COVID-19 Contact Identification LTC Guideline

The purpose of contact management is:

- To facilitate rapid identification of new cases and to support containment by identifying and isolating any symptomatic contacts as quickly as possible; and
- To reduce the opportunity for transmission to others in the community from those with mild symptoms that may go unnoticed, and by providing contacts with information regarding infection prevention and control measures they should follow, as well as what to do if they develop symptoms;

Period of communicability - The period extending from 48 hours prior to the development of overt symptoms in the case until the case is classified as no longer infectious. *Evidence is limited on transmission of the infection during the incubation period or during asymptomatic infection. There are a small number of case reports suggesting asymptomatic transmission can occur.*

Management of Contacts by PCHs

1. If the PCH is notified about a resident or healthcare worker who has tested positive for COVID-19, the roles of Public Health, Occupational Health (OESH), the LTC Program IP&C Coordinator, and the PCH Infection Control Professional (ICP) or designate are outlined in the following algorithms:
    - **Contact Identification for COVID+ HEALTHCARE WORKER** – page 6
    - **Contact Identification for COVID+ PCH RESIDENT** – page 7

2. For **health care worker (HCW) cases**, the role of the PCH Infection Control Professional (ICP) or designate is:

    a) Determine the period of communicability
    - Public Health or OESH may have already determined the period of communicability for the HCW
    - If it has not been determined, consult with the LTC Program IP&C Coordinator to assist with determining the period of communicability
    - To determine the period of communicability:
        i. Determine the date when the HCW developed overt symptoms e.g. March 29
        ii. Then calculate the date 48 hours prior to the development of overt symptoms to determine the beginning of the period of communicability e.g. March 27
        iii. Determine the date the HCW last worked at the PCH prior to isolation to determine the end of the period of communicability
        iv. The period of communicability is between the date from ii and the date from iii

    b) Obtain details about the HCW's work:
    - Contact the HCW to get details about the dates and locations they worked at the PCH
    - Ask the HCW about the direction given by Public Health or OESH regarding isolation, monitoring and plan for returning to work
    - Contact the HCW's manager to confirm the dates at work and obtain staff and resident contacts based on the scheduling record
    - Proceed to step 4

3. For **residents cases**, the role of the PCH Infection Control Professional (ICP) or designate is:

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a) Determine the period of communicability
   - Notify the LTC Program IP&C Coordinator of the resident case and collaborate to determine the period of communicability
   - This may require gathering information from the resident's health record and from healthcare providers who cared for the resident
   - To determine the period of communicability:
     i. Determine the date when the resident developed overt symptoms e.g. March 29
     ii. Then calculate the date 48 hours prior to the development of overt symptoms to determine the beginning of the period of communicability e.g. March 27
     iii. Determine the date isolation (i.e. Droplet/Contact Precautions) were implemented for the resident to determine the end of the period of communicability
     iv. The period of communicability is between the date from ii and the date from iii

b) Determine where the resident is currently located and the areas where the resident has been, including external transfers, during the communicability period.
   - If an external transfer occurred during the period of communicability, notify the acute care ICP for facility exposures or the Communicable Disease Coordinator (CDC) for community exposures. Contact information for the CDCs can be found in the ***COVID-19 Management LTC Guideline*** Step 8.

4. Complete contact tracing to identify all contacts who had exposure to the HCW/resident including staff, residents, external providers, and visitors.
   a) Record the contacts in the ***PCH COVID-19 Contact Tracing Spreadsheet***
   b) Contact staff to obtain dates at work, area of work, personal protective equipment (PPE) use, and length of contact with HCW/resident

5. For each contact identified in Step 4, determine exposure risk level (see Table 1 below)
   a) There are three categories of exposure risk - high, medium or low
   b) Table 1 categorizes contacts by exposure risk level and describes the risk level
   c) Record the risk level for each contact in the ***PCH COVID-19 Contact Tracing Spreadsheet***

6. FOR **RESIDENT CASES ONLY**, **complete the Novel Coronavirus (COVID-19) Case Investigation Form within 24 hours of case identification.**

   a) When completing the Novel Coronavirus (COVID-19) Case Investigation Form, refer to the INSTRUCTIONS FOR SURVEILLANCE FORM MHSU-6683 - CORONAVIRUS DISEASE 2019 (COVID-19) CASE INVESTIGATION FORM and consult the LTC Program IP&C Coordinator as required

   b) For section IX CONTACTS in the Novel Coronavirus (COVID-19) Case Investigation Form:
      - Record all high AND medium risk contacts, **except residents**, as determined based on your contact tracing
      - If there are more than 3 contacts, use multiple copies of that section to record them all

   c) When completed, send the Novel Coronavirus (COVID-19) Case Investigation Form to the **WRHA Public Health Confidential Fax Line: 204-940-2690**
      - **Do not send it to the Manitoba Health Confidential Fax Line on the form** as WRHA Public Health will forward to them and to the Provincial Call Centre to assist with active daily monitoring

