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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	1
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

PURPOSE:


1. To establish a protocol of contact tracing whenever an Emerging and Re-emerging Infectious Disease (EREID) arises in the institution.
2. To interrupt ongoing transmission and reduce the spread of an infection.
3. To alert contacts to the possibility of infection and offer preventive counseling or prophylactic care and treatment to already infected individuals.

LEVEL:

Infection Prevention and Control Unit, Emergency Room Department, ER Triage Unit, Chief Nurse, Immediate Head, HR Operations Manager, Compensation & Benefits Supervisor, Personnel Health Risk Assessment Officer, Corporate Human Resources Officer, and all employees concerned.


DEFINITION OF TERMS:

1. **Emerging infectious Diseases** - are diseases that have not occurred in humans before, have occurred previously but affected only small numbers of people in isolated places and have occurred throughout human history but have only recently been recognized as distinct diseases due to an infectious agent.
2. **Re-emerging Infectious Diseases** - are diseases that once were major health problems globally or in a particular country, and then declined dramatically, but are again becoming health problems for a significant proportion of the population.
3. **Contact Tracing** - is an evidence-based way to slow the spread of infectious disease. It is the process of interviewing individuals who have been infected with a disease, identifying close contacts that they may have unknowingly exposed, and

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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	2
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

providing those contacts with the information needed to monitor their own health and prevent the continued spread of the illness.

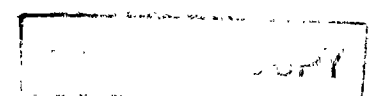
4. **Contact identification** - Once someone is confirmed as infected with a virus, contacts are identified by asking about the person's activities and the activities and roles of the people around them since onset of illness. Contacts can be anyone who have been exposed to an infected person: family members, work colleagues, friends, or health care providers.
5. **Contact listing** - All persons considered who have exposures with the infected person should be listed as **contacts**. Efforts should be made to identify every listed individual and to inform them of their status, what it means, the actions that will follow, and the importance of receiving early care if they develop symptoms. Contacts should also be provided with information about prevention of the disease. In some cases, quarantine or isolation is required for high risk exposures, either at home, or in hospital.
6. **Contact Follow-Up** - Regular follow-up should be conducted with all subjects to monitor for symptoms and test for signs of infection.
7. **Isolation** - is the act of separating a sick individual for a period of 14 days with a contagious disease from healthy individuals without that contagious disease in order to protect the general public from exposure of a contagious disease.
8. **Quarantine** - separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.
9. **Close Contact** - a person who may have come into contact with the probable or confirmed case two days prior to onset of illness of the confirmed COVID-19 case (use date of sample collection for asymptomatic cases as basis) until the time that said cases test


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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	3
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

negative on laboratory confirmation. Close contacts identify those persons living, travelling, and working together.

POLICY:

1. In compliance to Republic Act No. 11332 also known as “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act”, all patients must disclose their infectious diseases.
 - 1.1. If the patient failed to comply or is unaware of his/her disease and the test result came in positive or confirmed, contact tracing shall be done by the immediate head to all direct contact individuals and health care practitioners exposed to the patient.
 - 1.2. The immediate head shall let the exposed healthcare worker fill-up the Health Risk Assessment Tool. The immediate head shall then identify those healthcare workers who are High risk and Low risk according to the category.
 - 1.3. Completed forms shall be submitted to IPCU. More so, exposed health care workers who experience signs and symptoms who goes to the Emergency Department shall fill-out Health Risk Assessment Tool and submit to the Personnel Health Risk Assessment Officer.
2. The Infection Prevention and Control Unit in-charge shall facilitate and inform the Immediate Head, Attending Physician, and Personnel Health Risk Assessment Officer through text message (SMS) of the patient’s result, if the confirmatory result was sent directly to the IPCU’s email address; and then shall start the contact tracing within 24-48hours.
 - 2.1. **For cases from Emergency Room and other Units** – The Head Nurse/ Department head shall inform the IPCU of the patient’s case through phone call and sends a notification through SMS (text message).



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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	4
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

3. The Infection Prevention and Control Unit shall conduct case investigation and contact tracing thru interview those employees who are exposed to those patients who have been tested positive/confirmed or who are exposed to an EREID case.
4. The employee manifesting signs and symptoms shall seek immediate consultation to the Personnel Health Risk Assessment Officer.
5. The Immediate Head shall secure the Medical Certificate of the employee, signed by the Personnel Health Risk Assessment Officer for home confinement or hospital admission; or whichever is applicable as recommended by the Personnel Health Risk Assessment Officer.
6. The Immediate Head shall file an online leave in behalf of the home confined or admitted employee.
7. The Infection Prevention and Control Unit in-charge shall make a follow-up call if the employee is advised for home quarantine for close monitoring of the progress of its signs and symptoms. But, if the employee is admitted, monitoring and management shall depend on the attending physician.
 - 7.1. The employee may be recalled, as per COMPBEN-QP-25, if, the employee sent for home quarantine has already shown negative results and has no further signs and symptoms after the Personnel Health Risk Assessment Officer's management.





