Winnipeg Regional Health Authority (WRHA) Interim Guidance for COVID-19 Investigation Process

Reference Sources:

USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES
https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_ug.pdf

 Public Health Nurse (PHN) COVID-19 Guidance Document
https://professionals.wrha.mb.ca/old/extranet/publichealth/files/covid-19-guidance-document.pdf

 Interim Guidance Public Health Measures
Managing Novel Coronavirus (COVID-19) Cases and Contacts in Community
https://manitoba.ca/asset_library/en/coronavirus/interim_guidance.pdf

WHRA Population and Public Communicable Disease Prevention & Management Coronavirus nCoV (COVID-19) Clinical Resources
 https://professionals.wrha.mb.ca/old/extranet/publichealth/services-communicable-disease.php

PHIMS - Covid19 Training and Support Tools (QRC's)
https://phimsmb.ca/resources/training-support-tools/#67-78-covid-19

*PHIMS screen images used within document were taken from PHIMS training environment

Critical data fields are identified with a red * and must be filled
LHN = Left Hand Navigation Bar
AE = Acquisition Event
TE = Transmission Event

Table of Contents

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Purpose: To provide practice guidance on how to manage the assignment and workflow of Covid-19 case investigations and complete data entry into PHIMS.

Overview: Primary Case Investigators (PHN's) will oversee all aspects of the investigation. This includes running reports, completing the disease investigation, contact identification and notification, education, follow up, referral and case closure.

Key steps of the Investigation Process:

1. Case Distribution
2. Run an Investigation Search Report to Identify Assigned Cases and Contacts
3. Start a Case Investigation
4. PHN to be Assigned as Primary Investigator to All Allocated Cases and Contacts
5. Complete Case Investigation Interview
6. Input Case Investigation into PHIMS
7. Add Known and Unknown Contacts to Transmission Events
8. Enter Interventions and Intervention Follow-Up
9. Outcomes
10. Document Case Investigation
11. Close Case and/or Contact Investigations

Important Definitions as applied in PHIMS

Case: *An individual who has a lab confirmed diagnosis of Covid-19*

Contact/Person Under Investigation (PUI): *An individual whom has been exposed to the case during period of transmission. There are three categories of contacts (high, medium or low) determine by risk assessment*

Responsible Organization/Unit: *The Responsible Organization Unit is the Regional Health Authority that is following up on this investigation*

Client Identifier: *Client Identifiers include: Client's full name, home address (when confirmed by the Client or family), date of birth or Personal Identification Number*

Known Contact: *A known contact is a person that can be correctly identified in PHIMS with 2 client identifiers. (i.e. we are confident we have the right John Doe because we have their name and DOB)*

Unknown Contact: *An unknown contact is a person for whom we still need to collect more client identifiers to correctly identify them and search for them in PHIMS. (i.e. there are 10 John Doe's in PHIMS which is the correct one)*

Anonymous: *An anonymous contact is a person for whom no identifying details are known*

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1. Case Distribution

The Winnipeg Regional Health Authority (WRHA) Public Health pandemic response requires the distribution and assignment of COVID-19 case investigations seven days a week.

To accomplish this:
- Team manager populates a spreadsheet with staffing numbers
- Updates this as staffing changes.
- Team Managers will share staffing numbers with CA Admin so that they are aware of the minimum number of referrals to expect daily.
- Covid Distribution PHN will allot a **minimum of 3 cases per nurse per day**. The cases will be referred out to community areas as they are assigned by Central Admin.
- Central Admin will distribute the allotted cases to community areas through PHIMS using the designated CA Admin. CA Admin have been assigned the Investigator type: *CLERK*
- On weekends, Central Admin will continue to send investigations to the community areas as described above.
- The designated CA Admin or Point Person PHN will be responsible for running Investigation Search Reports, distribution of cases and communicating with COVID Distribution Nurse regarding assignment of additional cases through distribution email Covid19CDCWRHADist@wrha.mb.ca
- Clinical consultation regarding cases should still be done directly between clinicians, using WRHA assigned email addresses.
- Concerns regarding case allocation should be directed to Team Manager.

Workflow:

2. Run a Report:
- A CA Admin has been designated as the referral point person for all new and redirected referrals being sent to community area offices.
- To search for these referrals, run an Investigation Search Report **(QRC 7.19b)**
- Enter the CA Admin's name in the ***Investigator Assignment*** field
- CA Admin have been assigned Investigator type: *CLERK*.
- Following CA Office distribution process, cases are then assigned to a PHN.
- PHNs will run Investigation Search Reports to identify all cases and contacts that are assigned to them for investigation management. **(QRC 7.19b)**

- **To Run a Report:** From the PHIMS home page choose the Purple "Reporting" square or it is possible to access reports from the *LHN>Reporting & Analysis>Reports* then expanded CASE section and Click Hyperlink for **MB2701C Investigation Search**

