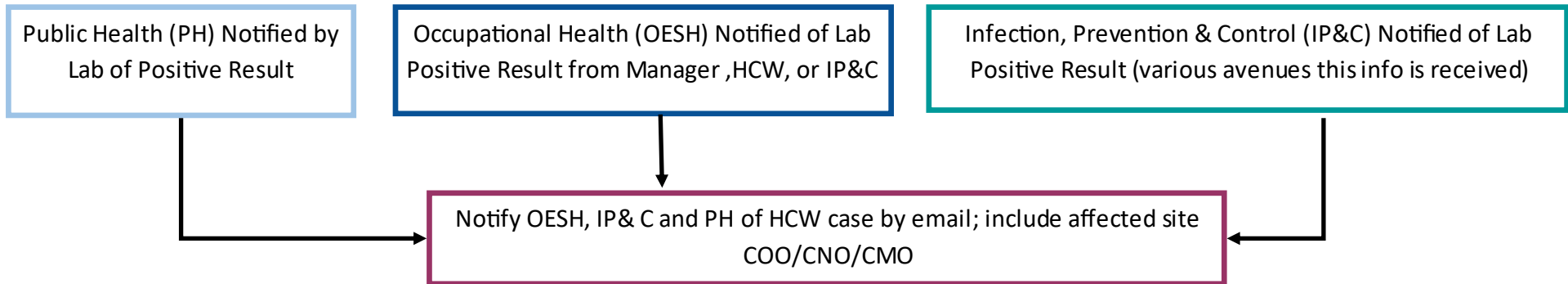


Acute Care Communication Algorithm—Positive COVID-19 Result Physician & Health Care Worker (HCW)



PH Roles & Responsibilities

- Lead contact is WRHA Medical Officer of Health
- Follow up with patient/outpatient or family contacts of staff identified (all cases/contacts are called by the public health nurses, interviewed & provided with direction/advice)
- Investigation begins immediately to determine the nature of the individual's activities from a period up to 48 hours prior to the development of overt symptoms
- Provide instructions for self monitoring/isolating/testing.
- See page 3 for additional information

OESH Roles & Responsibilities

- Contact site /regional OESH or designate
- Contact manager to confirm dates at work, staff contact lists, etc.
- Contact staff to get all dates at work, symptoms, etc.
- Interview all staff contacts
- Determine PPE, length of contact, etc.
- Determine if self-isolation or self-monitor situation
- Provide link to resources for self-monitoring/isolating/testing.
- Communicate to Manager/Human Resources re: direction given
- Notify PH and IP&C of contacts (OESH follows up on HCWs who are cases; PH follows up on contacts)
- OESH will only contact those at risk of exposure
- See page 2 for additional information

IP&C Roles & Responsibilities

- Contact site/regional IP&C or designate
- Determine if any exposed patients are isolated
- Use EPR to see where patient was located, time patient was masked, & when enhanced D/C precautions implemented
- Determine other patients that may have been exposed
- If inpatients - IPC manage - notify PPH; If outpatients/resident/client – send list to PPH

Site Communication Responsibility (COO/CNO/CMO/Designate):

- Contact WRHA COVID Operations Chief & COVID regional lead via update at COVID-19 Regional Leadership Huddle
- Reassure staff/patients/families of above roles & responsibilities; reintegrate COVID guidelines (e.g. PPE)
- Access impacted services; consider appts, transport needs etc.
- See page 2 for management response recommendations

Contact Information

OESH: OESH@wrha.mb.ca, <https://professionals.wrha.mb.ca/old/professionals/safety/contact.php>

IP&C: <https://professionals.wrha.mb.ca/old/extranet/ipc/ContactUs.php>

PPH: <https://professionals.wrha.mb.ca/old/extranet/publichealth/services-communicable-disease.php>

Acute Care Communication Algorithm—Positive COVID-19 Result Physician & Health Care Worker (HCW)

