer training on iLearn which is one of the requirements for appointment as CTO.

Please also refer to the notes under each slide for additional content and explanations.

*This module is current as of June 2021.*

*For any questions, email [COVID-19.IMT@health.qld.gov.au](mailto:COVID-19.IMT@health.qld.gov.au)*



# Context of this training

This module is one of four modules that make up the COVID-19 contact tracing online course:

- Module 1 – Contact tracing basics
- Module 2 – COVID-19 specifics
- **Module 3 – Contact tracing in hospitals/healthcare settings**
- Module 4 – Contact tracing in First Nations communities

➤ **Core modules**

➤ **Electives**

## Training pathway:

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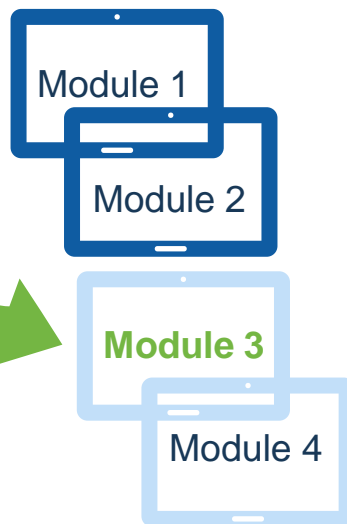
### **Mandatory**

Contact Tracing Officer training on iLearn for appointment as CTO

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### **Recommended**

COVID-19 contact tracing online course



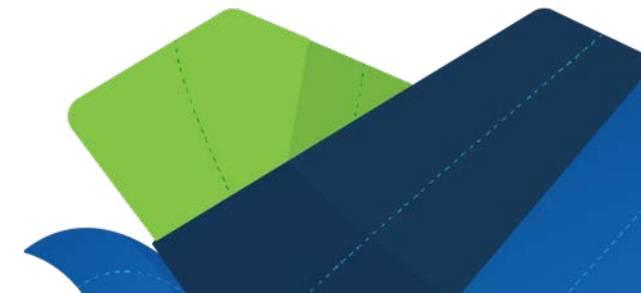
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Mentoring onsite by designated public health unit or Health Contact Centre and assessment of suitability for appointment as CTO or CTSO



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- What is different about contact tracing in a healthcare setting?
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- Incident Management Team
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  2. When the case is an inpatient
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  4. When the case is a visitor or outpatient
- Exposure assessment
- Context and communication
- Summary
- Quiz





# Key learning objectives

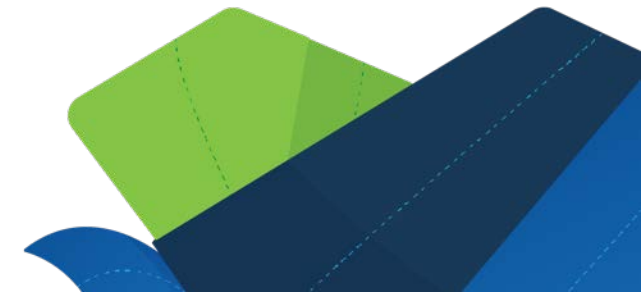
- Understand the differences of contact tracing in a healthcare setting
- Understand roles and responsibilities of public health units vs hospitals in outbreak management
- Identify where to find further information about hospital outbreak management (guidelines)
- Become familiar with the importance of communication and key principles





# What is different about contact tracing in a healthcare setting?

- Population
  - ✓ Patients (at risk of severe disease)
  - ✓ Staff (clinical, non-clinical, contractors, volunteers, students)
  - ✓ Visitors
- Setting
  - ✓ Hospitals are highly complex organisations
  - ✓ Densely populated setting with extensive movement of individuals in and out and within





# Context is important

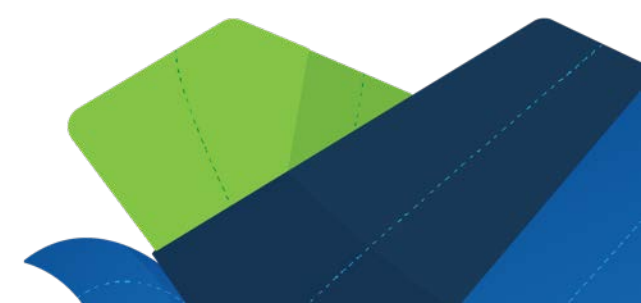
- Organisational knowledge is critical
  - ✓ Physical layout and facilities
  - ✓ Routines and work patterns
  - ✓ Relationship between different departments/units
  - ✓ Who to contact for rosters/sign-in information
- Access and expertise in healthcare and healthcare worker data management systems
  - ✓ Patient movements
  - ✓ Staffing rosters and schedules
  - ✓ Discharge/admissions





