



# PHN GUIDANCE DOCUMENT

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

April 2022

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## Public Health Nurse (PHN) COVID-19 Guidance Document

The following guidance document is to assist PHNs in completing the COVID-19 Case Investigation and documenting in a concise and timely way, in addition to providing resources to assist with your work. The [Interim Guidance Public Health Measures](#) document is the foundation for Public Health Management of COVID-19 Cases and Contacts and the source of truth. If this document differs in direction from the “Public Health Measures Interim Guidance” the Public Health Measures Interim Guidance supersedes. All COVID-19 resources are located on [Insite](#), [WRHA Resources](#) and [Shared Health](#).

### PHIMS Documentation Tools:

- The [Case Investigation Form](#) should be used as a tool to guide you through your investigation for initial collection of information. You can also directly chart into PHIMS if, or once, you feel comfortable.
  - **The information on the form must be entered into PHIMS within 24hrs**
  - Specific workflows for data entry into PHIMS (i.e.; referred to as “breadcrumbs”) are noted in the top far right of each section of the Case Investigation Form
  - [The Case Investigation Form User Guide](#) will provide you with further details on the parameters of how to complete the form and enter into PHIMS
- Refer to the [COVID-19 QRC](#) for specific PHIMS workflows
- Preview the COVID-19 [Educational videos](#)
- Several documents for PHIMS data entry have been developed to assist with case and contact investigations, including quick checklists or longer versions with screenshots or more explanation. See [Insite](#) for further information.

### Preparation:

- Ensure you have a calendar readily accessible to determine the various timeframes for acquisition, transmission and isolation
- **At the onset of the investigation, ask for verbal consent to share information with employer, school etc. on a need to know basis only (\*Note: Refusing consent however, does not preclude completing any part of the PH investigation, as consent is not required, only preferred)**

### Case Interview

**With the widespread availability of rapid antigen tests and updated recommendations for PCR testing based on whether a positive or negative result will inform decisions about treatment or care, most cases of COVID-19 are now self-identified and self-managed in the community. Public health will no longer be contacting cases for case investigations effective March 15, 2022. NOTE: Investigation of cases which may still be required in some situations (e.g. high risk outbreaks, health care settings including PCH’s).**

#### **If initially assigned a Case:**

- **PHN to add self as Primary Investigator in PHIMS right away**
- **Check the “Notes” section in PHIMS, before proceeding with interview, as pertinent information may be documented here, prior to Case being assigned to a PHN**

**Unable to locate: See documents on Insite.** [Provincial Practice Guideline: Management of Unreachable and Uncooperative COVID-19 Cases](#)

### **Guidance around linking subsequent COVID positive results to previous cases (from MHSU)**

- Subsequent positive COVID-19 lab results *within 2 months of the first positive lab result* will be linked to the initial case investigation.
  - Regions will see these labs on the PHIMS Lab Workload Report and know that they are linked to a previous investigation. *Regional review can still occur at the direction of the Medical Officer of Health.*
- A new positive COVID-19 lab result that is *greater than 2 months from the first positive lab result* will have a new investigation created; and will be referred to the region for investigation. The case classification will be assigned based on the type of test that was performed (CASE-Lab Confirmed; CASE-Probable).
  - The region will review and determine whether this result is a suspected reinfection or positive from the previous infection.
- If not a reinfection, the case classification will be changed by the region to “CASE-Not a Case” per QRC 7.19K
- If a new investigation is assessed to be a remote infection, and **there is no previous documented investigation** for COVID-19, the case classification should remain as lab confirmed. This will ensure the case is counted, but will not be considered an active case. In this situation, an isolation intervention will not be required, and a status assessment of recovered should be documented and no identification of contacts will be necessary. Since there is no previous case on file, the investigator should **complete and investigation with the following minimum data set:**
  - Sensitive Environment/Occupation
  - Staging
  - Signs and Symptoms
  - Interventions
  - Risk Factors
  - Immunization History Interpretation
  - Notes
- Please consult of Public Health Measures regarding further information on **cases and contacts who were previously cases.**

### **Interventions:**

- Education
  - Information in Appendix A - [Instructions for Isolating a Case in the home or co-living setting](#)
  - Fact sheet- [Isolation for Individuals with Symptoms and/or Waiting for COVID-19 Test Results](#)
- Ask if Case has an appropriate place to self-isolate; if not, refer to AIA
- Inquire if Case is receiving other WRHA services (\*as a way to determine those who may not understand the implications of self-isolation & if any other assistance needs to be put in place)
- Inform Case to notify contacts- including household, social contacts and group settings

## Identifying Contacts:

### High Risk ONLY:

- **Regions to complete a risk/outbreak assessment as needed (e.g. outbreaks), or refer for further management to a facility. No follow-up on individual contacts is required. Regions may need to assist facilities with notification letters. Resources to assist with notification are under development.**
  - Priority is identification of close contacts, particularly those in high risk setting for transmission or severe disease (e.g. household, workplaces, health and community care facilities, congregate settings, current cluster/outbreak settings. If uncertain on time of exposure consider a close contact. Their management is determined by Table 1 of the [Interim Guidance Public Health Measures](#)
  - COVID 19 [Exposure Assessment tool](#) can support decision making regarding contacts.
  - [Mask Assessment tool](#) to determine if mask used is medical grade. This link has more information than required. Medical masks box should say either: **ASTM F2100 (Level 1, 2 or 3)** or **EN 14683 (Type IIR)**.  
**NOTE:** A thorough risk assessment by public health should still be completed including assessment for breaches in PPE. **For schools only:** In the controlled school setting, the use of non-medical and medical face masks is considered adequate protection for the setting, and individuals will not be identified as close contacts if risk assessment indicates no breaches in PPE.
  - To assess level of risk, high risk contacts are determined as follows:
    - Within 2 meters for more than 10 minutes cumulative over a 24 hour period without appropriate PPE for specific situation/setting: [Provincial Requirements for Personal Protective Equipment \(PPE\)](#)
  - To assist with data collection, refer to Section XI of the [Case Investigation Form](#) to help guide you

**Public Notice:** Public notification will be focused on outbreaks. Notification of exposures from individual cases in public settings will not occur routinely, but may occur at the discretion of public health for high risk exposures only. If Public notification is made, the establishment should be notified of same **prior to announcement**. MOH makes the final determination. Refer to the [Interim Guidance Public Health Measures](#) for more detail.

