**Global Center
for Health Security**

Ethics Advisory Committee Case Study

Contact Tracing and Doing the Right Thing: Tough Decisions in Preventing and Controlling the Spread of COVID-19

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Target Audience

The ideal audience are those interested in public health ethics, long-term care or skilled nursing, or public health preparedness and response.

Learning Objectives

At the end of this case study activity, learners will be able to:
- Define the basics of contact tracing measures necessary in the workplace during a pandemic
- Describe values potentially in tension in the implementation of contact tracing
- Identify possible ways to prevent infection and promote safety that take into account the different values of workers and leaders

How to Use this Case Study

Participants should work in small groups (4-8 people). Each group should select a recorder to take notes and a reporter who will report back to the entire class. Each small group should read through the case study. The group should work on the questions following the case study. If time is short, the questions may be divided among the groups and between the group members.

Background

Throughout the COVID-19 pandemic, workers in essential industries have been faced with several difficult decisions. To provide for themselves, and potentially their families, frontline workers must go to work during the pandemic. Numerous workplaces, including long-term care facilities, have become COVID-19 hotspots. In examining the risk of disease spread within a long-term care facility, one must consider both the congregate living environment and the increased susceptibility of severe COVID-19 in residents, who are often elderly and have pre-existing health conditions. The case below discusses the situations Ms. White, a nursing assistant who works at two long-term care facilities, encounters and the decisions she must make to protect herself and others in the pandemic.

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Ethics Case

Ms. White is a certified nursing assistant who works at two long term care facilities. She works at facility A Monday through Friday and at facility B on the weekends. She has worked at both facilities since the beginning of the COVID-19 pandemic and knows that she works with a high-risk population.

To prevent the spread of SARS-CoV-2, both facilities have set up cohorting plans that require employees to wear personal protective equipment and respiratory protective equipment dependent on the zone of work. Facility B knows that Ms. White splits her time between two facilities, which means her exposure to people outside of facility B is greater than someone who only works at one facility. Facility B has assigned Ms. White to a zone that requires a N95 and a face shield—they call this a yellow zone. In the yellow zone, Ms. White cares for patients who have been exposed to COVID-19. She is not currently assigned to work in any of the green zones, which only require a surgical mask, as patients in these zones have no known exposure to the virus.

One morning at facility B, Ms. White briefly comes into contact with a resident in a green zone who was starting to fall as she was passing by the zone. Ms. White stepped into the green zone and assisted the resident to avoid a fall, which took about 20 minutes. Ms. White notices that the resident has some trouble breathing, but he assures her that it is his usual allergies. The next day, Ms. White notices that this resident is not in his room. Concerned, she asks her supervisor about the resident. Ms. White is told that the patient has been transferred and is receiving care at a local hospital but isn't told why or what prompted the transfer. Later that day, she notices that two nurses who take care of this resident are also absent from work. She thinks about her interaction with the patient and starts to wonder if the resident was experiencing symptoms of COVID-19, rather than allergies.

Ms. White asks her supervisor directly if the resident is suspected or confirmed to have COVID-19. Her supervisor says that the patient's condition is confidential information and does not provide an explanation. Ms. White explains to her supervisor that she was in contact with the resident within the past 2 days, but her supervisor still refuses to provide additional information. Ms. White wonders if she is not being told anything because she has not been identified as a close contact due to the amount of time spent with the resident. Worse, she wonders if she is a close contact, but her employer does not have record of her caring for this resident because she was not scheduled to work in the green zone. Ms. White thinks about her interaction with this resident. As the patient was in in the green zone, Ms. White had assumed that there was little chance that the patient had COVID-19. Now, she worries that she was not as careful as she should have been. Had she adjusted or removed her mask? Was she within 6 feet of him for more than 15 minutes? Following the interaction, had she touched her face without first practicing hand hygiene? Ms. White works with many residents in a day and cannot remember all of the details about her interaction.

