



Community Contact Tracers

Volunteer Training Manual

ADDITIONAL INFO FOR TRAINEES (OVER AND ABOVE PROTOCOL)

PEOPLE

- **Steering Group:** includes founder members (see Overview), representatives of supporting organisations and other advisors. These are all voluntary.
 - **Volunteer:** trained to this manual and approved by their mentor to support and trace.
 - **Referral Coordinator:** takes referrals from/liases with NHS or other official sources.
 - **Mentor:** member of the steering group available to each volunteer for support.
 - **Data Coordinator:** receives, holds and collates study data.
 - **Case:** a patient with probable or confirmed COVID-19, sometimes called the index case.
 - **Contact:** someone who may have been infected by the index case, see below.
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1. FINDING CASES

Referral Partners

GP surgeries, neighbourhood and social media groups will be approached. They will be requested to refer selected suspected/confirmed COVID-19 patients who agree to referral. Self referral and individual referrals will be accepted. Where possible, the referrer will advise participants that they will be contacted by our volunteer contact tracer. Self-referral may be actively sought using leafleting or social media if this is necessary.

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Additional Information for Trainees

Accept any case that complies with entry criteria (below)

If in doubt, phone for help

Sources may change with time and hopefully include formal referral from NHS or Local Authority at some stage.

Self-referral may be invited by social media, see Appendix F below

How will practices refer?

- Practice explains this Pilot Project to the case
- Sends email to nhs address (xxxx) with name, phone, email address
- The Referral Coordinator, (xxxx) allocates a unique ID number for each index case and their contacts
- Allocates to volunteers in rotation by emailing them cc community partner and a Mentor, one of the support members of the core team
- At this point the practice will also be informed that the CCT has allocated a volunteer (and the name of the volunteer)
- Referral Coordinator updates spreadsheet with index cases and shares this with Data Coordinator
- If the volunteer knows the case they will inform the referral coordinator who will reallocate the case to another volunteer.
- Volunteer contacts index case
- COVID-19 is a notifiable disease, the referring GP will be responsible for notification.

2. TRAINING OVERVIEW

Recruitment & Training

Volunteers will be recruited from community groups. They will receive training, including NHS guidance, to:



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- Explain the need for contact tracing- See introduction, FAQ, other links below
- Explain the importance of strict [self-isolation](#) of contacts including from other members of the household, if possible
- Data recording on electronic spreadsheets including security and confidentiality
- Request and record symptoms
- Take and document consent/non-consent
- Document patient's and contact's contact data
- Advise on isolation/progression of symptoms/how patients will obtain further support/ further care if symptoms progress.
- How volunteers can obtain support/advice from one of our group's HCPs.

Volunteers will be assessed, not everyone will be suitable

Volunteer Support

All volunteers will be invited to a daily support circle once the project goes live . The support meetings will review cases seen (without names being shared) and look at difficult issues and share approaches to addressing these issues and challenges. The support circle will be led by members of the SCCT steering group in rotation.

In addition to the support circle each volunteer will have a 12-1 link to a member of the SCCT steering group, a mentor, for review of progress, support etc.

Additional Information for Trainees

See individual sections below

3. CONTACT WITH INDEX CASE

Volunteers will:

- *receive patient referral from the Referral Coordinator who will have been allocated a unique ID number linking case and contact [index patients 001/0 upwards, contacts 001/1 for 1st contact for that index patient to whatever number needed]*



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- *contact each index case by phone*
- *introduce themselves, explain the value of contact tracing/self-isolation of contacts using a prepared script*
- *record consent/opt out*
- *explain confidentiality*
- *offer support via daily phone call for at least 7 days*
- *record identifiers/symptoms/tests/dates/contact identifiers/occupation using case form*
- *list all contacts as defined in section 7*
- *give index case the volunteer's phone number only if volunteer using a phone we are purchasing for them; Volunteers NOT encouraged to share personal phone numbers with index or contact cases*

DRAFT SCRIPT

(Bullet point aide-memoire) for volunteer's first contact with index case

REMEMBER, EMPATHY AND TRUST, ESPECIALLY ON FIRST CALL!