# Contact tracing in a healthcare setting

- Queensland Health has developed a guideline:  
[Management of COVID-19 outbreaks in hospital settings](#)
- It outlines the roles and responsibilities in managing a COVID-19 outbreak in a hospital setting and provides specific guidance for contact tracing in hospitals.



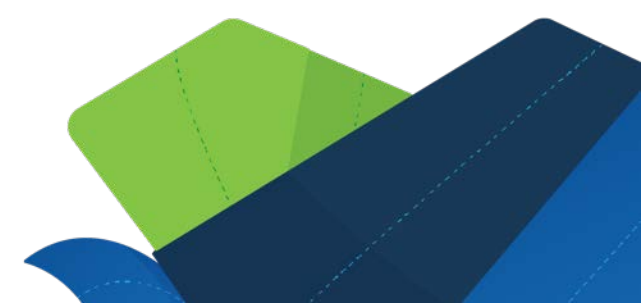




# Outbreak Control Team

In the event of an outbreak in a hospital, a facility Outbreak Control Team (OCT) will be formed:

- The OCT is responsible for planning, coordinating and managing the outbreak investigation.
- The OCT is usually chaired by a senior executive.
- It should include broad representation from across the facility/Hospital and Health Service including Public Health Unit representative.




# Outbreak Control Team – *cont'd*

In **public sector facilities**, the Hospital and Health Service (HHS) must activate and implement its outbreak control plan and establish a hospital OCT in accordance with the Queensland Health guideline for the *Management of outbreaks of communicable diseases in healthcare facilities*.



In **private healthcare facilities**, the HHS will be involved to provide expert advice and public health linkages.

-  An immediate and proactive approach to managing the outbreak is required:
- Initial rapid assessment to identify/confirm facts of incidents
  - Identification, assessment and quarantine of healthcare workers (HCW), volunteers, contractors, patients and visitors who are close contacts
  - Implementation of restrictions and service closures

# Roles and responsibilities

## Public Health Unit (PHU)

- Receives notification from laboratory
- Contacts case and ascertains critical information
- Ascertains exposure/infectious period contact with hospital setting
- If case is found to be infectious in the hospital setting the PHU will advise the case that a Hospital contact tracing officer (CTO) may contact them to gain further information about exposures in hospital setting
- Makes contact with hospital
- Manages all community exposures and contacts
- Manages sending quarantine directions

*Regular information flow in both directions*

## Hospital

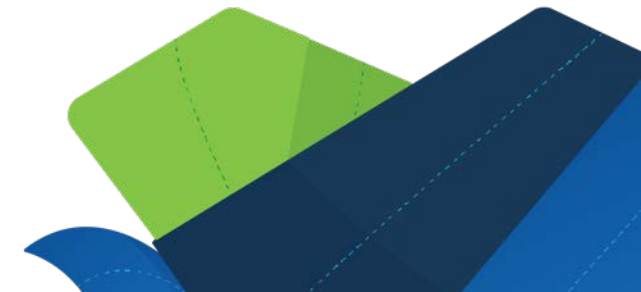
- Commences outbreak management including stand-up of OCT and deploys contact tracing officers to the hospital outbreak
- If case is found to be infectious in the hospital setting the PHU will advise the case that a hospital contact tracing officer (CTO) may make contact with them to gain further information about exposures in hospital setting
- Hospital CTO reports to IMT and keeps PHU informed through IMT
- Takes outbreak management actions including informing and quarantining high-risk contacts
- Refers to PHUs for serving quarantine directions
- Manages all hospital exposures, inpatient contacts and hospital worker contacts

# Investigation of a case



Following PHU notification of a confirmed COVID-19 case who was infectious while in a hospital setting, the hospital OCT's role is to:

