

# COVID-19 Public Health Case & Contact Management

Communicable Disease Unit

May 2020



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Autochtones Canada

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## COVID-19

- Part of coronavirus family known to cause mild illness in humans ranging from the common cold, to more severe diseases such as MERS and SARS
- Identified on December 31, 2019, after several unusual pneumonia cases seen in Wuhan City, Hubei Province, China
- Pandemic declaration by WHO March 11<sup>th</sup>, 2020 – “COVID-19”
- Monitored closely by both Provincial and Federal Health Authorities – reportable disease of public health significance

# Transmission

- Respiratory droplets of symptomatic case
  - close, prolonged personal contact
  - touching droplets then touching mouth, nose or eyes before washing handsAirborne spread not been documented
- a risk during aerosol generating medical procedures  
(e.g. airway management, CPR, open airway suctioning, tracheostomy care, high flow oxygen, CPAP/BiPAP, administering nebulizers)
- No specific evidence documenting transmission through fomites
  - virus has been detected on surfaces in the patient environment
- Virus has been detected in the stool and the blood
  - transmission through fecal-oral and blood-borne is uncertain
- Vertical transmission – no conclusive evidence

Source: Public Health Ontario (2020)

# Period of Communicability

- The definitive period of communicability for COVID-19 is **not known at this time**
- **Earliest time of communicability:**
  - can be transmitted from people who are in their incubation period
  - some studies have suggested transmission as early as **five** days before symptom onset
    - another unrecognized source of infection is possible
- **Latest time of communicability:**
  - COVID-19 RNA in patient samples for as long as **several weeks** after symptom onset
  - RNA detection by itself does not necessarily indicate the presence of live virus
- **Asymptomatic transmission:**
  - **limited evidence** of transmission from people who are asymptomatic and never develop symptoms
  - **more evidence** of transmission from people who are in their incubation period (i.e. people who transmit infection while asymptomatic, but prior to their development of symptoms)

Source: Public Health Ontario (2020)

# Incubation Period

- The median/mean incubation period: 5 days
- Almost all of the estimates for the upper end of the incubation period do not exceed 14 days
  - supporting 14 days as an appropriate time period to be used for quarantine if it is needed as a public health control strategy

Source: Public Health Ontario (2020)

# Symptoms

## Common:

- Fever
- New or worsening cough
- Shortness of breath

## Other:

- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose or nasal congestion (absence of underlying reason eg. Seasonal allergies or post nasal drip etc)
- Clinical or radiological evidence of pneumonia

Ministry of Health

## COVID-19 Reference Document for Symptoms

Version 4.0 – May 14, 2020

This document outlines the symptoms which have been most commonly associated with COVID-19. This information is current as of May 14, 2020 and may be updated as the situation on COVID-19 continues to evolve. If there is a discrepancy between this list and other guidance, this list should be considered as the most up to date.

### Common symptoms of COVID-19 include:

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

### Other symptoms of COVID-19 can include:

- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion – *in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.*

### Other signs of COVID-19 can include:

- Clinical or radiological evidence of pneumonia

**Atypical symptoms/clinical pictures of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include:**

- Unexplained fatigue/malaise/myalgias
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup
- Conjunctivitis
- Multisystem inflammatory vasculitis in children

### Atypical signs can include:

- Unexplained tachycardia, including age specific tachycardia for children

# Atypical Signs /Symptoms

## Atypical:

- Unexplained fatigue/malaise
- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup
- Conjunctivitis
- Multisystem inflammatory vasculitis in children
- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild)
- Lethargy, difficulty feeding infants (if no other diagnosis)

*\* Atypical signs/symptoms should be considered, particularly in children, older persons, and people living with a developmental disability.*

# Symptoms & Treatment

- People infected with the virus experience mild symptoms
  - a small portion of people experience more severe disease
- People with a weakened immune system are at risk of complications:
  - Older people
  - People with chronic disease
    - diabetes
    - cancer
    - heart disease
    - renal disease
    - chronic lung disease
- No treatment or vaccine is available – 2 vaccine clinical trials in Canada, 15 globally (as of May 20<sup>th</sup>)
- Supportive care





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# Reporting Responsibilities

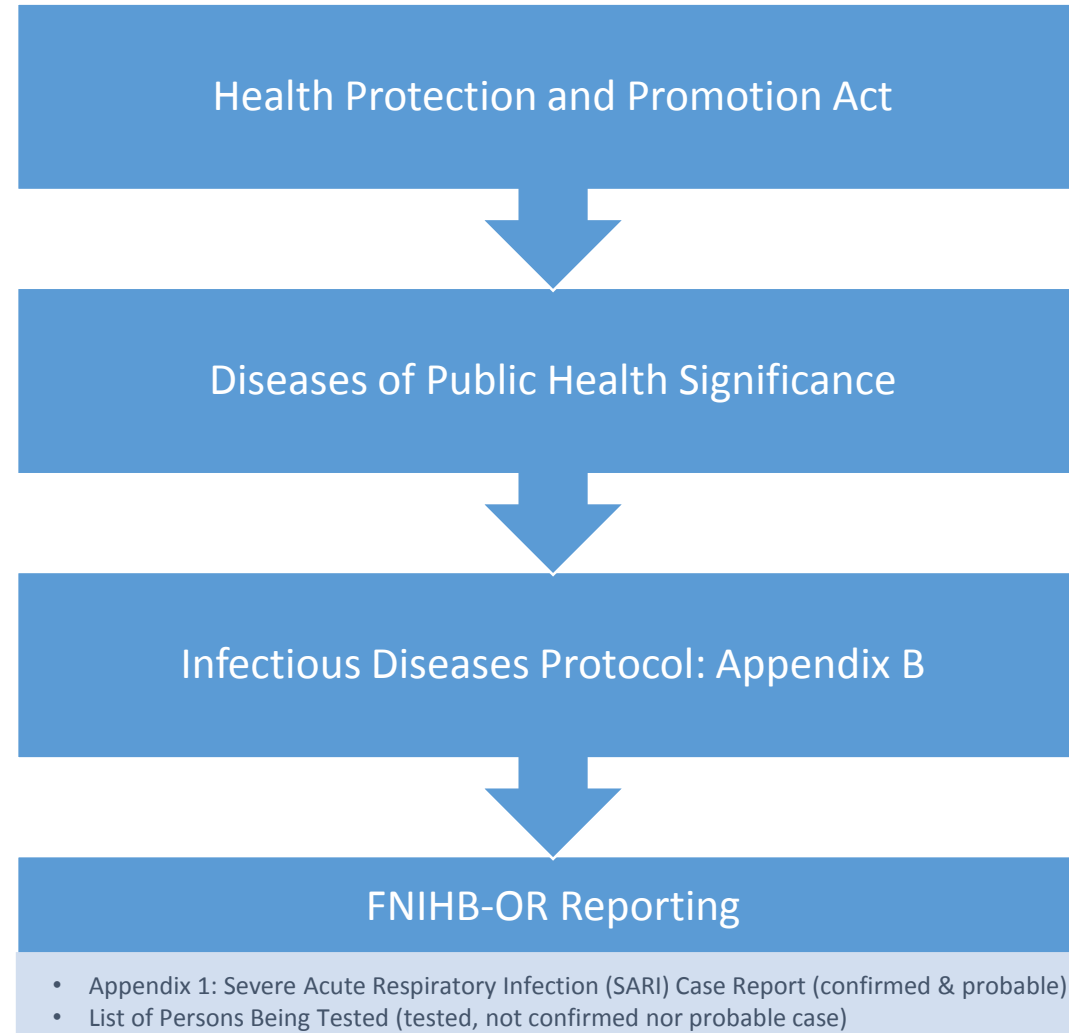


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# What are legal requirements for CD Case Management?



# Diseases of Public Health Significance


## Added to the RDF

Coronavirus associated disease, novel, including:

1. Severe Acute Respiratory Syndrome (SARS)
2. Middle East Respiratory Syndrome (MERS)
3. 2019-novel coronavirus (COVID-19)

## Confirmed and Probable cases must be reported to CD nurse

- Review case definition for confirmed and probable case
- Ensure case meets case definition for reporting
- Report to CD nurse via phone
  - After hours, contact EPHO line at: 1-855-407-2676 to be connected with a CD team member



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**LIST OF DISEASES OF PUBLIC HEALTH  
SIGNIFICANCE TO REPORT**

The following is a list of Diseases of Public Health Significance that must be reported (as per Ontario Regulation 135/18 and Reg. 569 under the Health Protection and Promotion Act R. S. O. 1990, Chapter H.7) within the prescribed timelines for reporting. **NOTE:** In the case of an outbreak involving any of the diseases listed below, please contact the zone CD nurse who will contact the Regional Medical Officer for instructions.

