CONTACT TRACING INTERVIEW SCRIPT COVID-19 POSITIVE DHS PERSONNEL

■ BEFORE CALLING, REVIEW:

o Before calling review the script, the contact tracing form, information that you have been provided for COVID-19 including symbol 1820 transmission, self-isolation, quarantine, and resources to assist personnel.

Office of the Chief Human Capital Officer

Leaving a Voicemail Message:

"Hi this is [Contact Tracer first and last name] from [agency name/ component]. I am part of a team that is conducting voluntary contact tracing. We are contacting DHS personnel who have notified their Supervisor that they are COVID-19 positive and have agreed to participate in contact tracing. It is important that I talk with you. Please call me back at [predetermined contact number]. I will be in the office [availability]. If I don't answer, please leave a voicemail, and I'll get back to you as soon as possible."

The Interview:

Hi, this is [Contact Tracer first and last name] calling from [agency
name/component]. May I speak with [COVID-19 positive individual's name]? (or
"Am I speaking with [COVID-19 positive individual's name]?"
"The DHS Contact Tracing program has been informed by your Supervisor that you tested positive for COVID-19 and have agreed to participate in contact tracing. I am calling to check on you, to get a list of persons that may have been exposed while you were possibly contagious, and to provide you with resources on Public Health recommendations."
"Were you physically present at a DHS worksite 48 hours before having COVID-19 symptoms?" Yes/No
"Were you physically present at a DHS worksite 2 days prior to a positive speciment collection or until the time you were isolated?" Yes/No
o If No to either question, end the interview. The individual did not exposed others while at the DHS worksite and does not meet the criteria for contact tracing.

o If Yes to either guestion, continue with the interview. The individual may have exposed others to COVID-19 while at the DSH worksite and meets the criteria for contact tracing.

worksite while you were possibly contagious."

☐ "Based on your response you did not expose anyone at the DHS

WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other DHS federal employee who do not have a valid "need-to-know" without prior approval of an authorized DHS official.

Paperwork Reduction Act Burden Notice: Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the information. This collection of information is voluntary. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for this collection to: Office of the Chief Human Capital officer OCHCOPrivacyOfficer@hq.dhs.gov

CONTACT TRACING INTERVIEW SCRIPT COVID-19 POSITIVE DHS PERSONNEL

"Before we begin. I would like to provide you with the Office of the Chief Human following privacy notice: DHS is requesting information as Capital Officer part of this call for the purpose of maintaining and ensuring a **Workforce Health and Safety** healthy workforce and a safe DHS workspace. Further, this v.1: 6.3.2020 information will help the Department in slowing down the spread of COVID-19 by notifying those individuals who may have been exposed to the disease so that they can take appropriate precautions in minimizing exposure to other DHS personnel and DHS-affiliated personnel. As such, DHS may use the information I collect from you to provide notifications to other potentially exposed personnel. No personally identifiable information will be shared on you to those personnel in an identifiable format. However, information contained from this call may be shared with my supervisory contact tracer to ensure data is appropriately collected. In addition, if you report symptoms of COVID-19, this information may be shared with your supervisor so that he or she may work with you on your work status. Further, no personally identifiable information collected from this call will be shared outside of DHS. This collection is voluntary. However, your participation is requested because contact tracing is a key strategy for preventing further spread of COVID-19." "For your awareness, DHS has identified introductory contact training to educate and inform the workforce on contact tracing. It's about an hour and is very helpful. I will email you the training information and other resources that you may find helpful after this call." ☐ "Can you please confirm the spelling of your name?" o /Complete Section I of the COVID-19 Contact Tracing Form "For each date you were in the office, 48 hours (or 2 days) prior to having COVID 19 symptoms, can you please provide the dates, office locations, and persons (first, last name, phone number, and email) that you were within 6 feet of for at least 30 minutes?" o /Complete Section II of the COVID-19 Contact Tracing Form ■ End the call "Thanks for your time. Your participation is appreciated. Disclosing this information will help keep you and your colleagues safe by preventing further spread of COVID-19. I will only use this information to notify individuals that they may have been exposed to a COVID-19 positive individual while at the DHS worksite. I will not disclose your name nor any

2

WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other DHS federal employee who do not have a valid "need-to-know" without prior approval of an authorized DHS official.

other identifiable information. Your information will remain strictly private

Paperwork Reduction Act Burden Notice: Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the information. This collection of information is voluntary. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for this collection to: Office of the Chief Human Capital officer OCHCOPrivacyOfficer@hq.dhs.gov

CONTACT TRACING INTERVIEW SCRIPT COVID-19 POSITIVE DHS PERSONNEL

and confidential. If you think of other individuals or locations that should be added to this list, please feel free to call me at [predetermined contact number]. I will send a follow-up email with COVID-19 resources which may be helpful to you. After this call, please contact your supervisor to discuss your work status. Have a nice day."

Office of the Chief Human Capital Officer Workforce Health and Safety

v.1; 6.3.2020

☐ End the interview and update the information on the form or database.

3

WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other DHS federal employee who do not have a valid "need-to-know" without prior approval of an authorized DHS official.

Paperwork Reduction Act Burden Notice: Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the information. This collection of information is voluntary. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for this collection to: Office of the Chief Human Capital officer OCHCOPrivacyOfficer@hg.dhs.gov