- confirm the movements of the case in the facility while infectious
- from this information, establish the times and places of concern where transmission may have occurred within the facility, and, where relevant, define an enclosed space
- using the case movement information, compile a line list of potential contacts including inpatients, discharged patients, outpatients and emergency department patients, visitors, HCW and other staff. The line list should contain at a minimum the full name and phone/other contact details for groups of people who were potentially exposed, including:
  - ✓ HCW
  - ✓ current inpatients
  - ✓ patients who have left the facility
  - ✓ visitors
  - ✓ contractors
  - ✓ volunteers



# Case & contact investigation – 4 scenarios

On the following slides 4 scenarios are being discussed where the case is a:

1. staff member (HCW, contractor or volunteer)



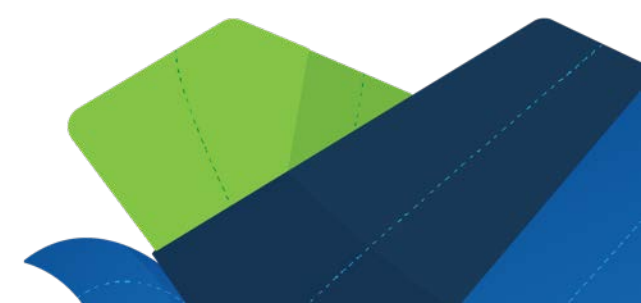
2. inpatient



3. recently discharged person



4. visitor or outpatient



# 1. When the case is a staff member (HCW, contractor or volunteer)



## 1. The hospital OCT will:

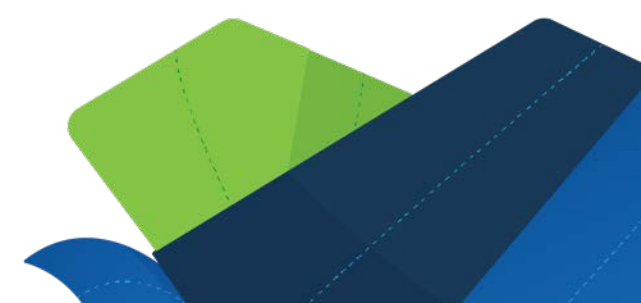
- initiate local investigation and assessment of contact within four hours of notification to HHS
- identify all contacts of case such as patients, visitors and other staff including contractors and volunteers
- identify for follow-up any contacts who are or were admitted patients in the healthcare facility during the infectious period
- maintain a contact line list which is to be shared with the PHU
- advise any current or discharged patients identified through the exposure assessment process as being a close contact of a confirmed COVID-19 case that:
  - ✓ they have been identified as a close contact and will be required to quarantine for 14 days from their last known contact with the case and be tested if they become symptomatic at any time
  - ✓ they will be issued with a quarantine direction and quarantine information by the PHU.
- ensure that any inpatient identified as a close contact is referred to the PHU for the issuing of a quarantine and isolated in a single room or as directed by the hospital IPC unit, in accordance with the Queensland Health *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings*.

## 2. The PHU will issue quarantine directions to all close contacts.



# Contact tracing for staff including contractors and volunteers

- All staff on relevant and overlapping shifts in the relevant geographical workspace should be regarded as potentially **at risk** and requiring assessment
  - ✓ Potential sources of information: rosters, payroll system, sign in/out sheets, QR code readers, patient allocation lists, patient documentation and tearoom logs, interviews with the case and potential contacts
  - ✓ Ensure all staff groups are considered
  - ✓ Include e.g. patient care settings, tearooms, shared work areas, changing rooms, bathrooms, meetings and training sessions
- Remember the need to maintain confidentiality for workers.



# Managing staff contacts



- Any HCW, contractor or volunteer determined to be a close contact of a confirmed COVID-19 case should:
  - ✓ if at work, be directed to don a surgical mask and stop working as soon as safe to do so
  - ✓ be verbally advised that they have been identified as a close contact and that they will be required to quarantine for 14 days from their last known contact with the case and to be tested if they become symptomatic at any time
  - ✓ undergo post-exposure testing on Day 3, 7 and 12. A negative result (specimen collected no earlier than Day 12) will be required to return to work after 14 days of quarantine have been completed.
  - ✓ be verbally advised that they will be issued with a quarantine direction by the PHU
  - ✓ be provided information (verbally and in fact sheets) regarding quarantine requirements
- It should also be identified if the household contacts of a HCW, contractor or volunteer deemed to be a close contact of a COVID-19 case are at **higher risk** or **work in a high-risk setting**. The management of these will be determined on a case-by-case basis in consultation with the PHU and an expert advisory group (if necessary).
- Following the initial exposure assessment, the PHU will be provided with the HCW, contractor or volunteer contact spreadsheet/details.
- Staff who are issued with a quarantine direction will require written information reiterating verbal advice. The unit giving the written advice should be locally determined and the provision of this written advice should be formally recorded.