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7. For external contacts identified in Step 4:

   a) Visitors
      - For HCW cases: Share visitor contact information with the LTC Program IP&C Coordinator who will follow-up with Public Health
      - For resident cases: List visitor contacts in section IX CONTACTS on the Novel Coronavirus (COVID-19) Case Investigation Form as outlined in 6b above. Public Health will follow-up as indicated.

   b) External Providers
      - For HCW cases: Share external provider contact information with the LTC Program IP&C Coordinator who will follow-up with Public Health
      - For resident cases: List external provider contacts in section IX CONTACTS on the Novel Coronavirus (COVID-19) Case Investigation Form as outlined in 6b above. Public Health will follow-up as indicated.

8. For resident contacts identified in Step 4:

   a) Assess resident contacts for respiratory signs & symptoms
      - If the resident contact has respiratory signs & symptoms, refer to ***COVID-19 Management LTC Guideline*** Step 1 and the "*Respiratory Illness Suspected to be COVID-19*" algorithm in Appendix 1

   b) If the resident is asymptomatic, advise the staff on the resident contact's unit on the actions to take based on risk level in Table 1 below and record in the ***PCH COVID-19 Contact Tracing Spreadsheet.***
      - If the resident had close contact (high risk), refer to ***COVID-19 Management LTC Guideline*** Step 25 and the "*Asymptomatic Resident Contact of Confirmed COVID-19 Positive Case*" algorithm in Appendix 4
      - If the resident had non-close contact (medium risk), monitor the resident for 14 days from last date of contact for respiratory signs & symptoms including measuring temperatures* twice daily and record to assess for temperature deviances from baseline. *Note: *Residents on scheduled acetaminophen or NSAIDs (e.g. ibuprofen, naproxen, diclofenac) may not have an increase in temperature.*

   c) If any of the identified resident contacts are no longer at the PCH due to transfer to another location (e.g. PCH, other healthcare facility or community), communicate to the applicable site ICP or CDC the actions for the resident (e.g. assessment for symptoms, isolation, or monitoring).

9. For staff contacts identified in Step 4:

   a) Screen the staff contacts to determine if they are symptomatic:
      - If symptomatic, direct the staff contact to self-isolate and to attend a testing site with their work identification for COVID testing. They should notify OESH immediately after testing is done. Note: nasopharyngeal swabs (NP) completed too early in infectious process can produce a false negative result. It is best to wait until symptoms have been present for a minimum of 24 hours prior to being tested.
      - If not symptomatic, determine the isolation and monitoring plan for the staff contact (see 9b below)

   b) Advise staff contacts on the actions to take based on risk level in Table 1 below and record in the ***PCH COVID-19 Contact Tracing Spreadsheet.***

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- Communicate the direction given to the staff contacts and estimated return to work to their manager/ Human Resources (HR).
- If the staff contact works at other healthcare facilities, notify the applicable site ICP (acute care ICP or PCH ICP) of the direction given to the staff contact

c) Staff requiring self-isolation:
- HCWs who are close contacts of a case should self-isolate for 14 days (see Table 1 below)
- Provide them with the Novel Coronavirus (COVID-19) Self-isolation Fact Sheet and Temperature Self-Monitoring Form
- If the HCW develops symptoms, including a cough, runny nose, fever or sore throat, they should attend a testing site to be swabbed for COVID and notify OESH. Note: NP swabs completed too early in infectious process can produce a false negative result. It is best to wait until symptoms have been present for a minimum of 24 hours prior to being tested.
  - If their test is positive, follow the guidance for HCWs who are cases
  - If their test is negative, they need to remain on self-isolation until their 14-day period of self-isolation is completed, AND 72 hours after symptoms are resolved
  - If a false negative result is suspected due to compatible clinical symptoms and clear history of exposure, OESH may advise self-isolation for 14 days after symptom onset

