

VOICEMAIL SCRIPT

"Hello, my name is <your first name>, and I am calling on behalf of the Pennsylvania Department of Health. I am trying to reach you regarding an urgent health matter. Please call me at your earliest convenience at 1-877-PA-HEALTH, option 2, between the hours of <insert time range>. Thank you."

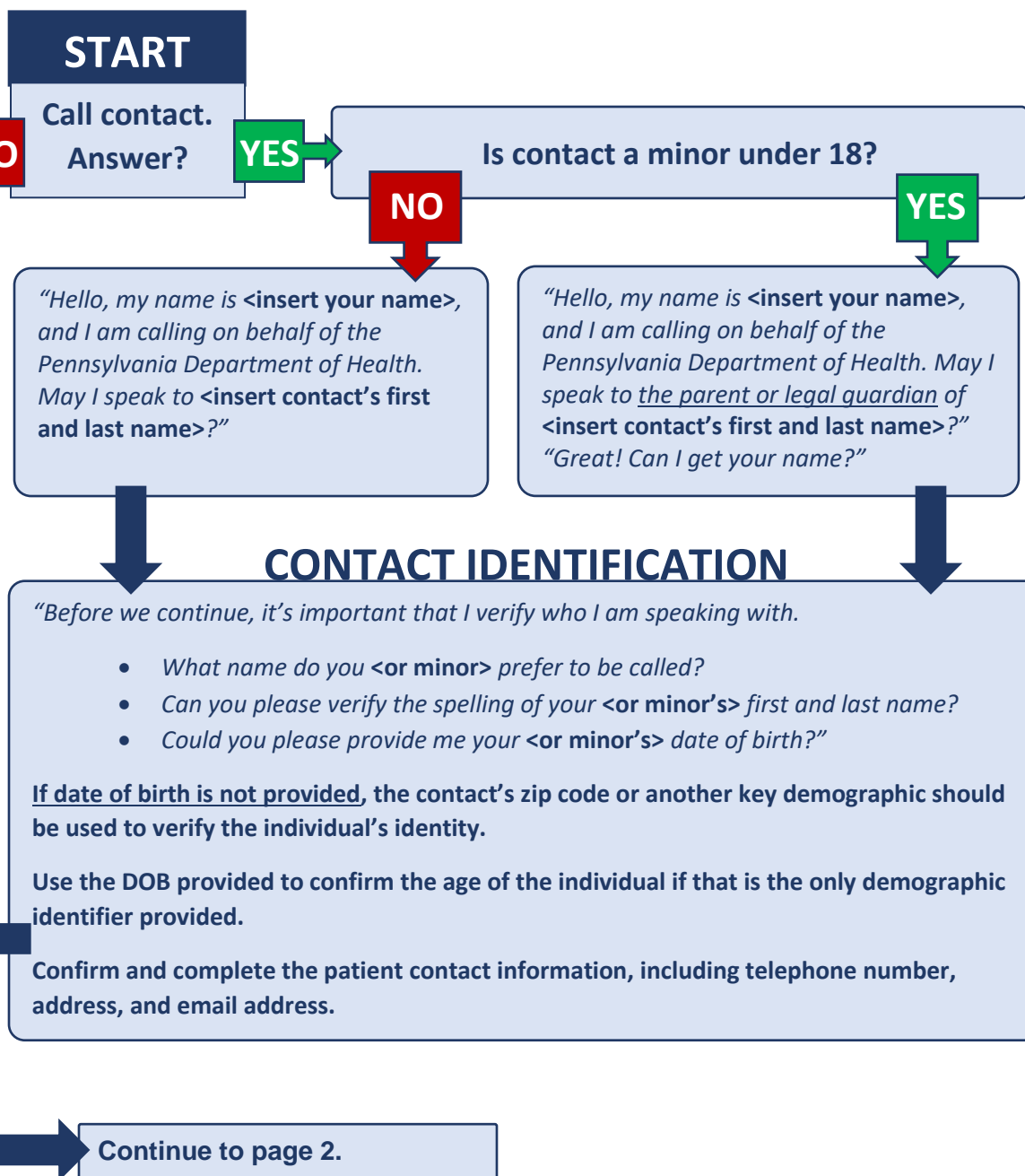
TEXT SCRIPT

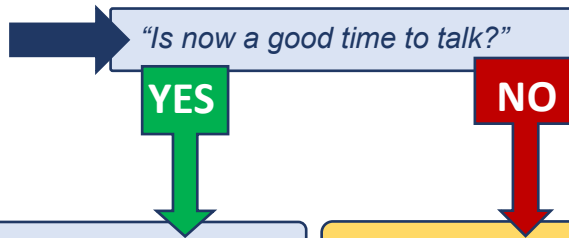
"This is <insert your name> on behalf of the PA Department of Health. Can you verify if this is the phone number for <insert contact's first and last name>?"

If YES: "Please call us back at your earliest convenience at 1-877-PA-HEALTH, option 2."

INTRODUCTION

"Thank You. As I mentioned, I am calling on behalf of the Pennsylvania Department of Health because you were <or minor was> in close contact to an individual who has COVID-19. I just want to check-in and see how you are <or minor is> feeling, give you some information on quarantine, get you signed up for our daily monitoring reports, and ensure you have access to all of the resources and information you may need during this time. I want you to know that everything we talk about is confidential, and your information will not be shared with anyone outside of the health department. I want to let you know that this call may be monitored for quality purposes."





DEMOGRAPHICS

“In order to be able to follow-up with you and connect you to resources if needed, we have a few questions for you. Some questions might be personal, but it is important information so that we can address health disparities and connect all individuals to the resources they may need.”

Plan and document a date and time to complete the call.

“It is very important that we try to talk to you today, if possible. Is there a time later today that works for you?”

“Would tomorrow at <insert time> work for you?” **End call.**

CONTACT INFORMATION

“What is your address?”

“What is your phone number?”

“What is your email address?”

RACE/ETHNICITY

“Do you <or minor> identify as Hispanic or Latino?”

“What is your <or minor’s> race?”

- “American Indian or Alaskan Native
- Asian
