

American  
HOME HEALTH 

# Newsletter

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**CONTACT TRACING FOR COVID-19**

**YEARLY IN-SERVICES**



# CONTACT TRACING FOR COVID-19

## Summary of COVID-19 Specific Practices

- ☑ Contact tracing will be conducted for [close contacts](#) (any individual within 6 feet of an infected person for at least 15 minutes) of [laboratory-confirmed or probable COVID-19 patients](#).
- ☑ Remote communications for the purposes of case investigation and contact tracing should be prioritized; in-person communication may be considered only after remote options have been exhausted.
- ☑ Testing is recommended for all close contacts of confirmed or probable [COVID-19 patients](#).
- ☑ Those contacts who test positive (symptomatic or asymptomatic) should be [managed as a confirmed COVID-19 case](#).
- ☑ Asymptomatic contacts testing negative should self-quarantine for **14 days from their last exposure** (i.e., close encounter with confirmed or probable COVID-19 case)
- ☑ If testing is not available, symptomatic close contacts should self-isolate and be [managed as a probable COVID-19 case](#).
- ☑ If testing is not available, asymptomatic close contacts should self-quarantine and be monitored for 14 days after their last exposure, with linkage to clinical care for those who develop symptoms.

For COVID-19, a [close contact](#) is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.

The public health evaluation of close contacts to patients with laboratory-confirmed or probable COVID-19 may vary depending on the exposure setting. Contacts in special populations and/or congregate settings require additional considerations and may need handoff to a senior health department investigator or special team. Additional guidance on managing these contacts can be found in [Outbreak Investigations](#).

### Close Contact Evaluation and Monitoring Priorities

In jurisdictions with testing capacity, symptomatic and asymptomatic close contacts to patients with confirmed and probable COVID-19 should be evaluated and monitored. For areas with insufficient testing support and/or limited public health resources, the following evaluation and monitoring hierarchy ([Box 4](#)) can be used to help guide prioritization. The hierarchy is based on the assumption that if close contacts listed in Priority 1 become infected, they could potentially expose many people, those at higher risk for severe disease, or critical infrastructure workers. If close contacts in Priority 2 become infected, they

may be at higher risk for severe disease, so prompt notification, monitoring, and linkage to needed medical and support services is important.

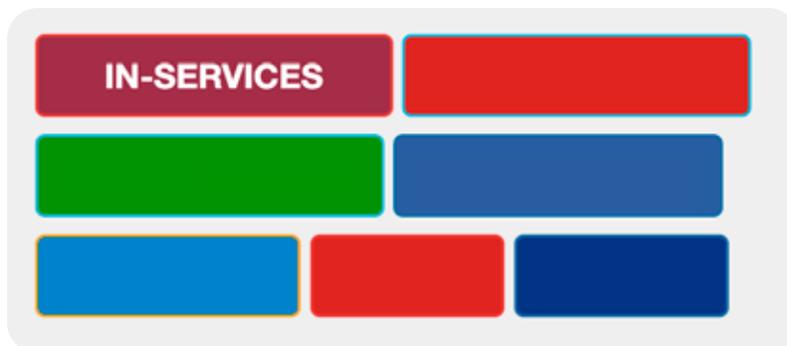
When prioritizing close contacts to evaluate and monitor, jurisdictions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity. Some states require mandatory testing for specific circumstances. Local decisions depend on local guidance and circumstances.

*“Source: Centers for Disease Control (CDC).”*

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>

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You will be **required** to complete the following:



- Annual Education [60 Questions] — **Due Now**
- Hand Hygiene [20 Questions] — **Due Now**

All requirements **MUST** be completed by **August 30th, 2020**. Please direct your questions or concerns to the **HR department**. You can call us at **630.236.3501** or e-mail us at **HR@ahhc-1.com**.

