**What is the Role of COAs in Contract Tracing?**

This document is designed to help MCOA members understand their role in contract tracing (CT). This document describes the purpose, structure, and history of the CT process. Also, it contains a list of questions that COAs can pose to their local boards of health (LBOH) so that you can have a better understanding of how CT, for the purposes of the COVID-19 virus, will be done in your community. Remember, CT is not a new process. LBOH and Public Health Nurses (PHN) have been using CT to mitigate the spread of many diseases for years, such as the Polio epidemic and the AIDS crisis.

**What is Contract Tracing?**

To stop community spread, testing is specifically directed at the contacts of those with confirmed COVID-19. Spread occurs in families, congregate settings, groups such as COAs and small communities. The process of contact tracing involves the calling, by trained contract tracing investigators, of all of those who were listed as contacts to inform them that they have been – in theory -- within 6 feet of an infectious person for more than 15 minutes. Contacts are interviewed, referred to clinical care or tested as needed, and given instructions about quaranting. LBOH, PHN, Community Health Centers (CHC), and the state contractor - *Partners In Health* will perform contact tracing through a coordinated system of electronic interfaces. The data collected is protected by the Health Insurance Portability & Accountability Act (HIPAA).

**What is the role of the Commonwealth?**

In anticipation of the need to manage the pandemic, MA was one of the first states in the country to develop a contract tracing system. It was a critical part of the state plan to control the virus. A contract was issued to *Partners in Health* to provide contract training investigators for communities that became overwhelmed and not able to provide adequate and timely tracing. While many of the contractors hired by *Partners in Health* have been released, the state has maintained a reserve of contractors that are available if additional contract tracing investigators are needed in communities should the COVID-19 virus numbers increase in MA.

**How Do COA’s Fit into the Contact Tracing Process?**

Protecting the health of COA participants, staff, and volunteers – whether inside or outside of the building – is a top priority. While the Governor’s ‘Safer-At-Home’ Advisory (<https://www.mass.gov/news/safer-at-home-advisory#:~:text=Stay%20Safe.,Save%20Lives.&text=If%20you%20or%20a%20family,or%20text%20LOVEIS%20to%2022522.>) recommends that adults 65 and older- should continue to stay home except for essential errands such as going to the grocery store and to attend to healthcare needs, older adults will likely want to return to the COA despite this guidance.

Establishing a contact tracing process (either in electronic or paper format) before allowing older adults back in the building or at any COA events, will help COAs to be prepared to offer LBOH, CHC, and possibly Partners In Health CT investigators with the information needed so that they can do their work. The information required is data that you have likely already collected. Given the strict limitations on how many people can be in the building at this time, COAs are likely to know in advance who will be in their facilities. This will change as COAs expand their in-person services and on-site programming. The requirement to collect this data applies to events in a building, but also for activities organized by the COA outside of the building – for all COAs, including those without a building.

**What are COAs, that are currently open for in-person services, doing with respect to Contract Tracing?**

COAs currently offering in-person services are using a combination of electronic and paper systems to track who is in the building.

**Questions for COAs to Ask of your Local Board of Health/PHN**

**What information does a COA have to collect?**

Possible Answer: This is the answer provided by some local boards of health: In the case of a COA, it is anyone who has been in the building working or engaging in services at the COA including postal service personnel, Meals on Wheels drivers, or anyone else who crosses the threshold.  This can be done by using a sign-in sheet or using the electronic data that is collected about participants via My Senior Center supplemented by the paper system.

**What information will COAs be likely asked to share?**

Possible Answer: Based on the state guidance, the contract tracing investigator will contact the COA and ask for data on participation on a specific day or possibly about a specific individual depending on the circumstances. The COA will be asked to turn over the data.  The specific format for that information will be determined locally. The LBOH/PHN/investigator may possibly ask about the length of stay, room use, and possibly the names of others that used the same area at the same time. Additionally, there are cleaning protocols that will have to be followed if there were to be a COVID positive employee or COA guest.

COAs will NOT be asked to notify individuals that they have been exposed to COVID-19. This is the job of trained staff of LBOH, PHN, or contractors at *Partners in Health*.

**What will I be told about the person who has contracted the virus?**

Possible Answer: Privacy laws protect the patient.  If there is a mass exposure or reason for great concern, LBOH/PHN may put out a statement and may ask that you share it with COAparticipants.

**Who will do the contact tracing in my community?**

Possible Answer: The LBOH, PHN, or state contractors employed by *Partners in Health* will be the contract tracing investigators.

**Does the COA have to require participants to sign a waiver acknowledging that if they participate in an event, they are agreeing to have their personal information submitted to the LBOH if there is COVID-19 exposure?**

This is a LBOH and Town Solicitor decision.

**Will infected residents be specifically asked if they have visited the local senior center?**

Possible Answer: While the state has issued specific scripts for contract tracing investigators, local and seasoned contact tracers are going to use their experience in the community to help people older people remember where they have been. They do ask questions to jog a persons memory and will ask seniors if they have visited the Senior Centers.

**Can COAs be deputized to serve as a contract investigator in a community?**

Possible Answer: The Commonwealth has specific guidelines for who can serve as a professional contract tracer. LBOH bear this responsibility in a community. It is unlikely that a COA will be asked to perform contract tracing. Instead, COAs will most likely to provide information, including contact information, about who was in the COA building or at a COA event outside a building at a specific time. In order to keep clear lines of communication, one person should be designated as the contact between the COA and the LBOH.

**What will happen to the data that is shared or provided to the LBOH?**

Possible Answer: Information shared with the local board of health is kept confidential, and only information necessary to investigate, treat or prevent disease would be shared, and only if absolutely necessary. In most cases no type of public notification is required. There is an order in place that boards of health may only share the address of positive cases with the public safety answering point for the city or town, generally that’s the dispatch for the city or town and they can only share that address (of a positive case) in the context of a dispatch to an address for emergency purposes only. The information is kept confidential.

**What is the responsibility of the COA, if a participant who has recently come into the center, notifies the COA that they have or may have been exposed to COVID?**

Possible Answer: It is always best to contact LBOH. As long as the person was asymptomatic at the time they were at the center, then there is nothing the COA needs to do. If the person was symptomatic, you would need to identify when specifically, they were present at the center, who else was present at the same time and could have had close contact to them. In the event that person becomes a case then the information will need to be provided to the local board of health through the contact tracing process.

**Contact Tracing and My Senior Center: Can it Help?**

MySeniorCenter (MSC) is a program used by centers across the country. The new contract tracing module will be helpful to centers in other states who have been designated as an official contract tracing investigator.

In Massachusetts, MSC will be helpful in that the platform allows a COA to determine who was in the building or participating in an event during a specific timeframe. This information can be exported into an Excel spreadsheet and shared, if requested, with the LBOH or the designated contract tracing investigator However, COA’s should not notify individuals of their exposure to COVID-19, this is the job of trained staff of LBOH, PHN, or contractors at *Partners in Health*.

**MA Guidance on Contract Tracing** <https://www.mass.gov/lists/covid-19-contact-tracing-resources-and-information>

**Map of Current MA COVID-19 Testing Sites** <https://mass.gov/covidtestmap>.