- Black or African American
- Latino
- Native Hawaiian or other Pacific Islander
- White
- Other

SEXUAL ORIENTATION & GENDER IDENTITY

“I am going to ask you some questions related to your gender identity and sexual orientation. This information is important to collect as it helps divert resources to vulnerable communities.”

“What is your <or minor’s> gender?”

“What is your <or minor’s> sexual orientation?”

“Do you <or minor> identify as transgender?”

Allow the contact to answer questions without reading each option.

If contact asks for clarification on why the department is collecting this information or if LGBT people are wary of discrimination or harassment explain that:

“Collecting this data confirms that there are LGBT people who need healthcare support in Pennsylvania. LGBT activists have advocated for this data collection, because it helps ensure the health and wellbeing of LGBT people.”

“As a Health Care Provider, you should notify your employer (HR or occupational health) immediately to explain that you are under quarantine and to receive additional guidance and instructions regarding your employment during your quarantine period.” **Continue to page 3: SYMPTOM CHECK.**

Note: There are exceptions for Healthcare workers to work if certain conditions are met. If the contact has questions, please direct them to call 1-877-PA Health, option 1.

HEALTHCARE WORKER?

Skip this question for a minor.

“Are you a healthcare professional?”

NO

Continue to page 3: SYMPTOM CHECK.

YES

SYMPTOM CHECK

"Thank you for confirming that information. Next, I'd like to hear how you are <or minor is> feeling and go over the wide range of COVID-19 symptoms with you to see if you are <or minor is> experiencing any of these symptoms since your <or minor's> exposure date of <insert date>. Have you <or minor> experienced..."

MILD SYMPTOMS

- A fever (as measured by a thermometer or felt feverish)?
- Chills?
- Rigor (a sudden feeling of being cold with shivering)?
- Myalgia (a general feeling of achiness that is not normal for you)?
- Headache?
- Sore Throat?
- Nausea or vomiting?
- Diarrhea?
- Fatigue?
- Congestion or runny nose?