**School/Childcare Setting Exposure:** If a possible transmission exposure occurred in a school/childcare setting, refer to the [Toolkit](#) and Guidance for COVID-19 in Schools.

- School-aged children (ages 5-17) are assumed to be in school. If a child does not attend school please ensure this is noted in the sensitive environment details in PHIMS (i.e. “Does not attend school”, “Has not attended school in person since Dec 1, 2020” or “remote learning only”).

### **Outbreaks (OB)/Clusters (CL)/Special Investigations (SI) (excluding PCH and Acute Care) [Appendix B Interim Guidance Public Health Measures](#)**

- Clinical tool for PHN management of workplace clusters: <https://professionals.wrha.mb.ca/old/extranet/publichealth/files/covid-19-mgmt-clusters-workplace.pdf>
- If an outbreak or cluster is identified, contact your CD Coordinator for further direction
- Outbreak/Cluster/Special Investigation codes are to be applied to the Case only; when entering contacts, the link to the case is to be mentioned in the transmission/acquisition events and if the contact becomes a case, PHN is to add the outbreak/SI/cluster code
- Chart in the appropriate places in PHIMS according to [PHIMS Screenshots Outbreaks](#)

- The OB/CL will be assigned a primary PHN- usually the PHN that identifies the OB/CL- who will be the main contact person for the facility involved. They will be the liaison person for the facility and other PHN's that have cases associated with this facility and other programs that may be involved e.g. Home Care.
- The CD Coordinator for that PHN will be the primary CD Coordinator. This will be identified on the OB spreadsheet.
- PHN is to maintain a line list of the cases associated with the OB/CL  
<https://professionals.wrha.mb.ca/old/extranet/publichealth/files/RespiratoryCaseList.xls>
- PHN 's identifying additional cases should be advising the primary PHN to add them to the line list.
- The primary PHN will update the CD Coordinator involved weekly with the line list
- The primary PHN is to monitor to ensure the OB/CL is declared over 28 days from the last reported case. They will do this in conjunction with the CD Coordinators and the MOH

**Case Identified as Health Care Worker (HCW) that works *within* the region\*** whether with WRHA or another employer:

- PHN to complete investigation; HCW **no** longer needs to contact OESH
- OESH team will no longer provide specific clearance for an individual employed, rather they will provide general information to the manager and help problem-solve any areas requiring clarification. The relevant manager will no longer receive an email from the support team. Instead, where necessary, documentation will be added to the employee's OESH file

**Case who is a visitor to a health care centre:**

- IP&C will complete an assessment and if any concerns related to staff exposure, IP&C will connect with OESH. **Do not notify OESH of patient/visitor cases.**

**Cases that are staff or clients in Acute care:**

- Include clients that are or were in a hospital, ER or UC, only if specimen **not** collected in Acute care facility.
- Provide name, PHIN or DOB of case, (if employee, include occupation) name of hospital, dates of POC (period of communicability), dates of exposure in hospital, and **test date**
- Notify OESH and IP&C for Acute Care by email. Note in subject line of email: "Notification re: staff" or "Notification re: Client". Notification should **only** be sent to IP&C if staff present at work during period of communicability and a breach occurred. **Please ensure subject line does not contain client name, PHIN or other personal health information.**
- OESH to complete assessment with HCW's & confirm high risk exposures only (not medium)
- ICP to complete contact tracing of exposures to clients in hospital
- ICP notifies PH when case has recovered or deceased. These notifications are received at the CD unit. CDC reviews them and then provides to admin to update status and close the file. If the case investigation has not been completed, then status will be updated, but file not closed. PHN to close the file once case investigation is completed.

### Cases that are Home care staff:

- For Home Care staff, PHN to do contact tracing of community contacts & collaborate with worker's resource coordinator. For Home Care contact after hours 204-788-8329

### Cases that are staff at a PCH/LTC :

- Complete investigation
- Notify IP&C at PCH/LTC of staff case (PCH does not have OESH)

### Case Identified as a Resident in a PCH

- **OPEN Cases assigned to a PHN**

- PHN to notify IPC designate for the PCH/LTC facility, that client resides in, of **test date** and result.
- If a case resides in a PCH/LTC and is not at the address listed in PHIMS, PHN to update the demographics accordingly and transfer the PHIMS case file to the CA for said facility.
- If no OB in the PCH has been declared notify CD Coordinator and WRHA LTC-ICP (initial case only)
  - Otherwise, do **NOT** email WRHA LTC-ICP of additional resident/staff cases
- Once above complete, PHN to close file in PHIMS. Disposition: F/u complete
  