- *Hello my **name** is xxxx.*
- *I am ringing on behalf of your **surgery** (name)/community group/friend.*
- *I am a **volunteer** with Sheffield Community Contact Tracers.*
- *We're a group running a trial of a community-based **contact tracing** initiative for COVID-19.*
- *It is really important to find and isolate the **contacts of infected people** (contact tracing) This will **prevent further spread**.*
- *We are coordinated by a group of **local doctors** and supported by Heeley Development Trust .*
- *I understand that you **have agreed** (with your GP) to take part?*
- *This call will take a little time, is now a **suitable time** to call?*



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- We are keen to **identify** your recent close contacts
- This is so we can advise them on **self-isolation** and help them to achieve this.
- This is important to help **prevent further spread** of the coronavirus.
- Before we go any further, I'd like to know **how you are feeling?**
- Do you have a: New **cough? Fever** (temperature of 38 degrees or more) ? Loss **taste/smell?**
- When did your symptoms **start?**
- Have you had a **swab** test?
- Without a test we can't be sure, but if you have 2 out of 3 symptoms above, it is likely you have COVID-19 and your **contacts should be informed.**
- If you have not informed your GP we advise that you do now. COVID-19 must be "notified" to the public health authorities.
- Are you **happy** to take part in this pilot study?
- I will send you some written information about **consenting** to participate.
- Please say if you would rather not take part, you **can withdraw** at any time.
- Have you got access to the **internet?**
- Do you understand the Government advice on self-isolation for 7 days from your first symptoms and longer if you remain ill?
- Please look at it carefully online or I can **talk you through** it:
 - **not going out**
 - isolation within your **household**
 - **Hand** hygiene,
 - **Cough** and **surface** hygiene
 - Making arrangements for **help** for shopping/childcare/dog walk/pharmacy.
- Next could we go back to **2 days before** your first symptom?
- You might find it useful to have your calendar/ **diary** with you to remind you what you did each day and who you might have spoken to or been near.



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- We need to **list anyone** you have been in close contact with who:
 - has had face to face contact **within 2m** for more than 15 mins;
 - has had **physical** contact;
 - had unprotected direct contact with **infectious secretions** eg by being coughed on;
 - was in a **closed environment** (household, classroom, meeting room, hospital waiting room etc) for more than 15 mins;
 - was providing care or handling specimens **without proper PPE**.
 - contacts will be included if contact occurred from **48 hours** before symptom onset until the case was isolated.
- Have we included your **household** contacts?
- Have you been **out of the house**?
- Do you mind telling me your **occupation**?
- For each of those you were in close contact with I'll need their:
 - **name**,
 - **phone number**,
 - **email**.
- I will contact them **if that's okay** with you
- I'll explain Government policy on **self isolation** which will help them avoid passing this virus on.
- I'll offer to **support** them if they need any help with self isolation.
- This is a **really important** part of controlling this epidemic.
- Do you have any **worries** about us telling any of these people that you appear to have had Covid 19?
- It's perfectly **natural** to feel worried about passing the virus on. But you are in no way to blame and by taking part in this study you will be really helpful.
- We are here to support you too, we are working with **Heeley Development Trust**



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- *We can contact them to support you in getting practical things done. Do you **need any help?***
- *We would like to offer a **daily call** to check how you are getting on. Some people who have Covid find that it is hard to know if they are getting better in the way they expected, so talking it through with somebody outside the home may be helpful.*
- *Would you like a daily call, if so **what time?***
- *Many **thanks** for taking part.*
- *Get in touch if needed, here is **my number**.*
- *Speak **tomorrow** etc.*

Call Notes

- DIVIDING THIS INITIAL CALL MAY BE APPROPRIATE if the case finds it hard to take in, or if you've not covered it all. "Would you like a rest and I'll call back?"
- HAVE YOU RECORDED ALL THE DATA ON THE CASE FORM?
- THINK! THREE HANDS needed: bullets above, form and phone... think ahead!
- GO THROUGH BULLETS if you can, to avoid missing anything.
- TALK TO YOUR BUDDIE/MENTOR if you have any concerns.

Index Case FAQs

What do I do if I'm unable to contact the case?

Volunteers will try to reach the case three times, with a while between attempts, ideally check email as well as phone before giving up on an initial contact. It may be appropriate to text to explain who you are (i.e. volunteer with SCCT) if you do not get through, providing you can do the text on a SCCT phone, or keep your number anonymous when texting.

Consider writing a [letter](#) and delivering it, sample text Appendix E, below. If no response, the volunteer will pass back to the Referral Coordinator (Mike, see 1 above) who will get back to the referrer and review contact details etc. Record all actions.



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For follow up calls, volunteers are asked to try to get in touch twice if there is no concern re level of illness on the previous day and to contact an additional 1-2 times if the person appeared sick on the previous day. They will contact the Referral Coordinator who may liaise with the GP or use other approaches.

Attempt the above and if we are unable to reach either case or contact for 2 successive days, it is appropriate to stop trying to contact. Record all actions.

How do I contact the Community Organisation?

Tel:

Case refuses/ is unable to engage?

Record that it was not possible to engage these people and why; this is a pilot and one of the outcomes is the level of success in engaging with polite supportive local volunteers. It may be appropriate to accept people needing support even if they don't wish to give us contacts' details.

