COVID-19 Case and Contact Management Tool for First Nations Communities in Northern Health

This version (**last updated April 21, 2022**) is shared with partners as a working copy. Please refer to COVID-19 information | Northern Health to confirm that you are using the most recent version of this document.

Table of Contents

Common Terminology

Acquisition period: the 14 days prior to symptom onset or if the Case has no symptoms, 14 days prior to their test date. This is the period of time when they were exposed and got their infection.

CCM app: a computer system used by Northern Health to collect COVID-19 surveillance data to monitor cases in the region and is essential for cluster/outbreak identification. The forms submitted to the CD team are transferred into this system.

Close Contact: a person who has close contact with a COVID-19 Case (confirmed or epi-linked). Close contacts include:

- Anyone who has been within 2 meters of a Case for 15 minutes or longer cumulatively in a day
- Anyone who is exposed to the infectious body fluids of a Case
- Anyone who is a household-like contact which means;
    - Anyone who lives with the Case while infectious, including before they started their isolation period
    - Anyone who lives with a Case who is not able to isolate away from others in the house during their isolation period
    - Anyone who has direct physical contact with a Case (e.g.: caregiver, intimate partner, child receiving care from Case) even if they don't live in the same house as the Case
- A healthcare worker who provided direct physical care to a Case, or a laboratory worker handling COVID-19 specimens, without consistent and appropriate use of recommended PPE and infection prevention and control practices
- Anyone identified by the local MHO as a possible high-risk Contact

Confirmatory PCR test: a test done when an asymptomatic client has a positive point of care (POC) test. This is to confirm COVID-19 infection.

Confirmed Case: a person with a lab confirmed positive COVID-19 result or a person who has been epi-linked and is treated as a COVID-19 Case

Contact tracing: process of identifying people who are "Close Contacts"

Epi-linked: a symptomatic person who has not had a lab confirmed positive COVID-19 result, but is considered a COVID-19 Case due to high probability of infection

Exposure: an event or setting where a COVID-19 Case has close contact with others during their infectious period and can pass their infection on to others

Incubation Period: the time between close contact/exposure with an infectious agent/person and the start of symptoms from that contact/exposure. For COVID-19, it can range from 2-14 days, most often between 5-7 days. The Omicron variant of concern, which is currently the dominant strain in BC, has a shorter median incubation period of 3 days (range 0-8 days)

Infectious Period: period of time when an individual can pass their infection to others

- For symptomatic cases: 2 days prior to symptom onset until the end of their isolation period (usually 5 days after symptom onset date if fully immunized, but this may be extended to 20 days or longer depending on severity of illness and/or level of immune compromise)
- For asymptomatic cases: 2 days prior to test date until end of their isolation period (usually 5 days after symptom onset date if fully immunized, but this may be extended to 20 days or longer depending on severity of illness and/or level of immune compromise)
- Cases are most infectious during the few days before and after symptom onset. Transmissibility declines rapidly 2-3 days after symptom onset, and is estimated to be less than 3% after seven days from symptom onset. Asymptomatic cases are estimated to be 25% less infectious than symptomatic cases.

Immune compromised: when a person has a health condition and/or takes a medication that suppresses their immune system that can make them infectious for a longer period of time and higher risk for complications from COVID-19 infection

Isolation period: period of time that a Case is recommended to isolate in order to prevent spreading their COVID-19 infection to others. The length of time is determined by the case's COVID-19 vaccine status, severity of their COVID-19 infection and/or level of immune compromise (see section "*Calculation of Isolation Periods (for COVID-19 positive case)"* for details).

Personal Protective Equipment (PPE): equipment used to minimize exposure and/or transmission of infections. For COVID-19, this may include items such as masks, eye protection/goggles, gloves and gowns.

Point of Care test: often used for screening of asymptomatic people. Sometimes used in very remote areas for COVID-19 testing where PCR specimens are difficult to transport to a lab. This test has a different sensitivity and specificity compared to the PCR testing that is widely used for COVID-19 diagnosis.

