CD Investigation Checklist

- This is a basic guide. Nursing assessment and judgement will be required as you work through each step of each individual CD as per the Manitoba Health Communicable Disease Protocol.
- The PHN is ultimately responsible for the investigation, documentation and reporting of the Communicable Disease in a timely manner.
- The PHN will advise the CD Coordinator by email when the investigation is complete .

General Process		
for all CD		
Referrals		
Receive referral	Review Manitoba Health protocol for the specific CD <u>http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html</u> - Pay special attention to the "Key Investigations for Public Health" in the protocol	
	Is there a questionnaire on Insite for this particular CD? <u>http://www.wrha.mb.ca/extranet/publichealth/services-communicable-disease.php</u> If so print it off. It is intended as a tool to gather the information for the investigation. Fax to CD Unit (204-940-2690) when completed. The details must still be documented in iPHIS.	
	 Contact the testing practitioner to advise of the result. Is the client aware of the diagnosis? Will the testing practitioner be following up with the client? Advise that PHN will be following up with the client directly. 	
	 Contact the client - Home visit, phone call, office meeting Advise of result Obtain clinical symptoms and history 	
Case Management	 Interview the client Refer to <i>Management of Case</i> in MH CD Protocol 	
Incubation Period	 Refer to Incubation Period (Exposure period) as per MH protocol In relation to the mode of transmission obtain information of possible exposures during the incubation period Any exposure in the incubation period should be noted in iPHIS under the exposure tab 	
Communicability	 Refer to <i>Period of Communicability</i> in the MH CD protocol Is the client still communicable? If so what are the recommendations if still communicable? If period of communicability is over is there any further recommendations for the client? Add this information into the Comm/Inc tab in iPHIS 	
Exposures	 List all exposures within incubation period of the CD that are relevant to the specific CD Each exposure should be added individually with specific dates 	
Contacts:	In relation to the mode of transmission, exposure period and communicability who would be defined as contacts?	
	Household contacts should ALWAYS be considered	

	Other significant contacts? eg sexual, travel	
	Are any contacts symptomatic? If so, do they meet a case definition of a case as per the MH protocol?	
	Obtain names, DOB and PHIN #'s of contacts	
	What sort of follow-up needs to occur with the contacts. Refer to <i>Management</i> of <i>Contacts</i> in the MH CD protocol.?	
	Contacts must be entered in the contact tab in iPHIS. Refer to iPHIS Tips for PHN's # 9 <u>http://www.wrha.mb.ca/extranet/publichealth/files/IPHISQRG.pdf</u> for adding contacts.	
	Documentation of assessment and intervention for contacts should be added in the comments section for each contact. Remember to date and sign each entry as it is a free text field.	
	Indicate for each contact "open", "closed-treated" etc from the dropdown list under "Status", whatever is most applicable NEVER USE "SUCCESSFUL CLOSED" OR "UNSUCCESSFUL CLOSED".	
Notes:	Document each interaction as a separate note in the Notes tab in iPHIS using DARP format	
	Ensure investigation and documentation includes details of the <i>Key</i> <i>Investigations for Public Health</i> as outlined in the MH CD Protocols.	
	If there is a questionnaire for that specific CD ensure that ALL information gathered on the form is documented in iPHIS in the appropriate tabs and notes. The questionnaires are intended as a tool to gather information.	
In addition for: Vaccine preventable diseases	Check Panorama for immunization records of client and document in iPHIS. If eligible for any immunization, discuss and recommend options to obtain immunization, including contacts (ie: for Invasive Pneumococcal Disease if the case is eligible for the Pneumo vaccine they can be provided it, even though they have had the disease)	
	Consider immunization status of contacts (if applicable) Immunization status of contacts should be documented in the Contacts tab,	
	comments section for each contact.	
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In addition for: Enteric Illnesses	Are they in a high risk occupation/setting that may require exclusion and/ or test of cure	
	Are any contacts symptomatic? Do they meet a case definition? Will they require exclusion or f/u? *Note: All contacts symptomatic and asymptomatic should identified and added under the case	
	Does the protocol advise testing or follow-up of asymptomatic contacts that work in a high risk occupation?	