  Use the following Report Filters to find cases assigned in the past 24 hours:
  Date Reported From: **1900-01-01**
  Date Reported To: **current date** (**today's date**)
  Encounter Group Available: **Outbreak Response**
  Investigation Status: **Open**
  Classification Group: **Case**
  Investigator Organization: **Winnipeg Health (including Churchill)**
  Workgroup Available: **CD-Winnipeg Health**
  Investigator Available: <mark>**select CA Admin's name**</mark>
  Assigned Date From and To: <mark>**Yesterday's date to Today's date**</mark>
  Encounter Group Available: **Outbreak Response**
  Disease Available: **COVID-19**
  Investigator Assignment: <mark>**All**</mark>
  Display Client Identifiable Data: **YES**
  Exclude Investigations with Lab Results: **No**
  Click Generate Report Now – Button located at top right of screen
  Report will appear as a file near bottom left of screen

PHNs need to be aware that as Primary Investigators, they must review all referrals that are sent back by other regions, call centre or Stats Canada. Dispositions may indicate one of the following:
- **Pending Referral Back to Region for Follow Up**
- **Follow up Performed by Region**
- **Hold for Treatment Completion**

PHNs should run reports for themselves daily .
Use the following filter changes:
  Classification Group: **Case and contact**
  Investigator Available: **select your own name**
  Assigned Date From and To: **November 01, 2020 to Today's date**

3. Start a Case Investigation

- Login to PHIMS using for WRHA username and password
- At the top of the PHIMS Landing page select *"Investigations"* from the top navigation bar
- On the Search Investigations Basic Page search for your client using the Investigation ID# that you have retrieved from Investigation Search Report (**QRC 7.01a**)
- Scroll to the bottom of the page and click on the Investigation ID# hyperlink
  (blue font underlined)
- **You should see two grey boxes at the top of your screen. One with client ID# and the second with Investigation ID#. Your investigation is now considered "In Context"**
- In the Investigation ID box check Status/Disposition and Investigator.
  - Status should indicate *OPEN*
  - The disposition field is used to track the status of the investigation. It should indicate *"Follow up performed by region"*
  - Primary Investigator will be blank and needs to be assigned

⚠ **Notes**   **ACTIVE**

Client ID:	Name(Last, First Middle) / Gender:	Health Card No:	Date of Birth / Age:
51634	Vandevort, Cain / Male	330620916	2000 Sep 20 / 20 years

Phone Number:	Health Region Organization:	Additional ID Type / Additional ID:	
Primary Home: 204-555-3497	Manitoba,Winnipeg Health	Manitoba Health Family Registration Number / 952461	

☆ Investigation

Investigation ID:	Status:	Disposition:	Investigator:
9999	OPEN	Follow up performed by region	-

| Disease: COVID-19 | PHAC Date/Type: 2020 Oct 22 / Symptom Onset | Etiologic Agent: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | Authority/Classification: Provincial / Case - Lab Confirmed / 2020 Oct 28 | **Case** |

Investigator Type: (QRC 7.19o)

- When new referrals are sent out by MB Health a blank Primary Investigator is attached.
- Using the *LHN>Investigation>Resp. Org/Investigator* scroll to the bottom of the page. There you can determine if the case has been previously assigned and to whom.
- *Some WRHA cases have gone to other regions or secondary investigators for investigation follow-up. These case investigators assign themselves as "*secondary investigator*".
- To ensure no cases are missed, Best Practice would be to check all referrals for existing investigators and follow up with that investigator to confirm the case is being managed.
- **Primary Investigator - Update** blank primary investigator with the PHN's name and assigned date and time.
- **Coordinator – Add** CA team CD Coordinator to CASE investigations
- **Clerk** – Update the CA Admin Clerk investigation type by inserting an end date if not already present

Row Actions: Update

	Investigator Type	Investigator Name	Investigator Workgroup	Investigator Organization	Assigned Date/Time	End Date
○	Primary	🖵 Cathy Mackereth	CD-Winnipeg Health	Winnipeg Health	2020 Oct 24 : 09:00 CDT	
◉	Clerk	🖵 Danielle Delaine	CD-Winnipeg Health	Winnipeg Health	2020 Oct 24	2020 Oct 24
○	Clerk	🖵 Mia Milette	CD-Winnipeg Health	Winnipeg Health	2020 Oct 24	2020 Oct 24
○	Coordinator	🖵 Corinne Adams	CD-Winnipeg Health	Winnipeg Health	2020 Oct 24	

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4. Case Investigation Interview

- Prior to beginning your investigation, check the "NOTES" section for pertinent information

  ⚠ Notes

- Check *Subject Summary* (LHN) for any concurrent open investigations. Close any/all <u>Contact</u> Investigations and change disposition to "contact turned case".
- To open and work within an Investigation ID click on the ID# hyperlink
- **Public Health Nurse (PHN) COVID-19 Guidance Document** can be used to assist in completing investigations
- Some may choose to have a copy of the <u>Manitoba Health Covid-19 Case Form</u> handy to assist with interview and documentation
- If you have been unsuccessful in locating the client refer to <u>PHN Processes for Locating Hard-to-Reach Cases or Contacts</u>

5. Case Investigation Entry

- Document Case Investigation. **(QRC 7.19d)**
  (cheat sheets available within <u>Public Health Nurse (PHN) COVID-19 Guidance Document</u>)
- ### Case Identification
  - o When calling client, confirm a minimum of 2 client identifiers prior to proceeding into investigation (regional policy 110.000.370)
- ### Verify/Update Demographic Information (QRC 7.19a)
  - o Do not update the official registry address, this is the official Manitoba Health Registry address which is auto-populated from the Client Registry in PHIMS. It must remain as "**Preferred**"
  - o Update only the MHSU address.