Polymerase chain reaction (PCR): test that detects genetic material from a specific organism (bacteria or virus). It detects the organism if you have it present at the time of testing. It can also detect fragments of the virus even after you are no longer infected.

Transmission settings: places where the Case spent time around other people and may have either become infected and/or exposed others to their COVID-19 infection and passed it on.

Variants of Concern: COVID-19 viruses that have changed over time and may be spread more easily, quickly and/or cause more serious illness

Common Abbreviations

ADM: Active Daily Monitoring

BCCDC: British Columbia Center for Disease Control

CCM: Case and Contact Management

CD: Communicable Disease

CHN: Community Health Nurse

CM: Case Management

CMOIS: Community Medical Office Information System – used for charting public health communicable disease care in Northern Health

FN: First Nations

FNHA: First Nations Health Authority

HCW: Health Care Worker

HEMBC: Health Emergency Management British Columbia

MHO: Medical Health Officer

MNBC: Métis Nations BC

NH: Northern Health

NHVC: Northern Health Virtual Clinic

OH&S: Occupational Health and Safety

PCP: Primary Care Provider

PCR: Polymerase chain reaction test

PH: Public Health

POC: Point of Care test

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PPE: Personal Protective Equipment

RAH: Rapid at Home (test)

WH&S: Workplace Health and Safety

Summary of COVID-19 Case and Contact Management (CCM)

Northern Health's (NH) Public Health (PH) team is no longer completing case management (CCM) for every COVID-19 Case in the Northern Health region as of April 15, 2022. Previously, PH was calling all COVID-19 cases which overlapped the responsibility of Band Councils to provide health care in their communities. This document was developed in collaboration between NH and First Nations Health Authority (FNHA) to support First Nations communities who have the capacity and interest in doing CCM work within their communities.

The Northern Health Medical Health Officer's recommendations, FNHA recommendations, along with the BCCDC *Interim Guidance: Public Health Management of Cases and Contacts Associated with Novel Coronavirus (COVID-19) in the Community* found at Communicable Disease Control (bccdc.ca) are used to inform interviews, assessments, recommendations and education within this document.

With the rise in the new Omicron variant of COVID-19, there have been changes to the management of COVID-19 cases and contacts. The goals of NH PH continue to be to reduce the incidences of serious illness and death to community members, to preserve our health care system and to minimize the societal disruption to communities. Vaccination is the most effective and safe public health intervention to achieve these goals and British Columbia has one of the highest vaccinated populations in the world. Other public health measures, such as masking, are also effective for prevention of transmission and enabling societal function. Contact tracing and close contact notification by public health is less effective limiting transmission with the highly transmissible, but less severe Omicron variant and our highly vaccinated population, and contact tracing has been discontinued for close contacts to COVID-19 cases.

Training is beneficial for First Nations community partners who would like to complete the CCM work in their communities. The training reviews important resources and forms. It also reviews the current BC recommendations for COVID-19 Case and Contact management in First Nations communities. With the new changes to NH management of COVID-19 cases and contacts, there is no longer the need for any forms to be submitted to NH. The previously used case coordination and case and contact forms have been removed from the NH website as well as from within this document. The COVID-19 case interview form and the scripts for case and contact interviews have

remain with this document as a reference. Community RNs and those trained to use the FNT may use these forms as they fit their needs. The NH CD team will remain available to FN community partners as a resource and for any questions relating to the functions below that must be completed by a Registered Nurse (RN). If there is no RN in your community, consult with the NH CD team. These functions include:

- Assessment of immune status for cases and contacts
- Interpretation of a 2nd COVID-19 positive test result
- Completion of "on isolation" and "off isolation" letters

Some communities may choose to initiate **Active Daily Monitoring** (ADM) for Cases and Contacts to monitor their symptoms and health. This is not part of the PH CCM work, each community will determine if it is in their individual capacity to perform ADMs for their cases. ADM forms do not need to be submitted to the NH CD team.