DEFINITIVE SYMPTOMS

- New cough that is not normal for you? For example, a cough due to seasonal allergies or from smoking that you have had for years would not be considered examples of a new cough.
- New shortness of breath?
- New difficulty breathing?
- A new loss of smell?
- A new loss of taste?"

If the contact has symptoms, ask:

"Is/Are your <or minor's> symptom(s) new or getting worse since <exposure date>?"

Only mark symptoms as yes if they are new or worsening.
If the contact has/had a fever, note the temperature.

If person has symptoms, ask "When did your symptoms begin?"
Enter the symptom onset date in CTMS.

1 MILD SYMPTOM OR NO SYMPTOMS

Continue to page 4: TESTING.

If contact states that they have tested positive for COVID-19, document this date in CTMS. The workflow will end.

Explain: "Because you have <or minor has> tested positive for COVID-19, you should isolate yourself in your home to prevent spreading the virus to others. A Department of Health staff person will also be following up with you with further instructions. If you have not heard from the Department of Health within 48 hours, please call 1-877-PA Health, option 1." **End call.**

If contact does not have a healthcare provider and needs a medical evaluation, he/she can go to an urgent care (call ahead) or emergency room (if symptoms are severe).

Examples of life-threatening symptoms are: if person cannot breathe, is having chest pain, has blue skin/nails, etc)

2 OR MORE MILD SYMPTOMS OR 1 DEFINITIVE SYMPTOM

"Thank you for sharing that with me. Because you are <or minor is> showing symptoms of COVID-19, it's important that you seek medical care. We recommend that you talk with your <or minor's> healthcare provider about your <his/her/their> symptoms as soon as possible. Because you are <or minor is> showing symptoms, you <or minor> should isolate in your home to prevent spreading the virus to others. A Department of Health staff person will also be following up with you with further instructions. If you have not heard from the nurse within 48 hours, please call 1-877-PA HEALTH, option 1."

"If your <or minor's> symptoms are severe, you should call 911 and tell them you <or minor> is/are experiencing COVID-19 symptoms."

Examples of life-threatening symptoms are: if person cannot breathe, is having chest pain, has blue skin/nails, etc)

End the call and document in notes.
Escalate to supervisor.

TESTING

“Thank you for sharing that with me. Because of the potential for asymptomatic and pre-symptomatic transmission, both the CDC and the Pennsylvania Department of Health are recommending that individuals such as yourself <or minor> who have had close contact with someone with COVID-19, regardless of the presence of symptoms, should be tested for COVID-19. Close contacts are people who have been within 6 feet of a person with documented COVID-19 infection for at least 15 minutes.

This test is important in helping determine your <or minor’s> current COVID-19 status. It is important to know that a test conducted now will only tell us about your <or minor’s> current COVID-19 status. Even if your <his/her/their> test comes back negative for COVID-19, it is still possible that anytime within 14 days of your <or minor’s> exposure you <or minor> could develop COVID-19. If your <his/her/their> test should come back positive, a representative from the Health Department will be following up with you directly.

As a close contact to COVID-19, you <or minor> will still be required to maintain quarantine even if your test is negative, which I will talk through with you shortly.

Testing for COVID-19 can be arranged with your <or minor’s> primary medical care provider or through one of the testing resources identified in your area by calling 1-877-PA-Health. It is recommended that this baseline COVID-19 test occur at least 2 to 3 days after your <or minor’s> last known exposure to COVID-19.

Note: If the contact asks for help finding a testing location, reference the list of testing sites in the CTMS Knowledge Center.

QUARANTINE

“Because you <or minor> came in close contact with someone who has COVID-19, you <or minor> will need to quarantine for 14 days since your <his/her/their> last encounter with that person. Your <his/her/their> quarantine will be from now until <last date of the monitoring period>.”

ACCEPT

“This official quarantine order on behalf of the Pennsylvania Department of Health means you <or minor> need to remain in your home away from others, except if you <he/she/they> need to seek medical care. There may be exceptions to this order if you are designated as a health care worker or a critical infrastructure worker.