		Address Type ⇕	Address ⇕	Address Detail ⇕	Effective From ▼	Effective To ⇕	Preferred ▼	Active Household Members ⇕	Valid ⇕	On Reserve ⇕
○		Official registry	408 Nathaniel St, Winnipeg, Manitoba, R3M3X1, Canada		2020 Oct 17		✓	1	−	
●		MHSU	25 Goulet Ave, P.O. Box R0E 1J6, Manitoba, Canada		2020 Oct 26			1	−	

Total: 2

- ### Enter Ethnicity (QRC 7.19a)
  - o This is a critical data collection field for COVID-19 cases. A training video on the collection of this information has been developed for COVID-19: https://www.youtube.com/watch?v=CqvH7NyARSc&feature=youtu.be
  - o If a person provides multiple responses, they should be classified as "Other" and their responses noted in the "Other Racial/Ethnic Identity" field.

- **First Nation Status**
  - Voluntary - complete if client self-reports First Nations identity (they have the right to refuse to answer). It is important to collect data on whether someone is Status or Non-Status as it may enable access to services not provided as a universal provincial benefit (example: Indigenous Services Canada Non-Insured Health Benefits for prescription medications).

- **Indigenous Identity Declaration**
  - Voluntary - complete if client self-reports Indigenous identity (they have the right to refuse to answer). Tracking the health outcomes of Indigenous people is important in order to measure progress on closing the health gaps that exist between Indigenous people and other Manitobans.
    The following script can be used as a guide in collecting the information:
      > *We would like to collect accurate information to identify any gaps I health care services for First Nation, Métis Nation and Inuit people. This is voluntary. If you choose not to answer the following questions, you access to health care will not be affected. Thank you.*
      > 1. *Do you identify yourself as First Nation, Métis or Inuit?*
      >   a. *Does not identify or chooses not to share information – field entry = blank*
      > 2. *Are you Status First Nation or Non-Status First Nation?*
      >   a. *Declines to answer or provide response – field entry = blank*

- **Enter Signs and Symptoms (QRC 7.19g)**
  - **You must choose and enter SYMPTOMATIC OR ASYMTOMATIC with a corresponding date.** (epi – is collecting this data)
  - If client is asymptomatic – enter test date into onset date/time
  - If client is symptomatic – enter date of onset for first symptom
  - Check all signs and symptoms that apply and their symptom onset date.
  - Symptoms that were pre-existing to the illness should not be recorded.
  - Additional common symptoms for COVID-19 include: Loss of taste/smell, fatigue, runny nose and conjunctivitis.
  - Incubation and communicability of the infection are based on symptom onset and duration.

- **Enter Risk Factors** (QRC 7.19h)
  - Exposure risks are relevant during the maximum incubation period for the infection based on symptom onset date or test date if asymptomatic.
  - **For Covid-1, incubation period is 14 days.** Document any exposure risks that may be relevant to this infection based on clinical judgment.
  - Document the response as yes/no/unknown/declined to answer. If not asked, ensure this is documented. These responses provide an estimation of the frequency of exposure risks in confirmed cases. If no response is provided, it is unclear whether the client denies having the risk, or whether the question was not asked.
  - If a sensitive occupation is identified, capture this data by entering information under *Disease Details* and refer to [Public Health Nurse (PHN) COVID-19 Guidance Document](#) for further required actions.
  - **Outbreaks** (QRC 7.19x)
  - If an outbreak/cluster is identified, contact your CD Coordinator
  - If case is associated with a known Outbreak an Outbreak/Cluster code must be entered. The Outbreak code is added to the *Disease Summary*
    - *LHN>Investigation details>Disease Summary>Update>Add Provincial Outbreak Code>Save*
  - CD Coordinators continue to update a list of locations with known outbreaks/clusters/or Special Investigations by adding the name of the location along with the code, to the shared folder "R:\Weekend Services\COVID Outbreak/Cluster/Special Investigation codes are to be applied to the Case
  - If the contact becomes a case, PHN is to add the outbreak/SI/cluster code

- **Acquisition Exposures (AE)** (QRC 7.19v)
  - Document all settings where the case may have acquired the infection.
  - **Incubation period for Covid-19 is defined as the 14 days prior to symptom onset or 14 days prior to date of test if asymptomatic.**
  - Review dates beginning with most recent and working back through the 14 days from symptom onset to help the case recall their activity.
  - "Create an Acquisition Event" *LHN>Investigation> Exposure Summary*
  - Under Acquisition Event
    - Enter exposure name: ex Household/workplace/travel/community contact
  - Omit: Potential Mode of Acquisition
  - Under Acquisition Event Date/Time
    - Enter Acquisition dates: Each should have a start date and end date
  - Under Exposure Location
    - Enter Exposure Location Name: (max character limit 225). Include details such as name, location, description This information will be visible in the factory table on the investigation summary and exposure summary pages and helpful when needing to refer back quickly
  - Enter Setting Type: Choose most appropriate from dropdown
  - Enter Setting: Choose most appropriate form dropdown. Save work.
  - Enter each setting as a separate acquisition event