<p>Acquired Immunodeficiency Syndrome (AIDS), including Human Immunodeficiency Virus (HIV)</p> <p>*Acute Flaccid Paralysis</p> <p>Amebiasis</p> <p><u>Anthrax</u></p> <p>Blastomycosis</p> <p><u>Botulism</u></p> <p><u>Brucellosis</u></p> <p>Campylobacter enteritis</p> <p>Carbapenemase-producing Enterobacteriaceae</p> <p>Chancroid</p> <p>**Chickenpox (Varicella)</p> <p>Chlamydia trachomatis infections</p> <p>Cholera</p> <p>Cryptosporidiosis</p> <p>Cryptosporidium parvum (CDAD)</p> <p>Encephalitis, including:</p> <ol style="list-style-type: none"> <li>1. Primary, viral</li> <li>2. Post-infectious</li> <li>3. Vaccine-related</li> <li>4. Subacute sclerosing panencephalitis</li> <li>5. Unspecified</li> </ol> <p>Echinococcus multilocularis</p> <p><u>Food poisoning, all causes</u></p> <p><u>Gastroenteritis, institutional outbreaks</u></p> <p>Giardiasis, except asymptomatic cases</p> <p>Gonorrhea</p> <p><u>Group A Streptococcal disease, invasive</u></p> <p>Group B Streptococcal disease, neonatal</p> <p><u>Haemophilus influenzae disease all types, invasive</u></p> <p><u>Hantavirus Pulmonary Syndrome</u></p> <p><u>Hemorrhagic fevers, including:</u></p> <ol style="list-style-type: none"> <li>1. Ebola virus disease</li> <li>2. Marburg virus disease</li> <li>3. Other viral causes</li> </ol>	<p><u>Hepatitis, viral</u></p> <ol style="list-style-type: none"> <li>1. <u>Hepatitis A</u></li> <li>2. Hepatitis B</li> <li>3. Hepatitis C</li> </ol> <p>**Influenza</p> <p><u>Lassa Fever</u></p> <p><u>Legionellosis</u></p> <p>Leprosy</p> <p><u>Listeriosis</u></p> <p>Lyme Disease</p> <p><u>**Measles</u></p> <p><u>Meningitis, acute</u></p> <ol style="list-style-type: none"> <li>1. <u>Bacterial</u></li> <li>2. Viral</li> <li>3. Other</li> </ol> <p><u>Meningococcal disease, invasive</u></p> <p>**Mumps</p> <p>Ophthalmia neonatorum</p> <p>Paralytic Shellfish Poisoning</p> <p><u>Paratyphoid Fever</u></p> <p>**Pertussis (Whooping Cough)</p> <p><u>Plague</u></p> <p>Pneumococcal disease, invasive</p> <p><u>**Poliomyelitis, acute</u></p> <p>Psittacosis/Ornithosis</p> <p><u>Q Fever</u></p> <p><u>Rabies</u></p> <p><u>Respiratory infection outbreaks in institutions and public health hospitals</u></p> <p><u>Rubella</u></p> <p><u>Rubella, congenital syndrome</u></p> <p>Salmonellosis</p> <p><u>Severe Acute Respiratory Syndrome (SARS)</u></p> <p>Shigellosis</p> <p><u>Smallpox</u></p> <p>Syphilis</p> <p>*Tetanus</p> <p>Trichinosis</p> <p>Tuberculosis</p> <p>Tularemia</p> <p>Typhoid Fever</p> <p><u>Verotoxin-producing E. coli infection indicator conditions, including Hemolytic Uremic Syndrome (HUS)</u></p> <p>West Nile Virus illness</p> <p>Yersiniosis</p>
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**NOTE:** Diseases underlined need to be reported to the CD nurse immediately via telephone. Other diseases can be reported by the next working day by fax, telephone, or email.

\*Diseases for which a clinical diagnosis alone is sufficient to confirm cases for reporting purposes.

\*\*Diseases for which clinically compatible signs or symptoms AND an epidemiological link to a lab-confirmed case is sufficient to confirm cases for reporting purposes.

Last Revised Feb 2020

Found on the back of the  
Reportable Disease Form

# Case Definition & Reporting

- Used in Ontario for consistent reporting and surveillance purposes
- Defines diseases to report
- Updated by the Ministry of Health
- CD Unit sends out updated case definition and guidance documents



## Case Definition – Novel Coronavirus (COVID-19)

These case definitions\* are for surveillance purposes and they are current as of May 11 2020. They are not intended to replace clinical or public health practitioner judgment in individual patient assessment and management.

### A. Probable Case

- A. A person (**who has not had a laboratory test**) with symptoms compatible with COVID-19 (see footnote 8) **AND**:
- a. Traveled to an affected area (including inside of Canada, see footnote 9) in the 14 days prior to symptom onset; **OR**
  - b. Close contact with a confirmed case of COVID-19 (see footnote 2); **OR**
  - c. Lived in or worked in a facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care, prison)
- OR**
- B. A person with symptoms compatible with COVID-19 (see footnote 8) **AND** in whom laboratory diagnosis of COVID-19 is inconclusive (see footnotes 4,5)


### B. Presumptive Confirmed Case

- Based on the evolving situation with COVID-19 there is no longer a Presumptive Confirmed Case definition for surveillance purposes

### C. Confirmed Case

A person with laboratory confirmation of COVID-19 infection using a validated assay, consisting of positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target. Laboratory confirmation is performed at reference laboratories (e.g., The National Microbiology Laboratory or Public Health Ontario Laboratory) or non-reference laboratories (e.g., hospital or community laboratories). (see footnote 7)

# COVID-19 Recommended Public Health Follow Up for CHNS



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FNHIB-OR: CD Unit  
COVID-19 Recommended Public Health Follow Up for CHNs

This document is based on the public health guidelines and principles from the Ministry of Health, and created as a general guidance for communities.  
A community may decide to add additional precautions.

Category	Definition
<b>Confirmed case (provincial case definition<sup>1</sup>)</b>	A person with laboratory confirmation of COVID-19 infection <sup>1</sup>
<b>Probable case (provincial case definition<sup>1</sup>)</b>	A) A person (who has not had a laboratory test) who has symptoms compatible with COVID-19 AND had: - travelled to an area impacted by COVID-19, (including within Canada) 14 days prior to symptom onset, <b>or</b> - close contact with a confirmed case of COVID-19 (see pg 3 for definition of close contact), <b>or</b> - lived in or worked in a facility known to be experiencing an outbreak of COVID-19 <b>OR</b> B) A person with symptoms compatible with COVID-19 AND in whom laboratory results are inconclusive or indeterminate
<b>Person Being Tested</b>	A term used in the CD Unit to define a person being tested for COVID-19, not meeting the provincial case definition of confirmed nor probable case above

Note: The terms confirmed and probable are specific definitions from the Ontario Ministry of Health: Case definition – Novel coronavirus (COVID-19)<sup>1</sup>, May 11<sup>th</sup>, 2020, and used in Ontario for consistent provincial reporting and surveillance purposes

Common Signs & Symptoms of COVID-19 <sup>2</sup>	Atypical signs & symptoms of COVID-19 <sup>3</sup>
<ul style="list-style-type: none"> <li>Fever (≥37.8 °C)</li> <li>New/worsening cough</li> <li>Shortness of breath</li> <li>Sore throat</li> <li>Difficulty swallowing</li> <li>New olfactory/taste disorder</li> <li>Nausea/vomiting, diarrhea, abdominal pain</li> <li>Runny nose/congestion, no underlying reason</li> <li>Clinical/radiological evidence of pneumonia</li> </ul>	To consider particularly in children, elderly and people with developmental disability: <ul style="list-style-type: none"> <li>Unexplained fatigue/malaise/falls/ tachycardia/ hypoxia/ hypotension</li> <li>Delirium</li> <li>Headaches</li> <li>Acute functional decline</li> <li>Exacerbating chronic conditions</li> <li>Chills</li> <li>Croup</li> <li>Conjunctivitis</li> <li>Multisystem inflammatory vasculitis, lethargy and difficulty feeding in children</li> </ul>

<sup>1</sup>Refer to the current [Ontario Ministry of Health COVID-19 Reference Document for Symptoms](#)

Footnotes:  
<sup>1</sup> [Ontario Ministry of Health: Case definition – Novel coronavirus \(COVID-19\)](#), May 11<sup>th</sup>, 2020. Also available on [Onehealth](#): Public Health Unit / Communicable Disease Unit / Other Communicable Diseases / COVID-19  
<sup>2</sup> [Ontario Ministry of Health: Public health management of cases and contacts of COVID-19 in Ontario, April 15<sup>th</sup>, 2020 version 7.0](#). Also available on [Onehealth](#)  
<sup>3</sup> [Ontario Ministry of Health COVID-19 Reference Document for Symptoms](#), May 11<sup>th</sup>, 2020.  
<sup>4</sup> [Ontario Ministry of Health COVID-19 Provincial Testing Guidance Update, May 2, 2020, version 3.0](#). Also available on [Onehealth](#)  
<sup>5</sup> [Ontario Ministry of Health COVID-19 Quick Reference Public Health Guidance on Testing and Clearance, May 2, 2020, version 6.0](#). Also available on [Onehealth](#)  
<sup>6</sup> COVID-19 forms and appendices are available on [Onehealth](#): Public Health Unit / Communicable Disease Unit / Forms  
<sup>7</sup> Patient Fact Sheets and Resources available on [Onehealth](#)

May 13<sup>th</sup>, 2020 (v1) p1

Based on provincial guidance documents:

