

# Conducting Contact Tracing and Cohorting for COVID-19 in Aging Services

This document can be used to develop a COVID-19 contact tracing strategy to help contain the SARS-CoV-2 virus and COVID-19 disease in long-term care. Contact tracing is the process of identifying, assessing, and managing people who have been exposed to an infectious disease to prevent transmission to others. Contact tracing for residents in long-term care requires utilizing a red/yellow/green zone cohorting strategy based on infection exposure risks.

To demonstrate contact tracing strategy, we have used an example where a red zone represents a COVID-19-positive and/or symptomatic unit; a yellow zone is an isolation unit; and a green zone is a unit for people who have not yet been tested, who are thought to be unexposed as well as those who have tested negative or have recovered completely.

Long-term care facilities should work directly with state and territorial health departments for COVID-19 case investigations and contact tracing. Collaborations should cover data sharing and reporting of COVID-19 test results. Public health departments may assign a contact tracer, a public health professional, or a special team of experts to complete a full investigation on positive COVID-19 cases by collecting surveillance data, providing education, and providing additional guidance as needed for medical intervention, isolation instructions, and quarantine recommendations according to

the [Centers for Disease Control and Prevention's \(CDC\)](#) core principles of contact tracing. Local public health agencies are leading this type of regional contact tracing and monitoring programs in various localities to contain the spread of COVID-19.

Despite the state and territorial health departments' efforts to manage COVID-19 contact tracing, it is critical for aging services organizations to conduct parallel contact tracing within the aging services community to help contain the spread of disease at a staff and residential level, especially because COVID-19 can be spread before symptoms occur or when no symptoms are present. Case investigation and contact tracing activities must be swift and thorough and may be conducted more timely if aging services facilities conduct their own investigations rather than waiting for a state or local health department response.

The [CDC identifies four steps](#) involved in contact tracing:

1. **Case investigation.** The facility works with a COVID-19-positive resident or staff member to help the person recall everyone with whom he or she has had contact within the long-term care facility during the period when the person may have been infectious. For COVID-19, a contact is defined as a person with an exposure to a COVID-19 case, from 2 days before to 14 days after the COVID-19 case's initial onset of illness.

	Red Zone	Yellow Zone	Green Zone
Zone Description*	Residents with a positive SARS-CoV-2 PCR test and/or symptomatic still within the parameters for transmission-based precautions	Residents with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19	Any resident in the facility who was not tested, who is thought to be unexposed, recovered, or tested negative to COVID-19

COVID-19, coronavirus disease; PCR, polymerase chain reaction; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

\*Based on Pennsylvania Department of Health 2020 – PAHAN – 508 – 5-12-ADV; ADVISORY: Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities (12 May 2020).

2. **Contact tracing.** The facility engages in contact tracing by notifying, as rapidly and sensitively as possible, all identified exposed residents and staff of their potential exposure, while not revealing the COVID-19-positive person's identity.
3. **Contact support.** Staff and resident contacts are provided with education, information, and support to help them understand their risk and their risk of spreading COVID-19 to others. Exposed residents should transition to a “yellow zone” and should be educated about what they should do to separate themselves from others who have not been exposed. Exposed residents should be closely monitored for illness. Education must include informing exposed staff and exposed residents of the possibility that they could spread the infection to others even if they themselves do not feel ill.
4. **Self-quarantine.** Exposed staff are encouraged to stay home and to maintain social distance from others (at least six feet) until 14 days have passed since their last exposure to the infected person, in case they contract COVID-19 and risk exposing others to the virus. Exposed residents remain in the “yellow zone” to maintain social distance from others (at least six feet) until 14 days have passed since their last exposure to the infected person, in case they contract COVID-19 and risk exposing others to the virus. Exposed residents who test positive for COVID-19 should transition to a “red zone.” Exposed staff who test positive for COVID-19 should be excluded from work until they have met all [return-to-work criteria](#).
  - Communication protocol for external reporting requirements: state and territorial health departments; [Centers for Medicare and Medicaid \(CMS\) COVID-19 National Healthcare Safety Network reporting requirements for nursing homes](#); and [CMS-mandated reporting](#) to residents, their representatives, and families.
  - Implement a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.

## Staffing Considerations

- Engage staff and residents in order to foster an understanding and acceptance of investigation and contact tracing efforts.
  - Educate staff and residents about the purpose of contact tracing.
- Identify and train personnel responsible for conducting contact tracing.
- Set in place significant staff support and policies to allow individuals with probable and confirmed COVID-19 diagnoses to safely self-isolate at home.
- Establish plans for staff shortages and case surges, including agency staffing relationships and emergency response.
  - Follow [CDC guidance](#) on permitting asymptomatic healthcare providers with a recognized COVID-19 unprotected exposure to work in a crisis capacity strategy to address staffing shortages if the person wears a surgical mask for source control for 14 days after the exposure. Any decisions should be made in the context of local circumstances and in collaboration with state and territorial health departments.

## Administrative Considerations

- Develop policies and procedures that outline the long-term care facility's contact tracing strategy. At a minimum policy and procedures should include the following:
  - A definition for “outbreak”: two or more contacts (whether resident or staff) are identified as having active COVID-19.
  - A definition for “contact”: a person with an exposure to a COVID-19 case, from 2 days before to 14 days after the COVID-19 case's initial onset of illness.
  - Identification of staff roles involved in conducting contact tracing.
  - Staff training required to conduct contact tracing, including compliance with HIPAA (the Health Insurance Portability and Accountability Act); interview techniques; and resources to support self-isolation and diagnostic testing.
  - A red/yellow/green zone strategy for cohorting residents based on infection exposure risks.
  - Surveillance tools used, such as the [CDC's long-term care \(LTC\) respiratory surveillance line list](#).

## Process Considerations

- To identify contacts, conduct a detailed case investigation and interview with the COVID-19-positive resident or staff.
- Make every effort to interview resident or staff contacts by telephone, text, or video conference instead of in person.
- Address language barriers when interviewing a COVID-19-positive person and when notifying the case contacts. Use interpretation services as necessary.
- Immediately refer identified resident contacts who have symptoms for testing and medical care and transition them to the “red zone” if COVID-19 is diagnosed. A second test and additional medical consultation may be needed if symptoms do not improve.

- Immediately send home and refer for testing identified staff who have been in contact with a COVID-19-positive person and who have symptoms.
- Refer identified resident contacts who do not have symptoms for testing and transition them to the “yellow zone” to self-quarantine for 14 days from their last potential exposure.
- Immediately send home and refer for testing identified staff who have been in contact with a COVID-19-positive person who do not have symptoms with instruction to self-quarantine for 14 days from their last potential exposure.
- If resources permit, arrange testing for all contacts, as appropriate. A second test and additional medical consultation may be needed for symptomatic contacts if symptoms do not improve.
- If a test is negative, instruct asymptomatic contacts to continue to self-quarantine for a full 14 days after last exposure and to follow all recommendations of public health authorities.
- If a test is confirmed as positive, refer the person for contact tracing.
- Educate contacts to monitor for COVID-19 symptoms, to promptly report any new symptoms and seek medical care when necessary, and to understand that they may transmit the virus even if they do not have symptoms.

For more information about contact tracing, please see the CDC’s [Covid-19 Contact Tracing Training: Guidance, Resources, and Sample Training Plan](#).

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