You <or minor> may go in your yard only if you <he/she/they> can stay at least 6 feet from your neighbors. If you live in an apartment, you <minor> may not leave, because you cannot be in the common areas of the building where others might be, such as the elevator or hallway.

People who have been in contact with you <or minor> do not have to quarantine. However, if you live in a household with other people try to maintain a distance greater than 6 feet and wear a mask whenever possible.”

REFUSE

“The Department of Health is required to send you an official letter. We will send the letter to you by email. Can you verify this is your email?”

If email cannot be obtained: *“We can send the letter by mail. Can you verify your address?”*

If contact says they have tested negative for COVID-19 and therefore don’t think they need to quarantine: *“Even if you <or minor> tested negative, it is still possible for you <him/her/them> to present positive results within a 14-day period. Given that you have <or minor has> been in contact with someone who has COVID-19, it is very important that you <or minor> quarantine and keep track of how you’re <they’re> feeling in case you <or minor> develop(s) any symptoms.” End call and make notes. Inform district resource account/checkbox to send letter.*

QUARANTINE (CONTINUED)

"We strongly encourage that all household members do the following:

- *Wash hands often with soap and water for at least 20 seconds*
- *If soap and water are not available, use an alcohol-based sanitizer with at least 60% alcohol*
- *Take your temperature twice a day*
- *Avoid close contact with people who are sick*
- *Avoid touching your eyes, nose, and mouth*
- *Cover your cough or sneeze*
- *Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.*

It's important to note that you <or minor> should remain in quarantine even if you receive <or minor receives> negative test results over the next 14 days, as it is possible you <or minor> could still develop symptoms."

Do you have any questions about quarantine?"



SOCIAL SERVICES

"Ok. Great! Do you have access to everything you think you'll need to quarantine until <quarantine end date> , or do you have concerns about support needs such as employment, food assistance, mental health or addiction services, aging/elderly care, domestic violence, housing, or childcare?"

NO CONCERNS



Proceed to page 6.

HAS CONCERNS



Listen to their concerns and document to share with Care Resource Coordinator. Indicate critical need or not. See above green box for definition of critical need.

"I understand this is a very difficult time. We have Social Support Coordinators, trained social workers who can assist you and help you talk through services that may be available to you. Would you like one of them to contact you?"

"What date and time works best for you?" **Document notes and proceeds to page 6.**

Critical Need is one that is above the normal, everyday needs and is time sensitive. These would be a crisis situation where there is imminent danger to self or others:

- People in mental health or drug/alcohol crisis where they are unsafe
- Food insecurity where they have no one to bring them food or financial resources to order food to be delivered and/or children are involved.
- Homeless living on the street
- Domestic violence situations where they are in danger

Critical needs would NOT be

- emergency funding,
- unemployment,
- childcare for people during quarantine and isolation,
- food if they are able to order online delivery and/or have friends and family that will deliver,
- testing sites,
- food stamps/medical assistance,
- legal needs, etc.

This also does not include cleaning supplies or PPE. Escalations for thermometers, disinfectants and masks are not critical.

SARA ALERT

“During your <or minor’s> quarantine, we use a confidential system called Sara Alert to check in on you <him/her/them> daily. It’s an automated system that allows you to simply check off any symptoms you <or minor> might be experiencing that day. That way, if we see anything concerning, we can have someone from the Department of Health reach out you. Every day until <quarantine end date>, you would get a quick text, email, or call. It takes less than a minute to respond.”

Is it ok if I get you started with enrolling you in the system now?”

YES

OPT IN TO SARA ALERT

“Please note that message and data rates may apply depending on the contact method you select and your cell phone plan.

Do you have a smartphone that enables you to get a text message and open a link to a new webpage?”

NO

Continue to page 7: EMAIL

YES

TEXT W/ WEBLINK

“Great, you can receive messages by text with a weblink.”
Verify that they can open a link/go to internet from their phone.

“You will receive a text message on your phone daily with a weblink. Just remember the messages will come from Sara Alert and not from PA Department of Health; please don’t think it is spam and ignore the messages. The message will not include your name but will identify you by your <or minor’s> first initial, last initial, and age.”