## 2. When the case is an inpatient



### 1. The hospital OCT will:

- initiate local investigation and assessment of inpatient contact within four hours of notification to HHS
- identify all contacts of case such as other patients, staff, volunteers, contractors and visitors
- identify for follow-up any contacts who are or were admitted patients in the healthcare facility during the infectious period
- maintain a contact line list which is to be shared with the PHU
- advise any current or discharged patients identified through the exposure assessment process as being a close contact of a confirmed COVID-19 case that:
  - ✓ they have been identified as a close contact and will be required to quarantine for 14 days from their last known contact with the case and be tested if they become symptomatic at any time
  - ✓ they will be issued with a quarantine direction and quarantine information by the PHU.
- ensure that any inpatient identified as a close contact is referred to the PHU for a quarantine direction and isolated in a single room or as directed by the hospital IPC unit, in accordance with the Queensland Health *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings*.

### 2. The PHU will issue quarantine directions to all close contacts.



# Managing inpatient contacts



## **Any inpatient determined to be a close contact of a confirmed COVID-19 case should be:**

- isolated in a single room or as directed by the hospital IPC Unit, in accordance with the direction and recommendations contained in the Queensland Health Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings
- advised that they have been identified as close contact and that they will be required to quarantine for 14 days from their last known contact with the case and to be tested if they become symptomatic at any time
- advised about symptoms and further testing, post-exposure testing will follow current CDNA/state guidelines
- advised that they will be issued with a quarantine direction by the PHU
- provided information (verbally and in fact sheets) regarding quarantine requirements
- when ready for discharge, assessed regarding a suitable location for quarantine and potential risks to their household, including household contacts who may be at higher risk or work in a high-risk setting. The management of these will be determined on a case-by-case basis in consultation with the PHU and an expert advisory group, if necessary.



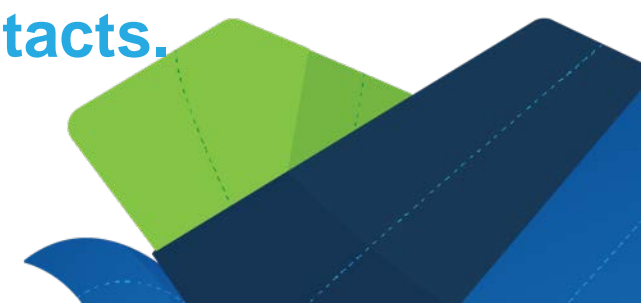
# 3. When the case is a recently discharged person



## 1. The hospital OCT will:

- initiate a local investigation and assessment of contacts within four hours of notification to HHS
- identify contacts of the identified case such as staff, contractors, volunteers, visitors, current inpatients and discharged patients
- maintain a contact line list which is to be shared with the PHU
- advise all identified contacts through the exposure assessment process as being a close contact of a confirmed COVID-19 case that:
  - ✓ they have been identified as a close contact and will be required to quarantine for 14 days from their last known contact with the case and be tested if they become symptomatic at any time
  - ✓ they will be issued with a quarantine direction and quarantine information by an authorised Emergency Officer (general), usually situated in the local PHU.

## 2. The PHU will issue quarantine directions to all close contacts.



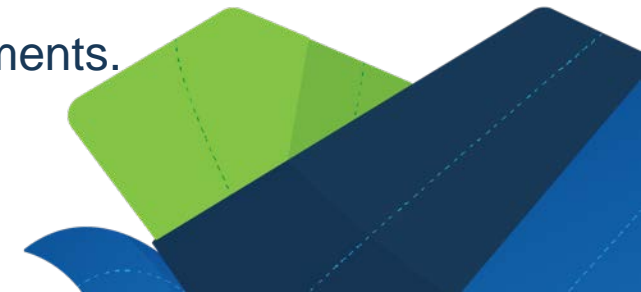


# Managing contacts of a recently discharged person



**Any discharged patient determined to be a close contact of a confirmed COVID-19 case should be:**

- advised that they have been identified as a close contact and will be required to quarantine for 14 days from their last known contact with the case and should be tested if they become symptomatic at any time
- assessed regarding a suitable location for quarantine and potential risks to their household, including household contacts who may be at higher risk or work in a high-risk setting. The management of these will be determined on a case-by-case basis in consultation with the PHU and an expert advisory group, if necessary
- advised about symptom monitoring and further testing, post-exposure testing will follow current CDNA/state guidelines
- advised that they will be issued with a quarantine direction by the PHU
- provided information (verbally and in fact sheets) regarding quarantine requirements.