Table 1: Categories of contacts by exposure risk level

Risk Level	Description of Risk Level	Contact Actions	PCH Actions
High	**Close contact(s) of a case:** • provided direct care for the case (including health care workers, family members or other caregivers), or who had other similar close physical contact (e.g. intimate partner) **without consistent and appropriate use of recommended personal protective equipment**, **OR** • who lived with or otherwise had close prolonged[1] (10 minutes or longer) contact (within 2 metres) with a case up to 48 hours prior to symptom onset or while the case was symptomatic and not self-isolating, **OR** • had direct contact with infectious body fluids of a case (e.g., was coughed on	a. **Quarantine (self-isolate)**[2] at home for 14 days from last unprotected exposure b. Follow good respiratory etiquette and hand hygiene practices c. Self-monitor for the appearance of symptoms, particularly fever and respiratory symptoms such as coughing or shortness of breath. d. Take and record temperature twice a day and avoid the use of fever reducing medications (e.g., acetaminophen, ibuprofen) as much as possible. These medications could mask an early symptom of COVID-19; if these medications must be taken, advise PCH. e. Follow measures outlined in the COVID-19 Self-isolation Fact Sheet f. Isolate within the home setting as quickly as possible should symptoms develop. For staff, attend a testing site once symptoms are present for greater than 24 hours and notify OESH. All others, contact Health Links for further direction, which will	• In collaboration with PH, active daily monitoring of contacts for symptoms. Refer to the Temperature Self-Monitoring Form for specific guidelines. • A close contact who develops symptoms compatible with COVID-19 within the monitoring period should be considered a "suspect case" and from an IP&C perspective should be managed as a case. • If laboratory testing is negative for the virus that causes COVID-19, the individual should continue to self-isolate until 14 days from last exposure or until asymptomatic for 72 hours, whichever is longer. • If transferring the symptomatic person from the PCH to an acute care facility, notify the receiving facility prior to arrival to ensure appropriate IP&C measures are in place.

Risk Level	Description of Risk Level	Contact Actions	PCH Actions
	sneezed on) without the appropriate use of recommended personal protective equipment	include: o where to go for care, ○ appropriate mode of transportation to use, and ○ IPC precautions to be followed ○ Instruct to wear a surgical/ procedure mask if attending a health care facility ○ If it is an emergency and the case is unable to contact Health Links in advance, instruct them to call 911 and report contact history	
Medium	**Non-close contact**: • provided direct care for the case, (including health care workers, family members or other caregivers) or who had other similar close physical contact **with consistent and appropriate use of personal protective equipment** and the case was self-isolating **OR** • who lived or otherwise had prolonged[1] (10 minutes or longer) contact **but was not within 2 metres** of a case up to 48 hours prior to symptom onset or while the case was symptomatic and self-isolating	a. **Self-monitor** for symptoms for 14 days following their last contact. b. Self-isolation is not required. c. Self-isolate as quickly as possible should symptoms develop. For staff, attend a testing site once symptoms are present for greater than 24 hours and notify OESH. All others, contact Health Links for further direction, which will include: ○ where to go for care, ○ appropriate mode of transportation to use, and ○ IPC precautions to be followed. ○ If it is an emergency and the case is unable to contact Health Links in advance, instruct the case to call 911 and report contact history. d. Avoid crowded public spaces and places where rapid self- isolation upon onset of symptoms may not be feasible. e. Avoid close contact with individuals at higher risk for severe illness.	• No active monitoring • Any contact who develops symptoms within the monitoring period should be considered a "suspect case" and from an IPC perspective should be managed as a case. If test is negative, the individual should continue to self-isolate until asymptomatic for 72 hours. Then self-monitor for 14 days from last exposure. • If transferring a "suspect case" from the PCH to an acute care facility, notify the receiving facility prior to arrival to ensure appropriate IPC measures are in place
Low	Only transient interactions (e.g., walking by the case or being briefly in the same room) or as a result of local community transmission	Follow actions recommended for the public. No monitoring required	Provide public (community level) information and individual advice if required.

[1] *As part of the individual risk assessment, consider the duration of the contact's exposure (e.g., a longer exposure time likely increases the risk), the case's symptoms (coughing or severe illness likely increases exposure risk) and whether exposure occurred in a health care setting.*
[2] *In general, self-isolation means that a contact stays in their home and does not go out, and avoids being within the same room with others within the home setting. If this cannot be avoided, a distance of at least 2 metres should be maintained from others.*