Case cannot find phone/email for contact?

Do your best to help them find it or give you clues, for a reasonable time. Then give up and record your decision on the data form.

How do we maintain confidentiality, what details can I give?

Index case identity may be shared with the contact unless there is a specific request not to share this. The confidential details of every person in the pilot should be addressed as much in line with Data Protection laws as possible. The pilot is not approved as a Data holder under the act. The Covid regulations give some backing to suspension of the act where this is necessary in relation to Covid work. The SCCT group have discussed this in some detail and decided that they are responsible for data and how the project addresses this. Their belief is that the need for a rapid response is such that this is justified.



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What's the best way to arrange daily calls in advance to save time?

Important that volunteers don't offer times which will cause them difficulties/ add to their stresses etc so when planning follow up calls only offer the times you can achieve and if there are times you can not achieve then work with a buddy

What if the case has not agreed to take part, is cross/upset etc?

Apologise and remove him or her from the list

Do we advise wearing a mask?

SCCT does not set policy. Currently national guidance does not suggest wearing a mask at home/ as a patient with covid but if the patient / contact is wearing one listen to their thoughts and help them make a decision they are happy with. Policy may change.

How should I be sending written info if the case is not online?

First class post (and keep a record of costs like these) Though as we are working in a small area, the volunteer may feel comfortable delivering by hand??

What if a case is happy to give details for some but not all contacts?

Make a note that this is the case and proceed with the contacts named

What if a case will not give their employer's details?

Contacting the employer may be important to identify workplace contacts. Make a note of the specific problem and any details you have. It may be helpful to discuss this in more detail with the support circle and/or your mentor. Report any care home issues to this email Providercovid19@sheffield.gov.uk

Advice please for contacts that are minors/dementia or similar?

The adult responsible for a minor should be encouraged to support them through the conversation if the child is a minor. Normal consent rules apply to minors i.e. that if the minor has discussed with a parent/ guardian and is capable of making decisions then it is



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acceptable to proceed. If the tracing of minors is too difficult then stop and say so.. This is the sort of thing that the pilot is designed to discover... !

If the patient has dementia then if it is too difficult then again report the difficulty, talk about it at the support circle but feel comfortable to withdraw from doing tracing

How best to send links for gov websites to the case/contact, do we need another link doc?

These are at the end of the manual... cut and paste from there. If this proves difficult we will find another way to resolve this.

What are the details we need to give to sell the daily phone call eg “you’re fit today, may be breathless tomorrow and need help”?

The course of the illness is unpredictable and offering a daily call will help us together to see if what you can do has changed which will help to make a plan for your care.

Could you please give more details on if the case is really ill?

eg contacting <https://111.nhs.uk/covid-19/> ?

Refer back to GP or to Covid 111, unless things feel desperate and you feel safe only with a 999 ambulance when this is an appropriate thing for you to feel you need to do (with the patient’s permission of course!)

What should I do if neither the case nor I can get through GP/NHS111 to find help?

This will depend on the urgency. Options will include contacting the Dr in the project who is running that day’s support circle, your link Dr in the project, 999, trying again later etc.

Do we need details how long calls will continue, e.g. until fever drops but cough may persist?

Day 1 is the day of the first symptom or date of a positive test. See [Government advice](#) to self isolate for 7 days after first symptoms, longer if still feverish. See their advice on a persistent cough. We will follow up index cases for 7 days if they are feeling well and up to 14 days if still feeling ill, with a fever. We will review this and can if necessary extend on a case by case basis (discussion at the support circle)



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What extra do we need to do if the case is in a care home?

Contact tracing in a care home is potentially complex and difficult. It is also important with major potential consequences. There may be patients, family and staff to consider. Our initial suggestion is that the volunteer contacts the care home management and the GP, if the case has been referred. It is essential to DOCUMENT any decision. It may be helpful to discuss this in more detail with the support circle and/or their mentor. Report any care home issues to this email Providercovid19@sheffield.gov.uk

What do I do if there are unidentified contacts at a place of work?

It may be appropriate to contact the Cases' employer or Occupational Health dept. This may be challenging, with limited identification, but we should try. It is essential to DOCUMENT any decision. It may be helpful to discuss this in more detail with the support circle and/or their mentor.

How much detective work should the volunteer do?

The pilot is intended to see both how long contact tracing takes and how much complexity and detail volunteers get into. It is important that you do the contact tracing that you feel comfortable with and if there is a loose end that you don't feel able to follow up then you are clear about this. Please do not burn yourself out by taking on too much. Record any decisions.

Could this script be on a google form?