	Itemize the details of each exposure of the case in the exposure tab	
	whatever you gather on the questionnaire should be entered into iPHIS.	
	Have they had an exposure at an eating establishment during the exposure	
	period? If so complete and fax Appendix 9.4 from the WRHA Enteric Illness	
	manual to the PHI's & CD Coordinator	
	http://www.wrha.mb.ca/extranet/publichealth/files/app94.doc	
	If they travelled during the exposure period obtain dates of travel, location and name of the facility they stayed. Detailed food history is not required.	
	It is helpful to indicate if they stayed at a resort if they ate only at the	
	resort or off the resort. Were other travelers ill?	
	Exposure should be added as "Other misc- Travel/Lived in Endemic	
	Country" and include travel dates	
For Hopatitic P	Refer to WRHA Hepatitis B Operational Guidelines	
For Hepatitis B cases	http://www.wrha.mb.ca/extranet/publichealth/files/HepBOperationalGuidelin	
00000	esFinalSeptember2019.pdf	
Hep B contacts	Contacts MUST be added to the contact tab. Search and add them as per	
	iPHIS QRC # 9	
	http://www.wrha.mb.ca/extranet/publichealth/files/IPHISQRG.pdf	
	Have contacts been tested and initiated immunization if susceptible?	
	Once contacts have been advised to be tested, check e-chart weekly or	
	check in with MD's office for results . Results should be documented in	
	iPHIS	
	Documentation for each contact which includes test results from echart	
	and immunizations should be in the comment section for each contact in the Contact tab. I nclude your interventions and plan. Remember to date	
	and sign each entry as it is a free text field.	
	Example of Hep B susceptible contact:	
	eg. Mar 16,2018 D) Checked e-chart. Tested Mar 4,2018 HBsAB negative;	
	HBsAB positive. Interpretation: Hep B Immune. P) No further intervention	
	required. B. Careful RN	
	eg. June 1/19 D) Info as per echart: Tested May 26, 2019 HBsAG-negative;	
	HBsAB negative. Interpretation: Hep B susceptible. P) PHN to f/u with client to ensure client is immunized with HBVB. Careful RN.	
	eg. June 26/19 D) Info as per PHIMs: HBV dose#1 May 16, 2019. Client to	
	complete series with MD. P) No further intervention required B. Careful	
	RN.	
	Contacts can be closed once it is determined they have immunity (UD-AD	
	Contacts can be closed once it is determined they have immunity (HBsAB positive). If they have no immunity (HBsAB negative) follow-up should	
	continue until they have one documented dose of Hep B vaccine and a plan	
	in place to complete the series.	
	Indicate for each contact "open", "closed-treated" etc from the dropdown	
	list under "Status", whatever is most applicable. NEVER USE "SUCCESSFUL	

	CLOSED" OR "UNSUCCESSFUL CLOSED".	
	If after 1 month there is no further progress related to case investigation and contact follow-up consult with CD Coordinator to look at optional strategies.	
For Hepatitis B	Refer to Manitoba Health Hepatitis B Newborn Prophylaxis Protocol	
Newborn Prophylaxis	http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb_newborn.pdf	
	Each newborn that is receiving Hep B PEP will be created in iPHIS as Newborn Hepatitis B Prophylaxis and referred to assigned PHN.	
	Confirm the health care provider that will be immunizing the child Advise the CD Admin person of above	
	Follow-up and document to ensure all three HBV doses are completed at 0,1 & 6 months of age. Documentation should be completed in the notes of the infants iPHIS case	
	Once all three doses are completed and documented, file can be closed. Advise the CD Clerk	
Possible Rabies	Refer to WRHA Clinical Practice Guideline	
Exposure	http://www.wrha.mb.ca/extranet/publichealth/files/CPGAnimalE.pdf Manitoba Health Rabies protocol http://www.gov.mb.ca/health/publichealth/cdc/protocol/rabies_protocol.pd	f
	 Documentation occurs in iPHIS Rabies Incident Summary Module General documentation should be in the "Incident" tab, which include if there was a break in the skin and if prophylaxis is required. Details of the exposure will go in the "Exposure" tab Details of the animal will go in the "Animal" tab, which includes description and assessment of the animal, retention method, and was Animal Services notified Ensure all tabs are filled in and DARP format is used which includes your plan. If the client is receiving rabies PEP document the immunizations in Panorama, not in the Imms tab. It is still important to note in iPHIS that the client is receiving rabies vaccine. Assess for tetanus immunization and f/u as required. If no tetanus has been provided and they are due, facilitate that they receive a tetanus immunization 	s
BEFORE YOU CLC	either by self or their HCP.	
General CD's	Have you ensured your name is entered as the user responsible in the case tab?	
	Health for the specific CD protocol" in the notes tab?	
	Are all the applicable tabs complete in iPHIS?Signs/Symptoms	

	Comm/Inc	
	Exposures: Are all the exposures added individually?	
	 Contacts: Are contacts entered and "hyper-linked" in the contact tab? Follow-up of each contact and documentation is completed in comments section? (ie: asymptomatic or symptomatic and include your interventions) Have you indicated the status of the contact eg. closed – treated, closed- not treated 	
	Outcome: use if client was in ER or hospitalized or deceased	
	Notes: use DARP format. Put in closing note	
	Have you faxed the questionnaire (if there is one) to the CD Unit?	
	Have you emailed your CD Coordinator to advise that your investigation and documentation is complete?	
Hepatitis B cases	Complete the Manitoba Health, Seniors, & Active Living <i>Hepatitis B</i> and C, HIV, and Syphilis Investigation Case Form and fax to CD Unit <u>http://www.wrha.mb.ca/extranet/publichealth/files/HepBForm.pdf</u> ****Make sure the Signature section XIV of the form is signed****	
	 Is all documentation completed as above Hep B section for case and contacts, including a closing note? Acute Hepatitis B cases: Itemize the details of each exposure of the case in the exposure tab. Information gathered on the Investigation Form should be entered into iPHIS. 	
Hepatitis B Newborn prophylaxis	Documented completion of 3 doses of HBV?	
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Possible Rabies Exposure	Have you dated and signed your name and designation for each entry in iPHIS	
	Have you documented your interventions?	
	Have you documented a closing note under incident tab?	
	Have you completed all the applicable drop down boxes in each tab?	