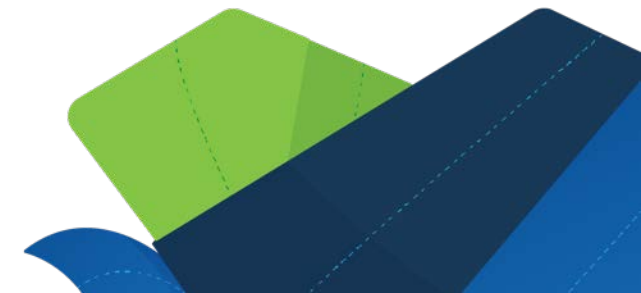
# 4. When the case is a visitor or outpatient



## 1. The hospital OCT will:

- initiate a local investigation and assessment of contacts within four hours of notification to the HHS
- identify contacts of the case such as patients, staff, contractors, volunteers and visitors utilising visitor sign in/out records, outpatient lists, outpatient staff lists
- maintain a contact line list which is to be shared with the PHU
- advise any visitor and outpatient identified through the exposure assessment process as being a close contact of a confirmed COVID-19 case that:
  - ✓ they have been identified as a close contact and will be required to quarantine for 14 days from their last known contact with the case and be tested if they become symptomatic at any time
  - ✓ they will be issued with a quarantine direction and quarantine information by an authorised Emergency Officer (general), usually situated in the local PHU.

## 2. The PHU will issue quarantine directions to all close contacts.





# Managing visitor/outpatient contacts



**Any visitor or outpatient determined to be a close contact of a confirmed COVID-19 case should:**

- be advised that they have been identified as a close contact and that they will be required to quarantine for 14 days from their last known contact with the case and to be tested if they become symptomatic at any time
- undergo post-exposure testing on entry to quarantine and again as required
- be advised that they will be issued with a quarantine direction by the PHU
- be provided information (verbally and in fact sheets) regarding quarantine requirements





# Exposure assessment

Investigation of an individual's exposure risk may necessitate an escalation in the type of response required.

Increased risk factors may relate to:

- **case details:**

infectious period, exposure period, presence/type of symptoms, any aerosol-generating procedures (AGPs) undertaken, work characteristics if staff, exposure to aerosol-generating behaviours (AGBs), e.g. shouting, other exposure type activities eg: hugging and kissing for visitors

- **contact details:**

proximity to the case, length of time exposed (including accumulated time over the course of seven days), type of healthcare activity undertaken, shared environmental space (significance depends on case symptoms).



# Exposure assessment – *cont'd*

- **Personal protective equipment (PPE) use:**

- ✓ PPE use by healthcare worker cases and their contacts including during breaks, communal workspaces (nursing stations/clean and dirty utility rooms)
- ✓ compliance with PPE application and removal processes

- **Environment:**

- ✓ possible significant environmental contamination, such as from AGPs and AGBs (e.g. shouting, coughing, spitting) or patients with gastrointestinal COVID-19 symptoms (e.g. diarrhoea)
- ✓ hand hygiene products available at point of use
- ✓ shared equipment (computers, phones) and use of communal spaces (tea rooms, workstations, offices)
- ✓ cleaning processes, frequency, efficiency and local procedures
- ✓ availability of cleaning products to clean and disinfect shared equipment and high-touch surfaces in communal spaces (e.g. tea rooms/workstations/offices)
- ✓ ventilation and air handling systems

- **Staff mobility:**

- ✓ HCW working at more than one facility, highly mobile staff within facility, e.g. patient support officers, pathology staff
- ✓ Staffing overnight servicing multiple wards during one shift