What to Expect When a Covid Exposure Occurs at Your Work Location

OESH Response

- The Manager (Occupational Health & Disability Management) will make contact with the Site Leadership to discuss the process.
- Where possible, OESH will assign one Occupational Health Nurse (OHN) to investigate the exposure. Where exposures potentially involve large numbers of staff, more than one Occupational Health Nurse will become involved.
- The OHN will make contact with the Site Leadership to obtain any necessary staffing information or site specific information to conduct the investigation.
- The OHN will make contact with the necessary employees and conduct the investigation. The nature of the investigation questions will range from asking about contacts with other individuals either inside or outside of the department, symptoms they are experiencing, and use of PPE as this helps to determine the extent of the exposure and what actions are necessary (i.e. Whether the employee can remain in the workplace). Information discussed with the OHN is confidential and the OHN will only disclose information necessary to leadership, PPH & IP&C for pertinent information for contact follow up.
- The OHN will participate in any site leadership meetings deemed necessary by the site to facilitate the investigation.
- The OHN will keep site leadership informed of which staff will need to remain off work in order to self isolate.
- The OHN will monitor any employees who must remain off work and will inform the site when the employee is cleared to return to work. Similarly, employees may be cleared to return to work by calling the Covid Line which will inform the OHN and Manager of Employee.
- Should the Site Leadership wish, the Manager (Occupational Health & Disability Management) and the assigned OHN will participate in a process debriefing after the exposure investigation has concluded.

Unit/Area Manager Response

- Email site leadership (COO/CNO/CMO/Designate & Area Director) to inform of **exposures or outbreak once declared**.
- Contact staff person with COVID—19 positive outcome, offer support. If after hours when OESH is not available, ask staff person where they were in the building, and who they had close interactions with. Request that housekeeping provide expanded cleaning/disinfection of identified areas.
- Compile list of staff persons that may have been exposed while on shift with COVID positive staff person, and retrieve contact information. Request that onsite supervisor compile a list of staff that were onsite for the shift.
- Contact close encounter staff and inform that they are going to be contacted by OESH.
- If the staff identified are currently working, advise them to be in full PPE while awaiting contact from OESH. If operationally able, request that staff leave their shift to self-isolate while awaiting contact from OESH. Inform that they will receive paid leave from any hours missed while awaiting contact from OESH.
- Communicate to staff that they will receive a call from OESH that will provide an assessment of their exposure risk & receive direction from OESH regarding next steps (i.e. Self-isolate, go for testing)
- Evaluate operational needs for shift coverage if staff decide to self-isolate while awaiting call from OESH or are directed to self-isolate by OESH. Coordinate with scheduler and time keeper. Advise timekeeper that any staff that are self-isolating while awaiting OESH or as directed by OESH, will receive paid administrative leave.
- Communicate memo from senior leadership to all staff, including other professionals in the building (i.e. housekeeping, security, administration).
- Check in periodically with employee with COVID positive test – provide support.
- Provide ongoing updates to leadership regarding operational impacts (i.e. staff being off due to self-isolation direction).
- Coordinate with scheduling clerk and administrative staff regarding scheduling needs and payroll implications.

Acute Care Communication Algorithm—Positive COVID-19 Result Physician & Health Care Worker (HCW)

Population & Public Health (PPH) Case and Contact Management Overview

Public Health Nurses (PHNs) contact all positive cases within 24 hours; interview them to identify contacts, and connect with all of these contacts. PHNs educate and provide instructions re: self-isolation and monitoring.

All cases who are HCWs are referred to OESH for follow up. OESH identifies their contacts, and their non-health care contacts are returned to public health for follow up.

Contact Management : Purpose:

1. Facilitate rapid identification of new cases and to reduce community spread by:

- Identifying and isolating any people who were in contact with a symptomatic case (or a positive lab specimen) starting 48 hours prior to the case developing a symptom consistent with COVID-19; and,
- Reducing the opportunity for transmission to others in the community from those who have the infection but no symptoms or who have mild symptoms that may go unnoticed. Providing contacts with information regarding infection prevention and control measures they should follow, and what to do if they develop symptoms is another important means to reduce transmission.

2. Gain a better understanding of the epidemiology of this coronavirus.

Case & Contact Management Process:

- PHNs provide direction to people who have been in contact with cases on self-isolation, monitoring and testing. This varies based on circumstance, e.g., symptomatic contacts are directed to be tested; asymptomatic individuals may be told to delay testing for several days to allow for the virus to develop and be picked up by the test; health care workers have to connect with OESH.
- PHN assessment and advice is tailored to individual circumstances, e.g., ability to self-manage, housing, school/daycare, symptoms and severity, access to necessary supplies for self-isolation, psycho-social circumstances and risk to others in the home or school/daycare settings.
- Ideally, cases are contacted daily for 10 days to assess symptoms and contacts for 14 days. There may be some delays due to volumes. Daily monitoring is being conducted in partnership with the contact monitoring call centre and generally these calls are not made by a nurse so the direction setting should come from PH or OESH.
- If someone who is a contact to a case has a test that comes back negative, they still have to complete the 14 day isolation because they are a contact to an actual case and may still become positive during that 14 day period, whereas someone who was tested because they have symptoms but was not a contact to a case can discontinue after their test is negative and symptom free for 24 hours.