**07 Training Curriculum: for Tracing Team**

**Contact Tracing**

**Target Audience:**

Contact Tracers

Field Supervisors

**Length of Training:**

**Session 1 [morning] –** Presentation and PRACTICE ACTIVITIES: 3-4 hours

**Session 2 [afternoon] -** Scenarios: 2-3 hours

**Total time needed:** 5-7 hours

**Materials Needed:**

* Powerpoint presentation
* Hand sanitizer for PRACTICE ACTIVITY 1
* **Contact Listing Forms** for PRACTICE ACTIVITY 2
  + Blank form for reference
  + Filled in form for discussion
* **Daily Contact Follow-Up Forms** for PRACTICE ACTIVITY 3
* Thermometer(s) if available for PRACTICE ACTIVITY 4
* Disposable gloves

**Objectives:**

1. Learn about Ebola Virus Disease
2. Understand concepts of contact tracing
3. Learn how to clinically assess a contact
4. Demonstrate how to use a thermometer
5. Know who to contact if there are any issues
6. Learn how to fill out **Daily Contact Follow-up Form**

**Session 1 [morning]: Lecture introducing Ebola, Contact Tracing, Infection Control and Equipment**

1. Introduction to Ebola Virus Disease (EVD)
   1. What is it?
   2. Other diseases with similar symptoms (differential diagnosis)
   3. Signs and Symptoms
   4. Recognition of EVD
   5. How is it transmitted?
      1. Person-to-person
      2. Healthcare setting
      3. Animal reservoir
2. How is EVD prevented
   * 1. Introduction to Infection Control
        1. 3 Lines of Defense
           1. Identify possible cases through screening
           2. Separate yourself from exposure to a suspect case
           3. Protect yourself and others through handwashing
     2. Washing hands
        + 1. Bleach/chlorine
          2. Soap/water
          3. Hand sanitizer

**PRACTICE ACTIVITY 1: WASHING HANDS WITH HAND SANITIZER**

**Note to facilitator: Please follow all of the steps!**

* + 1. Avoidance
       1. No touching/hand shaking, etc.
       2. No sick/dead animal contact
    2. Review of necessary personal protective equipment (PPE) for tracing team

1. Contact Tracing
   1. Basics
      1. Definition of contact tracing
      2. Objectives of contact tracing
      3. Definition of a contact
         1. High vs low risk
   2. Necessary personnel
      1. Brief overview of flow diagram
      2. Tracing Team
         1. Background
         2. Experience
         3. Quantity
      3. Field Supervisor
         1. Background
         2. Experience
         3. Quantity
      4. The previous titles and responsibilities are suggested and may change depending on a particular country. All teams must be trained regardless of previous experience
   3. Contact Tracing Procedure
      1. Visit contact daily for 21 days
         1. Review contact listing form briefly
            1. **PRACTICE ACTIVITY 2: READING A CONTACT LISTING FORM**

Reinforce that not all information may be available

Use the information that you have

Consider contacting the village leader to get more information if needed

* + - 1. Predetermined place and time to meet
      2. At all visits, evaluate health status
         1. How are you feeling?

Record on the **Daily Contact Follow-Up Form**

* + - * 1. Do you have a fever?

Record on the **Daily Contact Follow-Up Form**

* + 1. Fill out follow-up forms
       1. **PRACTICE ACTIVITY 3: HOW TO FILL OUT A DAILY CONTACT FOLLOW-UP FORM**
          1. Explain the clinical assessment
    2. Meet with field supervisor
       1. Call or schedule a meeting
    3. When to call the field supervisor immediately
       1. When you can’t find a contact
       2. a contact is sick
       3. Concern the contact is likely to flee
       4. Experience an “uncomfortable” situation
       5. Any questions
    4. Contact discharge is determined by field supervisor
  1. Instructions on using thermometer; how to take an axillary temperature
     1. 14 steps reviewed
     2. **PRACTICE ACTIVITY 4: TAKING AN AXILLARY TEMPERATURE**
     3. Reinforce that using gloves does not substitute for hand washing
  2. Important notes and challenges
     1. NEVER enter the home of any contact
     2. Consider meeting the contact at a pre-defined meeting place
     3. If you cannot find a contact, notify the field supervisor
     4. The following should be addressed and strictly enforced:
        1. Do not enter communities that seem hostile, aggressive, or unwelcoming
        2. Do not try to impede contacts or cases that are trying to flee
     5. Guidelines for interacting with contacts:
        1. Avoid personal physical contact
        2. Do NOT enter the contact’s residence
        3. Do NOT touch any objects in the residence
        4. Includes sitting on chairs
        5. Do NOT share a meal or drink with the contact
        6. Maintain a distance of 3 feet (1 meter) from the contact at all times
        7. Wear gloves if taking the temperature
        8. Maintain infection prevention and control measures
     6. Logistical challenges
        1. No street names
        2. Use of nicknames
        3. Countries without a national ID program
     7. Considerations
        1. GPS tracking of contact
        2. Engaging community leaders
        3. Using landmarks

