

PHN Processes for Hard-to-Reach Cases or Contacts

For Hard-to-Reach Cases/Contacts

1. Attempt to reach the case/contact 3 times, over 3 days (inclusive of attempts by VCC)
 - i. Attempt at different times of the day
 - ii. Utilize **Search Tips** (below) to identify alternate contact information
 - iii. Utilize different communication methods (phone, text, DSV, letter)
 - iv. For unsuccessful DSV, Case/Contact notification letter should be left
 - v. If referred back to region by VCC, at minimum one attempt by region should take place → DSV for WRHA cases/contacts with letter left for client. Author note with subject as “Notification letter sent”
2. Record contact attempts in PHIMS
 - i. Inclusive of all communication methods indicated above
 - ii. If DSV not completed, Case/Contact notification letter should be mailed.
> Author note in PHIMS titled “Notification Letter Sent”
 - iii. If no accurate locating information available (no fixed address, etc), proceed to closing investigation as **Unable to locate**
3. Close investigation in PHIMS
 - i. Once isolation period is complete, verify Echart to ensure client isn’t hospitalized
 - ii. Add Intervention > Status Assessment > Recovered
 - iii. Change disposition to **Unable to locate** and close
 - iv. Referral to enforcement should not occur

For Cases/Contacts that are Uncooperative (aggressive, avoidant, combative, etc)

1. Document as much of the investigation as able
 - i. Document all contact attempts

- ii. If returned to region by VCC as uncooperative, minimum 1 contact attempt required by PHN
2. Mail Case or Contact letter
 - i. Author note with subject "Notification letter sent"
3. Close investigation
 - i. Once isolation period is complete, verify Echart to ensure client isn't hospitalized
 - ii. Add Intervention > Status Assessment > Recovered
 - iii. Update disposition to **Declined follow up – No further follow up**
 - iv. Referral to enforcement should not occur

Cases/Contacts Lost to Follow Up During Active Monitoring

1. Case & asymptomatic contacts lost to follow up/declining follow up will be closed by VCC. These will not be returned to region.
2. For cases and contacts returned to region from AM, check notes for reason for return
3. Symptomatic contacts that refuse testing will be returned to region
 - i. Update contact investigation; change disposition to **Contact turned case** and close. **QRC 7.19I**
 - ii. Create an investigation; Case – Probable **QRC 7.4c**
 - iii. Attempt one additional contact to complete case investigation
 - iv. If unable to reach, send Case notification letter (indicate probable case). Update disposition to **Lost to follow up** or **Declined follow up – No further follow up** and close.

Referrals to Public Health Inspectors for Enforcement

1. Report concerns to CDC related to businesses, workplaces, congregate settings, or other populations at risk of COVID-19 transmission.
2. CDC to consult MOH to determine if referral to PHI is appropriate

Search Tips

When trying to contact COVID-19 cases or contacts, please exhaust all of the following options:

1. PHIMS search

- a. Check for Ph # here first
- b. If no Ph # or Ph # is not working, check e-chart

2. E-chart search

- a. Access demographics for current or alternate Ph #
- b. If no success, check PHIMS
- c. Check Encounters to determine if they are admitted to hospital

3. PHIMS search with MFRN

- a. Search by Manitoba Family Registration Number (MFRN), where all family members listed on health card will be noted; there may be an alternate Ph # available, especially for a parent, that you can call to request contacting information
- b. If no success, access EMR

4. EMR search

- a. If you have access to EMR, search in demographics for updated or alternate Ph #
- b. Check for a recent family physician/other HCP and call for current or alternate Ph #
- c. Check for recent prescriptions filled at a pharmacy, and call pharmacy for current Ph #
- d. Testing sites chart lab results and current Ph # in EMR so current contact information may be noted (*This information is not necessarily updated in e-chart or PHIMS)

5. Check with employer to see if they have current contact information

6. Request for Door Stop Visit (DSV) by PHN

- a. After exhausting above options with no success, send referral to CA where client resides for DSV by PHN (**Original PHN remains primary investigator in PHIMS*)
- b. If no answer, leave letter ([templates](#) on Insite) in mailbox or under the door, that informs the individual they are identified as a case or contact, as per [WRHA instructions](#)

Resources

Provincial Practice Guideline – Management of Unreachable COVID-19 Cases and Contacts



Practice
Guideline_Managen

Hard to reach Case/Contact Letters



COVID-19 Case
Letter - Nov 24 2021.



COVID-19 Contact
Letter - Nov 24 2021.