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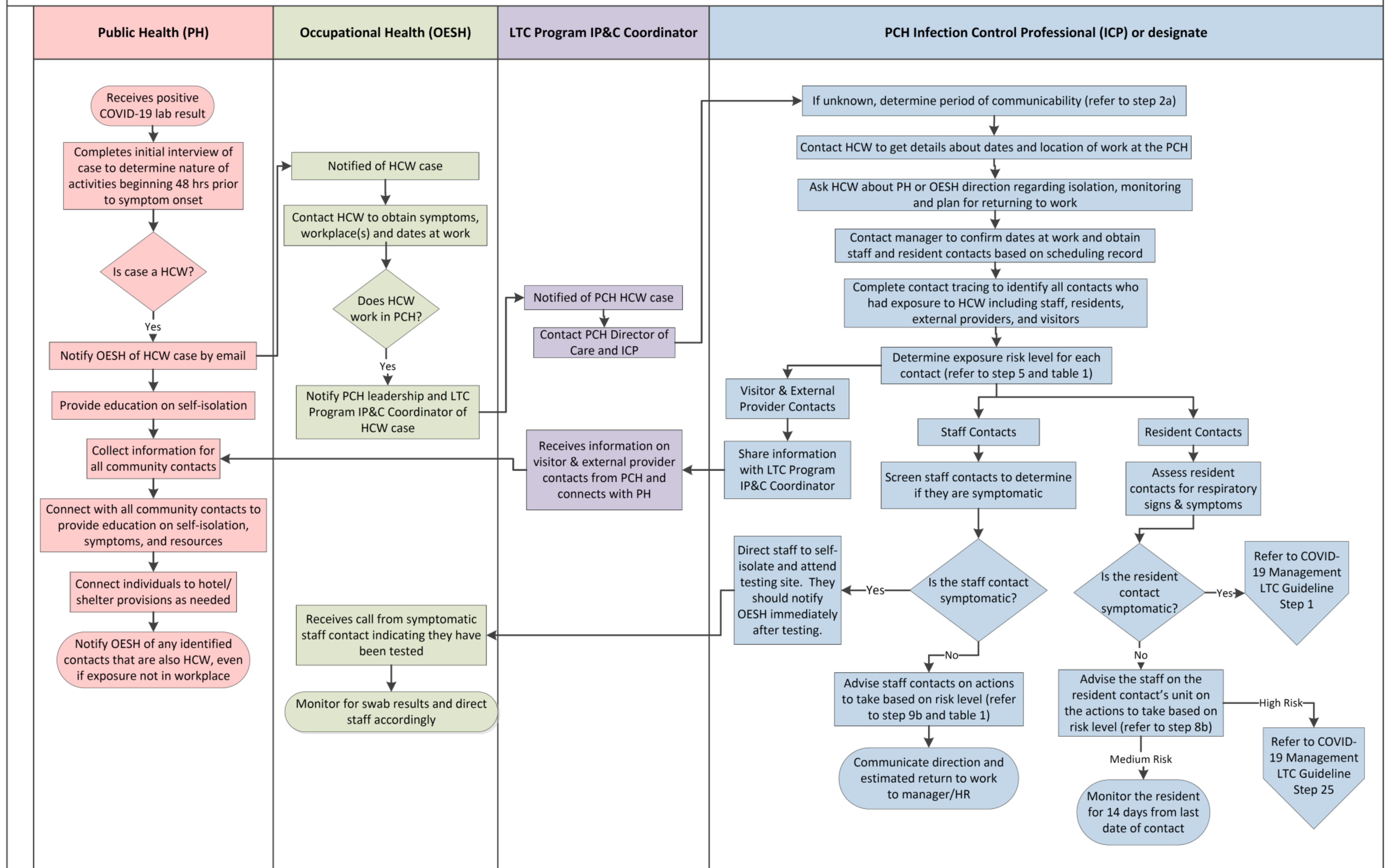