- Case Definition Novel Coronavirus (COVID-19)
- Reference Document for Symptoms
- Public Health Management of Cases and Contacts of COVID-19 in Ontario
- COVID-19 Provincial Testing Guidance
- COVID-19 Quick Reference Public Health Guidance on Testing and Clearance
- Footnotes: links to resources

# Case Management - Definitions

Category	Definition
<b>Confirmed case (provincial case definition)</b>	A person with laboratory confirmation of COVID-19 infection
<b>Probable case (provincial case definition)</b>	A) A person (who has not had a laboratory test) who has symptoms compatible with COVID-19 <b>AND</b> had: <ul style="list-style-type: none"><li>- travelled to an area affected area (including within Canada) 14 days prior to symptom onset, <b>or</b></li><li>- close contact with a confirmed case of COVID-19, <b>or</b></li><li>- lived in or worked in a facility known to be experiencing an outbreak of COVID-19</li></ul> <b>OR</b> B) A person with symptoms compatible with COVID-19 <b>AND</b> in whom laboratory results are inconclusive
<b>Person Being Tested</b>	A term used in the CD Unit to define a person being tested for COVID-19, not meeting the provincial case definition of confirmed nor probable case above

Note: The terms confirmed and probable are specific definitions from the *Ontario Ministry of Health: Case definition – Novel coronavirus (COVID-19)*<sup>1</sup>, May 11<sup>th</sup>, 2020, and used in Ontario for consistent provincial reporting and surveillance purposes

**Report any probable or confirmed cases immediately to CD  
Nurse/EPHO After Hours Line**





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# Public Health Case & Contact Management



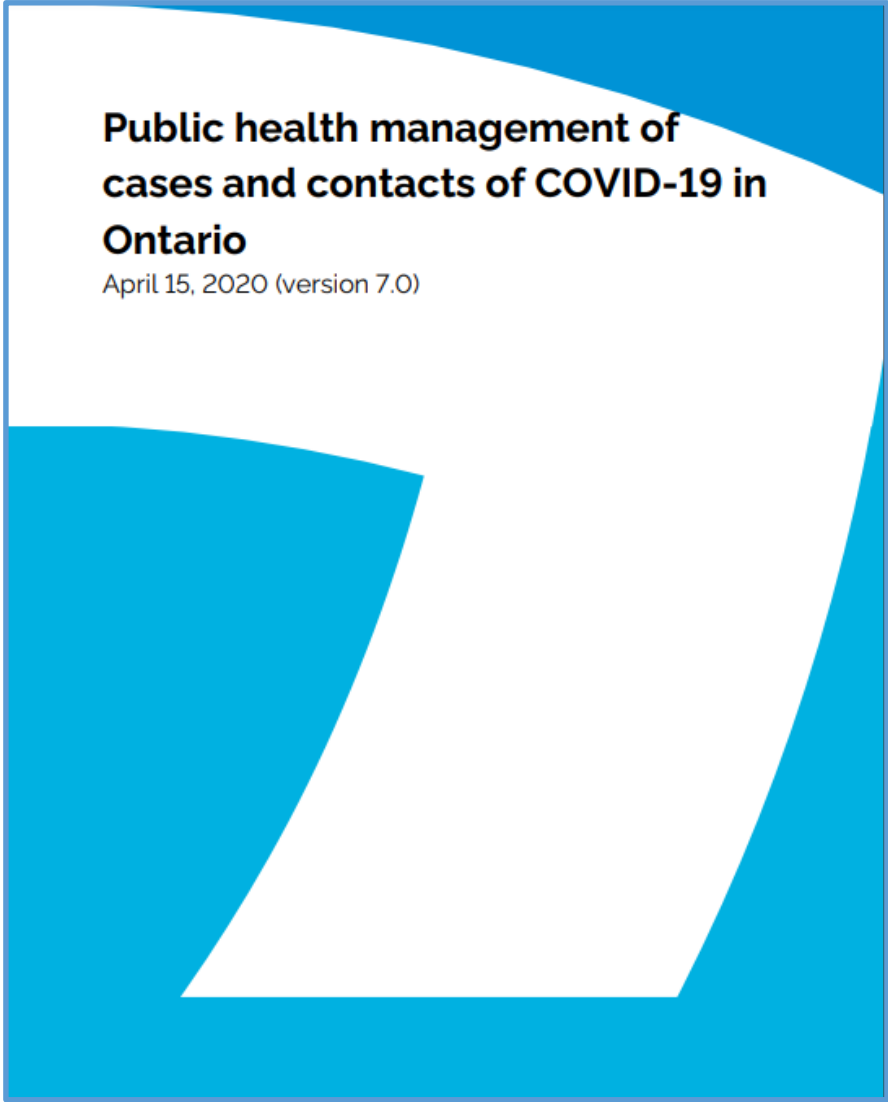
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# Case & Contact Management

- Provides public health follow-up for confirmed and probable cases and their contacts
- Case management: self-isolation, exposure investigation, contact tracing
- Contact management: exposure investigation, risk assessment, self-isolation/self-monitoring
- Use ISC Appendices instead (shorter, user friendly)

The image shows the cover of a document titled "Public health management of cases and contacts of COVID-19 in Ontario". The cover has a white background with a large, stylized blue graphic on the right side that resembles a stylized 'S' or a checkmark. The title is in bold black text, and the date and version are in smaller black text below it.

## Public health management of cases and contacts of COVID-19 in Ontario

April 15, 2020 (version 7.0)



# Confirmed/Probable/ Person being tested: asymptomatic with high-risk exposure

Category	Recommended Public Health Follow Up <sup>2</sup>	Additional information
Confirmed Case of COVID-19 <sup>1</sup>	1. Notify CD nurse of confirmed or probable case by phone, call as soon as possible <ul style="list-style-type: none"> <li>During after hours, call the EPHO (Environmental Public Health Officer) line at 1-855-407-2676 to be connected with the CD team</li> </ul>	Notify nurse manager and as per established process * Sioux Lookout area communities to contact SLFNHA and follow their process
OR	2. For a confirmed case, ensure ordering MD/NP and case are aware of the positive laboratory result	
Probable Case of COVID-19 <sup>1</sup>	3. If symptomatic, refer to or consult with MD/NP for clinical management as appropriate	
(see provincial case definition above)	4. Advise case to self-isolate for 14 days from date of symptom onset, if asymptomatic, self-isolate for 14 days from date of test collection: <ul style="list-style-type: none"> <li>Provide guidance and fact sheet<sup>7</sup> on self-isolation and preventing the spread of COVID-19 in the home</li> </ul>	
OR	5. Advise case to seek medical attention as required, or if symptoms worsen (must call ahead)	
Person Being Tested Asymptomatic with high-risk exposure	6. Investigate to determine possible risk factors/exposure in the 14 days prior to symptom onset	Refer to the form <i>Appendix 2: Routine Activities Prompt Worksheet – Case</i> <sup>5</sup>
	7. Initiate contact tracing and follow up. Contact tracing starts 48 hours prior to symptom onset or test date if asymptomatic: <ul style="list-style-type: none"> <li>Advise each contact that they have been identified as a contact of a case of COVID-19</li> <li>Assess each contact for symptoms of COVID-19. If symptomatic, manage as a probable case</li> <li>Determine the contact's exposure setting and risk of exposure based on their interaction with the case</li> <li>Advise contacts to self-isolate or self-monitor based on risk assessment (provide handout on self-isolation/self-monitoring as indicated)<sup>7</sup></li> <li>Advise contacts who are self-monitoring or self-isolating, if they become symptomatic, or if symptoms worsen, they should immediately self-isolate (if not already), and notify CHN of symptoms</li> <li>Advise contacts that a CHN or delegated allied personnel will follow up for a phone assessment during the isolation or monitoring period. Follow up intermittently, or more frequently depending on client's health status and as per the health facility's protocol</li> </ul>	Refer to the form <i>Appendix 5: Close Contact Tracing Worksheet</i> <sup>6</sup> Refer to symptoms (pg1) or <i>COVID-19 Reference Document for Symptoms</i> <sup>3</sup> Refer to <i>COVID-19 Contact Tracing &amp; Exposure Risk Level</i> on pages 3-4
	8. Advise the case they will be contacted by a nurse or delegated allied personnel to monitor their clinical condition	Refer to the form <i>Appendix 4: Daily Clinical Update Form – Case Managed in a Household</i> <sup>6</sup> , or health facility specific forms if applicable
	9. Discuss criteria for completion of self-isolation. Clearance from isolation <sup>5</sup> includes: <ul style="list-style-type: none"> <li><b>Symptomatic</b> cases: completion of 14 days isolation from day of symptom onset, case must be afebrile and symptoms improving. Absence of cough is not required in those with chronic cough or reactive airways post-infection</li> <li><b>Asymptomatic</b> cases: completion of 14 days isolation from date of specimen collection</li> <li>Once discharged from isolation, case status is 'resolved.' Advise case to continue general public health measures</li> </ul>	Self-isolation: is generally completed 14 days after symptom onset, if the case is afebrile and symptoms are improving. Refer to the Ministry of Health <i>COVID-19 Quick Reference Public Health Guidance on Testing and Clearance</i> <sup>5</sup>
	10. Complete and fax the following forms <sup>6</sup> to the CD Fax Line at 1-807-343-5348: <ul style="list-style-type: none"> <li><i>Appendix 1: Severe Acute Respiratory Infection (SARI) Case Report Form</i></li> <li><i>Appendix 2: Routine Activities Prompt Worksheet</i> (investigates possible source of infection 14 days prior to the onset of symptoms)</li> <li><i>Appendix 5: Contact Tracing Worksheet</i> (potential contacts 48 hrs prior to case being symptomatic, or 48 hrs prior to test date if asymptomatic)</li> </ul>	

