

Contact Monitoring - End to End Script

Last Updated: 09/29/2020

Call Script Flow

- 1. Voicemail**
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VOICEMAIL

***Phone number reached?**

Yes/No

If Yes:

Select Continue and move to the next section.

If No, state:

Hello, **[contact name]**, my name is **[contact monitor name]** and I'm calling from New York City Health + Hospitals about an important health matter. I will call you back again soon. You can also call us back at **212-242-2692**, select your language, then select option 1. It is critical we speak as soon as possible. If we don't reach you today, you may be contacted by our home visit team. Please call us back or answer the call the next time you see this or a similar number. Thank you.

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INTRODUCTION

Hello. My name is [contact monitor name] and I am calling from New York City Health + Hospitals about an important health matter.

***Is [Case Name] available to speak?**

Yes/No

If No, state:

Thank you. Please tell [Case Name] to call us back at **212-242-2692**, select your language, then select option **1**.

If hospitalized:

"Thank you for letting us know. Is there a mobile phone number or other telephone number at which we can reach them in the hospital?"

Update the record with the correct phone number and call the new number.

If deceased:

"We are sorry for your loss. We will update our records, and thank you for your time."

Select the Potentially Deceased call disposition.

If wrong number:

"Thank you for your time. We will update our records so you aren't contacted again."

Select the Incorrect Number call disposition.

If Yes, state:

***Before we continue, are you comfortable speaking in English?**

Yes/No

If Yes:

Select Continue and move to the next section.

If No:

***What is your preferred language?**

Single-select:

Spanish

Mandarin

Russian

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Cantonese

Bengali

Other

If Other is selected:

***Specify Other:** _____

Dial in Language Line.

Press 1 for Spanish

Press 2 Mandarin

Press 3 Russian

Press 4 Cantonese

Press 5 Bengali

Press 6 for all others and then it will prompt you to speak the language.

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SYMPTOMS

I want to let you know that this call will be recorded for quality assurance purposes.

As a reminder, I am calling because you have been identified as someone who has recently traveled to New York City. My team will be following up with you daily to see if you develop symptoms of COVID-19, ensure you remain in quarantine for a full 14 days from leaving the location you traveled here from, and help you access resources to assist you in safely separating from others.

I'm now going to review some emergency warning signs of COVID-19. These include blue colored lips or face, loss of consciousness or extreme difficulty waking up, confusion, inability to talk without catching your breath, gasping for air, and severe constant pain or pressure in the chest. You should hang up and call 911 immediately if you are experiencing any of these symptoms or having any other medical emergency.

Are you currently hospitalized?

Yes/No

If Yes, state:

Can you please tell me where you are hospitalized?

Hospital Name

Are you currently hospitalized because of COVID-19?

Yes/No

If Yes/No, continue by stating the following dialogue:

I am going to list some symptoms and would like to know whether you are experiencing any of these and whether they are worsening, improving, or staying the same. I want to stress here that we are not interested in chronic conditions, only conditions that are NEW in the past two weeks.

<i>Fever, Temperature Reading (Fahrenheit)</i>	Y/N If Yes Temp Reading	If Yes, Worsening, Same, Improving
<i>Cough</i>	Y//N	If Yes, Worsening, Same, Improving
<i>Chills</i>	Y//N	If Yes, Worsening, Same, Improving
<i>Difficulty Breathing or Shortness of Breath</i>	Y//N	If Yes, Worsening, Same, Improving
<i>Sore Throat</i>	Y//N	If Yes, Worsening, Same, Improving
<i>Muscle Aches</i>	Y//N	If Yes, Worsening, Same, Improving
<i>Diarrhea</i>	Y//N	If Yes, Worsening, Same, Improving

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Headache	Y//N	If Yes, Worsening, Same, Improving
Vomiting or Nausea	Y//N	If Yes, Worsening, Same, Improving
Loss of Smell or Taste	Y//N	If Yes, Worsening, Same, Improving
Fatigue	Y//N	If Yes, Worsening, Same, Improving
Sinus Congestion	Y//N	If Yes, Worsening, Same, Improving
Chest Pain	Y//N	If Yes, Worsening, Same, Improving
Confusion	Y//N	If Yes, Worsening, Same, Improving

If individual responds yes to any of the symptoms, then mark them as a Probable Case/Presume Positive. At the end of the call, they will be presented with the dialogue for Testing for Symptomatic Individuals.