1. Quality Measures (must be 100%)
   1. Completeness of the weekly active surveillance reports
   2. Percent of contacts being traced daily
   3. Percent of contacts followed for all 21 days
   4. Percent of cases that had contact tracing implemented within 24 hours of case identification

**Session 2 [afternoon]: Scenarios to aid discussion of potential problems with contact tracing in the field**

1. Contact tracer arrives in the village and the contact is not at the meeting place. What next?
   1. Try to get more information from:
      1. Family
      2. Neighbors
      3. Community leaders
   2. Contact the field supervisor
   3. This contact will be a PRIORITY the next day
2. The contact is missing and has not been seen in 2 days. What next?
   1. Same as above
3. The contact is missing and today is day 21. What next?
   1. Highlight that contact tracing is not complete until the contact is SEEN on the 21st day or later
   2. The contact tracer needs to continue to find the contact every day
   3. Alert field supervisor
4. The contact tracer has been asked not to visit the contact anymore. What next?
   1. Inquire about why you are being asked to leave
   2. Report to the Field Supervisor
   3. Remove yourself from any uncomfortable or hostile situation
5. The contact tracer enters a new community and community members become hostile. What next?
   1. Remove yourself and the team immediately from this situation
6. The contact tracer found an ill contact and thinks the contact may have been exposed to EVD. What next?
   1. Call field supervisor immediately
   2. Do not touch the contact
   3. Provide emotional support and education of possible
7. The tracing team sees 100% of their contacts every day for the past week. What next?
   1. You will be monitored for quality assurance
   2. Field supervisors will implement quality checks
8. You notice someone on your contact tracing team not wearing gloves to take a temperature. What next?
   1. Suggest to the team member that gloves are recommended when taking a contact’s temperature
   2. If corrective action is not taken, contact the field supervisor
9. One of the contacts asks you for information about EVD. What next?
   1. In the event you feel comfortable giving accurate information, you may educate the contact
   2. If you have access to educational materials, provide them
   3. Contact the field supervisor with any questions you are asked that you are unable to answer
10. A contact you have become close with or know well invites you inside their home. What next?
    1. Politely refuse
       1. Consider culturally sensitive methods of refusal
    2. It is considered unsafe to enter a contact’s home; stay beyond the threshold of the door
11. One of your contacts is a healthcare worker and continues to go to work while asymptomatic. What next?
    1. This is appropriate as long as he/she can report to the contact tracing team daily and can report to the healthcare facility if he/she becomes ill
    2. Make note that this contact is a healthcare worker on the form in the margin if desired
12. At the end of the day, your contact tracing team cannot reach the field supervisor. What next?
    1. Continue to attempt to contact them
    2. May consider contacting the lead epidemiologist if possible and information is available
13. Your contact tracing team is concerned that one of your contacts may try and flee. What next?
    1. If there is any suspicion of this, contact the field supervisor
    2. Educate the contact on the importance of being followed
    3. Depending on the country and situation, the contact may be quarantined
14. The tracing team has a high ranking village leader on their list who does not wish to be seen by the contact tracing team. What next?
    1. Notify the field supervisor
    2. If the country provides contact tracing certification, show this document to the ranking official
15. A contact tracer may have been exposed to EVD. What next?
    1. Field supervisor should be contacted immediately
    2. Tracer should stay in isolation while awaiting the plan
    3. Tracer should NOT see any more contacts that day