# Appendix 1: Severe Acute Respiratory Infection Case Report Form (SARI)

ISC INDIGENOUS SERVICES CANADA		Appendix 1: Severe Acute Respiratory Infection Case Report Form COVID-19 Follow-Up Form		
<b>Client Demographics</b>		Notice of Collection Date:		
Last Name:		First Name:		
Date of Birth: DD-MMM-YYYY	Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Specify:		
Address:		Health Card Number:		
City:	Postal Code:	Phone: Home: Cell: Work:		
Email:				
Occupation:		Health Care Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Workplace/School:		Workplace/School Address:		
Next of Kin:		Relationship	Phone: Home: Cell: Work:	
Family Physician/HCP:		HCP Phone Number:		
<b>Reporting Information</b>		Date reported to Health Unit: DD-MMM-YYYY		
Contact information of CHN reporting		Phone Number:		
<b>Laboratory Results</b>				
Specimen Type	Testing Lab (PHOL or NML)	Collection Date	Result	Date of laboratory Result:
		DD-MMM-YYYY		DD-MMM-YYYY
		DD-MMM-YYYY		DD-MMM-YYYY
		DD-MMM-YYYY		DD-MMM-YYYY
<b>Case Classification</b> **CHN must complete SARI Form and report to CD nurse and PHU who reports to ministry. Ministry must report to PHAC within 24hrs of identification. See PH Management documents for details**				
Person Tested				Date: DD-MMM-YYYY
<input type="checkbox"/> High index of suspicion for becoming a case (i.e. had high risk exposure – close contact, travel)				
<input type="checkbox"/> Clinician has ordered COVID-testing: patient <u>does not</u> have high index of suspicion for becoming case				
Probable Case				Date: DD-MMM-YYYY
Confirmed Case				Date: DD-MMM-YYYY
2020-04-03 Adapted from the Grey Bruce Public Health Unit				
Page 1 of 4				

- Complete for all confirmed and probable cases
- Fax to confidential CD faxline at 1-807-343-5348

# Appendix 2: Routine Activities



## Appendix 2: Routine Activities Prompt Worksheet - Case

When interviewing a case, ensure that the following activity prompts are considered to identify a possible source of infection within the 14 days prior to the onset of symptoms: work; school; visitors at home; volunteer activities; daycare; religious activities; social activities (restaurants, shopping); sports; visits to acute care settings, long-term care homes, retirement homes, medical labs, dentists, and other health care providers; contact with ill persons; and contact with birds/swine or other animals.

Date of Onset: \_\_\_\_\_

Case Last Name:

Case First Name:

Date of birth:

Gender:

Community Health Nurse:

Date/Time (Start and End)	Activities/Contacts	Location of Activities	Contact Person Name/Tel	Comments

Saved: March 27, 2020

- Complete to investigate possible risk factors/exposure in the 14 days prior to symptom onset
- If asymptomatic, investigate 14 days prior to testing date

# Appendix 4: Daily clinical Update Form



## Appendix 4: Daily Clinical Update Form - Case Managed in a Household Setting

Client Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Band Number: \_\_\_\_\_  
Health Card Number: \_\_\_\_\_

Use Appendix 4 to monitor the health status of a probable or confirmed case for the duration of their illness and infectious period or until a probable case no longer meets the case definition. Review symptoms and indicate if present or absent.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
<b>Date</b>														
<b>Symptoms</b>														
No symptoms	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Are symptoms worsening or any new symptoms	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Fever > 38	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Temperature (if known)														
Cough	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Shortness of breath	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Diarrhea	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Runny nose	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Malaise	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Chest pain	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Other:	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
<b>Complications</b>														
Pneumonia	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Other:	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
<b>Specimens / Diagnostics</b>														
Nasopharyngeal swab	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Chest x-ray	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
<b>Treatment / Supportive Therapy</b>														
Medication	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
O2 sat (if applicable)														
On oxygen	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Initials														

- Complete when following up with cases
- May be used when following-up with contacts

# Appendix 5: Close Contact Tracing Worksheet



## Appendix 5: Close Contact Tracing Worksheet

When interviewing a case to identify potential close contacts, consider all individuals that could have had exposure since the case was symptomatic. See the Close Contact Tracing section of the *Public health management of cases and contacts of COVID-19 in Ontario* for the definition of a close contact. Use the following activity prompts to help identify potential close contacts: work; school; visitors at home; volunteer activities; daycare; religious activities; social activities (restaurants, shopping); sports; visits to acute care settings, long-term care homes, retirement homes, medical labs, dentists, and other health care providers; contact with ill persons; and contact with birds/swine or other animals.

Date of Onset: \_\_\_\_\_

Case Last Name:

Case First Name:

Date of birth:

Gender:

Community Health Nurse:

Date/Time (Start and End)	Activities	Location of Activity	Name & contact information of potential close contacts	Comments

Adapted from Toronto Public Health

Saved: March 30, 2020

- Complete to obtain a list of contacts, their exposure setting, and information for follow-up

# Cases not Requiring Immediate Reporting

Category	Recommended Public Health Follow Up
Probable cases <sup>1</sup> tested negative for COVID-19	<ol style="list-style-type: none"> <li>1. Inform case of the negative result</li> <li>2. Advise <b>case</b> to remain in self-isolation for the remainder of the 14-day period, and that they will continue to be contacted by a nurse or delegated allied personnel to monitor their clinical condition. If symptoms change or worsen, case should contact CHN. Consider the need for repeat testing and consult with MD/NP as appropriate</li> <li>3. Advise <b>contacts</b> to discontinue self-isolation and to continue with self-monitoring for the remainder of the 14-day period, if they become symptomatic they should immediately self-isolate and notify CHN of symptoms</li> <li>4. Report case (if not already) to the CD Unit by completing <i>List of Persons Being Tested for COVID-19</i><sup>6</sup> <ul style="list-style-type: none"> <li>o Completed forms and laboratory result(s) should be faxed daily to the confidential CD Fax Line at: 1-807-343-5348.</li> </ul> </li> </ol> <p>Faxing of the list is not required if there are no persons tested that day</p>
Person Being Tested: Symptomatic with low-risk exposure, test pending or not tested	<ol style="list-style-type: none"> <li>1. Advise patient to self-isolate while waiting for test results. Provide guidance and fact sheet on self-isolation<sup>7</sup></li> <li>2. Advise patient to seek medical attention as required, or if symptoms worsen to contact the CHN (must call ahead)</li> <li>3. Start contact tracing and advise contacts to self-monitor for 14 days from last known exposure <ul style="list-style-type: none"> <li>o Complete <i>Appendix 5. Appendix 1 (SARI form)</i> is no longer required</li> </ul> </li> <li>4. Report case and contacts to the CD Unit by completing <i>List of Persons Being Tested for COVID-19</i><sup>6</sup> and <i>Appendix 5</i> as per above for each person being tested <ul style="list-style-type: none"> <li>o Completed forms should be faxed daily to the confidential CD Fax Line at: 1-807-343-5348.</li> <li>o Faxing of the list is not required if there are no persons tested that day</li> </ul> </li> <li>5. Discuss criteria for completion of self-isolation<sup>5</sup>: <ul style="list-style-type: none"> <li>• If test result is <b>negative</b>: <ul style="list-style-type: none"> <li>o Inform case of the negative result</li> <li>o Discontinue self-isolation, continue with self-monitoring and general public health measures. If symptoms change or worsen advise them to contact CHN, and consider the need for re-testing and consult with MD/NP as appropriate</li> <li>o Advise contacts to discontinue self-monitoring but continue general public health measures</li> </ul> </li> <li>• If test result is <b>positive</b>: patient is considered a confirmed case, see recommendations for public health follow up of confirmed cases</li> <li>• If <b>not tested</b>, case is to complete 14-day self-isolation period. If symptoms change or worsen advise them to contact CHN, and consider the need for testing and consult with MD/NP as appropriate</li> </ul> </li> </ol> <p>Contacts should complete 14-day self-monitoring period and advise them that if they become symptomatic they should immediately self-isolate and notify CHN of symptoms</p>
Person Being Tested: Asymptomatic with low or medium-risk exposure, test pending	<ol style="list-style-type: none"> <li>1. Advise patient to self-monitor for 14 days while waiting for test results -Provide guidance and fact sheet on self-monitoring; they should be advised that if symptoms develop, to self-isolate immediately and to contact CHN</li> <li>2. Report case to the CD Unit by completing <i>List of Persons Being Tested for COVID-19</i><sup>6</sup>, contact tracing is not required. SARI/appendix completion not required <ul style="list-style-type: none"> <li>o Completed forms should be faxed daily to the confidential CD Fax Line at: 1-807-343-5348.</li> <li>o Faxing of the list is not required if there are no persons tested that day</li> </ul> </li> <li>3. Discuss criteria for completion of self-isolation: <ul style="list-style-type: none"> <li>o If test result is <b>negative</b>: Inform the case of the negative result and that they may discontinue self-monitoring but continue general public health measures</li> </ul> </li> </ol> <p>If test result is <b>positive</b>: Treat as confirmed case</p>



# List of Person Being Tested for COVID-19



FNIHB- OR: CD Unit

List of Persons Being Tested for COVID-19

## List of Persons Being Tested for COVID-19

**Person Being Tested:** A term used in the CD Unit to define a person being tested for COVID-19, not meeting the provincial case definition of confirmed nor probable case, and does not have high-risk exposure to COVID-19. If contact tracing is indicated, complete Appendix 5 for each person tested and fax along with this form. **Please fax completed list daily at end of day to the confidential CD fax line at: 807-343-5348.** Faxing of the list is not required if there are no persons tested that day. Communities may use or adapt this template to report the information requested below.

