



Community Contact Tracers

Sheffield Community Contact Tracing

Pilot Study

Getting started

Dr Paul Redgrave, Former Director Public Health

Tom's story

Steering group

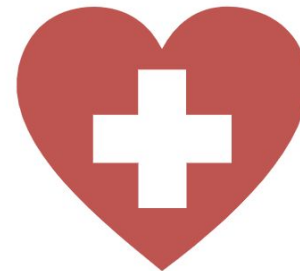
A steering group made of recently **retired GPs, public health physicians and community activists** established to develop and implement the pilot.

Volunteers

Six local volunteers recruited and trained for **5 hours** before assessment by medically qualified member of the steering group

Cases

13 index cases, largely referred by GPs, enrolled to pilot. Age range from **38-88** with an
Six of the index cases worked for the **NHS or in other care services**.



Index Cases

Dr Mike Tomson, Retired GP & MSF Volunteer

Cases were followed for **7 days** from the date of **first symptoms**.

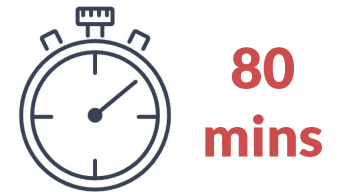
This consisted of:

- A longer initial call for the volunteer to gather the index case's information and contact details of their contacts
- A daily support call

On average, volunteers spent **80 minutes** on each case offering support and guidance on self-isolation and managing household spread.

Failed referrals:

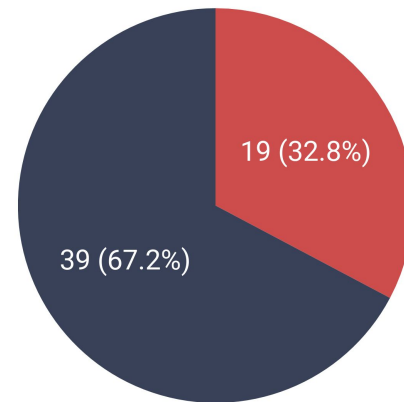
- 1 case dropped due to case being outside of criteria
- 1 case dropped due to racist abuse towards volunteer
- 1 case withdrew but no reason was given



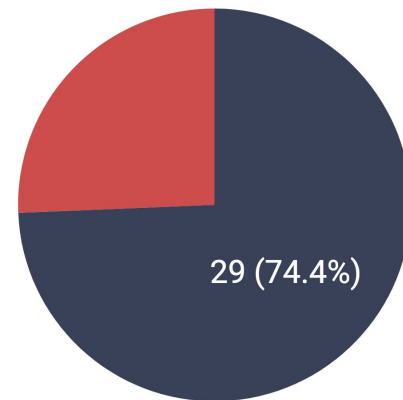
Contacts

58 contacts identified using [guidance from ECDC](#)

- 19 contacts named by index cases and followed, either directly or with information provided by family members, for 14 days from the contact with the index case
 - One of these became ill during follow up and was then identified as a new index case
- For 39 of the contacts, index cases were unable to or unwilling to give their names and details.
 - Of these 39 contacts we couldn't contact, 29 contacts worked for care provider agencies
 - 10 worked for other workplaces



- Followed for 14 days
- Unable to engage with

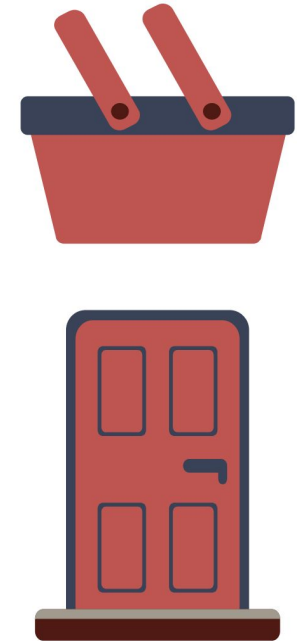


- NHS or other care provider
- Any other job

The role of local community links

Dr Mike Tomson, Retired GP & MSF Volunteer

- Cases and contacts linked into local support services
 - Practical support enabling stricter self-isolation
- Where contact cannot be made by phone or email volunteers can drop round a letter, reaching those who don't have reliable access to internet or a phone
- A local approach increases cooperation, particularly from marginalised groups and increases community resilience
 - Increased trust due to locally known organisations
 - Increased reach due to language skills and cultural knowledge offered by local community organisations



Employers

Dr Bing Jones, former Associate Specialist in Haematology

Employers were phoned or emailed and advised regarding self-isolation for contacts.

