

# COVID-19 Contact Investigation Interim Script

## Before calling review:

- [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID-19\) 1-pager](#)

## Leaving a Voicemail Message:

"Hi this is [interviewer name] from [agency name]. I am part of a team that is following up on community exposures to COVID-19 and it is important that I talk with you. Please call me back at [predetermined contact number]. I will be in the office [availability]. If I don't answer, please leave a voicemail and I'll get back to you as soon as possible."

## Contact Interview Script for COVID-19

Hi, this is [interviewer's name] calling from [agency name]. May I speak with [respondent name]? (or "Am I speaking with [respondent name]?")

**IF THE CONTACT IS A LESS THAN 18 YEARS OLD, ASK TO SPEAK TO THE PARENT OR GUARDIAN OF THE MINOR FIRST.**

"As part of an investigation into a confirmed case of COVID-19, we are following up with individuals who may have had contact with a case while they were possibly contagious. We are calling to check on you and discuss some Public Health recommendations with you."

"Can you confirm the spelling of your name?" Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Confirm exposure:** "Right now, we are following up with individuals who may have been present at [exposure location AND date]. Did you attend that event?"

- If not exposed, end interview and update database.
- If exposed**, complete the rest of the interview

"A person that you were in contact with [date and time] now has confirmed COVID-19. They let me know that they were in contact with you while they were possibly contagious."

## Interview questions for all confirmed close contacts:

- Ask if client was accompanied by anyone at the exposure location.** If accompanied by someone, ask for their name, DOB, address, and phone number. [Use Appendix B, Contact List]

- Confirm demographics and address of residence on file.**

"Next, we have a few questions we are asking everyone to help us contain this outbreak."

- Ask about any symptoms.**

"Since [date of contact with case], have you experienced fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or any other symptoms?" Y/N If yes: onset date: \_\_\_\_\_

- Fever
- Cough
- Sore throat
- SOB
- Vomiting
- Diarrhea
- Other: \_\_\_\_\_

If client reports symptoms, refer them to their PCP.

**Provide self-quarantine guidance.**

*“Our current public health guidance is that you should restrict activities outside your home, except for getting medical care. For example, do not go to work, school, or public areas for 14 days after your last exposure to the contagious person. Do you have what you need to stay home until [last date of recommended quarantine]?” (For example, do they have friends or family who can drop off groceries or medication, or possibly order those things online or get groceries delivered through Amazon?)*

*“As much as possible, stay in a specific room and away from other people in your home. Restrict contact with pets and other animals. We will send you a document with these instructions; do you prefer a text or email?”*

Email: \_\_\_\_\_

*“During this time, please monitor yourself closely for symptoms, including taking your temperature in the morning and evening. If you do develop symptoms, please call us at [predetermined contact number] for a consultation and to decide if testing is warranted. We would like to help coordinate your care to ensure that providers are using proper personal protection to prevent the spread if you go to a clinic. However, if you are experiencing a medical emergency, call 911.”*

*“It takes between 2-14 days after being exposed to COVID-19 for symptoms to develop. We need you to monitor yourself for these symptoms and take your temperature twice a day, once in the morning and once in the evening, until [date of exposure + 14 days]. During this time, you must be excluded from all public places, such as stores, churches, schools, child care settings, and the workplace.”*

*“In the event that you develop symptoms or your current symptoms change or worsen, isolate yourself and call us back at [predetermined contact number] and call your healthcare provider so that you can receive further guidance.”*

**Exposed individuals would expect to see any symptoms up to 14 days after last exposure.** *“Your surveillance and exclusion period will be \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_.” (Individuals on exclusion can return to regular activities AFTER the last date of their exclusion period.)*

**Work/School Exclusion Letters:** *“If your employer/school has any questions about your absence you can refer them to the document we will send to you by email. That document will also include a DOH website where more information can be found.”*

**If self-quarantine creates financial hardship:** *“Some individuals who are asked to self-quarantine may be eligible for unemployment benefits based on recent changes to the Employment Security Department rules. Would you like us to include a link to additional information about this in the email we will be sending you?”*

Self-quarantine may create financial hardship for many people. Some individuals who are asked to self-quarantine may be eligible for unemployment benefits based on recent changes to the Employment Security Department rules to support individuals impacted by COVID-19. Additional information is available here:

<https://esd.wa.gov/newsroom/covid-19>