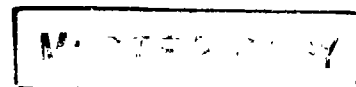
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Document Code:	DPOTMH-MSD-IPCU-P024
Revision Number:	0
Effective Date:	08-15-2020
Document Type:	Policy
Page Number:	5
Department/Section:	Infection Prevention and Control Unit
Document Title:	CONTACT TRACING TO AN EMERGING AND RE - EMERGING INFECTIOUS DISEASES

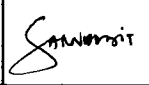
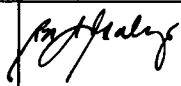
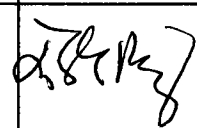




APPROVAL:


	Name/Title	Signature	Date
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	RIA NICOLE A. ARROYO, RN APCHA Infection Prevention Control Unit Supervisor		8-4-2020
Verified:	DOLORES ROMMELA T. RUIZ, MD Interim Chair – Infection Prevention and Control Unit		8-4-2020
Reviewed:	BERNIE B. SIASON Non-Patient Care Analyst		8-4-2020
	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		08-04-2020
Recommending Approval:	MA. ANTONIA S. GENSOLI, MD Medical Director		8-5-2020
	HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer		8/7/2020
Final Approved by:	GENESIS GOLDI D. GOLINGAN President and CEO		09-15-2020



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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	6
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

PROCEDURE:

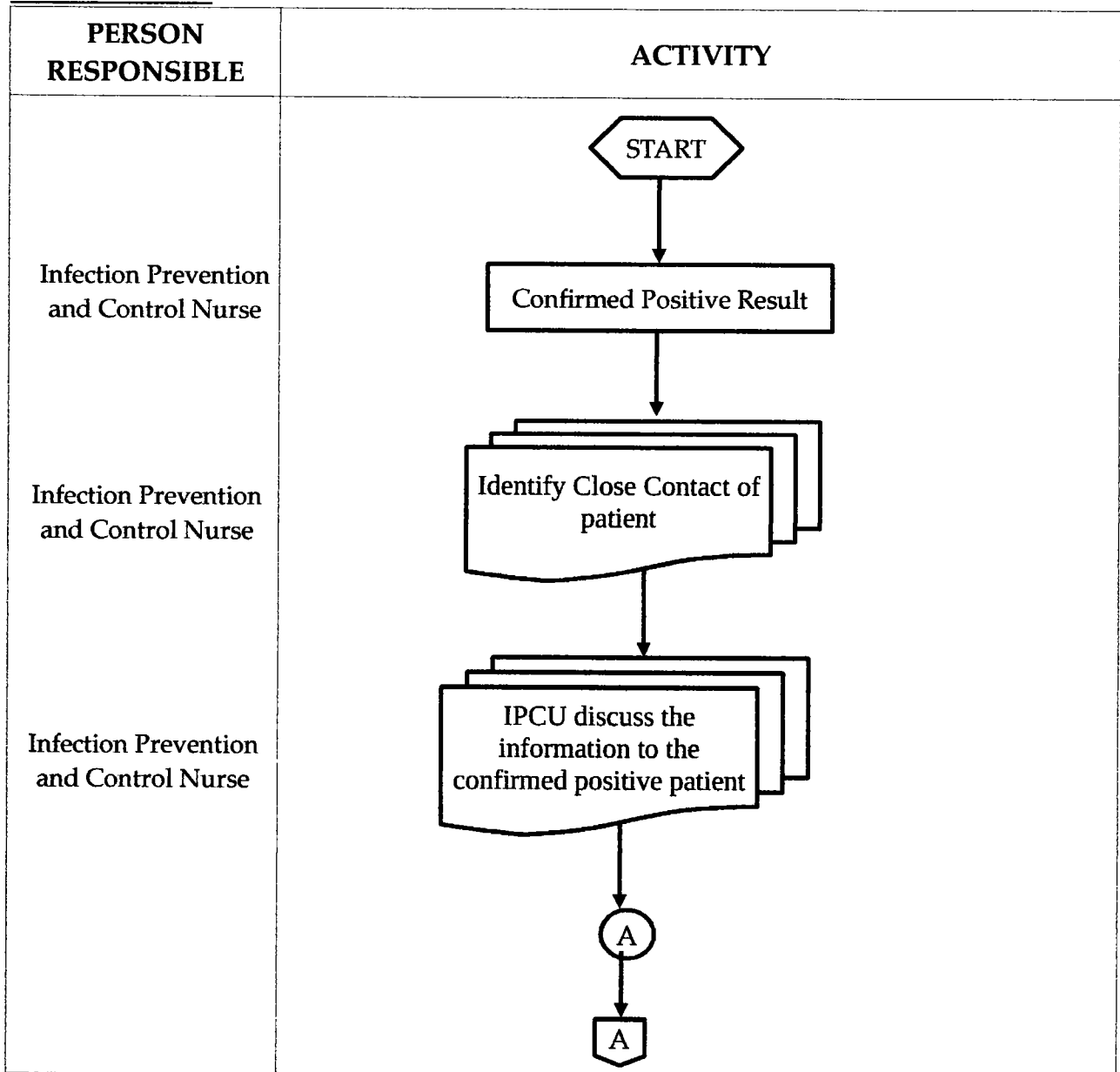
1. IPCU starts contact tracing and interviews the confirmed positive patient within 24-48 hours.
2. Identifies Close Contact: anyone considered a contact of the case during their infectious period will be quarantined, which include, but not limited to, people who:
 - 5.1. Lives with the patient
 - 5.2. Face to face contact with a confirmed case patient within 6 feet for more than 15 minutes with inappropriate use of PPE>
 - 5.3. Has direct physical contact with a confirmed case patient (Ex: Kissing, Skin to skin contact, Etc)
 - 5.4. Direct care for a patient with probable or confirmed positive case without using proper PPE.
3. During the interview, IPCU discusses the following information to the confirmed positive employee:
 - 3.1. Introduces self and the situation of the case
 - 3.2. Identifies organization,
 - 3.3. Confirms identity and residence of employee
 - 3.4. Describes the importance and benefits of contact tracing
 - 3.5. Discusses the confirmed/ positive test result
 - 3.6. Confirm that their records are confidential.
4. The Immediate Head provides a validated list of exposed employees, their contact number and address within 24-48 hours and submits the list thru Intranet/Hard Copy to IPCU.