- PCH is responsible to complete Case Investigation forms for *each* PCH resident case of COVID-19 and submit to MHSU. MHSU to fax Investigation forms to WRHA Public Health for data entry.
- **To streamline completion of the Case Investigation Forms by the PCH,**
  - Centralized Admin will enter the faxed copy of the case investigation form into PHIMS and then email assigned CA PHN. If case is open, PHN is to **close file in PHIMS. Disposition: F/u complete.**
  - IPC designate for the facility will coordinate contact follow-up within the facility
  
- **Assisted Living/Supportive Housing:** these are privately operated dwellings where individuals live in their own suites in a setting with congregate meals (prepared in the residence kitchen and served in the dining room), group activities and other communal amenities. Unlike a Personal Care Home (PCH), the residences have limited infrastructure to manage outbreaks, may have no health care trained staff and rely on program staff, families or others to care for the residents. As they are not associated with WRHA LTC, do NOT notify the LTC infection control person or OESH; notify your CD Coordinator to review the management with the facility.
  - PHN should check the outbreak spreadsheet first, to see if an outbreak has already been identified and who the primary PHN is
  - If not, initial PHN becomes the primary, who completes initial assessment with contact person for the facility (usually the ED) to determine if an OB is occurring.
  - If indicators that an OB is occurring notify CD Coordinator and WRHA Community ICP
  - Primary PHN takes the lead to monitor Cases, arrange testing, identify contacts etc. (\*PHN added to Outbreak list as primary)
  - Additional cases may be assigned to any PHN, who should connect with the primary PHN to identify other issues that might arise
  - Refer to several guidelines and tools that were developed to assist with managing outbreaks in general and to help follow up in assisted living on Insite

- **Case who receives WRHA Home Care:** Contact the client's Home Care Case Coordinator, and family as needed, to inform, so investigation can begin for direct service worker notifications; provide name of case & name of home care case coordinator to OESH, who will complete an assessment with HCW staff that were exposed; ICP can be consulted by *Home Care* to provide direction around PPE as required.
- **Note: Family Managed Care** is a program where a family member/next of kin hires Home Care Staff. In these cases, PHN must obtain the list of exposed staff during POC from the family and follow up with these contacts as family will not fulfil the Home Care Case Coordinator role in this circumstance.
- **Case that is recovered (past day 10):** If case is past day 10 from symptom onset and is recovered (or test date if asymptomatic) complete case investigation and contact tracing. PHN to ensure that a Status Assessment of *Recovered* is added as an Intervention and/or a *Fatal* Outcome is entered in PHIMS prior to file closure in PHIMS.
- **Case that is deceased:** If case is deceased, contact IPC for that hospital or PCH to obtain next of kin contact number to complete interview of minimum data set in PHIMS (even if greater than 10 days since the death). NOTE: if Fatality has already been validated by a CDC and reflected in PHIMS, then **no further follow up by PHN is required**. If additional information is required for deaths that occurred in hospital, contact medical records for that hospital. PHN to close investigation once case and contact tracing is completed. If case deceased after case investigation was completed, hospitals and PCHs are to notify PH. When notification received at CD unit, CDC to review and provide to admin to update status as fatal and close the file.

### Case Involvement with Other Services:

- **Canadian Armed Forces- Military:** Refer to [Canadian Armed Forces Process](#)
- **Corrections Within WRHA:**
  - PHN to notify their CD Coordinator
  - PHN will work with the facility to do the contact investigation for the staff and inmates. For cases in the Winnipeg Remand Centre refer to [Winnipeg Remand Centre](#) COVID-19 investigation process. If staff member resides in Wpg, PHN will need to identify and follow-up with their household and community contacts.
- **Corrections Outside of WRHA:**
  - PHN to notify their CD Coordinator, who will notify the region; See Page 15 for Stony Mountain (Federal Corrections).
  - PHN from another region (i.e. IERHA for Milner Ridge) who is assigned to the facility will work with the facility to do the contact investigation for the staff and inmates. If staff member resides in Wpg, PHN will need to identify and follow-up with their household and community contacts.
- **Evacuation Sites:** There are several evacuation sites currently in Winnipeg that are housing those displaced from other Regions including FNIHB communities due to fire or other issues. These sites are supported by the **Canadian Red Cross (CRC)**. Please note that the region may not identify the case to these facilities if notification by the case has not occurred, or consent has not been obtained. However, if support is required for the identification of contacts, disclosure may be necessary as part of this process. If disclosing client identity is pertinent to case and contact management of COVID 19, PHN can disclose such information on a **need to know basis**. It is important to ensure the person you are speaking with is aware that all information is confidential and should not be shared with anyone outside of need to know to inform and complete the investigation. **See Canadian Red Cross in Contact information below.**



- **Federal Orders:** Cases or individuals who have recently travelled internationally must follow Federal Public Health Orders. Individuals are instructed to consult [ArriveCAN](#) prior to travel to ensure they are aware of all mandatory information. Federal Orders supersede Provincial Orders. Federal Orders change without notice to provinces. It is important to check regularly.
- **Food Processing Plant:** Provide name & Ph # of Case & name of worksite to CD Coordinator, who will notify the COMO (Chief Occupational Medical Officer) & Cc MB Health Agrifood & MOH. CDC to email Provincial Workplace Health & Safety separately (without client identifiers) & Cc COMO to request workplace follow-up. Worksite will be assigned to a Safety Health Officer if follow-up is required.
- **Group Home:**
  - PHN to complete contact tracing of residents and staff and follow up as required
  - Notify your CD Coordinator (Include name of company and address of group home)
  - HSW's at group homes that are high risk contacts may have exemption from self-isolation if asymptomatic, consult with CD Coordinator.
  - Community Living disABILITY Services, Dept. of Families group homes:  
The CLDS COVID-19 Rapid Response Team is a centralized support (i.e. IP&C protocol review, PPE questions/concerns, collaboration with OESH & PH to support contact tracing for staff, residents, program participants).  
Do *not* notify them of *every* case; if there are issues identified with the group home, PHN can refer them to contact a Pandemic Response Nurse or PHN and/or CD Coordinator can communicate with them.  
[RRT@gov.mb.ca](mailto:RRT@gov.mb.ca) or Ph #: 1-866-906-0901 (Pandemic Response Nurses: Dorothy Rutledge & Shari Szeremley).
- **Homeless/Under-housed:**