Community Name: \_\_\_\_\_ Total tests today: \_\_\_\_\_ Date: \_\_\_\_\_ Faxed to CD Unit: Y / N

Demographic Information (If using sticker, ensure all information is provided below)		Date of swab	Symptoms -circle yes or no		Medical conditions - circle yes or no		Comments
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	
Name of client: DOB: Gender:	Health Card Number: Address:	YYYY / MMM / DD	Yes	No	Yes	No	

FNIHB-OR List of Persons Being Tested May 12, 2020 (v1)

- Complete to report patients tested who do not meet case definition of confirmed or probable case (e.g. symptomatic with low risk exposure)
- Fax daily to CD faxline: 1807-343-5348
- Faxing is not required if there are no patients tested that day
- Please fax laboratory results to CD faxline at: 1-807-343-5348

# COVID-19 Contact Tracing & Exposure Risk Level

- Assess exposure and setting to the case to determine the level of self-isolation or self-monitoring that is recommended
- Contact trace should start:
  - Symptomatic: 48 hours prior to symptom onset to 14 days after
  - Asymptomatic: 48 hours prior to test date to 14 days after



# COVID-19 Contact Tracing & Exposure Risk Level

**Close Contact** is a person who:

- Provided care for case (HCW, family and caregivers)
- Had close physical contact (e.g. intimate partner) **without** consistent and appropriate use of PPE
- Lived with or had prolonged (>15 min) close contact (within 2 m) with a probable or confirmed case 48 hrs prior to symptom onset while the case was not self-isolating
- Had direct contact with infectious body fluids of a case
  - (e.g., was coughed or sneezed on or shared personal items) without the appropriate use of PPE

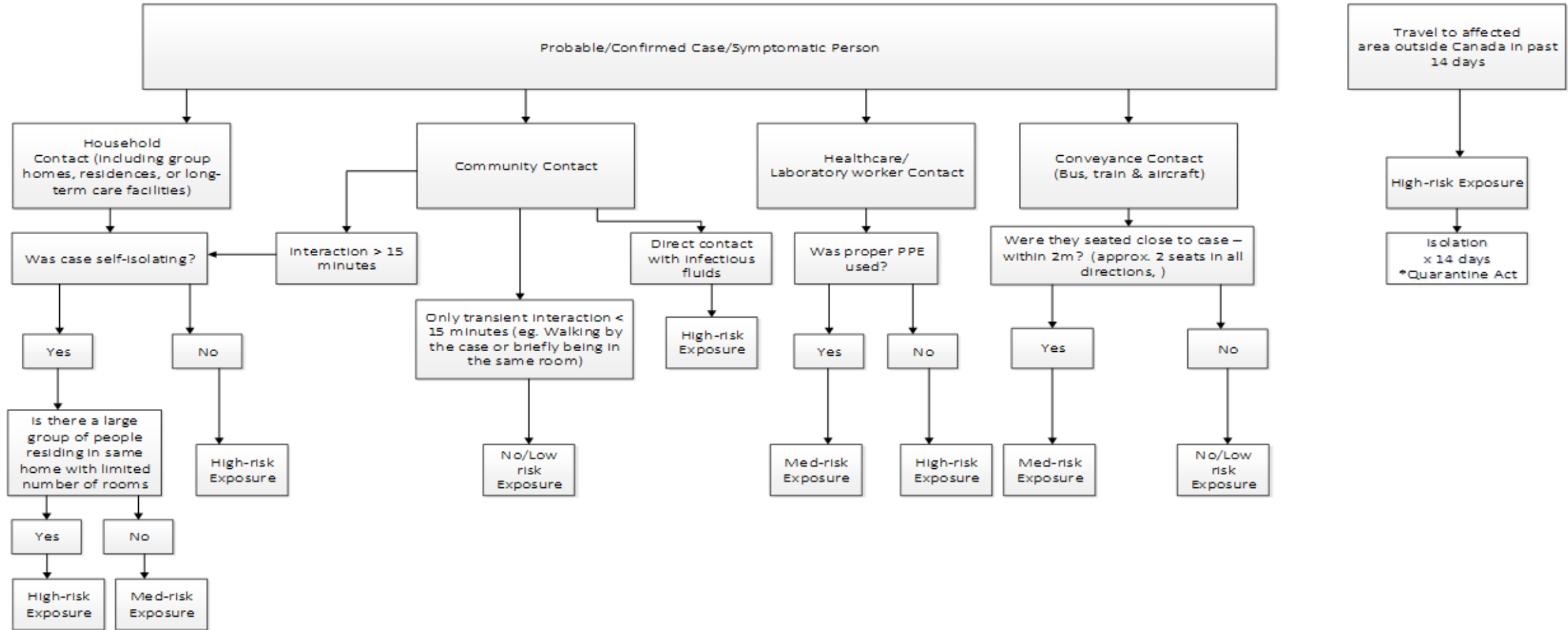
**Non-Close contact** is a person who:

- Provided care for the case, (HCW, family members or other caregivers)
- Had other similar close physical contact **with** consistent and appropriate use of PPE and the case was self-isolating
- Lived with or had contact ( $\leq 15$  mins), not within 2 m of a case while the case was symptomatic and not self-isolating

# Risk Level of Exposure

High-risk Exposure	Medium-risk Exposure	No/Low-risk Exposure
<ul style="list-style-type: none"> <li>• Travel to an impacted area, including areas where transmission is known</li> <li>• In a conveyance or vehicle, seated within 2 metres to the case with close prolonged (&gt;15 mins) contact while case was not wearing a medical mask</li> <li>• Close-contact (see above definition)</li> </ul>	<ul style="list-style-type: none"> <li>• In a conveyance or vehicle, seated within 2 metres to the case with close prolonged (&gt;15 mins) contact while case was wearing a medical mask</li> <li>• Non-close contact (see above definition)</li> </ul>	<ul style="list-style-type: none"> <li>• Transient interaction &lt; 15 mins (e.g. walking by the case or being briefly in the same room)</li> <li>• In a conveyance, seated more than 2 m (3 seats in all directions) from the case</li> <li>• No travel outside of community, and no confirmed cases in the community</li> <li>• No contact with COVID-19 case or any person with symptoms compatible with COVID-19</li> </ul>
<ul style="list-style-type: none"> <li>• Self-isolation for 14 days</li> </ul>	<ul style="list-style-type: none"> <li>• Self-monitoring for 14 days</li> </ul>	<ul style="list-style-type: none"> <li>• No monitoring or isolation required</li> </ul>
<ul style="list-style-type: none"> <li>• If individual becomes symptomatic, manage as probable case</li> </ul>	<ul style="list-style-type: none"> <li>• If individual becomes symptomatic, manage as probable case</li> </ul>	<ul style="list-style-type: none"> <li>• Provide information and reassurance</li> </ul>