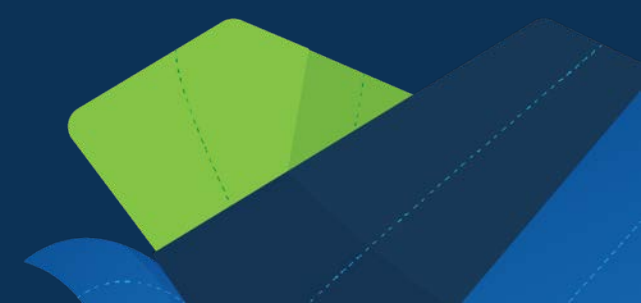
# Communication

- Communication is key to effective outbreak management.
- Communication should be:
  - ✓ relevant to the audience
  - ✓ frequent – intervals during incident
  - ✓ detailed but concise
  - ✓ multidirectional (allow for questions and concerns to be raised)
- It should be ensured that all relevant stakeholder groups are identified and have communication strategies in place.
- While the hospital OCT coordinates the outbreak management, it is important that all key stakeholders ensure information provided to them is disseminated widely (where relevant) to ensure all parties are informed and are clear on actions.





# Summary

- Key learning objectives
  - What is different about contact tracing in a healthcare setting?
  - Queensland Health guideline for management of COVID-19 outbreaks in hospital settings
  - Incident Management Team
  - Roles and responsibilities
  - Investigation of a case
  - Case & contact investigation – 4 scenarios
    1. When the case is a staff member (HCW, contractor or volunteer)
    2. When the case is an inpatient
    3. When the case is a recently discharged person
    4. When the case is a visitor or outpatient
  - Exposure assessment
  - Context and communication
  - Summary
  - Quiz
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# Quiz

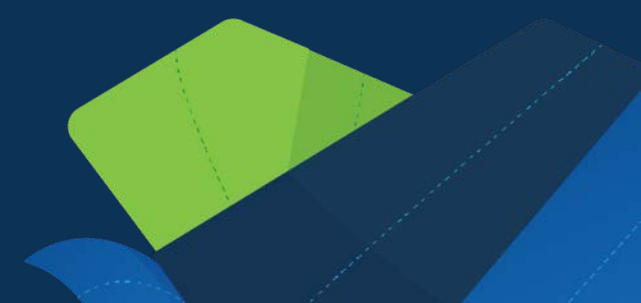
Note, the correct answers are contained in the notes section.





# Q1: What is different about contact tracing in a healthcare setting? (Select all that apply)

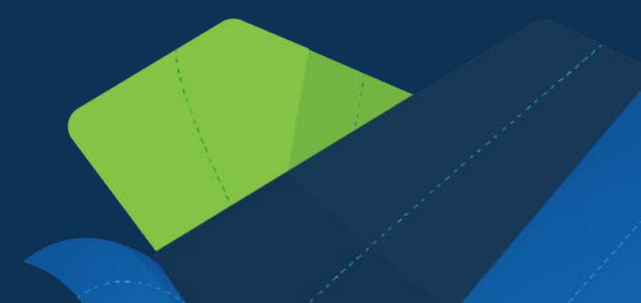
- Patients are at risk of severe disease
- Many different groups of staff (clinical, non-clinical, contractors, volunteers, students)
- Visitors frequent healthcare settings
- Hospitals are highly complex organisations
- Densely populated setting with extensive movement of individuals in and out and within
- There is nothing different compared to other settings.





Q2: In the event of an outbreak the HHS must establish what in accordance with the *Queensland Health* guideline for the *Management of outbreaks of communicable diseases in healthcare facilities*?

- Hospital Outbreak Control Team
- New outbreak guidelines
- Incident Management Team

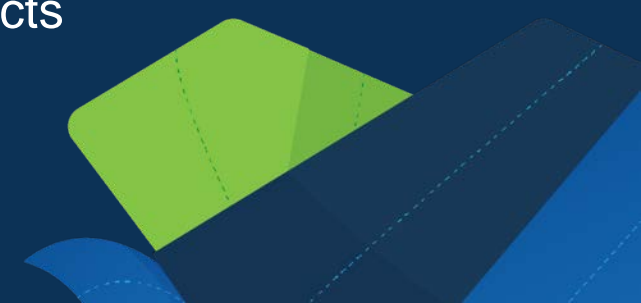




# Q3: What are the roles and responsibilities of a PHU versus a hospital? Assign each responsibility to the correct entity.