Locating client: There are 3 main shelter groups. *Main Street Project, Salvation Army and Siloam Mission.*

  - Contact the central # for the shelters at 204-799-6568 to see if client is currently at a site or last time they have been there. This # can also be used if PHN wants to flag the individual within the system if they do attend a shelter so they can call the PHN. If they have located which shelter client was at, connect with the point person for that shelter listed in the contact section below.
  - Cases who are homeless may have also stayed at the 190 Disraeli Shelter run by End Homelessness Winnipeg. Paula Hendrickson [phendrickson@ahwc.ca](mailto:phendrickson@ahwc.ca)
  - Note: If disclosing client identity is pertinent to case and contact management of COVID 19 PHN can disclose such information on a need to know basis. It is important to ensure the person you are speaking with is aware that all information is confidential and should not be shared with anyone outside of need to know to inform and complete the investigation.
  - Please note, for staff at these facilities who are cases see contact information for community partners below.

Isolation Facilities: **There is currently 1 site- 777 Sargent Ave**

  - Intended for people that are homeless that are cases/contacts of COVID
  - Contact the central # for Isolation Facilities at 204-306-7857 or 204-306-9897 to determine if client is currently at one of these sites
  - If client is at one of these sites the PHN will f/u with point client to complete case investigation. Once interview is complete contact the central # to advise the isolation facility staff the determined end of the client's isolation period and case PHN name and PHN ph. #.
  - Do not refer these cases to the call center. Disposition in PHIMs "follow-up by the region"

- The isolation facility staff does the active daily monitoring of the client. If the staff at the facility has any questions or concerns about the client they will contact the assigned PHN. At the end of the isolation period the staff will contact the assigned PHN to advise that the client has completed their isolation period. The client can be discharged.
- The PHN will close the case in PHIMS
- If client leaves facility before isolation period ends the isolation staff are to call the assigned PHN to advise.
- PHN's are advised to leave a detailed message regarding their coverage if they are away.
- **Outreach Inner City Covid Response Team:** See memo [Downtown-Point Douglas COVID Response Team and Contact Tracing Strategy](#)
- **After hours testing and AIA admission:** Now available. See memo at this link.
- **Professional Hockey:** Cases within The Professional Hockey *bubble* be received by the region (players/household/those with player access) are no longer considered sensitive environment/high risk setting. [Hyperlink for follow-up.](#)
- **Uber: Accessing driver details from Uber:**
  - Go to hyperlink [https://lert.uber.com/s/?language=en\\_US](https://lert.uber.com/s/?language=en_US)
  - Create an account by registering, this allows you to sign in next time under your account. Select "For Public Health Request"
  - Tick box where it says:
    - I certify that I am an authorized law enforcement officer, public health authority, or government official.
  - Email verification: Provide your email and enter the verification code they send
  - Follow the prompts and provide your contact information
  - Select 'Data Request' and use our PHIMS Investigation ID for 'Agency Case Number'
  - Choose 'Yes' where it asks if this is an Emergency and provide relevant information
  - Follow the prompts, provide as much information as you have (All fields need to be filled out, where it asks for rider's details write unable to provide due to PHIA.)
  - In the comment section: Identify that you need the Drivers name, address and phone number. Or they will only provide name, number and email.
  - You should see your request is in progress.
  - They will email it when complete as a posted letter with an encrypted file containing the drivers name, phone number and email. If they require further details they may call you directly. All correspondence otherwise will be through the portal.
- **Winnipeg City Police:**
  - If police officer noted as case or is identified as a Contact while working see City of Winnipeg OESH department below.
- **Winnipeg Fire Paramedic Service OR Stretcher Service with/without Respiratory Therapist (RT):**
  - PHN to initially email Winnipeg Fire Paramedic Service, indicating case was tended to by applicable service and that PHN will follow up with telephone call, providing details (\*Pc only to Stretcher Service with/without RT)
  - When calling, PHN to advise/leave voicemail with the following details: name of case, pick-up address, transport date and time (if time unknown, use facility arrival time as per e-Chart), and facility transported to:
  - For Stretcher Service, dispatcher is to follow-up with driver to ensure PPE worn

- **Winnipeg Recreational Hockey League (WRHL):** Connect and work with league director, for cases included in adult men’s hockey & ringette league who play/practice out of Bell MTS Centre, The Rink, & Seven Oaks. They are the only organization that plays/practices out of Bell MTS and The Rink.
- **Winnipeg Transit exposure (employee):** If the case is a Winnipeg Transit employee and it is determined there may have been high risk exposure with other staff contact OESH City of Winnipeg- Lisa Palanuk. Ph #: 204-794-8612 or lpalanuk@winnipeg.ca

### Initial Contact Notification (ICN)/Interview

**Contact Process (if needed):**

As of February 15, 2022, the **public health orders for self-isolation (quarantine) of close contacts were removed.** Individuals are no longer required to self-isolate (quarantine) if they had close contact with a case. Household members of a case are advised to self-monitor for symptoms for 14 days after their last contact with a case, isolate if symptoms develop and check the online COVID-19 Screening Tool to determine if testing is recommended for them. Household members are also advised to take precautions to avoid non-essential contact with individuals at higher risk of severe outcomes, and avoid non-essential visits to health care and congregate settings during this time.