We have put the contact and index case forms as either a google form or as a paper form to photograph and share, the script we would be happy for you to adapt and personalise using this as key points to work from.

Do I use my own phone and give my number?

We expect that initially people will be on a mixture of their own phones, but with [caller identity switched off](#) (add 141 just before the number you're dialing) so the recipient can not call you back, or on phones we plan to purchase. It is important not to share your personal phone number with clients.



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If you suspect that using your personal phone is the reason for failure to get through please record this

If Caller ID is switched off on my phone how will case/contact get back to me?

They can't. You'll have to explain and arrange another call time. Ideally ask for an SCCT phone.

Should I talk to both the case and the contact together, eg husband/wife?

It's probably best to stick to the separate bullet scripts. But if this seems appropriate then you might want to try it. Several calls, separate and then together, may help.

What if the case doesn't want the contact to know their name?

It's preferable if they do. Otherwise we will try our best. If the contact is upset then we may have to back off and withdraw that contact.

What if a contact is known to the volunteer?

If the volunteer knows any contact the volunteer will inform the referral coordinator who will reallocate the whole case to another volunteer.

What should I say on the last day of follow-up?

If feeling well, ensure they are following government advice on ending self-isolation, give thanks for their contribution, stress the importance of this study and of preventing further spread of the virus by advising and supporting contacts.

4. ENTRY CRITERIA

Criteria

Volunteers will accept any patient with 2 out of 3 of the following, at interview:

- *new cough (as NHS guidelines)*
- *fever (as NHS guidelines)*



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- *loss of taste/smell*

Patients will be enrolled with or without PCR/swab test

If the case fails to meet the entry criteria, the volunteer will inform the patient

Additional Info for Trainees

Symptoms do not need to be concurrent.

Symptoms may include difficulty breathing, headache, fatigue and other flu-like symptoms

Ask for advice if you feel this is probably covid even if not strictly compliant.

Use sensible extra info eg relative has been ill, health/care worker with PPE failure/ GP has diagnosed Covid-19 and ask for further advice.

5. CONSENT

Verbal consent:

Simple verbal consent will be taken for entry into this study as follows:

“Are you happy to take part in this pilot study? I will send you written information. Please say if you would rather not take part, you can withdraw at any time.”

Consent given or refused will be recorded for both the index patient and each contact.

Volunteers will send [written information](#) electronically at enrollment and if e mail is not possible then send by 1st class post or dropping it off by hand if this is achievable.

Consent FAQs

What if the case is very poorly/unable to understand?

Consent is valid if the person is clearly able to understand the conversation and process the information they are given. If not, that case will have to be dropped.



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Can I still offer support if the case isn't willing or able to consent?

If the person is too unwell to consent it may be appropriate to suggest contact with health system you should record that they are too unwell and not proceed with the interview

What if the case changes their mind and wants to opt out?

At this point it would then be appropriate to stop their involvement in the pilot, inform them and record.

How to handle third party refusal "Mum's not up to this"?

Offer the input that we can give, support and enable... but accept refusal if it is clear that this is something that family will resent/complain about.. Record any decision.

Try to talk to the index case to get her/his permission to engage through the intermediary. This need only be a very brief conversation with the index case. Document that you have done this, and who it is that you then get the information from.

6. Data Collection From Index Case

For each index patient records will include:

- unique ID number
- name and other identifiers/occupation, as data collection spreadsheet
- fever, cough, PCR result, date onset each.
- consent
- contact name of any contacts, see definition in 7 below
- contact names, mobile and email
- daily symptoms for 7 days as above, longer if fever persists, see [Gov.uk](https://www.gov.uk)
- user satisfaction score at each contact

For details see [Data Collection Forms for Case and Contact \(See below\)](#)



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For the pilot, data collected by volunteers will be sent to a single data coordinator either electronically or by photographing a paper form. Send on the first and last days of data collection and on interim days for significant incidents.

Identifiable information will only be retained while it's use can benefit the individual concerned, when it will be amended to completely prevent the identification of that individual.

Data collection FAQs

How do I allocate index and case numbers?

These are allocated for you to the index cases by the Referral Coordinator (Mike Tomson). They will give each contact a number which will follow the pattern 001/1 001/2 001/3 etc. for the contacts of index person 001. Self-referrals will be discussed with the Referral Coordinator who will allocate a number and allocate a volunteer to the case.

How and where do I send forms?

Print the forms or save as new document for each case/contact

Scan and email to the Data Coordinator (Paul Redgrave)

Sheffieldcommunitytracing@gmail.com

Or photo and whatsapp to Paul on 07795565087

Who will do data entry?

Paul Redgrave, for the time being

What if I get supplementary info later/realise I made a mistake?

