



## Community Contact Tracers

### Pilot Protocol

**Version 1.1 25/04/2020**

This is one of four key documents:

- Overview,
- **This Protocol,**
- Volunteer Training manual,
- Written info for Consent

### PILOT STUDY PROCEDURE

#### 1. Finding Cases

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, though the expectation is to work primarily with the GP surgery. Where possible, the referrer will advise participants that they will be contacted by our volunteer contact tracer. Self-referral may be actively sought using door-knocking, leafleting or social media.

#### 2. GP surgery role

- Identify people who are likely to be infected by Coronavirus (2 out of 3 of cough, fever, loss smell/ taste; or test positive)
- Exclude - Dementia, live in care home, children (under 18- I think easier to say this to start with), beyond 1 week of symptoms
- Explain the pilot, and gain verbal consent to share their details with SCCT team, record in their GP electronic record
- Email - name, DOB, contact telephone number- to Referral Coordinator with email subject

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## Community Contact Tracers

'contact tracing referral'

- After the first 10 cases have been referred, pause and await review.

### 3. Training

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

- explain the need for contact tracing
- explain the importance of strict self-isolation of contacts including from household
- 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 Link to Training Manual containing details, links and forms.

### 3. Contact with index case

Volunteers will:

- receive patient referral each with a unique ID number
- contact each index case by phone

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- introduce themselves, explain the value of contact tracing/self-isolation of contacts using a prepared script
- record consent/opt out [including on first contact sharing electronic or paper study consent information]
- explain confidentiality
- offer support via daily phone call for at least 7 days
- record identifiers/symptoms/tests/dates/contact identifiers as spread-sheet
- list all contacts as defined in section 7
- give index case the volunteer's phone number

### 4. Entry criteria

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

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

### 5. Consent

Simple verbal consent will be taken by each trained volunteer 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.

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Volunteers will send written information electronically at enrollment, where this is not possible it will be dropped off by hand or sent by 1st class mail.

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.

### 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
- user satisfaction score at each contact

For details see Data Collection Forms at the end of the training manual.

For the pilot, data collected by volunteers will be sent to a single data coordinator either electronically or by photographing a paper form.

### 7. Definition of Contact

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;

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- 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 detail see ECDC guidelines

### 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 selected identifiers
- consent/refusal
- date first symptom
- daily self-isolation Y/N for 14 days after contact, as above
- user satisfaction score
- volunteer's time spent

For details see Data Collection forms, at the end of the training manual.

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### 9. Daily phone call

Volunteers will contact each index and contact case daily to:

- assess symptoms
- offer support/advice for at least 7 days
- help overcome any problems accessing further help/referral from GP/111/hospital, should symptoms progress.

### 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.

### 11. Study period and Outcome Measures

The initial pilot will recruit 5 to 10 index cases and follow up their contacts for 14 days. Numbers recruited will be tailored to the number of volunteers. At 14 days, recruitment will be paused and reviewed.

Appendices/other ideas

1. Draft scripts for the volunteer's first contact with the index case and each contact are available in the training manual.
2. Volunteer scripts in preparation: Daily phone call including support, symptom check, advice/FAQ on maintaining full self-isolation, problems including

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loneliness/ maintaining virtual contact/ accessing help from surgery or  
NHS111 should symptoms worsen.

### 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](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](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](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](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)

COVID-19 gov.uk

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

**Self Isolation advice**, Gov.uk

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

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