For the rest of her shift, Ms. White hears other staff members saying that a resident was diagnosed with COVID-19. She overhears that the other nurses who are absent have COVID-19 symptoms. Ms. White's worst fear is that she has been exposed to the virus and could be spreading it to other residents, and could potentially introduce the virus to facility A. Defeated by her previous interactions with her supervisor, Ms. White is unsure of how she can be sure that the health and safety of workers and residents is a priority and contact tracing is done appropriately.

Ethical Principles

- A person's right to have information about their health or other sensitive topics kept secure and the responsibility of people with that information to keep it a secret. *We call this privacy and confidentiality.*
- Keeping the workplace operational and safe, which means keeping workers healthy and at work. *We call this sustainability*.
- Being fair about helping workers avoid getting infected. This means recognizing what people must do to avoid getting infected at work and giving them what they need to do it. *We call this principle reciprocity*.
- Being honest about what is expected and what it will take to get there. *We call this transparency.*
- To prevent infection and keep people safe, it is important for everyone on the team to have a right to say when they don't feel safe or when rules to keep people safe aren't being followed. *We call this empowerment.*

Discussion Questions

1. Make two lists:
    a. In addition to her health, what other things does Ms. White care about in this case? What does she value?
    b. In addition to making sure enough workers show up every day, what are other things the leaders are worried about; what do they value?
    c. Which of things on the lists match up? Which are opposed to or conflict with each other?

2. Pick one of the values listed above (sustainability, reciprocity, privacy and confidentiality, transparency, or empowerment) and explain how it fits into this case.

3. Provide 1-2 ideas that your group thinks would be MOST effective and MOST acceptable to both workers and supervisors to prevent spread of COVID-19.

References

1. Centers for Disease Control and Prevention. HIPAA, privacy and confidentiality. Centers for Disease Control and Prevention. https://www.cdc.gov/aging/emergency/legal/privacy.htm. Published March 14, 2012. Accessed September 22, 2020.

2. Centers for Disease Control and Prevention. Contact tracing. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html. Accessed March 5, 2021.

3. Infection Control Assessment and Promotion Program. Cohorting Plan For LTCF (to be implemented when a COVID-19 infection is suspected or identified). 2020. https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Cohorting-Plan-for-LTCF-4.17.20.pdf. Accessed November 19, 2020.

4. Infection Control Assessment and Promotion Program. ICAP Guidance to Facilities on Contact Tracing, Testing and Quarantine upon Identification of a Case of COVID-19. 2020. https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/09/ICAP-Guidance-to-Facilities-on-Contact-Tracing.pdf. Accessed November 19, 2020.

Appendix: Facilitator's Guide

Introduction (3 minutes)

There are many factors to be considered when making decisions about how best to keep people safe amid an infectious disease outbreak- these factors include both key scientific facts and important ethical values.

3 key points to make before reading the case

- *Uncertainty is common in difficult decisions*: with COVID-19 and other infectious diseases we sometimes have to make decisions to help control spread despite not having all the information we would like, or even all the information we *need,* to be sure we are making the right decision. For example, we often have to balance risks, despite not being certain what all the risks are.

- *More than just scientific facts are involved in making good decisions*: even if we all agreed on all the relevant facts, and even if we knew all of the risks, the messy reality is that oftentimes multiple people are affected by the decisions each of us must make. A risk that is acceptable to one person might not be acceptable to someone else who is affected by the decision – or vice versa. So, more than just scientific facts must be weighed when making decisions.

- *Ethical values often come into play, and they can conflict with each other*: each of us holds certain values as part of our moral or ethical core. These might be values you got from your parents, your church, your friends, or from books you've read or movies you've seen. We all think certain things are really important – whether it's the health of our family, success in business, always telling the truth, or being a loyal friend and a kind person. But what happens when these values come into conflict with each other? For instance, how do you decide what to do when telling the truth might also be unkind? This is an **ethical problem** – when two or more important values tell us to do different things.