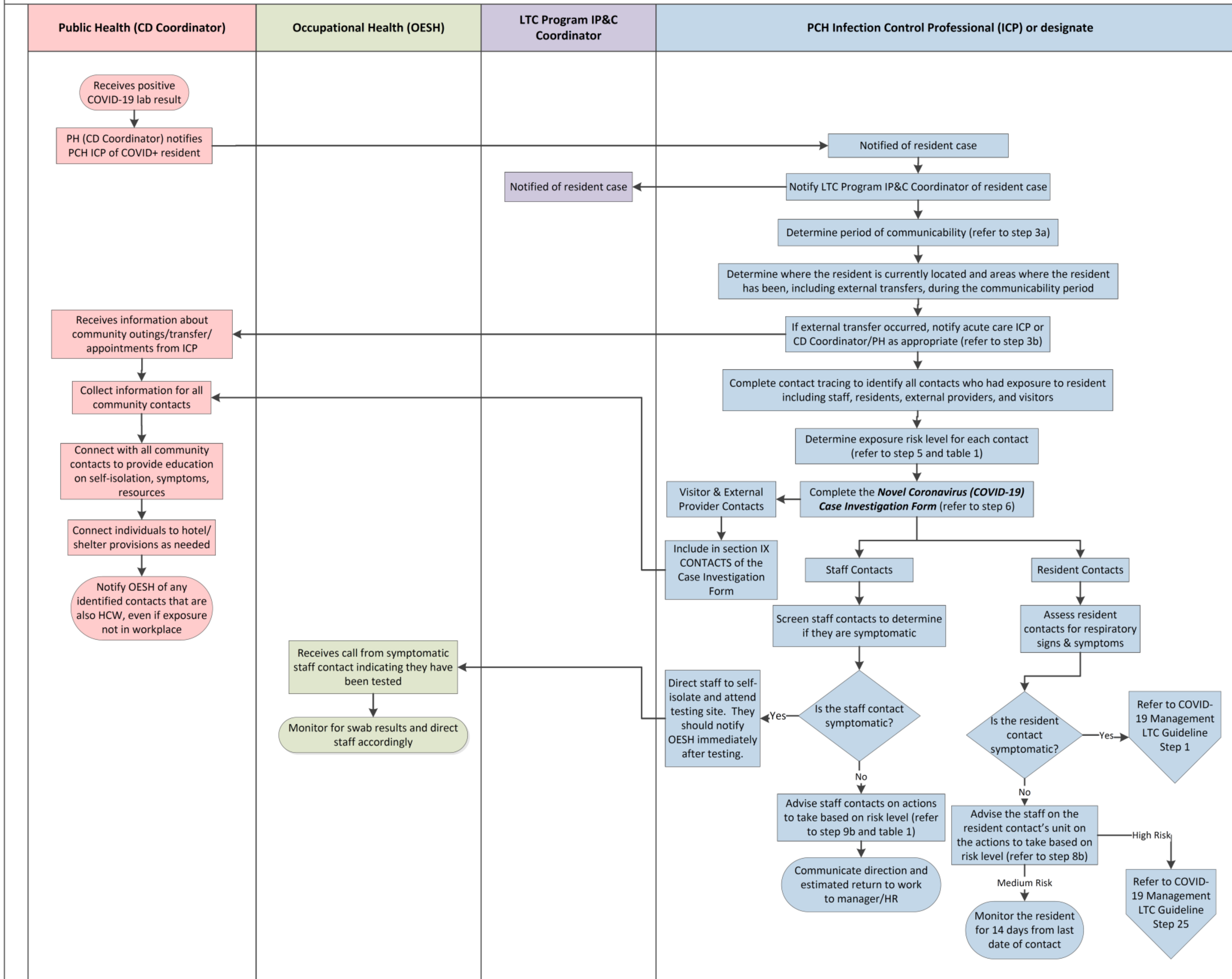
Contact Identification for COVID+ PCH RESIDENT
Public Health (CD Coordinator)
Occupational Health (OESH)
LTC Program IP&C Coordinator
PCH Infection Control Professional (ICP) or designate
Receives positive COVID-19 lab result
PH (CD Coordinator) notifies PCH ICP of COVID+ resident
Notified of resident case
Notified of resident case
Notify LTC Program IP&C Coordinator of resident case
Determine period of communicability (refer to step 3a)
Determine where the resident is currently located and areas where the resident has been, including external transfers, during the communicability period
Receives information about community outings/transfer/ appointments from ICP
If external transfer occurred, notify acute care ICP or CD Coordinator/PH as appropriate (refer to step 3b)
Complete contact tracing to identify all contacts who had exposure to resident including staff, residents, external providers, and visitors
Collect information for all community contacts
Determine exposure risk level for each contact (refer to step 5 and table 1)
Connect with all community contacts to provide education on self-isolation, symptoms, resources
Visitor & External Provider Contacts
Complete the Novel Coronavirus (COVID-19) Case Investigation Form (refer to step 6)
Connect individuals to hotel/ shelter provisions as needed
Include in section IX CONTACTS of the Case Investigation Form
Staff Contacts
Resident Contacts
Notify OESH of any identified contacts that are also HCW, even if exposure not in workplace
Screen staff contacts to determine if they are symptomatic
Assess resident contacts for respiratory signs & symptoms
Receives call from symptomatic staff contact indicating they have been tested
Direct staff to self-isolate and attend testing site. They should notify OESH immediately after testing.
Yes
Is the staff contact symptomatic?
Is the resident contact symptomatic?
Yes
Refer to COVID-19 Management LTC Guideline Step 1
Monitor for swab results and direct staff accordingly
No
No
Advise staff contacts on actions to take based on risk level (refer to step 9b and table 1)
Advise the staff on the resident contact's unit on the actions to take based on risk level (refer to step 8b)
High Risk
Refer to COVID-19 Management LTC Guideline Step 25
Medium Risk
Communicate direction and estimated return to work to manager/HR
Monitor the resident for 14 days from last date of contact