Contact Paul

How will we assess volunteer satisfaction?

- We will be assessing volunteer satisfaction with the training through a survey monkey assessment



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- We will use notes from the daily volunteer support circles to monitor volunteer thinking and feelings about the project
- We will periodically (approx weekly) do a survey to get feedback on volunteer satisfaction

How do I make suggestions/comments?

At daily meetings, to your supervising person or by email to Sheffieldcommunitytracing@gmail.com

7. Definition of Contact

Definition:

For the purposes of testing, contact with a case is defined as any person who:

- has had face to face contact within 2m for more than 15 mins;
- has had physical contact;
- had unprotected direct contact with infectious secretions eg by being coughed on;
- was in a closed environment (household, classroom, meeting room, hospital waiting room etc) for more than 15 mins;
- was providing care or handling specimens without proper PPE.
- contacts will be included if contact occurred from 48 hours before symptom onset until the case was isolated.

For more details see ECDC [guidelines](#) and [infographic](#)

Contact FAQs

What if the case does not have info to contact the contact?

Record that this is the situation; this is a level at which as a non statutory organisation we do not have the resources to pursue further.



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How do I advise if a case works in a higher risk job, health, care, bus etc?

The Government advice is clear and identifies cases and their contacts... This advice should apply to all jobs. People in some jobs may have to inform their employer that they have been a contact or become an index case. These organisations will then lead on contact tracing in those settings. HR departments may be able to advise.

How do I advise on contacting their employer?

Employers should be contacted discuss any concerns about this

Clarity please on close and distant contacts...?

For this pilot, we are working with the definition above for contacts rather than dividing them up.

Disagreement

If the contact refuses, after reasonable discussion, to agree that they were in contact with the case, make a note of this and consider discussion with your mentor. End the conversation “may I contact you in 7 days to record whether you have any symptoms? This would be helpful information” or similar. Update data form.

8. Approaching each contact

Volunteers will phone each contact with: introduction, request consent, symptom check, request to strictly [self-isolate](#) including from household contacts, shopping etc (with relevant period), advice if symptoms develop, offer of a daily call from volunteer and give volunteer’s phone number. If the contact develops symptoms, volunteers will enrol her/him as a second wave index case. Record all data as above. Record refusal to be involved/reason.

For each contact, volunteer will record:

- name and other identifiers
- consent/refusal
- date first symptom
- daily self-isolation Y/N for 14 days after contact, as above



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- user satisfaction score
- volunteer's time spent

For details see Data Collection forms at the end of this document with links to print and sending instructions. Send on the first and last days of data collection and on interim days for significant incidents.

Draft script

In bullet points for volunteer's first phone call with contact

REMEMBER, EMPATHY AND TRUST ESPECIALLY ON FIRST CALL!

- Hello my **name** is xxxx.
- Can I check that I'm speaking with **(Name)**?
- I have been given your name by **(Name of Index Case)**- IF APPROPRIATE
- OR I am ringing on behalf of **surgey (name)**/IF MORE APPROPRIATE
- I am a **volunteer** with Sheffield Community Contact Tracers.
- We're a group running a trial of a community-based **contact tracing** initiative for COVID-19.
- It is really important to find and isolate the **contacts of infected people** (contact tracing) This will **prevent further spread**.
- We are coordinated by a group of **local doctors** and supported by Heeley Development Trust .
- This call will take a little time, is now a **suitable time** to call?
- So, our main aim is to **identify the contacts** of people with COVID
- We want to advise you on government **policy**.
- Do you have access to the **internet**, if not I can talk you through?
- This says you should **self-isolate** in case you pass the virus on.
- I have been given your name by **(name index case)** who now has symptomatic COVID-19.
- He/she tells me they may have been in **contact with you** on (date).
- I hope that you are willing to **take part** in this study.



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- This call may **take a little while**, is this a good time?.
- We would like to advise you on **self-isolation for 14 days** from your last contact with (name)
- We would like to **support** you through this challenging process.
- This is **really important**, if you can self-isolate, this will help prevent further spread of the coronavirus and save other people getting infected.
- Are you happy to **take part** in this pilot study?
- If so, I will send you some **written information**.
- **How** would you like me to send it?
- Please say if you would rather not take part, you can **withdraw** at any time.
- RECORD Yes/NO
- Before we go any further, I'd like to know **how you are feeling**?
- Do you have a: New **cough**? **Fever** (temperature of 38 degrees or more) ? Loss **taste/smell**?
- **Without a test** we can't be sure but if you do not have these symptoms, it is likely you do not have COVID-19 just now.
- If you are feeling well that's really encouraging, most contacts will stay well.
- But, it is possible that you **may develop symptoms** in the coming days
- You might then have passed the virus on so it is important to **prevent** further spread by self-isolating now.
- If you get ill we advise that you inform your GP as soon as possible. COVID-19 must be "notified" to the public health authorities.
- Have you got access to the **internet**?
- Do you understand the Government advice on self-isolation while you feel ill?
- **Government advice** is 14 days self-isolation from your last contact including:
 - **not going out**
 - isolation within your **household** (details in Appendix D below)
 - **Hand** hygiene,
 - **Cough and surface** hygiene