# Risk Level Algorithm



# COVID-19 Contact Tracing & Exposure Risk Level

Category	Actions for the Individual	Public Health/CHN Activities
<b>High Risk Exposure</b> <ul style="list-style-type: none"> <li>Self-isolation</li> </ul>	<ul style="list-style-type: none"> <li>Do not attend work or school</li> <li>Stay home</li> <li>Keep 2 metre distance, or 2 arm lengths apart from others including those within your home (see <a href="#">COVID-19 Isolation Quarantine Reference Tool</a>)</li> <li>Do not have visitors</li> <li>Do not use public transportation</li> <li>Remain reachable for daily monitoring by CHN or Public Health</li> <li>If symptoms<sup>3</sup> develop, contact CHN or Public Health or EMS (or equivalent) for severe/serious symptoms (eg. trouble breathing)</li> </ul>	<ul style="list-style-type: none"> <li>Advise individual they should self-isolate and self-monitor for symptoms and contact CHN or Public Health if symptoms develop</li> <li>Intermittent monitoring for 14 days from last exposure or more frequent depending on health status and as per health facility protocol</li> <li>Provide fact sheet (<a href="#">FNIHB Self-Isolation Fact Sheet</a>)</li> <li>Assess patient needs/supports to facilitate self-isolation and monitoring of symptoms</li> <li><i>In the event of a confirmed case of COVID-19 in a remote, isolated, rural or Indigenous community testing of contacts should be considered in consultation with community physician/NP, CD Unit or the local public health unit.</i></li> </ul>
<b>Medium Risk Exposure</b> <ul style="list-style-type: none"> <li>Self-monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Self-monitor for symptoms<sup>3</sup> of COVID-19 for 14 days</li> <li>Avoid places where you cannot easily separate yourself from others if you become ill</li> <li>Avoid crowds, limiting excursions to only those that are essential (eg. food, medical and pharmacy) and maintaining physical distancing of 2m. social visits to areas with highly vulnerable individuals</li> </ul>	<ul style="list-style-type: none"> <li>Advise individual they should self-monitor for symptoms and contact CHN or Public Health if symptoms develop</li> <li>If symptoms develop, consider testing based on clinical assessment</li> <li>Counsel patient on the symptoms to monitor for, monitoring period and what to do if they become symptomatic</li> <li>Provide fact sheet (<a href="#">PHO COVID-19 Self Monitoring Fact Sheet Feb 19 2020</a>)</li> <li><i>In the event of a confirmed case of COVID-19 in a remote, isolated, rural or Indigenous community testing of contacts should be considered in consultation with community physician/NP, CD Unit or the local public health unit.</i></li> </ul>
<b>No/Low Risk Exposure</b>	<ul style="list-style-type: none"> <li>None</li> <li>Avoid crowds, limit excursions to only those that are essential (eg. food, medical and pharmacy) and maintain physical distancing of 2m</li> <li>Avoid social visits to areas with highly vulnerable individuals</li> </ul>	<ul style="list-style-type: none"> <li>Provide information on physical distancing and prevention measures</li> <li>No follow-up required</li> <li><i>In the event of a confirmed case of COVID-19 in a remote, isolated, rural or Indigenous community testing of contacts should be considered in consultation with community physician/NP, CD Unit or the local public health unit.</i></li> </ul>
<b>Isolation under Quarantine Act</b>	<ul style="list-style-type: none"> <li>Same as self-isolation above, AND</li> <li>Must return home or to place of quarantine directly, no stops on the way</li> </ul> <p><i>*Violating instructions provided when entering or returning to Canada could lead up to 6 months in prison and/or \$750,000 in fines</i></p>	<ul style="list-style-type: none"> <li>Advise individual they should self-isolate for symptoms and contact CHN or Public Health if symptoms develop</li> <li>Intermittent monitoring for 14 days from last exposure</li> <li>Assess patient needs/supports to facilitate self-isolation and monitoring of symptoms</li> </ul>

# Case & Contact Management Overview

1) Confirm Case Category, Report as Appropriate	<ul style="list-style-type: none"><li>• Review case definition to confirm if reportable</li><li>• Report Confirmed and Probable cases to the CD nurse immediately</li><li>• Cases that are not confirmed nor probable, report by completing <u>List of Persons Being Tested</u></li></ul>
2) Manage Case	<ul style="list-style-type: none"><li>• Review CD Unit: <u>COVID-19 Recommended Public Health Follow-up for CHNs</u></li><li>• Provide health teaching to client/family/care givers</li><li>• Follow-up on health status during isolation or monitoring period</li></ul>
3) Manage Contacts	<ul style="list-style-type: none"><li>• Obtain list of contacts, follow-up according to Exposure Risk Level</li><li>• Provide health teaching to client/family/care givers</li><li>• Follow-up on health status during isolation or monitoring period</li></ul>
4) Document	<ul style="list-style-type: none"><li>• Complete required forms and fax to confidential CD faxline: 807-343-5348<ul style="list-style-type: none"><li>• Appendix 1 (SARI form): confirmed and probable case, and person being tested with high risk exposure</li><li>• Appendix 2: investigates case's exposure settings and activities</li><li>• Appendix 4: Daily Clinical Update Form – Case Managed in a Household</li><li>• Appendix 5: investigates contacts</li></ul></li><li>• Document and file in patient's chart</li></ul>

# SLFNHA– Case Management

Effective May 19, 2020 responsibility for public health management of cases and contacts of COVID-19 in Sioux Lookout area First Nations will be managed by Approaches to Community Wellbeing at Sioux Lookout First Nation's Health Authority.

Changes to the public health management of COVID-19 going forward:

- Confidential fax # 1-807-737-2141
- Confidential phone # 1-807-737-4466 or 1-877-317-4797 (this line is also available after hours and on weekends for urgent matter).
- When completing a test for COVID-19, please do the following:
  - Write on the PHOL lab requisition - CC results to Dr. Bocking at 1-807-737-2141
  - Fax a copy of the PHOL lab requisition to 1-807-737-2141 Attention COVID-19 Nurse.
- For reporting a confirmed or probable case, call SLFNHA at the above numbers. In addition, fax a copy of the Respiratory Illness Documentation Tool (Appendix E in the COVID 19 Nursing Station Processes document).
- New forms can be found on the OneHealth Portal under the Sioux Lookout Zone COVID-19 Report form, COVID-19 Activity Prompt and Close Contact tracing Worksheet, and COVID-19 Daily Clinical Update form.
- The COVID-19 Nursing Station Processes document has been updated to reflect the changes in public health management. This includes the introduction of new algorithms to assist in determining appropriate nursing station actions.



Sioux Lookout  
First Nations  
Health Authority

Public Health Management of Cases and Contacts of COVID -19  
in Sioux Lookout First Nation Health Authority's Communities

## Contact Information and Community Assignments

Confidential Fax # 1-807-737-2141

24-hour phone # 1-807-737-4466 or 1-877-317-4797.

Preventing Infectious Diseases Nurse	Community
Amanda Laverdure 1-807-737-5679	Bearskin Weagamow (Round Lake, North Caribou Lake) Slate Falls Cat Lake Sachigo Koochechong Deer Lake North Spirit Lake Poplar Hill Keewaywin McDowell Lake Fort Severn
Denise Williams PID Manager 1-807-737-5898	Eabametoong (Fort Hope) Nibinamik Webequie Neskantaga
Shelly Archibald 1-807-737-6192	Kitchenuhmaykoosib Inninuwug (KI, Big Trout Lake), Pikangikum Muskrat Dam Lac Seul Kasabonika, Wpekeka Wunnumin Kingfisher Lake Wawakapewin
Hannah Ohman 1-807-738-6047	Sandy Lake Mishkeegogamang Ojibway Nation of Saugeen Eagle Lake Wabauskang Wabigoon Lake



# Resources



# Client Resources

- How to wash your hands
- How to use hand sanitizer
- Frequently asked questions: General
- Frequently asked questions: Self-isolation vs Self-quarantine
- How to self-isolate
- How to self-quarantine
- How to self-monitor
- Self-isolation and self-quarantine recommendations for confirmed and probable cases, and those with symptoms of COVID-19
- Self-Isolation Goals for Caregivers, Household Members and Close Contacts
- Cleaning & Disinfecting Public Areas
- Social Distancing

Available on OneHealth, Public Health Ontario, Government of Canada website

### Coronavirus Disease 2019 (COVID-19)

#### How to wash your hands

### How to use hand sanitizer

### Coronavirus Disease 2019 (COVID-19)

#### How to self-monitor

Follow the advice that you have received from your health care provider. If you have questions, or you start to feel worse, contact your health care provider, Telehealth (1-866-797-0000) or your public health unit.

**Monitor for symptoms for 14 days after exposure**

**Avoid public spaces**

- Avoid crowded public spaces and places where you cannot easily separate yourself from others if you become ill.

**What to do if you develop these or any other symptoms?**

- Self-isolate immediately and contact your public health unit and your health care provider.
- To self-isolate you will need:
  - Instructions on how to self-isolate.

**Contact**

### Coronavirus Disease 2019 (COVID-19)

#### SOCIAL DISTANCING

Together, we can slow the spread of COVID-19 by making a conscious effort to keep a physical distance between each other. Social distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. With patience and cooperation, we can all do our part.

**What does Social Distancing mean?**

This means making changes in your everyday routines in order to minimize close contact with others, including:

- avoiding crowded places and non-essential gatherings
- avoiding common greetings, such as handshakes
- limiting contact with people at higher risk (e.g. older adults and those in poor health)
- keeping a distance of at least 2 arms lengths (approximately 2 metres) from others, as much as possible

**Here's how you can practice social distancing:**

- greet with a wave instead of a handshake, a kiss or a hug
- stay home as much as possible, including for meals and entertainment
- shop or take public transportation during off-peak hours

### Coronavirus Disease 2019 (COVID-19)

#### Self-isolation: Guide for caregivers, household members and close contacts

If you are caring for or living with someone who has the virus, you are considered a "close contact". Your local public health unit will give you special instructions about how to monitor your own health, what to do if you start to feel sick and how to contact them. Be sure to tell health care providers that you are a close contact of someone with COVID-19.

**Wash your hands often**

- Wash your hands with soap and water after each contact with the infected person.
- Use an alcohol-based hand sanitizer if soap and water are not available.

**Wear mask and gloves**

- Wear a mask and gloves when you have contact with the person's saliva or other body fluids (e.g. blood, sweat, saliva, vomit, urine and feces).

**Dispose of gloves and mask after use**

- Take the gloves and mask off right after you provide care and dispose of them in the wastebasket lined with the plastic bag.
- Take off the gloves first and clean your hands with soap and water before taking off your mask.
- Clean your hands again with soap and water before touching your face or doing anything else.