- Review [Isolation for Individuals with Symptoms and/or Waiting for COVID-19 Test Results](#)
- **Also see** [Interim Guidance Public Health Measures](#)

**Testing Recommendations:**

- A contact who develops symptoms compatible with COVID-19 within the monitoring period should be managed as a suspect case
- In general asymptomatic testing of contacts **is no longer recommended.**
- Testing recommendations as follows: <https://www.gov.mb.ca/covid19/testing/testing-eligibility.html>

**Novel coronavirus (COVID-19) – Contact Investigation Form ONLY Required for:**

- PUIs **received** from out of province/region; complete information in PHIMS

### Isolation Recommendations

**Confirmed, Probable or Suspect Case:**

See Interm Guidance Public Health Measures Document for further recommendations.

- If exacerbation of symptoms or other health concerns, refer to the algorithm for “[Directing COVID-19 Positive Patients from the Community Requiring Medical Care](#)” and as needed, use the [Fax Referral for COVID Positive Clients to Assessment Clinic](#)

**Contacts/PUIs:**

- To monitor for COVID symptom presentation; if develops symptoms, manage as a Suspect Case (i.e.; labeled as PUI in PHIMS)
- If client attends a [testing site](#), fax and/or pc are not required within Wpg Region. If symptoms are severe i.e.: short of breath or breathing difficulties, arrange for client to be seen at UC or ED. If contact needs to be assessed, they can be referred to their primary care provider before referring for testing.

- If screening, assessment and/or testing is needed after hours, Health Links-Info Santé will direct to Urgent Care or ER, accordingly
- Provide education as per [Isolation for Individuals with Symptoms and/or Waiting for COVID-19 Test Results](#)
- Check e-chart for test results:
  - If negative, notify of results and advise to continue to self-isolate as per [Interim Guidance Public Health Measures](#) document; continue with AM
  - If they test positive, follow up as a case per above

**For High Risk Contacts (PUIs that are not linked to a MB case):**

- Provide information as per Interm Guidance Public Health measures

### Case Disposition For Closure

**PHN who is Primary Investigator is to close off case in PHIMS according to QRC 7.19p, if not done.**

Refer to [Regional Guidelines for Covid-19 QA - Cases and Contacts](#) to ensure appropriate completion of case and contact follow-up.

**\*Notes:**

**Exclusion Letters:** will NOT be provided for the following reasons: cannot guarantee how long an individual will be off work as their situation may change (i.e.; contact become case etc.); guidance from PH during a pandemic is for everyone to stay home while ill, so employers should already be aware; too resource-intensive to provide letters to everyone who asks. Refer to following "[Letter to Clients/Employers outlining testing for COVID-19](#)"

**Return to Work Letters:** Will not be provided unless there are extenuating circumstances; consult with your CD Coordinator

**Clearance for non-WRHA HCWs who are Cases:**

HCWs without OESH support can return to work as per [Interim Guidance Public Health Measures](#)

**Deaths Related to COVID-19:** Refer to [Guidance Document- Validation of Fatalities entered in PHIMS](#) prior to file closure.

## Appendix A: Community Resources

- **Accessing COVID-19 Test Results**: Both negative & positive results are now available (*information will provide immediate guidance to positive cases about their requirement to isolate*)
  - Secure Shared Health [COVID-19 Online Results Display](#) (SH-CORD)
  - COVID Health Line at Health Links Ph #: 204-788-8200 or toll free at 1-888-315-9257 (Seven days/week; 9:00 am – 5:00 pm; for those without a MHFR card, not a MB resident or unable to access on-line)
- **Alternate Isolation Accommodation (AIA) or Shelter Sector Accommodation**: for Case or Contacts who DO NOT have an appropriate place to self-isolate; [Alternative Isolation Accommodations - Shared Health \(sharedhealthmb.ca\)](#)
  - **Eligibility for the AIA** - [Alternate Isolation Accommodation](#) (email: [AIAReferral@sharedhealthmb.ca](mailto:AIAReferral@sharedhealthmb.ca) ; Intake open daily from 8:30 am to 4:30 pm; Ph #: 204-795-3093; [referral form](#) ; Managers Donna & Laurie Ph# 204-795-3117 (*\*Note: The criteria currently does not indicate this, however anyone who needs a place to self-isolate can be accommodated (i.e.; travelers etc.); Health Links can also make these referrals to AIA*)
  - [Referral form Completion Guidelines](#)
  - [Selection Lists for referral form](#)
  - [Criteria and Script](#)
  - **Eligibility for the Shelter Sector**: open from 9:00 am – 5:00 pm; Ph: 204-306-7857; [shelter-isolation-referral-form.pdf \(sharedhealthmb.ca\)](#)
  - **For all AIA referrals** it is important to include the following: **Test date & result** if they have (or indicate no test done), Symptom onset date or information to inform **isolation end date**, any **medical needs**, mental health issues, substance abuse issues (important when determining which site is appropriate & what other services may be required during the stay)
  - **FNIHB AIA**- Transportation home *may* be arranged for cases/contacts who reside in Winnipeg, whose isolation periods have ended
- **Ambulance Non-emergency**: Ph # 204-986-6336
- **Covid Assessment Clinic**: [Fax Referral for COVID Positive Clients to Assessment Clinic](#)
- **Bayshore Home Health**: Ph #: 204-815-5860; After Hours Ph #: 204-788-8334 (they will direct you to the appropriate person on call)
- **Canada Border Services Agency (CBSA)**:
  - Vehicle Border crossings: when interviewing cases who have crossed an international border, ensure that they are specifically asked if they had prolonged contact with a customs agent. Should an agent be named as a contact – PHAC Nurse Elaine McDougall Ph # 204-373-3038 ext.275 (w) / 204-226-3038 (c) (poor reception at border); Chief CBSA (different person daily) Ph # 204-373-3038
  - Airport border crossings: Primary contact: Superintendent on shift Ph #: 204-983-6714 Alternate: Chief of Operations: Chuck Desjarlais Ph #: 204-470-0092
- **Canada Post Processing Plant** (Wellington Ave.): HR Contact: Agatha Gawlikowska; Ph #: 403-801-6261; Director of Health and Safety: David Jylywoychuk; Ph #: 204 998 3780
- **Canadian Red Cross**: Ph #: 204-599-8723, Candice Vince, [Candice.vince@redcross.ca](mailto:Candice.vince@redcross.ca)
- **Central COVID-19 Response Line**: Ph #: 204-926-1370