If you have questions regarding COVID-19 Case and Contact management or concerns about clusters and/or outbreaks in your community, please contact any of the below:

Northern Health:

Phone: Monday to Friday 8:30am – 4:30pm – CD Hub phone line: 1-855-565-2990
Email: Monday to Friday 8:30am – 4:30pm – CD team members supporting First Nations CCM program Andrea.Dunbar@northernhealth.ca AND Kate.Palfrey@northernhealth.ca (please send email to both to ensure prompt response)
After business hours: On-call Medical Health Officer: 1-250-565-2000, press 7 and ask for MHO on call

First Nations Health Authority (FNHA):

Phone: Monday to Friday 8:30am – 4:30pm: 1-866-399-3642 or Carlos Colindres (Health Emergency Manager) 1-604-313-5054
Email: NorthernHealthEmergency@fnha.ca or Reilly.Kluss@fnha.ca
After business hours: Carlos Colindres 1-604-313-5054

We appreciate and thank you for your support ☺

What to do if someone has symptoms of COVID-19

If someone is experiencing any COVID-19 symptoms (listed below), advise them to isolate immediately and arrange for a COVID-19 test/Rapid at Home (RAH) test. Provide care as per your centre's usual practices.

Key symptoms of COVID-19 include:

- Fever or chills
- Cough
- Loss of sense of smell or taste
- Difficulty breathing

Other symptoms may include:

- Sore throat
- Loss of appetite
- Extreme fatigue or tiredness
- Headache
- Body aches
- Nausea or vomiting
- Diarrhea

Symptoms requiring urgent or emergency care:

- Hard to breathe
- Chest pain
- Can't drink anything
- Feel very sick
- Feel confused

Options for arranging a COVID-19 test (PCR/RAH tests):

1. Speak with your local CHN, Family Doctor or Nurse Practitioner
2. Call the FNHA Doctor of the Day: 8:30-4:30, 7 days a week at 1-855-344-3800
3. Call the Northern Health Virtual Clinic: 10am-10pm, 7 days a week at 1-844-645-7811
4. Complete the NH Online Form: Northern Health - COVID-19 (secureform.ca)

If the test result is negative, the person should stay in isolation until they are feeling better to prevent spread of their illness.

If the test result is positive, the individual should stay in isolation and you should begin the CCM process with the case if your community has decided to continue with COVID-19 case assessments. Note: RAH test have a different reporting pathway for CCM. Please refer to the FNHA COVID-19 Rapid At-home (RAH) Testing Support Guide for Northern First Nations Communities for detail on the current reporting pathway for RAH test.

Initiating the Case and Contact Management (CCM) Process

All positive COVID-19 test results (POC and PCR tests, not RAH tests) are reported to all of the following:

- The NH PH team
- The health care provider who ordered the test
- The person's primary care provider, if listed on the laboratory requisition
- The Case, if they have signed up to receive their result by text message or another electronic platform

People who have a positive PCR COVID-19 test result will no longer receive a phone call from NH PH. The positive test results from the Rapid at Home (RAH) tests that are self reported by cases will not receive any phone calls from PH.

In Northern Health, an arrangement can been made between the NH CD team and First Nations communities to provide training so that the COVID-19 CCM follow up can be completed by First Nations non-clinical community partners.

When a trained member of the First Nations Community team becomes aware of a positive COVID-19 test result in their community, they may initiate CCM immediately, if the community leadership has decided they want to continue with COVID-19 case follow up.

Contacting a Positive Case

Depending on your community, there are a variety of ways in which you may be able to conduct a case interview:

1. Phone
2. In person if necessary, and only when proper PPE is accessible
3. Review with your Health Director for other ways that may be available in your community; ensuring that privacy and confidentiality are maintained
4. If at any time during your call/visit with a case, they experience severe symptoms (and need a medical assessment), direct them to seek immediate assessment from local health services and/or call 911

COVID-19 Case Management (CM)

Complete the *"COVID-19 Case Interview"* form for each Case – if community direction is to continue to do COVID-19 case follow up.