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- *Making arrangements for **help** for shopping/childcare/dog walk/pharmacy.*
- *This is really important and may be **challenging**.*
- *How do **you feel** about each of these, what do you see as your biggest challenge?*
- *Do you think you will be **able to** manage this?*
- *The next important point is for us to contact you **every day** to check how you are.*
- ***If you get ill**, we need to know, so that we can work to prevent the illness being passed on.*
- *If you have a thermometer, a daily **temperature check** would be very helpful. But do not worry if this is difficult, just say if you start to feel hot and sweaty.*
- *I will send you links to the **Government's advice** on all that we've discussed.*
- ***How** would you like me to send this?*
- *ENSURE DATA COLLECTION COMPLETE.*
- *SEND link to [gov.uk](https://www.gov.uk)*
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
- *When would be a good time for me to **call/txt** tomorrow?*
- *Call is best, to check on isolation, but a simple daily text eg "Are you still feeling well today?" might be preferred.*
- ***Thank you** so much for all your help, this is so important.*
- *Get in touch if needed, here are **my contact** details, speak tomorrow etc.*

Contact call notes:

- DIVIDING THIS INITIAL CALL MAY BE APPROPRIATE if the case finds it hard to take in, or if you've not covered it all. "Would you like a rest and I'll call back?"
- HAVE YOU RECORDED ALL THE DATA?
- THINK! THREE HANDS needed: bullets above, form and phone... think ahead!
- GO THROUGH BULLETS if you can, to avoid missing anything.
- TALK TO YOUR BUDDIE/MENTOR if you have any concerns.



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Contact Call FAQs

Do we always name the index case to the contact?

If there is permission from the index case then we can share their name, but without permission we can not (Though in discussions need to talk through whether the contacts will be able to work it out... etc.) NB In California tracers are keeping the index case confidential. If the contact is upset, we should try our best then we may need to politely back off and withdraw.

Should we ask contacts to take their temperature daily?

This is not part of the programme. We do not need this information, taking their temperature could be inaccurate depending on the method used, the decision is therefore totally up to the individual and the volunteer's role is to support this decision making

Do all contacts really have to fully self-isolate as recommended by gov.uk for household contacts?

The role of the volunteer is to follow the guidance from the UK government ... so self isolation is what we should be supporting within the household if this is possible or achievable but in all households this may not be possible and though there are risks these are ones we need to leave individuals to choose between. Not going out is core...

What are the core aspects of reducing infection ?

These are covered in government advice .. re coughing, and cleaning surfaces, washing appropriately and after going out etc...

9. Daily Phone Call

Volunteers will contact each index and contact case daily to:

- assess symptoms
- offer support/advice for at least 7 days



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- help overcome any problems accessing further help/referral from GP/111/ hospital, should symptoms progress.

Daily Call FAQs

Do I need to speak to everyone every day if they are all in one household?

It may be sufficient to speak to one member as long as you can be confident that you have supported everyone involved and collected all the data required.

How do I limit the time this takes if overly demanding? How do I set boundaries?

What if I can't find time to do this?

The pilot is set up to establish what is possible to achieve with volunteers. Please discuss how to limit conversations with your support circle and with your 1 2 1 link person... being clear with people that you have a limited amount of time can be helpful. We are keen to support volunteers but also to make sure that if this pilot is too demanding then you look after yourselves.

10. Offering Support

Offering daily support for both index and contacts will add value. Volunteers will offer daily phone calls. Volunteers will be trained to recognise significant disease progression and how to help the patient to seek further help from GP, 111, A/E if they find this challenging. Training will include awareness of breathlessness, disorientation, loneliness, computer challenges, language difficulties when seeking further healthcare. Robust support will be available from medical coordinators for all volunteers.

Support FAQs

Will we get training on how to advise someone who is breathless/incoherent?

It is appropriate to share your concern with the case/contact that something more may need to be done. Calling an ambulance without the permission of a coherent person is probably not appropriate. You should not worry, so report any concern to one of the medical members of the team. We can look at guidance here in further detail in a support meeting.



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And how I might manage my own feelings on this?