- **Community Outreach Advocacy Resource (COAR)** [formerly the Community Homelessness Assistance Team (CHAT)]: Provides outreach for those experiencing homelessness. Contact Christy Loudon at Email: [cloudon@dcspp.ca](mailto:cloudon@dcspp.ca) Ph #: 204.806.5095. Alternate # 204-958-7233 (Dispatch).
- **Community Resources During COVID:**
  - [Quick Reference: Supports for Community Members COVID-19](#)
  - [PHAC COVID-19 Resources for the Public in Multiple Languages](#)
  - [Manitoba Blue Cross Grief Counselling available at no cost to Manitobans who have experienced a loss during COVID-19; PH #: 204-786-8880; Toll free: 1-800-590-5553](#)
  - **Manitoba 211- Dial 211 on phone to connect with community resources and services throughout Manitoba. (i.e.; resources for: mental health, addictions, parenting, food and clothing, elderly support)**
  - [Adult Supports During COVID-19](#)
  - [Domestic Violence Supports During COVID-19](#)
  - [Family Supports During COVID-19](#)
  - [Financial Supports During COVID-19](#)
  - [Food and Basic Needs Supports During COVID-19](#)
  - [Shelter Supports During COVID-19](#)
  - [Youth Supports During COVID-19](#)
  - **Complementary Counselling Services:** for additional mental health support through the expanded Mental Health Virtual Therapy Program; 2 counselling sessions by phone or video; available in multiple languages. Call (toll-free) Ph #: 1-844-218-2955.
  - **COVID Alert App:** \*Refer to [Interim Guidance PH Measures, Appendix G](#)
    - [Quick Guide to COVID Alert Portal](#); on Chrome or Firefox - [User and Portal Training Videos](#)
    - **For Clients:** Health Canada Call Centre for questions about the app: Ph #: 1-833-784-4397
    - **For HCW:** email Portal/API technical support [assistance+healthcare@cds-snc.ca](mailto:assistance+healthcare@cds-snc.ca)
  - **COVID Call Centre Contact:** Manager Susan Gerlach Ph #: 204-833-1722 or Ph #: 204-307-1501 or email: [sgerlach@sharedhealth.mb.ca](mailto:sgerlach@sharedhealth.mb.ca); Phone Number for the Public Ph #: 1-866-349-0004
  - **COVID-19 Testing:** Toll-free Ph #: 1-855-268-4318 or book online at [www.manitoba.ca/COVID19](http://www.manitoba.ca/COVID19).
  - **Dynacare:** Ph #: 204-944-0757 ext. 7304 or Ph #: 1-800- 668-2714
  - **Epic Paramedics:** Ph #: 204-918-2758 (7:00 am – 7:00 pm daily): a community paramedic service that may be of assistance with case/contact follow-up in unique circumstances (i.e.; frequent 911 callers, mental health issues adversely impacting COVID efforts, etc.)
  - **Federal Public Health Orders:** consult [ArriveCAN site](#).
  - **FNIHB Public Health Nurse Advisors:** [FNIHB Public Health Nurse Advisor Community Assignments List](#)
    - **Headingley Correctional Centre:** CDC contacts: Jamie Pelletier [jpelletier1@southernhealth.ca](mailto:jpelletier1@southernhealth.ca)
  - **Health Outreach and Community Support (HOCS):** work with vulnerable populations to assist with connecting them to primary care, mental health, addiction, housing etc. – **Pending contact person**
  - **Immigrant & Refugee Community Organization of Manitoba (IRCOM):** can provide assistance with Case & Contact support for their residents, e.g., dropping off food, social work support, first language information, etc. Contact person: Sarah Schwendemann; Ph #: 204-293-6889; email: [sarahs@ircom.ca](mailto:sarahs@ircom.ca)
  - **Infection Prevention and Control Contacts (IPC):**
    - **WRHA Long Term Care (LTC):** Contact the Site ICP Designate directly

**NOTE:** PHNs and CDCs to send their notifications to the IPC Covid Intake inbox. They do not need to send notices for **Misericordia, Deer Lodge or Riverview** as the ICPs at those sites receive lab results to their offices and they also have OESH support (PCHs do not).