If individual said Yes to Difficulty Breathing OR Shortness of Breath OR Chest Pains OR Fever OR Diarrhea OR Vomiting OR Abdominal Pain, state:

Based on your answers, we strongly recommend that you speak with your doctor about the symptoms you are experiencing. If you do not have a doctor or cannot get ahold of your doctor, you can call NYC Health + Hospitals at 1-844-692-4692. To reach the COVID-19 Provider Hotline, press 0. If at any point you feel your symptoms require emergency medical attention, call 911 or go to your nearest Emergency Room.

For all the other answers, state:

If you have any medical questions about your symptoms or about COVID-19, I encourage you to speak with your doctor. If you do not have a doctor or cannot get ahold of your doctor, you can call New York City Health + Hospitals at 1-844-692-4692. To reach the COVID-19 Provider Hotline, press 0. If, at any point, you feel your symptoms require emergency medical attention, call 911 or go to your nearest Emergency Room.

Processing Logic:

If answered **Yes** under “**Are you currently hospitalized?**”, it will be directly Skipped to the **End of Monitoring** Step when continue is clicked on the Monitoring Step.

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If DOB is not present on the Person record or last day of monitoring then the Monitoring Section will be automatically Skipped

MONITORING PREFERENCE

You have indicated a preference to be called for daily check ins. For future monitoring

Would you like us to call you or would you prefer to receive a text message for these daily check-ins? Note: In order to be eligible to use SMS monitoring, you must have an Android or iPhone smartphone running the supported operating system.

- Phone
- SMS

If user select SMS , then show below question and dialog text

***What mobile phone number can we use for these check-ins?**

<Mobile Number>

Only US mobile numbers are supported for SMS check-ins.

Thank you for providing your mobile phone number for SMS monitoring. You are about to receive a series of SMS messages from the Test & Trace program. Please respond "Yes" to these messages to complete your enrollment in SMS monitoring.

Each day during monitoring, we'll send you a text message with a link to a secure website and a brief list of questions. If you do not respond by text by 2 PM, you will receive a call from a contact tracer to complete your monitoring.

By providing your phone number, you agree to receive messages from the NYC Health + Hospitals. Message and data rates may apply. You can reply STOP to cancel at any time.

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QUARANTINE

During Monitoring Days:

***Since your last conversation with our team, have you left home for a reason beside medical care?**

Yes/No

If Yes is answered to the above question add this question:

Why did you leave your home? (select as many as needed)

- To get groceries or food
- To get medicine
- To get supplies to help keep other people in my home safe from COVID
- To run other errands
- To take care of my children
- To take my dog for a walk
- To visit friends or family for fun
- To visit friends or family to help them
- To exercise
- To go to work
- To go to a restaurant, bar, or other social setting
- Unstable housing
- Other (if this is selected, provide free text option)

If Yes, respond:

It is important to separate yourself from others. Please stay separated throughout the course of your monitoring.

If No, respond:

Thank you for taking steps to reduce the risk of transmitting the virus to others.

For Yes/No the following dialogue appears:

If during monitoring, state the following dialogue:

Thank you. Because you have been exposed by a close contact to COVID-19, you must stay inside and separate from others until **[monitoring end date<MonthDD, YEAR>]**. That means you should not leave your home for anything other than essential medical services such as dialysis, chemotherapy, or any other emergency. As a reminder, if you need a letter to give to your employer explaining that you cannot go to work or have questions about the new Paid Family Leave program related to COVID-19, please call 855-491-2667.