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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	7
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

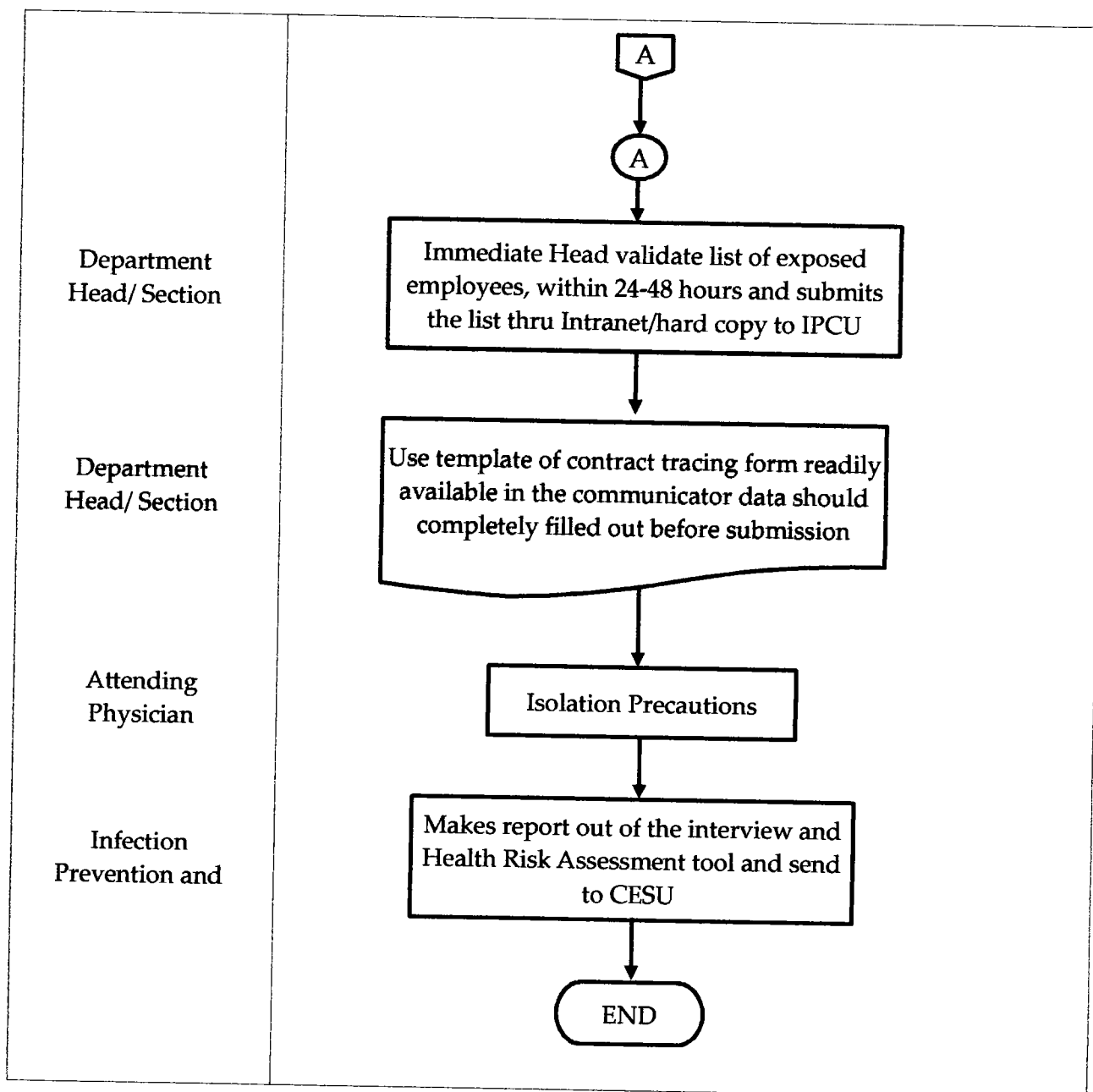
5. The Immediate Head uses the template of the contact tracing form which is readily available in the Communicator, and ensures that all data is completely filled out before submission.
6. Issues Isolation Precautions: advise the close contact to obliterate from others based on the Health Risk Assessment Tool, except if you need to see a doctor.
 - 6.1. Low Risk Close contact – may opt to seek psycho-spiritual counseling (see DPOTMH-HW-P026)
7. IPCU makes a report out of the interview and Health Risk Assessment tool and sends it to CESU.