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- o List all travel out of Country, Province, or City/Region
- o *Create a separate AE for each portion of travel (flight, hotel, events)
- o <u>Enter Staging</u>. Staging is the most likely acquisition type for the case and must be determined by the investigator *(Box 24 on form)*.
  Investigation > Investigation Details > Disease Summary > Scroll down and click *Update > Disease Event History* select appropriate option from *Staging* drop down > *Save*

	AE ID	TE ID	Source Name	Acquisition Start	Acquisition End	Location Name	Setting Type	Exposed	Likely Source	Invalid
○	4094	3136	Yu, Raymond	2020 Oct 20 00:00 CDT	2020 Oct 25 00:00 CDT	Family home	Household exposure	-	-	-
○	3992	3075	Vandevort, Cain	2020 Oct 21	-	ABC Construction, 55 Watt St, Wpg	Public Facilities	-	-	-
○	5430	-	-	2020 Dec 3	2020 Dec 3	Sobey's client worked 8 hour shift a ca...	Public Facilities	-	-	-

Acquisition Event Summary — 3 Acquisition Events Found. Row Actions: Search and Link TE | Copy | Multiple AE Entry | Create Acquisition Event | Hide Acquisition Event Summary

- **Transmission Exposures (TE)**
  - o Transmission events are the period of time when potential spread can occur to contacts and indicates both exposure location and time frame.
  - o A transmission could include **one contact o**r **multiple contacts**
  - o ### Contact tracing:
  - o An individual risk assessment conducted will identify the contact's exposure risk level and determine the required level and parameters of isolation and public health actions for the 14-day monitoring period.
  - o Public Health should attempt to identify, notify, and direct all contacts to self-isolate
  - o as soon as possible, ideally within 24 hours of notification of a confirmed or probable case.

    Refer to Appendix A: Categories of Contacts by Exposure Risk Level

  - o <u>**SYMPTOMATIC**</u> **- Transmission Period of for Covid-19:**
    - ▪ **2 days prior to symptom onset date, until 10 days post symptom onset (12 days total)**
    - ▪ **or until day of last unprotected exposure (i.e.; before full PPE)**
    - ▪ **or until case began isolation**
  - o <u>**ASYMPTOMATIC**</u> **– Transmission Period of for Covid-19:**
    - ▪ **2 days prior to test date until 10 days after test date**
    - ▪ **or until case began isolation**
  - o Transmission Events are entered under *LHN> Investigation>Exposure Summary*
  - o You may choose to enter data by selecting either:
    - ▪ Exposure Quick Entry – allows for known contacts to be added
    - ▪ Create Transmission Event - allows both known and unknown to be added.

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- o Under Transmission Event Details:
  - ▪ <u>Enter exposure name</u>: ex Household/workplace/travel/community contact
  - ▪ <u>Enter Transmission dates</u>: Each should have a start date and end date
- o Under Exposure Location:
  - ▪ <u>Enter Location Name</u>: (max character limit 225). Include details such as name, location, description This information will be visible in the factory table on the investigation summary and exposure summary pages and helpful when needing to refer back quickly
- o <u>Enter setting type</u>: Choose most appropriate from drop down
- o Enter each transmission separately. After entering transmission exposure data press save.
- o If you chose "Create Transmission Event" **Pressing Save – will allow for data entry under known contacts field**

6. Entering TE for KNOWN Contact (QRC 7.19t):

<u>FOR EACH KNOWN CONTACT ENSURE THE FOLLOWING:</u>
1. **Contact information is updated and the correct primary phone number is identified.**
2. **Acquisition Event has an END DATE**
   (This will tell the call centre the 14 day start date for isolation)
3. **Update the Disposition (Follow up Performed by Call Center)**

There are **<u>four</u>** contact scenarios.

1. **<u>First exposure</u> – the contact has no open Covid-19 investigations**
   Known Contact Search
   - o Select Radio Button you wish to use to search. i.e. Client
   - o Enter data for known client – then select **SEARCH**
   - o Verify that you have the correct person, check client identifiers**.**
     Pres**s "SELECT and Return"**
   - o Verify Client name appears linked to event choose ****ADD**then SAVE**
     Clicking add links the contact to the case.

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- o Adding a contact to case creates a "contact investigation" for that contact
- o The next step is to choose an appropriate disposition from the dropdown
- o Enter Responsible Organization/Investigator information
- o Reporting Notification – select Other – enter who identified the contact
     i.e. named by case
- o after submitting the above information, you have successfully created an acquisition
     event for the contact.