- Some said they would pass on information to staff but did not give further information to enable follow up
- Others refused to cooperate
- Some cases, who wanted to continue with the service, were told to withdraw participation by their management

Other contacts wanted to continue to go to work out of

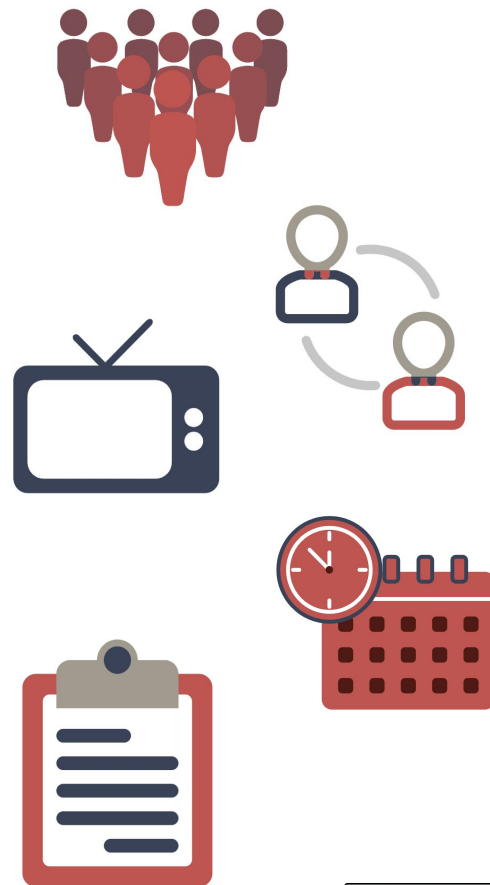
- Loyalty to their teammates
- Loyalty to their employers
- Loyalty to the people they looked after.

This is a particular concern in health and care roles due to increased pressure and understaffing due to the covid-19 pandemic.



Key Messages

- Volunteers can be trained and supported to do effective contact tracing
- Contact tracing for Covid-19 is complex and hard work and would be more effective with formal support from local or national government
- Contacts in Covid-19 do not benefit for being identified as no treatment is offered, just a request to quarantine, which may mean missing or losing work
- Contact tracers should partner with local organisations
- To access cases earlier in their illness so that contact tracing is more effective
- Strong consistent messages from central government about the importance of contact tracing to create a culture of public cooperation legal backup from environmental health officers
- Regular contact over time improved connection between volunteer and case



Why The Project Worked

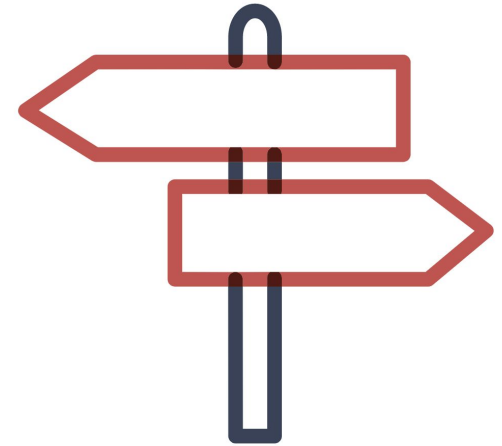
Tim Woolliscroft, Researcher SHU

- The expertise and contacts of the steering group
- The skills and understanding of the volunteers recruited
- The local connection
- Careful considered planning
- Putting effective volunteer support structures in place
- Adaptability – Continual learning and improvement
- Communication channels to people with expertise

*“A lot of thought had gone into what it would be like to make the first call...
a lot of consideration about how to how to develop trust, to build relationships”*

Impact

- Practical support e.g. signposting towards sources of advice and information
- Emotional support – checking in on people who may feel vulnerable
- Volunteer Development – including skill development and making a difference



Key learning points around being a contact tracer

- Set clear boundaries - advise and inform don't instruct
- Be flexible – communication will need to fit around individual contacts
- Emotional impact / Look after yourself
- It was a significant commitment
- There was a lot of information to manage and consider
- Get to index cases asap

“I don't think there is ever enough training to prepare you, as the experience is so varied with each call, with levels of complexity that you can't really replicate in a role play. The messiness of human life means that there is lots of things to consider that you wouldn't think of”

What's next?

Dr Bing Jones, former Associate Specialist in Haematology

- Work with Sheffield City Council to support an effective system especially in harder to reach communities
- Ensure that the programme addresses those with false negative tests
- Ensure that those working as contact tracers get the support and continuing education that they need
- Looking at social media referral
- Keep on talking about the importance of local resilience as part of public health





Community Contact Tracers

Thank you!

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