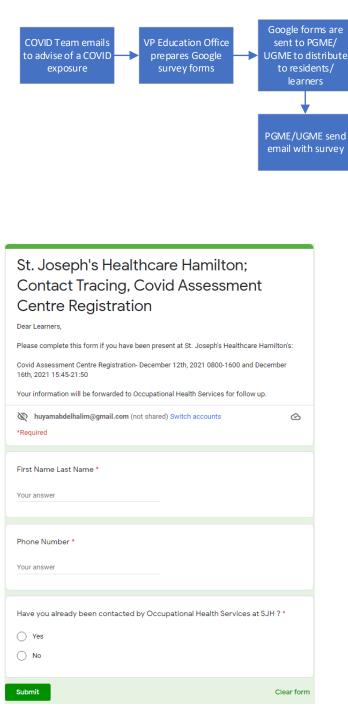
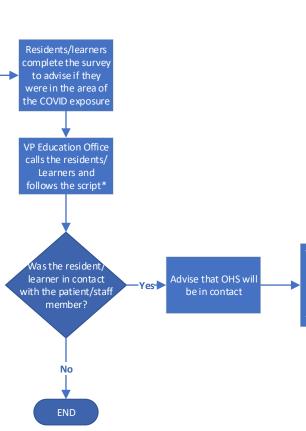
COVID-19 Contact Tracing





Script

Confirm you are talking to X

My name is First Last Name, calling from St. Joseph's Healthcare Hamilton VP Education Office. We are calling based on your response to the contact tracing survey for Location. We would like to conduct a preliminary screening and ask you a few questions to assist us determining if a more comprehensive screening by occupational health is needed. For the purpose of this call and assessment, I will identify the individual you may have been in contact with but ask for you not to share this information with anyone outside of this phone call.

TYPE OF CONTACT: Close Contact (without AGMP):

- 1. Did you have any contact within 2 M with the person identified as being COVID- $\,$
- 19 positive? Yes/No
 2. How long were you in contact with the person who is COVID-19 positive?
- 2 Less than < 2 min (could be casual contact) 2 Greater than > 2 min
- 3. What was the type/location of your interaction with the person who is COVID-19 positive?
- Pace to Face
 Side by Side
 Charting at Care Desk
- ② Eating Together ② Attending an in-person Education Session
- ② Unprotected contact with respiratory secretions or fecal matter from a positive contact ②Ride Share
- Providing Care in Patient Room (explain):
- ② Casual Contact ② Passing in the Hallway ② Sharing an Elevator ② Greeting from Doorway
- ② Borrowing a Pen ② Putting Tray in Patient Room ② Dropping off medication in Patient Room

NB: If one person is masked the risk is negligible

VP Education Office emails the name and contact information of the resident/leamer to the COVID-19 email