2. **Previous exposure**
    - o Clients who are identified as contacts to a Covid-19 case **only need ONE open contact investigation.**
    - o For multiple contact investigations: View all open contact investigations listed on SUBJECT SUMMARY and determine which investigation has the most recent exposure **(this will extend the client's End Date**). This is the investigation to be kept open. Note this investigation ID number. The other investigations need to be closed with the disposition of '*concurrent contact investigation'*.
    - o To avoid creating a duplicate contact investigation, always review the contact's SUBJECT SUMMARY before linking the contact to a known source case. If you try to create an investigation for a contact that has an existing investigation record, this

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TE = Transmission Event   12

message will display when the user clicks "Submit" on the Create Transmission Event page.

"An Active Disease in the same Disease Family [Covid-19] already exists for another Open Investigation for this Subject. Select a different Disease or submit again to bypass this validation."

Cancel workflow and review the contact's Subject Summary. Click on the Client ID # hyperlink then *LHN>Subject Summary*. (QRC 7.19c pg. 1&5)

3. **Identified as a Case** – **the contact has turned into aCovid-19 case (QRC7.19l)**
   Close all additional contact investigations and set the disposition to *"Contact turned Case"*

   o Contacts cannot be added without a transmission event. There may be several Transmission Events in the *Transmission Event Summary*
   o Click the (+) to open more information about the contact(s) associated with each TE.
   o Special considerations for **SCHOOL/DAYCARE FACILITY** cases.
     The facility should be documented as a transmission event (# of known close contacts linked) Physical distance, cohort numbers, masks, etc. should be documented. Refer to:
     Public Health Response to Positive COVID-19 Case in a School/Childcare Setting within the Winnipeg Regional Health Authority (WRHA) Population and Public Health (PPH) Program
   o Complete Travel related transmission event details (i.e. flights, cruise etc.). All events & flight details need to be accurate; this is where MHSAL retrieves information for posting to the public

4. **Previously Identified as a Case** – If the individual was a previously confirmed or probable case and it has been less than three months – they do not need to self-isolate but should self-monitor for symptoms. Close the contact investigation and set disposition to *'Previously infected/treated/immunized – no further follow-up'*

7. Entering TE for Unknown Contacts (QRC 7.19u)

- Fill all appropriate fields and select appropriate disposition from dropdown box. Press ADD.

8. Interventions (QRC 7.19i)

- *LHN>Investigation>Treatment & Interventions>Intervention Summary*
- **All Covid-19 cases and contacts require status assessment and isolation intervention with an END DATE**
- Pre-set Interventions include the following:
  - I. Covid App
    - Positive Key Entry
    - Exposure Notification
  - II. Isolation
    - 10 days from symptom onset or test date is asymptomatic
    - Symptom onset date is day zero, until midnight of day 10
    - Facility isolation – PCH, Dorm room
    - Home isolation – client's place of residence
    - Self-isolation – Alternative Isolation Accommodations (AIA)
  - III. Status Assessment
    - Active monitoring is recommended to occur 3 times during period of isolation for cases and contacts
      - Fatal
      - Home isolation
      - Hospitalization
      - ICU
      - Mechanical Ventilation
      - Recovered
      - Unknown
  - o You can also select "Create an Intervention" and select from the data field dropdown lists. Ex. Education/Counselling

8b. Intervention Follow Up (QRC 7.19f)

- **Active monitoring is documented using the "Add Follow Up"**
- Check here, if a case/contact are sent back to region for follow up for data entered
- Press the (+) to expand and view the Follow Up Type
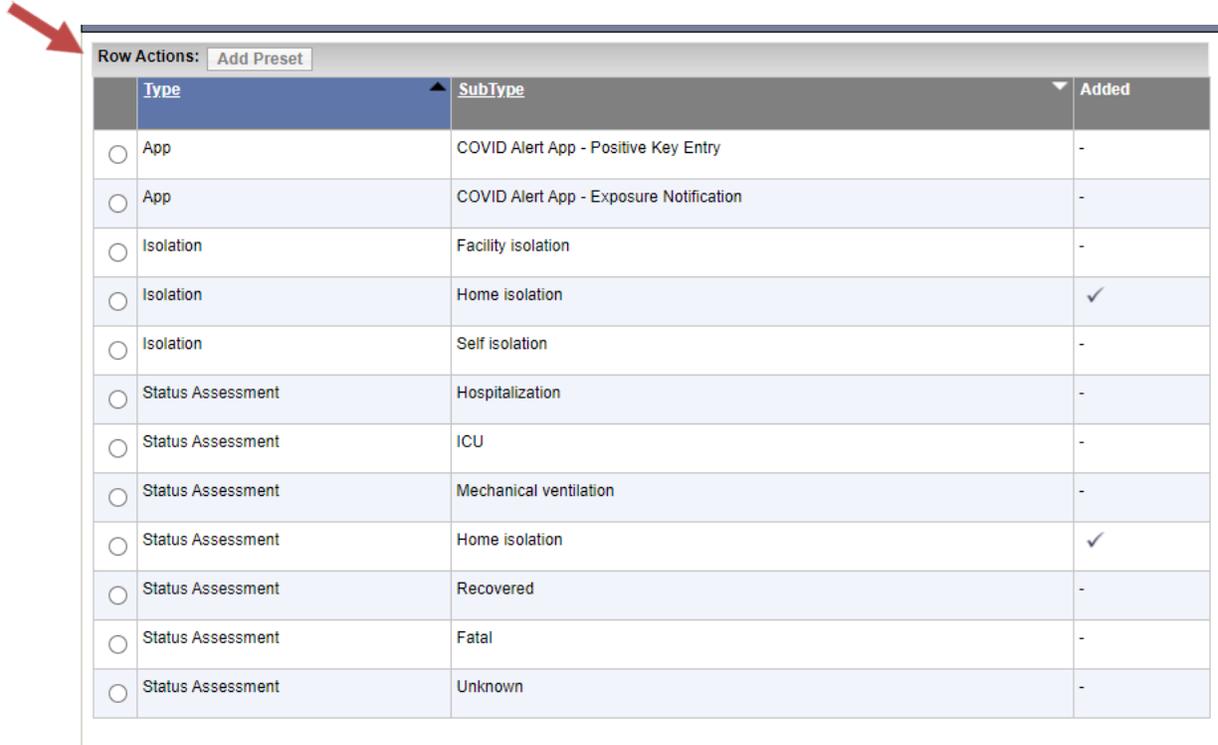
Row Actions: Add Preset

