

**TRACING -IDENTIFYING INDIVIDUALS THAT MAY HAVE BEEN EXPOSED TO SOMEONE THAT IS PRESUMED OR CONFIRMED TO HAVE COVID**

Location/Address: \_\_\_\_\_

The Person Presumed/Confirmed with Covid was a: **Resident/Service Recipient/Staff/Visitor:** \_\_\_\_\_

Date of Positive Test or Date when Symptoms Started: \_\_\_\_\_

Review Visitor's Log to determine any visitors that may have been in contact with symptomatic/ COVID positive staff/Individual to the site for 48 hours prior to symptom onset. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Who transports individual to day program (specify agency or name of private carrier)?  
\_\_\_\_\_

Who is on the van with the affected individual? Names:  
\_\_\_\_\_

If staff is symptomatic/COVID positive, did he/she transport any individuals 48 hours prior to symptom onset or positive COVID test. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

RESIDENTIAL- Has the individual had any medical or dental appointments in the 48 hours prior to symptom onset? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Has maintenance been in the room or house 48 hours prior to symptom onset? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Has a Clinician (OT, PT, Speech etc.) been in the room or house 48 hours prior to symptom onset? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Has a custodian/cleaner been in the room or house 48 hours prior to symptom onset? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Is there adequate ventilation in Day Hab area or Residential Site (doors/windows open)? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Does the affected individual participate in any other SASI or other agency program? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, list program(s):  
\_\_\_\_\_

If staff is symptomatic/COVID positive, have they worked at any other SASI locations in the 48 hours prior to symptom onset? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, where:  
\_\_\_\_\_

List of staff and individuals who have had **CLOSE CONTACT** with affected staff or individuals in 48 hours prior to symptom onset:

STAFF NAME:	INDIVIDUAL NAME	VISITOR NAME	DATE(S) OF CONTACT	Date Notified	By Whom	Advised to Contact PMD/DOH	Fully Vaccinated YES/NO

List of staff and individuals who have had **PROXIMATE CONTACT** with affected staff or individuals in 48 hours prior to symptom onset:

STAFF NAME:	INDIVIDUAL NAME	VISITOR NAME	DATE(S) OF CONTACT	Date Notified	By Whom	Advised to Contact PMD/DOH	Fully Vaccinated YES/NO


Management Staff will reach out and notify all contacts the person had since 48 hours before the symptoms started (or if no symptoms but had a positive test, then 48 hours before they were tested). Contacts are considered close or proximate as follows:

- a. **CLOSE CONTACTS** include:
  - i. People may have had physical contact (such as shaking hands or taking vital signs) with the positive or symptomatic individual OR
  - ii. People who may have had contact with their infectious secretions (persons near enough to have been coughed on or who may have touched used tissues with a bare hand) OR
  - iii. People who have been within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period, starting 48 hours before illness onset (or for asymptomatic people, 48 hours prior to specimen collected) through the time that the patient is isolated
- b. **PROXIMATE CONTACTS** are defined as:
  - i. People being in the same enclosed environment for 2 hours or more such as a classroom, office, or gathering but greater than 6 ft from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19.
- c. Possible exposure occurs when there is contact made without the use of appropriate PPE which includes a combination of gowns, N95 masks, goggles, face shields and gloves.
- d. Contacts will be informed of possible exposure and advised to contact primary physician and DOH for further direction.