



Contact Tracing Protocol FCG-Division of Parks & Recreation

Contact tracing is the systematic identification of persons who have come into close contact¹ with a confirmed case of COVID-19.² Division of Parks & Recreation personnel (*DPR*) may be required to administer the protocol, listed herein, when it receives notice of a confirmed COVID-19 case in its organization of participants and/or employees, and the FCG Health Department is unable to conduct contact tracing.

1. Initial Protocol Considerations

- This is a confidential process. **The name of the individual who has tested positive shall not be disclosed to a close contact**, or any other individual or entity outside of the Department(s) of Public Health, nor should sufficient details be provided that makes their identity readily identifiable.
- Protocol administered through Human Resources, DPR Managers or other designated individual (“Tracing Officer”).
- Protocol is administered in coordination with the updated *information regarding COVID-19*, issued by the Office of the County Executive on _____, 2020.

2. Upon notification of a **confirmed** COVID-19 case in the DPR community (*employees, volunteers, customers/participants*)

- Contact the FCG Health Dept. to inform of the confirmed case and determine if it will conduct the contact tracing process. If the Health Dept. does not return the call within three (3) hours, contact the State Department of Public Health.
- If the local Health Dept. is going to conduct the tracing, provide them with the confirmed case’s contact information.
- If not, the DPR Tracing Officer will confirm with the local Health Dept. that DPR will conduct contact tracing in accordance with the protocol listed herein.

3. Initiate Contact Tracing

- Contact the confirmed COVID-19 case and complete the *Contact Tracing Reporting Form*, including identifying all individuals the confirmed case came in close contact with in the DPR community during their period of infectivity.³
- Contact those that had close contact with the confirmed case during the period of infectivity. Indicate: (a) that they have been identified as coming in close contact with a confirmed case of COVID-19; and (b) the date and location of the close contact.
- Instruct close contact(s) to contact their health care provider and self-quarantine for up to 14 days or as directed by their health care provider.
- Inform close contact(s) that upon completing their period of self-quarantine they will require a doctor’s note indicating they are cleared to return to work.
- Inform local Health Dept. of notification to close contacts. Provide information to local Health Dept. as requested.

¹ Defined as (a) being within approximately 6 feet of a COVID-19 case for a prolonged period of time (at least 15 minutes); or (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

² Individuals who have tested positive for the virus that causes COVID-19.

³ Defined as the date the COVID-19 patient developed symptoms up to the time the patient went into isolation.

Contact Tracing Reporting Form

(1) Confirmed Case Information

Name	
Age	
Telephone	
Email	
Date last onsite or at DPR event	
Date of first symptoms (infectivity)	
Date of positive test results	
Identify who conducted the testing	

(2) Close Contacts Identified by the Confirmed Case

Name of close contact	
Date of close contact	
Location of close contact	
Length of close contact	

Name of close contact	
Date of close contact	
Location of close contact	
Length of close contact	

Name of close contact	
Date of close contact	
Location of close contact	
Length of close contact	

(3) Close Contact Information Obtained by Tracing Officer

Name of close contact	
Inform of close contact with confirmed case	<input type="checkbox"/>
Instruct to contact health care provider	<input type="checkbox"/>
Instruct to self-quarantine up to 14 days or as directed by health care provider	<input type="checkbox"/>
Inform of written medical clearance to return to work	<input type="checkbox"/>
Experiencing symptoms (sore throat, cough, body aches, shortness of breath)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of close contact	
Inform of close contact with confirmed case	<input type="checkbox"/>
Instruct to contact health care provider	<input type="checkbox"/>
Instruct to self-quarantine up to 14 days or as directed by health care provider	<input type="checkbox"/>
Inform of written medical clearance to return to work	<input type="checkbox"/>
Experiencing symptoms (sore throat, cough, body aches, shortness of breath)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of close contact	
Inform of close contact with confirmed case	<input type="checkbox"/>
Instruct to contact health care provider	<input type="checkbox"/>
Instruct to self-quarantine up to 14 days or as directed by health care provider	<input type="checkbox"/>
Inform of written medical clearance to return to work	<input type="checkbox"/>
Experiencing symptoms (sore throat, cough, body aches, shortness of breath)?	<input type="checkbox"/> Yes <input type="checkbox"/> No