	Type	SubType	Added
○	App	COVID Alert App - Positive Key Entry	-
○	App	COVID Alert App - Exposure Notification	-
○	Isolation	Facility isolation	-
○	Isolation	Home isolation	✓
○	Isolation	Self isolation	-
○	Status Assessment	Hospitalization	-
○	Status Assessment	ICU	-
○	Status Assessment	Mechanical ventilation	-
○	Status Assessment	Home isolation	✓
○	Status Assessment	Recovered	-
○	Status Assessment	Fatal	-
○	Status Assessment	Unknown	-
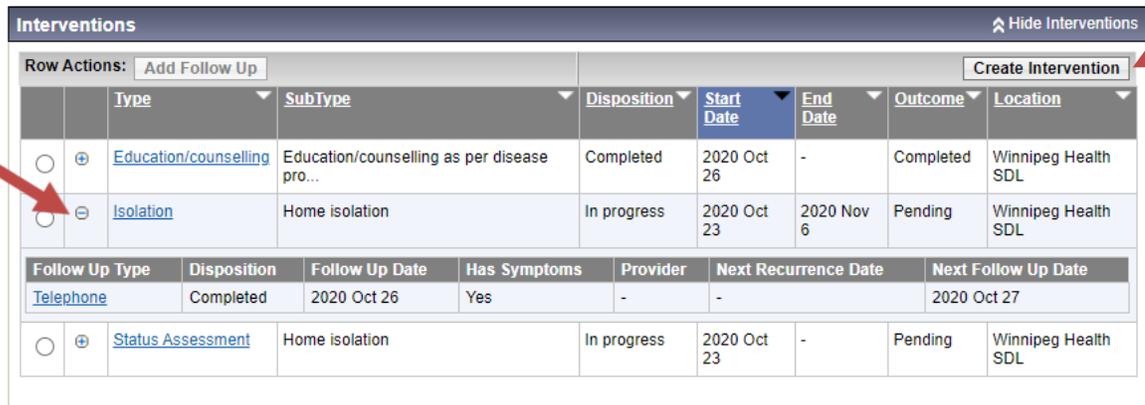
Interventions ⌃ Hide Interventions

Row Actions: Add Follow Up   Create Intervention

		Type	SubType	Disposition	Start Date	End Date	Outcome	Location
○	⊕	Education/counselling	Education/counselling as per disease pro...	Completed	2020 Oct 26	-	Completed	Winnipeg Health SDL
○	⊖	Isolation	Home isolation	In progress	2020 Oct 23	2020 Nov 6	Pending	Winnipeg Health SDL

Follow Up Type	Disposition	Follow Up Date	Has Symptoms	Provider	Next Recurrence Date	Next Follow Up Date
Telephone	Completed	2020 Oct 26	Yes	-	-	2020 Oct 27

		Type	SubType	Disposition	Start Date	End Date	Outcome	Location
○	⊕	Status Assessment	Home isolation	In progress	2020 Oct 23	-	Pending	Winnipeg Health SDL

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To find charting entered by call centre check clinical notes or
LHN>Treatment & Intervention>Intervention Summary>scroll down to Intervention table –
clink on each intervention hyperlink title>find the comment box>entry will be under comment
box and above Follow Up Summary

Intervention Details	⋏ Hide Intervention Details

* Required field

Encounter Group:	Outbreak Response

* Intervention Type:	Isolation ⌄	* Intervention Sub Type:	Home isolation ⌄
Intervention Disposition:	In progress ⌄		
* Outcome:	Pending ⌄		

* Start Date: `2020` / `12` / `05` yyyy mm dd   End Date: `2020` / `12` / `19` yyyy mm dd

Next Follow Up Date: `____` / `____` / `____` yyyy mm dd

Workgroup Organization *To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.*