Certain limited exceptions apply, in particular for essential workers. An essential worker is someone who performs work involving providing essential needs for human life or the protection of property. Some examples of essential workers are people who work in food production, emergency personnel, and public safety officers.

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If you are an essential worker, you may go to work unless directed otherwise by your employer, but must limit unnecessary contact with others; wash your hands frequently; and wear a face covering at all times when out of the home until **[monitoring end date<MonthDD, YEAR>]**.

If you are healthcare personnel and have been exposed outside your place of work you are now required to quarantine unless directed otherwise by your employer.

WRAP-AROUND SERVICES (If not Final Day of Monitoring based On above Scenario)

***Are you currently staying at a city hotel?**

Yes/No

If Yes, Continue to next section.

If No, state:

As a reminder, there are resources available to you during your quarantine, including assistance with food, utilities, and hotels if you are unable to safely separate from others at home.

***Do you need help getting necessities, like food or medications, while staying at home?**

Yes/No

If Yes, state:

Great. I am going to place a referral to a resource navigator who can help you get basic necessities like food and other services you may need. To place the referral, I will need to share limited information with a partner Community Based Organization working with our team to help people access resources. Your information will remain confidential. Do you agree to let me place the referral and share information so that the resource navigator can contact you?

If yes continue with script as is, if no, change the last question to "no".

My colleague will call you back to arrange services. In the meantime, you can call 3-1-1 to request assistance with food or utilities

If you are interested in staying in a hotel to isolate, you can call 844-NYC-4NYC (844-692-4692) and press 0, then press 1 to request a hotel

Also, as a reminder, if you are feeling depressed or anxious, there are professional counselors you can speak to by calling 1-888-NYC-WELL (1-888-692-9355) or texting "WELL" to 65173. If you are feeling unsafe in your home for any reason, you can always call 9-1-1.

If No, state:

If your needs change, you can call 3-1-1 to request assistance at any time. Also, as a reminder, if you are feeling depressed or anxious, there are professional counselors you can speak to by calling 1-888-NYC-WELL (1-888-692-9355) or texting "WELL" to 65173. If you are feeling unsafe in your home for any reason, you can always call 9-1-1.

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END OF MONITORING

This concludes your monitoring call. Is there anyone else in your household currently being monitored by our program? If so, would you like to complete that monitoring call now?

If no matching interactions are found:

"No interactions matching for the phone numbers"

If matching interactions are found:

Matching interactions with the same phone number

- Interaction Number
- Name
- Birth Date

If hospitalized and during monitoring period:

Thank you for your time. This concludes your monitoring call. We will check-in with you again tomorrow.

If hospitalized and end of monitoring period:

This concludes your monitoring call. Is there anyone else in your household currently being monitored by our program? If so, would you like to complete that monitoring call now?

If not hospitalized and during monitoring period and not currently staying at a hotel:

Thank you for your time. This concludes your monitoring call. As a reminder, we will be contacting you each day throughout your monitoring period. If you prefer to complete your daily check-in with us before we contact you, you can call us at 212-242-2692. You can also call that same number if you have questions for us. We are open 9am-9pm every day of the week.

If you are experiencing symptoms, you should assume you have COVID-19 and should stay safely separated from your loved ones. You can find the testing location closest to you by visiting nyc.gov/covidtest or by calling 311. It's very important you get tested. Thank you.

If not hospitalized and during monitoring period and currently staying at a hotel:

Thank you for your time. This concludes your monitoring call. We will check-in with you again tomorrow.

If not hospitalized today is the Last Day of Monitoring:

Your monitoring period ends today. You may return to normal activity. Thank you for participating in the New York City COVID-19 Test and Trace Program. Please continue to wear face coverings in public, maintain 6 feet of distance, wash your hands and follow other public health guidance pertaining to the prevention of COVID-19.