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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	8
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

FLOWCHART:



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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	9
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE - EMERGING INFECTIOUS DISEASES



 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-MSD-IPCU-P024
	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	10
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

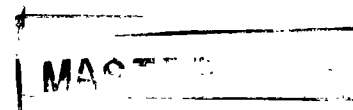
WORK INSTRUCTION:


Infection Prevention and Control Unit

1. Informs the Immediate Head, Attending Physician, and the Personnel Health Risk Assessment Officer through text message (SMS) of the patient's result if was sent directly to IPCU's email.
2. The IPCU in-charge starts the contact tracing and interview to the confirmed positive patient.
3. Submits report to CESU.
4. Investigates and interviews the employees who had been exposed to the confirmed or positive case.
5. Calls the employee to follow up if he/she was advised for home quarantine for close monitoring of the progress of its signs and symptoms.

Immediate Head

1. The Immediate Head provides a validated list of exposed employees, their contact number and address within 24-48 hours and submits the list thru Intranet/Hard Copy to IPCU.
2. Duly fills out the template form provided by the Infection Prevention and Control Unit for contact tracing upon submission.



 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-MSD-IPCU-P024
	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	11
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

3. If exposed staff is quarantined, secures the Medical Certificate of the employees signed by the assigned Physician for home confinement or hospital admission.
4. The Immediate Head shall file an online leave in behalf of the home confined or admitted employee.
5. May recall employees if results already showed negative findings and no further progress of signs and symptoms after the Physician's management.

Employee:


1. The employee manifesting signs and symptoms shall seek immediate consultation.
2. Processes medical certificate and fit to work clearance.
3. Submits clearance slip issued by the HRD to their Immediate Head.
4. Submits the Clearance Slip to the Section/Department Head upon return to work.

DOCUMENTATION:

1. Sick Leave Form
2. Medical Certificate
3. Clearance Slip
4. List of Validated Suspect/Probable Employees
5. Confirmatory Results
6. Health Risk Assessment tool
7. Contact tracing form

DISSEMINATION:

1. Communicator- Bulletin Board
2. Unit Meetings
3. Weekly Management Meeting

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	Revision Number:	0
	Effective Date:	08-15-2020
	Document Type:	Policy
	Page Number:	12
	Department/Section:	Infection Prevention and Control Unit
	Document Title:	CONTACT TRACING TO AN EMERGING AND RE – EMERGING INFECTIOUS DISEASES

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