- **WRHA Acute Care:** coverage for HSC and all IPC covered sites please email [WRHA\\_IPC\\_CovidIntake@wrha.mb.ca](mailto:WRHA_IPC_CovidIntake@wrha.mb.ca)
- **WRHA Community:** Jennifer Doerksen [jdoerksen4@wrha.mb.ca](mailto:jdoerksen4@wrha.mb.ca) (Note: Community ICP are for consultation only, they do not assist with contact tracing for home care clients or residents in assisted living, supportive housing or group homes)
- **Inkster community support:** For Inkster clients only (Brooklands, Weston, Burrows-Keewatin, Tyndall Park, Inkster Gardens) who are isolating due to COVID-19. **Inkster** clients call: Abby Legaspi @ 204-806-3972 [Quick Reference: Supports for Community Members COVID-19](#)
- **Just City:** Tessa Blaikie Whitecloud at Ph #: 204-995-2944
- **Manitoba Youth Centre.** Greg Patterson at Ph #: 204-938-7179
- **Mobile Testing :** appointment based, home testing for individuals who are home/bed-bound, have impaired mobility, are immunocompromised and those residing within Alternate Isolation Accommodations and/or Supportive Housing; call COVID Response Unit at Ph #: 204-926-7071 followed by Fax # 204-940-1978, with supplementary referral info; open seven days a week from 9 a.m. - 5 p.m.
- **Nunavut Clients:** They come to Winnipeg for medical/birthing services and are followed by the Kivillaq Inuit Center (KIC) and Kivillaq Inuit Services (KIS) (same building). All clients must quarantine x 14 days prior to return home. KIC Ph #: 204-944-7110 (to confirm where clients are staying); KIS Ph #: 204-989-5215; Hotels- Canad Inn HSC Ph #: 204-594-9472; Hilton Airport Ph #: 204-793-1700; Best Western Ph #: 204-775-9889.
- **OESH Contact Information:** [Occupational Health Services and Designates - Provincial](#)
  - **Provincial Occupational Health COVID-19 Screening Line** (i.e.; for clients with questions/guidance/return to work for HCWs): Ph #: 204-926-1042 or Toll- free Ph #: 1-888-203-4066
  - **OESH emails for notifications:** Centralized OESH ([OESH@wrha.mb.ca](mailto:OESH@wrha.mb.ca)) with cc's to Bernice Irvine ([Blrvine@wrha.mb.ca](mailto:Blrvine@wrha.mb.ca)) and Gayle Hryshko ([GHRYSHKO@sharedhealthmb.ca](mailto:GHRYSHKO@sharedhealthmb.ca))
  - **OESH Manitoba Liquor and Lotteries Board:** Michelle Walker 204-226-3080
  - **OESH Loblaws (Superstore, Extra Food, Shoppers Drug Mart, No Frills, Loblaw Distribution Center, Loblaw Main office):** Monique Ruitter Ph #: 204-583-6305, [monique.ruitter@loblaw.ca](mailto:monique.ruitter@loblaw.ca)
  - **OESH Maple Leaf:** Kim Palmer Ph #: 204-235-8266
  - **Occupational Health CN rail:** Marie Daniele-Pitcher, Medical Director 438-340-9019 or Gina Stirpe, RN 514-206-4103
  - **Occupational Health Services- St. Amant group homes:** Joanne Diakiw, RN, Certified OHN. Ph #: 204-256-4301 ext. 2409 ; alternative ext. 2407. Email: [jdiakiw@stamant.ca](mailto:jdiakiw@stamant.ca) OR: General email: [occupationalhealthservicesteam@stamant.ca](mailto:occupationalhealthservicesteam@stamant.ca)
  - **OESH University of Manitoba:** email: [ohreport@umanitoba.ca](mailto:ohreport@umanitoba.ca)
  - **OESH Winnipeg Fire Paramedic Service:** Lisa Asquith at [lasquith@winnipeg.ca](mailto:lasquith@winnipeg.ca) Ph #: 204-986-7819
  - **OESH Winnipeg Police:** for Case/Contact Identified as Police Officer, contact: Ashley Macri; Ph #: 204-390-2435; email: [AMacri@winnipeg.ca](mailto:AMacri@winnipeg.ca). After May 25, 2021 Rebecca Manders. 204 915-7394 [rmanders@winnipeg.ca](mailto:rmanders@winnipeg.ca)
  - **OESH City of Winnipeg- for all departments- i.e. Transit, Fleet, Waste, etc. (\*excluding Fire/Paramedic and Police):** Contact: Lisa Palanuk. Ph #: 204-794-8612 or [lpalanuk@winnipeg.ca](mailto:lpalanuk@winnipeg.ca)
  - **Walmart:** Public Health Liaisons, Teri-Lea Knee, [Terilea.Knee@walmart.com](mailto:Terilea.Knee@walmart.com), 306-501-6587, Nico David, 236 880-4854, [nico.david@walmart.com](mailto:nico.david@walmart.com).
- **Outreach Inner City Covid Response Team:** [Covid19OutreachPHN@wrha.mb.ca](mailto:Covid19OutreachPHN@wrha.mb.ca), Phone 204-612-1190
- **Police Non-emergency:** Ph #: 204-986-6222