We will have a daily support circle to share and learn about how to do things but also to look at our feelings when confronted with difficult situations. Volunteers should not take on problems they feel uncomfortable with, should refer concerns to a medical member if the team.

11. Organising Volunteers

- Each volunteer will have a linked Mentor who is there long term to support and advise them.
 - There will be a daily zoom call at 5pm to ensure that we learn and share feedback and support the process. This will be facilitated by each of the mentors in turn on a rolling basis. The rota will be shared with volunteers.
 - We also have suggested that each person has a buddy who they can talk to and if necessary cross cover calls if there is a reason that they can't do calls that day.
 - We will consider whether a Whatsapp group would be helpful as well as these planned support systems
-

12. Study Period and Outcome Measures

The initial pilot will recruit 5 to 10 index cases and follow up their contacts for 14 days. See Pilot Overview

Appendices/Other Ideas

A. Sample email from volunteer, following first conversation with CASE

Hi (Name),

Many thanks for agreeing to be part of our contact tracing trial, it was good to speak to you today. As promised, attached is some written information about the pilot study. I will be in touch with your contacts (timeframe...). I will also telephone/txt you tomorrow (time?) to



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see how you are. In the meantime, if you need to contact me please feel free to drop me an email or call on (phone number)

Kind regards

(Name)

B. Sample daily txt to case/contact to enquire of health

Hi, (Volunteer's Name) here. From Sheffield Community Contact Tracers. How are you feeling today? Is there any change from when we last spoke? Please reply for our records, or feel free to call. All best. (Name)

Daily phone call including support, symptom check, advice/FAQ on maintaining full self-isolation, problems including loneliness/ maintaining virtual contact/ accessing help from surgery or NHS111 should symptoms worsen.

C. Main Messages on Self Isolation from [Gov.uk](https://www.gov.uk)

- if you live alone and you have symptoms of coronavirus illness (COVID-19), however mild, stay at home for **7 days** from when your symptoms started. (The [ending isolation](#) section below has more information)
- after 7 days, if you do not have a high temperature, you do not need to continue to self-isolate. If you still have a high temperature, keep self-isolating until your temperature returns to normal. You do not need to self-isolate if you just have a cough after 7 days, as a cough can last for several weeks after the infection has gone
- if you live with others and you are the first in the household to have symptoms of coronavirus (COVID-19), then you must stay at home for 7 days, but all other household members who remain well must stay at home and not leave the house for **14 days**. The 14-day period starts from the day when the first person in the house became ill. See the [explanatory diagram](#)



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- for anyone else in the household who starts displaying symptoms, they need to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14 day isolation period. The [ending isolation](#) section below has more information, and see the [explanatory diagram](#)
- staying at home for 14 days will greatly reduce the overall amount of infection the household could pass on to others in the community
- if you can, move any vulnerable individuals (such as the elderly and those with underlying health conditions) out of your home, to stay with friends or family for the duration of the home isolation period
- if you cannot move vulnerable people out of your home, stay away from them as much as possible
- reduce the spread of infection in your home: wash your hands regularly for 20 seconds, each time using soap and water, or use hand sanitiser; cover coughs and sneezes
- if you have coronavirus (COVID-19) symptoms:
 - do **not** go to a GP surgery, pharmacy or hospital
 - you do not need to contact 111 to tell them you're staying at home
 - testing for coronavirus (COVID-19) is not needed if you're staying at home
- if you feel you cannot cope with your symptoms at home, or your condition gets worse, or your symptoms do not get better after 7 days, then use the [NHS 111 online](#) coronavirus (COVID-19) service. If you do not have internet access, call NHS 111. For a medical emergency dial 999
- if you develop new coronavirus (COVID-19) symptoms at any point after ending your first period of isolation (self or household) then you need to follow the same guidance on self-isolation again



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D. Minimising Household Spread, from GOV.uk

(for vulnerable persons but the advice applies to all household contacts)

- Minimise as much as possible the time any vulnerable family members spend in shared spaces such as kitchens, bathrooms and sitting areas, and keep shared spaces well ventilated.
- Aim to keep 2 metres (3 steps) away from vulnerable people you live with and encourage them to sleep in a different bed where possible. If they can, they should use a separate bathroom from the rest of the household. Make sure they use separate towels from the other people in your house, both for drying themselves after bathing or showering and for hand-hygiene purposes.
- If you do share a toilet and bathroom with a vulnerable person, it is important that you clean them every time you use them (for example, wiping surfaces you have come into contact with). Another tip is to consider drawing up a rota for bathing, with the vulnerable person using the facilities first.
- If you share a kitchen with a vulnerable person, avoid using it while they are present. If they can, they should take their meals back to their room to eat. If you have one, use a dishwasher to clean and dry the family's used crockery and cutlery. If this is not possible, wash them using your usual washing up liquid and warm water and dry them thoroughly. If the vulnerable person is using their own utensils, remember to use a separate tea towel for drying these.
- We understand that it will be difficult for some people to separate themselves from others at home. You should do your very best to follow this guidance and everyone in your household should regularly wash their hands, avoid touching their face, and clean frequently touched surfaces.