Throughout the COVID-19 pandemic, workers in essential industries have been faced with a number of difficult decisions, based on one key fact: frontline workers must work during the pandemic, but working means facing an increased risk of getting COVID-19. This case will help the group explore contact tracing in the workplace and the relevant values considered in decision making. As you read the story, keep in mind two things: first, how different *people might be affected* by the decisions being made, and second, what *values are being put first* when the decisions are made.

Participants Read the Case Together

Ideally, have one person read the case aloud so those who don't read well can participate equally in the discussion.

Discussion about Ethical Principles (no more than 5 minutes)

Ask participants to think about the people involved in this case and have them make a list of who needs to be considered when making decisions. There are a number of possible values (often called ethical

principles) that readers might see in the story – a few important values in this story are reciprocity, transparency, sustainability, empowerment, and privacy and confidentiality.

- *Reciprocity* means giving people what they deserve in return for what they are being asked or required to do.
- *Transparency* requires that people are honest about what is expected and what it will take to get there.
- *Sustainability* entails keeping workers healthy and at work and keeping the facility operational.
- *Empowerment* means that everyone on the team, without fear of being punished, has a right to say when they don't feel safe or when rules to keep people safe aren't being followed.
- *Privacy and confidentiality* concern a person's right to have information about their health or other sensitive topics kept secure and the responsibility of people with that information to keep it a secret.

Ask participants: What questions do you have about these principles? Are there other principles that you saw influencing decisions that different people made in the story? As moderator, it's fine for people to use their own words to describe these principles, and it's common for different people to refer to similar principles using different labels. These principles also can overlap, and they can be in conflict with each other – let the group explore these issues a bit before breaking into small groups.

Small Groups

Participants should work in small groups (4 – 8 people). Each group should select a member to report back to the entire group. Each small group should try to answer the questions at the end of the case study. If time is short, the questions may be divided among the groups and/or between the group members.

Sample answers are listed below the questions:
- **Question 1: Make two lists:**
  - **In addition to her health, what are other things Ms. White cares about in this case? What does she value?**
    - The health of her friends, family, and coworkers
    - Her employment
    - Transparency and honesty from leaders of the long-term care facility
    - The ability to trust the people she works for
    - The health and safety of the residents she cares for
  - **In addition to making sure enough workers show up every day, what are other things the leaders are worried about? What do they value?**
    - Continued operations
    - Preventing the spread of COVID-19 among residents and staff
    - The relationships they have with workers
  - **Which values on these two lists match up? Which values conflict with each other?**
    - Matching: Both care about the health and wellbeing of the residents being cared for.
    - Matching: Both parties want to maintain operations within the facility.
    - Matching: Both might value the relations they have with each other.
    - Conflicting: In an effort to avoid staffing shortages, the long-term care facility may not perform contact tracing, but they also don't want rampant infection in the facility.

- **Question 2: Pick one of the principles listed above (sustainability, reciprocity, transparency, and privacy and confidentiality) and explain how it fits into this case.**
  - Sustainability: The long-term care facility does not want to experience a staffing shortage and cannot close because of the duty to care for residents. To maintain operations, the facility needs workers at work.
  - Reciprocity: Workers at the long-term care facility are owed protections because they are risking their health and safety by working during the pandemic.

- Transparency: The long-term care facility should share information required to keep workers safe. The facility should share how contact tracing is being conducted within the workplace and should be forthcoming with information that impacts the health and safety of workers and residents.
- Empowerment: Ms. White should be allowed to approach the leaders at the facility to express her concerns about potentially being exposed to a COVID-19 patient.
- Privacy and Confidentiality: Ms. White is not told about the condition of the patient she interacted with because her supervisor says that his health status is confidential information.

- **Question 3: Provide 1-2 ideas that your group thinks would be MOST effective and MOST acceptable to both workers and supervisors to overcome the challenges related to showing up to work with confidence of safety.**
    - More transparent leadership: The leaders of the long-term care facility should share how contact tracing is being conducted and under what circumstances an individual would be considered a close contact. Knowing this information will help workers better understand the processes of the facility and may make them feel safer in the workplace.