- [Provincial Requirements for Personal Protective Equipment \(PPE\)](#)
- **Post-COVID Rehabilitation-** Regional Pulmonary Rehabilitation Program [POST-COVID Rehabilitation](#)  
Referrals are accepted from Primary Care Providers, Home Care Coordinators, Hospital Inpatients Units and Emergency Departments.
- **Public Health Inspectors:** If PHN concerned regarding follow up from PHI per client, PHN can send an email to [healthprotection@gov.mb.ca](mailto:healthprotection@gov.mb.ca) or call 204-945-4204 to report concern.
- **Public Health –WRHA:**
  - MOH-on-call: Ph #: 204-788-8666
  - Team Manager on call: Ph #: 204-479-1042
  - Weekday CD Admin: Ph #: 204-940-2081
  - Weekend CD Fax #: 204-940-2690
  - COVID Central PHN Cell Phone (for Notification of New Cases ONLY): Ph #: 204-794-6141
- **Public Health-** Other Regions- See Regional Contact List. See FNIHB List for up-to-date listing
- **RCMP Occupational Health & Safety:** Contact: Trevor Boulanger. Ph #: 204-470-7568
- **Red River College (RRC):** For students that attend, contact Director, Safety and Health Services, Jodi Pluchinski; Ph #: 204-632-2395; Cell #: 204-792-6076; Email: [jpluchinski@rrc.ca](mailto:jpluchinski@rrc.ca)
- **Shelters- Main Street Project, Salvation Army and Siloam Mission:** Centralized Ph #: 204-799-6568 regarding participants who are cases. This number will connect to a worker to help locate or flag a client in their database. Once client has been located contact the following point people to assist with contact tracing in the facility. The specific contacts below also will assist with contact tracing of their staff who are cases:
  - **End Homelessness Winnipeg** shelter site **190 Disraeli**, Paula Hendrickson [phendrickson@ahwc.ca](mailto:phendrickson@ahwc.ca)
  - **Main Street Project:** Adrienne Dudeck Ph #: 204-451-1631 [adudek@mainstreetproject.ca](mailto:adudek@mainstreetproject.ca) or Dawn Cummings Ph #:204-451-0749 [dcumming@mainstreetproject.ca](mailto:dcumming@mainstreetproject.ca)
  - **Salvation Army:** Major Gordon Taylor (ED) Ph #: 204-956-9459; Cell #: 204-771-5376  
[Gordon.Taylor@salvationarmy.ca](mailto:Gordon.Taylor@salvationarmy.ca) (Back-up: Ellen, who has replaced Kristen Burrige ph.# 204-227-8148)
  - **Siloam Mission:** Angelika Fletcher (Manager) Ph #: 204-956-4344; back-up: Brad Ducak (Manager) Ph #: 204-956-0956 [brad.ducak@siloam.ca](mailto:brad.ducak@siloam.ca) (Shelter Staff after 9pm, you can reach them at Ph #: 204-943-1748)
- **SSCOPE Inc- 865 Main St:** Angela McCaughan - Executive Director Ph #: 204-987-6300  
[angela.sscope@gmail.com](mailto:angela.sscope@gmail.com)
- **Stony Mountain Institute:** Health Services Contact: Sherri MacEachern Ph #: 204-344-5111.  
(IERHA does *not* need to be notified as Stony is Federal Corrections).
- **Transit Plus:** Teresa Platt, Winnipeg Transit Plus Manager of Client Services, [tplatt@winnipeg.ca](mailto:tplatt@winnipeg.ca), PH: 204-986-5651 email case details: Name, Bus ID#, Date/time of travel and departure and arrival. Please cc [eoc@winnipeg.ca](mailto:eoc@winnipeg.ca) and [jasonshaw@winnipeg.ca](mailto:jasonshaw@winnipeg.ca) for a timely response.
- **Transportation:** to Facilitate Transportation for At-risk & Homeless Clients to Testing Sites, Assessment & Isolation Centers:
  - [Transportation Plan for People Who Need to Access Testing and/or COVID-19 Assessment Clinics but Unable to Access Transportation](#)
  - To book **Blueline:** Ph #: 204-925-8880 for Winnipeg Fire Police Service/Interfacility Transport (WFPS/IFT) (reference to charge account # 1800+); with a family with greater than 3 members, please flag so that an appropriate van can be requested; inform to be ready for pick-up ASAP (\*unless testing site closed for the day, then should be ready for pick-up first thing next AM) –
  - If it has been determined a client is experiencing challenges with accessing transportation to a COVID19 Testing Site, COVID19 Assessment Clinic or Isolation Site, any approved referral source (Health Links-Info



Santé, Primary Care Providers, Crisis Response Unit (CRU), Public Health Nurses with Population Public Health or Isolation Sites) can facilitate arrangement of a [Blueline Taxi](#)

- Algorithms for [Process of non-hospital Clients to COVID-19 Assessment Clinics](#)
- Algorithms for [Process of non-hospital Clients to COVID-19 Testing Sites](#)
- **Winnipeg Leisure Guide or City of Winnipeg facility exposures** Public Health to notify [EOC@Winnipeg.ca](mailto:EOC@Winnipeg.ca)
- **Winnipeg Recreational Hockey League (WRHL) Director:** Rob Barnsley; Ph #: 204-404-7556; email: [rob@winnipegrechockyleague.com](mailto:rob@winnipegrechockyleague.com)
- **Winnipeg Remand Centre** Nurse Ph #: 204-945-3515 (Mon – Fri 7:00 am – 3:00 pm); after hours Ph #: 204-945-4944; Fax: 204-948-2218 **Staff cases, contact:** Tim Matson, Deputy Supervisor, Winnipeg Remand Centre 204-945-1172.
- **Winnipeg Respiratory Therapist (RT):** Candy Macaulay (Manager): Ph #: 204-981-4715
- **Winnipeg Stretcher Service:** Ph #: 204-795-2222
- **Winnipeg Transit:** Jay Shaw [jasonshaw@winnipeg.ca](mailto:jasonshaw@winnipeg.ca) with Cc to [eoc@winnipeg.ca](mailto:eoc@winnipeg.ca)
- **Union Gospel Mission** (320 Princess): Frank Ulrich (ED) Ph #: 204-943-9904