“Can you verify this is the smartphone number we should use to reach you?” **Read the phone number in the system.**

“And finally, what time would you like your text?”

- Morning (8am to noon)
- Afternoon (noon to 5pm)
- Evening (5pm to 8pm)”

Continue to page 8: WHAT HAPPENS...

NO

MANUAL MONITORING

“I understand your reluctance to enroll in the system. Do you have particular concerns about Sara Alert?”

Listen to the individual’s concerns. If possible, address each of the concerns individually. Ask the contact if your answers addressed their concerns. If the individual continues to have concerns, thoroughly document them.

“I understand. We still need to monitor your <or minor’s> symptoms daily, so someone from the Department of Health will be personally calling you each day.”

Continue to page 8: CLOSING COMMENTS & QUESTIONS

EMAIL

"Would you like to receive an email?"

YES

"You will receive an email with a link that you can click to submit your report on your computer or smartphone.

Can you verify this is the email we should use to reach you?"

Read the email address in the system.

"And finally, what time would you like your email?"

- Morning (8am to noon)
- Afternoon (noon to 5pm)
- Evening (5pm to 8pm)"

"Thank you. You will receive an email from notifications@saraalert.org. The message will not include your name but will identify you <or minor> by first initial, last initial, and age."

Continue to page 8: WHAT HAPPENS...

PHONE

"Would you like to receive a daily phone call?"

YES

"You will receive a guided voice call where you will respond by saying 'yes' or 'no' to a question asking if you <or minor> have/has any symptoms. If you do not answer the call or are symptomatic, the health department will follow-up with you.

Can you verify this is the phone number we should use to reach you?" **Read the phone number in the system.**

"And finally, what time would you like your daily phone call?"

- Morning (8am to noon)
- Afternoon (noon to 5pm)
- Evening (5pm to 8pm)"

Continue to page 8: WHAT HAPPENS...

TEXT MESSAGE

"Would you like to receive a text message?"

You will receive a text message on your phone daily. Just remember the messages will come from Sara Alert and not from PA Department of Health, so please don't think it is spam and ignore the messages. The message will not include your name but will identify you <or minor> by first initial, last initial, and age. Can you verify this is the number we should use to reach you?"

Read phone number in the system.

"And finally, what time would you like your text?"

- Morning (8am to noon)
- Afternoon (noon to 5pm)
- Evening (5pm to 8pm)"

Continue to page 8: WHAT HAPPENS...

WHAT HAPPENS WITH SARA ALERT

“Great! Thank you for that information. The Sara Alert system will send you a welcome message after I enroll you in the system. Going forward, the system will send a reminder to you each day until <last date of the monitoring period>. You will need to follow the instructions in the reminder and report how you <or minor> are feeling daily including any symptoms you <he/she/they> may have. Be sure to report to the system even if you <or minor> are not sick. It should take less than a minute to submit a report. If you do not report within 24 hours of your reminder, we will reach out to you again.”



CLOSING COMMENTS & QUESTIONS

“It is very important that you report your <or minor’s> symptoms each day. If you <he/she/they> develop any symptoms, please remember to report those symptoms in your daily monitoring.

Please take the following steps if you develop symptoms:

- 1. If your <or minor’s> symptoms are life-threatening, please call 911.*
- 2. Notify us immediately by indicating those symptoms in your daily monitoring and by calling 1-877-PA-HEALTH, option 1. When calling 1-877-PA-Health, it is important that you let the health department staff person know you are <or minor is> a close contact to someone infected with COVID-19 and that you <they> have symptoms.*
- 3. Contact your <or minor’s> primary care provider by phone or through the patient portal.*

Thank you for your time. Do you have any questions for me?”

“If you have any additional questions during your quarantine period, please call 1-877-PA-HEALTH.”

If contact does not have a healthcare provider and needs a medical evaluation, he/she can go to an urgent care (call ahead) or emergency room (if symptoms are severe).

Examples of life-threatening symptoms are: if person cannot breathe, is having chest pain, has blue skin/nails, etc)