Organization: Manitoba > [Winnipeg Health]   [Find 🔍]

Workgroup: [____ ⌄] **User:** [_ ⌄]

Organization: *To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.*

Organization: Manitoba > [Winnipeg Health]   [Find 🔍]

Location: *To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.*

Service Delivery Location: Manitoba > Winnipeg Health > [Winnipeg Health SDL]   [Find 🔍]

Primary Provider: ◉ Use this Provider:
Click Find to select a provider:

Provider: [Find 🔍]
○ Use Other Provider: [_____]

Intervention Products	⋎ Show Intervention Products

Comments	⋏ Hide Comments

Comment:
[   ]
(4000 characters remaining)   [Add]

Date	Comments	Recorded By
2020 Dec 14	Client remains on home isolation. Has not had contact with household members. Reports that some symptoms have resolved. Aware to remain on isolation for 10 days from symptom onset. AM to continue until the December 15, 2020.	Mackereth, Cathy

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9. Clinical Documentation Note (QRC 7.19w)

- *LHN>Notes>Author Note*
- **Be sure that you are documenting your note under the Investigation ID. Check "Display Notes For"**
- To read existing notes click on "View All Notes in Table"
- To Update and existing note Select the corresponding ratio button and click on Update Note.
- To check for all notes associated with the client – use Display Notes for and change to Client by using dropdown option. Click DISPLAY to see notes.
- Documentation should record and reflect application of the nursing process. Data, assessment, interventions, client's outcome and plan. Notes should also record any exchange information about a client's care such as consultations, communications and referrals made on behalf of client or clinical investigation.
- **Include documentation on attempts/resources used/ or work done to try and locate a client**

10. Updating Disposition (QRC 7.19j)

- *LHN > Investigation > Investigation details > Investigation information*
- The Disposition field is used to track the status of an investigation, including planned steps (e.g., 'Pending'; "Referred to Region for Follow-Up'; 'Follow Up by Call Centre')
- The Disposition date can be updated to include a future date as needed to support planning for next steps in the investigation.
- Select Investigation History hyperlink to view Investigation History table.

Some common dispositions include:

Disposition	Definition
Contact Turned Case	Client has become a case. Contact investigation should be closed with this disposition and a new case investigation created
Concurrent Contact Investigation	Contacts to a Covid-19 case should have only ONE open contact investigation.
Follow Up Complete	Investigation competed as per provincial protocol
Follow Up in Progress	Investigation is underway, investigator has been assigned
Hold for Treatment Completion	Client is hospitalized may or may not be on isolation
Lost to Follow Up	Investigation began, but unable to locate client to complete investigation
Unable to Locate	Unable to locate client to initiate or complete investigation
Unable to Complete	Investigation has started but could not be completed due to inability to locate client or further information required to complete investigation
Pending	Default disposition assigned when a case is created Follow up has not yet started
Pending Referral Out of Region	Client has moved to another jurisdiction, referral to other organization in progress
Pending Referral Back to Region for Follow Up	A WPG case/contact investigation that require a PHN to review and follow up
Follow Up Performed by Region	Investigation is in the process by Primary Investigator PHN
Follow Up Performed by Call Centre	Active Monitoring Calls for CASES and CONTACTS for WRHA and Southern Health
Follow Up Performed by Statistics Canada	Contact Notification for All KNOWN contacts Refers on for Active Monitoring
Follow Up Performed by Partner Case Investigator	Case Investigators from the Red Cross and Shared Health that are clinically supported by Primary Investigator PHNs
Follow Up Performed by Red Cross	Support other Regions not used by WRHA

11. Outcomes (QRC 7.19n)

- Document any relevant outcomes known at the time of investigation, such as death, hospital/ICU admission, or sequelae, and any applicable dates.
- **Case** investigations require INTERVENTION and INVESTIGATION outcomes to report client's death or recovery from Covid-19.
- **Contact** investigations require and INTERVENTION outcome for the isolation intervention.
- The Intervention Isolation outcome must be "Completed" before closing the investigation.
- When the outcome is fatal, the client status will change to Deceased Inactive when you click save. Cause of death is recorded as "Unknown"

12. Closing Investigations (QRC 7.19p)

- Investigations are closed by the Call Center or Primary Investigator PHN when the client has met the criteria and this has been verified and documented by active monitoring.
- The reason a Primary Investigator (PHN) would need to close an investigation is because it has been returned to the Primary Investigator for investigation follow-up.
- Primary Investigators should check Clinical Notes, Disposition and Intervention Follow-up Comments to determine why the investigation has been sent back.
  (ex. Unable to contact, isolation period is not clear)

- **Criteria for <u>Case</u> closure:**
  - Completion of 10 days of isolation after the onset of the first symptom
  - As well the case is afebrile and clinically improved.
    (Absence of cough is not required in those known to have chronic cough or are exhibiting a post viral cough).
  - For cases who were and remain asymptomatic closure can occur at least 10 days past the date of the specimen collection date.