**Limit the number of visitors in your home**

- Only have visitors who you must see and keep the visits short.
- Keep seniors and people with chronic medical conditions (e.g. diabetes, lung problems, and immune deficiency) away from the infected person.

### Avoid sharing household items

- Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding or other items with the person under investigation.
- After use, these items should be washed with soap or detergent in warm water. No special soap is needed.
- Dishwashers and washing machines can be used.
- Do not share cigarettes.

**Clean**

- Clean your home with regular household cleaners.
- Clean regularly touched items such as toilets, sink tap handles, doorknobs and bedside tables on a daily basis.

**Wash laundry thoroughly**

- There is no need to separate the laundry, but you should wear gloves when handling.
- Clean your hands with soap and water immediately after removing your gloves.

**Be careful when touching waste**

- All waste can go into regular garbage bins.
- When emptying wastebaskets, take care to not touch used tissues with your hands. Lining the wastebasket with a plastic bag makes waste disposal easier and safer.
- Clean your hands with soap and water after emptying the wastebasket.

**Contact your public health unit:**

**Learn about the virus**

COVID-19 is a new virus. It spreads by respiratory droplets of an infected person to others with whom they have close contact such as people who live in the same household or provide care.

You can also access up to date information on COVID-19 on the Ontario Ministry of Health's website: [ontario.ca/coronavirus](https://ontario.ca/coronavirus)

The information in this document is current as of February 14, 2020.  
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COVID-19: Self-isolation: Guide for caregivers, household members and close contacts 2 of 2



# COVID-19 Screening Tool for Health Centres

## Summary of PPE Recommendations

**ISC** INDIGENOUS SERVICES CANADA

FNIHB-OR: CD Unit  
COVID-19 Screening Tool for Health Centres

**Client Demographic Information** \* Indicates required information.

*Client's Name: (Last, First, Middle Initial)	*DOB: DD-MMM-YYYY
*Community Name:	Band Number:
*OHIP Number:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated
Past Medical History:	

The following questions are guidelines to screen for COVID-19 and are based on the provincial case definition as of March 30, 2020 and the COVID-19 Patient Screening Guidance Document V.2.0 May 2, 2020. Visit [www.ontario.ca/coronavirus](http://www.ontario.ca/coronavirus) for current case definition. This tool is for use at health centres without treatment and public offices. Nursing stations and health centres with treatment should use the separate tool "Triage Tool and Advice Log with COVID-19 Screen." Nurses must adhere to routine, and contact and droplet precaution for all clinical examinations, and use appropriate PPE based on point of care risk assessment when screening patients. Respirators should be used during aerosol-generating medical procedures (AGMPs) (Obtaining a nasopharyngeal/throat swab for COVID-19 testing is not an AGMP and contact and droplet precautions is recommended).

**Questions to Ask Patients**

**Section 1: Are you feeling any of the following symptoms? Circle the symptoms**

• Fever, new cough, worsening chronic cough, or shortness of breath (or any combination)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, nausea/vomiting, diarrhea, abdominal pain, runny nose or nasal congestion without other known cause, or clinical or radiological evidence of pneumonia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, indicate date of onset: _____	
• Atypical symptoms including: unexplained fatigue/malaise, delirium, unexplained or increased number of falls, acute functional decline or worsening chronic conditions, chills, headaches, croup or conjunctivitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, indicate date of onset: _____	
<i>Atypical signs/symptoms should be considered, particularly in children, older persons, and people living with developmental disability</i>	

**Section 2: Or had any of the following:**

• Travel to an area with confirmed COVID-19 cases in the last 14 days, including outside of the community? If yes, where: _____ Date of Return: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• In close contact with someone who is confirmed with/or being investigated for COVID-19 If yes, where: _____ Exposure date(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Details: _____	
• In close contact with someone who is sick with respiratory symptoms (e.g. fever, cough, or difficulty breathing) or who recently travelled to an area with confirmed COVID-19 cases in the last 14 days? If yes, date of contact: _____ Type of contact: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Results**

• Are responses to ALL of the screening questions 'No': COVID-19 Screen Negative	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are responses to ANY of the screening questions 'YES': COVID-19 Screen Positive	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*Have individual put on a mask and wait in designated area as per facility processes *Refer to the 'Summary of PPE Recommendations for COVID-19' document and facility recommendations for direction on use of personal protective equipment, client placement or appointment scheduling with individuals who are displaying symptoms of COVID-19 *Ensure CHN is aware of client waiting to be seen and results of screening tool. CHNs are to consult the CD Nurse, and NP/MD as needed.	

**Confirmed or Probable Case Awareness**

Refer to the 'COVID-19 Recommended Public Health Follow-Up for CHNs' document for information on how to report a probable or confirmed case of COVID-19

• Has the client been identified as a probable or confirmed case as per Health Care Provider? *If yes, this case must be reported to the appropriate personnel (i.e. CHN, CD nurse or local public health unit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**Notes:**

Staff Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Date (DD/MMM/YYYY): \_\_\_\_\_

\* Aerosol-generating medical procedures include: Intubation, CPR, open airway suctioning, bronchoscopy, sputum induction, non-invasive positive pressure ventilation (CPAP/BiPAP), high-flow oxygen therapy.

FNIHB-OR COVID-19 Screening Tool v2 May 14, 2020

**ISC** INDIGENOUS SERVICES CANADA

FNIHB-OR CD Unit  
Summary of PPE Recommendations for COVID-19

**Summary of Personal Protective Equipment (PPE) Recommendations for COVID-19**

This summary is based on the Public Health Ontario (PHO) Recommendations for Use of PPE (May 3<sup>rd</sup>, 2020) and is intended as a quick reference to the minimum expectations for PPE. HCWs should refer to and follow their own institutional or organizational infection prevention and control policies and procedures on PPE.

**Key Points:**

- Universal masking is recommended for Routine Practices for all Health Care Workers (HCWs) as a method of source control. Additional PPE may be required depending on the point-of-risk assessment. HCWs should refer to and follow their own institutional or organizational infection prevention and control policies and procedures on universal masking and PPE.
- HCWs should perform a **Point of Care Risk Assessment (PCRA)** for each task, patient, and environment encounter, while also applying the **four moments of hand hygiene**.
- Droplet and Contact precautions** are recommended for the routine care of patients with suspected or confirmed COVID-19. This includes: surgical/procedure mask, isolation gown, gloves, eye protection goggles/face shield
- Airborne precautions should be used** when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19. This includes: fit-tested N95 respirator, isolation gown, gloves, eye protection goggles/face shield, negative pressure room (if available). The collection of nasopharyngeal swab or throat swab is **not** considered an AGMP.
- PPE is one effective measure in prevention of transmission, in addition to administrative and environmental controls (see "In addition to PPE" below)

**Aerosol Generating Medical Procedures (include but not limited to):**

- Endotracheal intubation, airway management, cardio-pulmonary resuscitation (CPR)
- Open airway suctioning, tracheostomy care, or sputum induction (diagnostic or therapeutic)
- High flow oxygen therapy, positive pressure ventilation for acute respiratory failure (e.g. CPAP, **BiPAP**)
- Administration of aerosolizing or nebulizing medications

**In addition to PPE, these measures help to prevent transmission:**

- Administrative Controls** includes but not limited to: active and passive screening of patients, use of physical barriers, masks and hand sanitizer at reception, keep 2 metres distance, virtual care, visitor restriction policy
- Environmental Controls** includes but not limited to: rearrange clinic to improve distancing with patient, restrict entrances and areas to higher risk patients, keep clinic windows open if possible
- Practice and encourage physical distance of at least 2 metres
- Perform frequent hand hygiene and respiratory etiquette
- Hand hygiene should be performed at minimum: when donning/doffing PPE, after blowing your nose/coughing/ sneezing, before and after patient care, after washroom use or changing a diaper, after touching the garbage, before handling food, IPAC & PPE information and videos available on [OneHealth](http://OneHealth)
- Avoid touching your eyes, nose and mouth, if you do, perform hand hygiene before and after
- Clean and disinfect equipment and rooms between patients, and frequently for high-touched surfaces
- PPE should be discarded in appropriate waste container after use, perform hand hygiene
- Limit number of health care workers to essential numbers to care for suspect/confirmed COVID-19 case
- Bundle activities to minimize number of times a room is entered
- Limit number of visitors into COVID-19 patient's room and/or home, delaying if possible
- If visitors enter patient's room, PPE and donning and doffing instructions should be provided
- Public health investigators (those helping with case and contact management) must be trained in performing hand hygiene and use of PPE if conducting interviews in the home

**Use of PPE in Community:**

- Public Health Agency of Canada recommends the use of medical masks by health care workers and those providing direct care for COVID-19 patients. The use of a surgical mask by non-health care workers in community is indicated for:
  - Sick people: when leaving self-isolation for medical appointment, or if cannot self isolate from others in the home
  - Well people: when providing care to someone in the home; or if the ill person cannot self-isolate in the home
- Wearing a **home-made mask**, such as a cloth mask, is an additional measure to protect others from your respiratory droplets, such as during a cough and sneeze, in addition to frequent hand washing and physical distancing. It is **not proven** to protect the person who is wearing the mask. If you choose to wear one, remember:
  - Wash your hands before putting it on and after taking it off, do not touch your eyes or the mask while wearing it
  - The mask should fit well (no gaps) and should not be shared with others
  - When taking it off, put it directly into the washing machine and wash in hot cycle (can be washed with laundry)
- PPE is not required to handle cargo/supplies from affected areas, hand hygiene is routinely recommended after handling cargo/supplies

# Where to get more information?

**Coronavirus and First Nations communities**

The Government of Canada supports First Nations communities in preparing for, monitoring and responding to communicable disease emergencies, including pandemic influenza and other emerging infectious diseases, such as the new coronavirus called COVID-2019.