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E. Sample letter to be delivered to Case if does not respond to phone, txt or email

Hi [referral name],

My name is [volunteer name] and I'm a volunteer with Sheffield Community Contact Tracers. I was given your phone number by [enter organisation] who have told us you would be happy to take part in the pilot scheme we are running.

The aim of Sheffield Community Tracers is to support those who have infections with Covid and to talk to and support the people these people have been in contact with to help reduce the spread and suffering that can come from this virus.

If it is ok with you I would like to chat to you about how you are doing, and to offer you advice and support. If that is fine I will call you at [enter time] on this number: [enter number]. If you have decided you no longer wish to take part in the pilot, that's not a problem, please send a message to your GP or message the number below.

Thanks for your time,

[name]

SCCT Volunteer

[Volunteer phone number]



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F. Draft Social Media Invitation for Self Referral (To be developed and tested in Phase 2 pilot)

Sheffield Community Contact Tracers

Title: Are you ill or do you know someone with COVID-19?

Hi,

My name is [volunteer name] and I'm a volunteer with Sheffield Community Contact Tracers. We are looking for people who may be happy to take part in a pilot scheme we are running, using local Heeley volunteers, to trace the contacts of local people who may have COVID-19.

The aim of [Sheffield Community Contact Tracers](#) is to support those who have infections with Covid-19 and then to talk to and support anyone that these people have been in contact with. This will help **reduce the spread and reduce the suffering** caused by this virus.

If you are ill or know someone who is ill with a new cough and fever, we would like to chat to you or them and to offer advice and support. Please note that this is not a substitute for talking to NHS 111 or your GP, we are not able to give medical advice. We will discuss any of your contacts who might have caught the virus. This is a local voluntary initiative to protect Sheffield residents until national tracing starts. It is supported by Heeley Development Trust and local GPs and supervised by a group including local retired public health doctors. If you would like to know more or to take part please reply to [xxxx](#)



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or to this message. If it is not you that is ill, please pass this message on and ask them to contact us. If you don't wish to take part, that's not a problem. More information is available at

website

<https://www.communitycontacttracers.com/>

Further study information

<https://docs.google.com/document/d/1wu1xeZPycatK3f3-NPo4-Y4Ayg4hi5LA37eCmHdwRs/edit?ts=5e9853e7>

Contact Sheffieldcommunitytracing@gmail.com

Thanks for your time and for helping to shorten this epidemic and save lives.

[name]

SCCT Volunteer

[Volunteer phone number]

G. We need to be cautious about negative swab test results. [BMJ](#)

Possible phrases for explaining covid-19 testing to patients

- No test is 100% accurate
- If your swab test comes back positive for covid-19 then we can be very confident that you do have covid-19
- However, people with covid-19 can be missed by these swab tests. If you have strong symptoms of covid-19, it is safest to self-isolate, even if the swab test does not show covid-19



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The 4 main SCCT linked to this pilot can be found on our website in the Files section. Please contact us if you require other information or have questions.

Other Contact Tracing Links

John Hopkins US plan

https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/a-national-plan-to-enable-comprehensive-COVID-19-case-finding-and-contact-tracing-in-the-US.pdf

Guardian, Apps not enough

https://www.theguardian.com/commentisfree/2020/apr/16/the-guardian-view-on-a-covid-19-fighting-force-your-country-needs-you?CMP=Share_iOSApp_Other

WHO Ebola contact guidelines

https://apps.who.int/iris/bitstream/handle/10665/185258/WHO_EVD_Guidance_Contract_15.1_eng.pdf?sequence=1

Andy Haines Lancet Community visit proposal

[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)30735-2.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30735-2.pdf)

EU (ECDC) contact Tracing guide including **case definitions**

https://www.ecdc.europa.eu/sites/default/files/documents/Contact-tracing-Public-health-management-persons-including-healthcare-workers-having-had-contact-with-COVID-19-cases-in-the-European-Union-second-update_0.pdf

General Government advice on COVID-19 gov.uk

<https://www.gov.uk/coronavirus>

Broad Gov.uk self isolation advice including employment/children etc

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>

Specific KEY Gov.uk Self Isolation advice

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>

ECDC contact tracing infographic

<https://www.ecdc.europa.eu/en/publications-data/infographic-covid-19-contact-tracing>