- **Criteria for Closing <u>Contact</u> Investigations:**
  - Contact investigations are to be closed upon completion of the isolation period. For this situation the investigation disposition would be updated to 'Follow up completed'.
  - Contacts who are not responding to phone calls will have their investigations closed after a specific number of attempted calls. For this situation the investigation disposition would be updated to 'Lost to follow up'.

- **To ensure that every Case is followed through to the end, the last entered Status Assessment, Intervention Outcome and the Investigation Outcome should match at the end of the investigation.**

- The Intervention Status Assessment sub-type must be set "recovered" or "fatal" before closing the investigation.
- When the outcome is fatal, the client status will change to when you click save
- The Intervention Outcome must be "Completed" before closing the investigation
- The Investigation Outcome must be updated, before closing the investigation
- Signs and Symptoms –must be updated to "recovered" or "unknown" before closing the investigation.
- When Closing is successful – a caution message will appear
  - *"This investigation has a status of CLOSED. Please consider this when making updates to the investigation."*
- **All PHNs are to run Search Investigation Reports to identify which investigations remain open under them as Primary Investigators**
  - Review the case, the disposition will provide insight as to what the reason might be.
  - Check the clinical notes and Follow up Comments
  - If the client is assessed to be recovered, PHNs should follow-up with the client and close the case
  - **For Clients who have been admitted to hospital:**
  - Check e-chart → Encounters to determine if the client remains in hospital. .
  - If still on isolation when discharged continue with AM and close case in PHIMS when isolation is complete.

Critical data fields are identified with a red * and must be filled
LHN = Left Hand Navigation Bar
AE = Acquisition Event
TE = Transmission Event

Appendix A   Categories of Contacts by Exposure Risk Level

Copied From:

Interim Guidance Public Health Measures

Managing Novel Coronavirus (COVID-19) Cases and Contacts in Community

https://manitoba.ca/asset_library/en/coronavirus/interim_guidance.pdf

Table 1. Categories of contacts by exposure risk level			
Risk Level	**Description of Risk Level [15]**	**Isolation Level/ Contact actions**	**Public health authority (PHA) actions**

High	1) 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 [16] 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 or sneezed on) without the appropriate use of recommended personal protective equipment,
		a. Self-isolate (quarantine) [17] 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 consistent with COVID-19.
		d. Take and record temperature daily 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 public health.
		e. Follow measures outlined in COVID-19 self-isolation factsheet.
		f. Isolate within the home setting as quickly as possible should symptoms develop, and contact Health Links or public health for further direction, which will include:
		  ○ 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 public health or Health Links in advance, instruct the case to call 911 and report travel/contact history.
			• Active monitoring of contacts for symptoms. Refer to the Temperature Self-Monitoring Form for specific guidelines.

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. Prolonged exposure is defined as lasting for more than 15 minutes.

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Medium	1) **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 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
		Self-monitor for symptoms for 14 days following their last contact.
		
		Follow actions recommended for the entire population.
		
		a. Self-isolation is not required.
		b. Self-isolate as quickly as possible should symptoms develop, and contact Health Links or public health 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 public health or Health Links in advance, instruct the case to call 911 and report travel/contact history.
		c. Avoid close contact with individuals at higher risk for severe illness
			• No active monitoring

Low/No risk	1) Only transient interactions (e.g., walking by the case or being briefly in the same room) or unknown but possible transient interaction due to the occurrence of local community transmission	• Follow actions recommended for the entire population • No monitoring required	• Provide community level information • Provide individual advice, if required

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Appendix B Roles and Responsibilities

Team Member	Role and Responsibilities
Team Manager Program Leader	Monday by 1:00 pm each week, send email to Covid19CDCWRHADist@wrha.mb.ca with the following: • number of PHNs designated to Covid19 Investigation per team/CA • Point Person PHN for each team/CA Operationally support case allotments and distribution If necessary, communicate with team regarding mandated OT
Central Admin	Run Investigation Search Reports at Designated times Send assigned Cases to CA Lead Admin.
CA Lead Admin	CA Lead Admin identified as CLERK in PHMIS (rationale - CA case assignment tracking easier if all referred out under 1 name) Run Investigation Search Reports frequently throughout the day to capture newly referred cases
Central/CA PHN Primary Investigator	Assign self as PRIMARY INVESTIGATOR as soon as case is opened for investigation. Complete Case and Contact investigations refer on for Active Monitoring Run Investigation Search Reports to review cases dispositions and close cases where possible.
Point Person PHN	Run Investigation Search Reports on weekends for case distribution Using the Assigned Date Column, distribute cases by Investigation Number in chronologic order from oldest to newest. Run PHIMS report at 12:00 to check that all cases have been assigned have a Primary Investigator and/or before requesting more cases from Covid Distribution Nurse
Covid Distribution PHN	Review case report and assign cases to teams using allotment of a minimum of 3 cases per PHN per day Send email Saturday to Point Person PHN identifying weekend support contacts (CDC, MOH, Admin) Follow leadership direction regarding assignment of additional cases to teams Monitor the Distribution email inbox Send a Distribution Summary email to the covering Team Manager/Program Leader
CD Coordinator	Provide clinical guidance to CA PHNs as necessary Connect with MOH where applicable

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