Visit the Government of Canada's [Outbreak update](#) for more detailed information about symptoms, treatment, prevention and risks.

On this page

- [How to avoid infection](#)
- [What to do if you are sick](#)
- [How we have prepared](#)
- [How Indigenous Services Canada \(ISC\) protects against public health threats](#)
- [Who to contact for more information and help](#)

**How to avoid infection**

The Public Health Agency of Canada has the most up-to-date recommendations which can be found [here](#).

**What to do if you are sick**

1. Check your [symptoms](#). Symptoms of coronavirus may include: fever, cough, and difficulty breathing.
2. Check your [risk of getting coronavirus](#).
3. Limit contact with others and avoid situations such as social gatherings, work, school, daycare, and seniors residences.
4. Avoid individuals with chronic conditions, compromised immune systems and older adults.
5. Call your local health facility. Tell them your symptoms and your exposure. They will provide you with more information.

Ontario

Home > Health and wellness

## The 2019 Novel Coronavirus (COVID-19)

Learn about how the Ministry of Health is preparing for the 2019 Novel Coronavirus (COVID-19) in Ontario. Find out how to protect yourself, what to do if you're sick, and how to recognize possible symptoms.

Get information in other languages

On this page

1. Status of cases in Ontario
2. Coronaviruses
3. The 2019 novel coronavirus (COVID-19)
4. Current affected areas
5. Travellers returning from affected areas
6. Laboratory testing
7. How Ontario is preparing
8. Symptoms and treatment

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Guidance and Best Practice	Laboratory Testing	Presentation
Report	Research	

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New

FACT SHEET

**Daily Scan of Selected Public Health Organizations – Coronavirus disease 2019 (COVID-19)**

May 19, 2020

Daily scan of selected national and international public health organizations providing links to COVID-19 guidelines, position statements and situational updates.

New

FOCUS ON

**Masking for Source Control of COVID-19: Considerations for Workers in Non-Healthcare Settings**

This document is intended to provide a synopsis of relevant scientific and grey literature on the effectiveness of and considerations for implementing such measures to mitigate the spread of COVID-19.

New

WEBCAST

**Foundations of COVID-19 Prevention and Control for Congregate Living Settings**

This webinar will provide an overview of how to prevent COVID-19 spread in congregate living settings, with a focus on the fundamentals of infection prevention and control (IPAC).

## Resources:

### Indigenous Services Canada:

<https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298>

Ministry of Health : <https://www.ontario.ca/page/2019-novel-coronavirus>

### Public Health Agency of Canada:

<https://www.canada.ca/en/public-health/services/diseases/coronavirus.html>

Public Health Ontario (PHO): <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Onehealth: <https://www.onehealth.ca/on/Public-Health-Unit/Communicable-Disease-Unit/COVID-19>

# Additional Materials:

All CD Unit Coronavirus material & resources can be found on [Onehealth.ca](https://onehealth.ca)

- Public Health
- Communicable Disease Unit
- Other Communicable Disease

Infection Prevention and Control guidelines:

- [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
- See the below resources issued for further information and support
  - CD Unit- Coronavirus Preparation Information Sheet Jan 30 2020
  - CD Unit- Coronavirus Case Definition (as of most recent release date)
  - [FNIHB-OR: Nursing Policies \(IPAC; Hand Hygiene, Routine Practices including Risk Assessment, PPE, Additional Precautions, etc.\)](#) (Available on Onehealth.ca)
  - [Novel Coronavirus \(COVID-19\) Guidance for Primary Care Providers in a Community Setting](#)
  - [Public Health Ontario: Novel Coronavirus \(COVID-19\)](#)
  - [Public Health Agency of Canada: 2019 Novel Coronavirus infection \(Wuhan, China\): for health professionals](#)
  - <https://www.publichealthontario.ca/-/media/documents/mers-cov-preparedness-tools.pdf?la=en>
  - [Public Health Ontario: Tools for Preparedness: Triage, screening and patient management for Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) infections in acute care settings](#)



# CD Team Support

## CD Nurse

- Contact CD Nurse with confirmed, probable, and persons tested with high risk exposure
- After Hours:  
1-855-407-2676

Communicable Disease Nurse Community Distribution			
Susan Conway 343-552-0573 <a href="mailto:susan.conway@canada.ca">susan.conway@canada.ca</a>	Innocent Magocha 613-697-2478 <a href="mailto:innocent.magocha@canada.ca">innocent.magocha@canada.ca</a>	Hoang Tang 343-571-5423 <a href="mailto:hoang.tang@canada.ca">hoang.tang@canada.ca</a>	Nicole Johnstone 416-518-7969 <a href="mailto:nicole.johnstone@canada.ca">nicole.johnstone@canada.ca</a>
<b>SLZ</b> Eabametoong (Fort Hope) Eagle Lake (new) KI Lac Seul McDowell Lake Mishkeegogamang Nibinamik North Caribou/Round Lake Ojibway Nation of Saugeen Sandy Lake Wabauksang (new) Wabigoon Lake (new) Webequie  KO Deer Lake Kee-Way-Win North Spirit Poplar Hill  Windigo Cat Lake Koocheching Slate Falls  <b>TBZ</b> Gull Bay (Kiashe Zaaging Anishinaabek)	<b>MFZ</b> Albany Attawapiskat Kashechewan Moose Cree/Moose Factory Weenusk/Peawanuk Taykwa Tagamou  <b>TBZ</b> Grassy Narrows Martin Falls/Ogoki WNHAC Wabaseemoong/Whitedog  <b>SLZ</b> Kasabonika Lake Kingfisher Muskrat Dam Neskantaga Pikangikum Wapekeka Wunnumin  KO Fort Severn  Windigo Bearskin Lake Sachigo Lake	<b>SOZ</b> Aamjiwnaang Alderville Algon of Pii (Golden Lake) Beausoleil Caldwell Chipp Georgina Isl. Chipp KSP Chipp Minjikaning (Rama) Chipp Nawash Chipp of Thames Curve Lake Henvey Inlet Hiawatha Magnetawan Mississaugas Scugog Mississaugas of Credit Mohawks Akwesasne Mohawks Bay of Quinte Moose Deer Moravian of the Thames Munsee-Delaware Oneida Saugeen Shawanaga Six Nations Wahta Mohawk Walpole Island Wasauksing  <b>Manitoulin Island</b> M'chigeeng Wikwemikong  Minaamodzawin Aundeck-Omni-Kaning Shegiandah Shesheganing Whitefish River Zhiibaahaasing  Wabun Brunswick House Chapleau Ojibway Matachewan Mattagami	<b>TBZ</b> Animakee Wo Zhing (Regina Bay and Windigo Island) Anishinabe of Wauzhushk Onigum (Rat Portage) Aroland Atikameksheng Anishnaabek (White Fish Lake) Batchewana Biigtigong Nishnaabeg (Pic River) Chapleau Cree Constance Lake Couchiching Dokis Garden River Lac Des Mille Lacs Mississauga Naicatchewenin Naotkamegwanning Nipissing Ochiichagwe'babigo'ining (Dallies) Sagamok Anishnawbek Serpent River Temagami Thessalon Wahgoshig Wahnapiatae Whitefish Bay First Nation  Dilico Animbigo Zaagi'igan Anishinaabek (AZA) Biinjitiwaabik Zaaging Anishinaabek (Rocky Bay) Bingwi Neyaashi Anishinaabek (Sandpoint) Fort William Ginoogaming Long Lake #58 Michipicoten Pawgwasheeng (Pays Plat) Pic Mobert Red Rock (Lake Helen) Whitesand  WNHAC Obashkaandagaang NWA33A (Dogpaw Lake) NWA33B (Angle Inlet) NWA 37 Iskatewizaagegan #39 Shoal Lake 40 First Nation  <b>FFTAHS</b> Anishinaabeg of Naongashiing (Big Island) Big Grassy (Mishkosiminziibiibing) Lac La Croix Mitaanijigaaming (Stanjikoming) Nigigoonsiminikaaning Ojibways of Onigaming Rainy River Seine River

## FNIHB- OR: Health Protection & Communicable Disease Unit

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# Questions?





# References

- Ministry of Health (2019). Wuhan Novel Coronavirus (COVID-19). Available at, <https://www.ontario.ca/page/wuhan-novel-coronavirus-COVID-19>
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- PHO (2020). COVID-19 What We Know So Far About...Routes of Transmission. Available at, <https://www.publichealthontario.ca/-/media/documents/ncov/wwksf-routes-transmission-mar-06-2020.pdf?la=en>