- Makes contact with hospital
- Manages all community exposures and contacts
- Receives notification from laboratory
- Contacts case and ascertains critical information
- Commences outbreak management including stand-up of OCT
- Ascertains exposure/infectious period contact with hospital setting
- Takes outbreak management actions including informing and quarantining high-risk contacts
- Manages all hospital exposures, inpatient contacts and hospital worker contacts

**PHU?** **Hospital?**



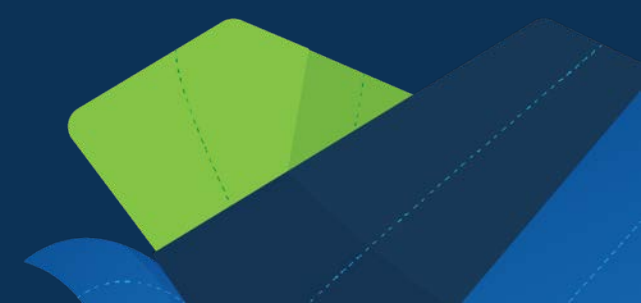
# Q4: When the case is an inpatient which responsibilities has the hospital OCT? (Select all that apply.)

- Initiate local investigation and assessment of inpatient contact within four hours of notification to HHS.
- Identify all contacts of case such as other patients, staff, volunteers, contractors and visitors.
- Identify for follow-up any contacts who are or were admitted patients in the healthcare facility during the infectious period.
- Maintain a contact line list which is to be shared with the PHU.
- Advise any current or discharged patients identified through the exposure assessment process as being a close contact of a confirmed COVID-19 case that:
  - they have been identified as a close contact and will be required to quarantine for 14 days from their last known contact with the case and be tested if they become symptomatic at any time
  - they will be issued with a quarantine direction and quarantine information by the PHU.
- Ensure that any inpatient identified as a close contact is issued with a quarantine direction by the PHU and isolated in a single room, or as directed by the hospital IPC unit.
- All of the above



## Q5: When the case is a visitor or outpatient, which responsibility is not taken on by the hospital OCT? (Select all that apply.)

- Initiate a local investigation and assessment of contacts within four hours of notification to HHS.
- Identify contacts of the identified case such as visitors, contractors and discharged patients.
- Maintain a contact line list which is to be shared with the PHU.
- Issue quarantine directions to all close contacts.

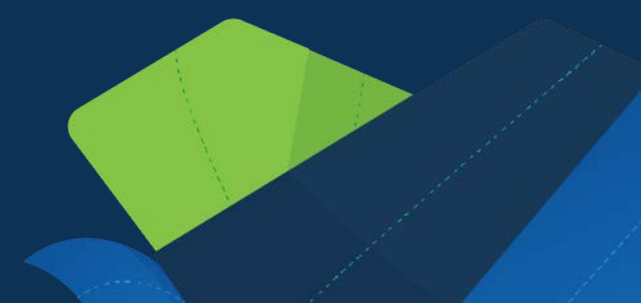






## Q6: Is the following principle regarding contact tracing of workers true or false?

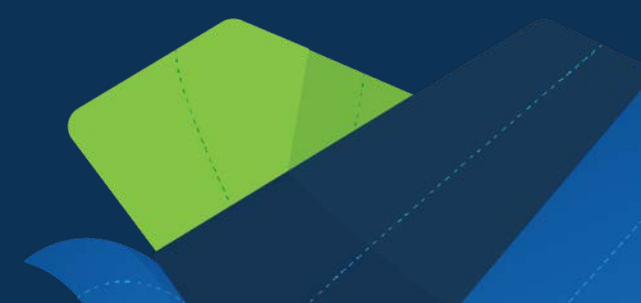
All staff, including contractors and volunteers, on relevant and overlapping shifts in the relevant geographical workspace should be regarded as potentially at-risk and requiring assessment.





Q7: Further investigation of an individual's exposure risk may necessitate an escalation in the type of response required. What may be the increased risk factors? (Select all that apply)

- Case details
- Contact details
- PPE
- Environment
- Staff mobility/movement through facility
- Staff knowledge





Q8: Communication is key to effective outbreak management. Communication should be... (select all that apply).

- Relevant to the audience
- Frequent – intervals during incident
- Detailed but concise
- Multidirectional