The "*COVID-19 Case Interview*" form will guide you to:

- Confirm and document demographics
- Confirm positive COVID-19 test result
- If community leadership has decided that there is capacity for doing active daily monitoring (ADM) for cases, determine if the Case would like ADM
- Assess isolation location
- Assess health status and vaccination status in order to determine isolation period
- Assess for COVID-19 symptoms and symptom onset date
- Calculate *acquisition period* (14 days prior to symptom onset or test date if the case was asymptomatic) – this is the time frame when the Case was exposed and got their infection
- Note: The incubation period, the time between close contact/exposure with an infectious agent/person and the start of symptoms from that contact/exposure for COVID-19 is believed to be 2-14 days, with a median of 5 to 7 days. The Omicron variant of concern, which is currently the dominant strain in BC, has a shorter median incubation period of 3 days.
- Calculate *infectious period* (2 days prior to their symptom onset date or test date if the case was asymptomatic, until the end of their isolation period) – this is the time frame when the Case is infectious and can pass their infection to others
    - Determining the isolation period requires assessing the Case's COVID-19 vaccine status, severity of their illness and their health status.
    - Consult the NH CD team for support if needed.
    - The BCCDC website provides the following isolation guidance given below at Self-Isolation and Self-Monitoring (bccdc.ca). NOTE: It is always recommended to refer to the BCCDC website regularly in case guidance may have recently changed.

- **5 day isolation** for those who received their 2nd COVID-19 vaccine, or >14 days after completion of a 1-dose series (ie:Janssen COVID-19 vaccine) AND for all individuals < 18 years of age regardless of vaccination status provided they meet the following criteria before they may end their isolation period:
    - They are not moderately or severely immune compromised
    - Symptoms must have improved
    - Fever must have resolved without use of fever-reducing medications

- **10 day isolation** for those with for those 18 years of age or older who have received no COVID-19 vaccines, or only 1 dose of a 2-dose vaccine COVID-19 vaccine series AND they meet the following criteria before they may end their isolation period:
    - They are not moderately or severely immune compromised
    - Symptoms must have improved
    - Fever must have resolved without use of fever-reducing medications

- **Immunocompromised cases**: All cases who are moderately or severely immunocompromised will now receive an isolation period determined by their vaccine status
    - For those that are fully vaccinated and all individuals that are < 18 years of age regardless of vaccination status, isolation period of 5 days.
    - For those that are partially, or not vaccinated, and are >18 years of age, isolation period is 10 days.
    - See below for examples of immunocompromised situations:

- Severe to critical illness where COVID-19 causes hospitalization for any of the following conditions:
    - low oxygen levels (below 94% on room air)
    - pneumonia
    - hypoxemic respiratory failure
    - multiple organ dysfunction or septic shock

- For those who are moderately immune compromised with one or more of the following conditions (or identified by their most responsible health care provider):
    - On chemotherapy for solid organ cancer
    - Human Immunodeficiency Virus (HIV) with a CD4 count of 50 to ≤200
    - Taking biologic/immunomodulatory therapy, prednisone of >20mg/day (or equivalent dose) for ≥14 days, tacrolimus, sirolimus, mycophenylate, methotrexate or azathioprine

        - ** NOTE: Most responsible physician may determine other conditions and/or medications make someone moderately immune compromised

    - For those who are severely immune compromised with one or more of the following conditions:
        - Bone marrow transplant
        - Chronic lymphocytic leukemia
        - Lymphoma
        - Hypogammaglobinemia
        - Human immunodeficiency virus (HIV) with a CD4 count of <50 or AIDS
        - Chimeric antigen receptor T-cell therapy
        - Use of rituximab
        - ** NOTE: Most responsible physician may determine other conditions and/or medications make someone moderately immune compromised

- Assess for pregnancy and if so, how far along are they?

- Assess source of exposure (where did the Case get their infection from?)
    - Was the Case informed that they were exposed to COVID-19?
    - If yes, complete exposure information on form
    - If no, where does the Case think they got COVID-19?
    - Were there any factors that contributed to them getting COVID-19? (i.e.: poor mask use, crowded workspace etc.)

- Determine if the Case needs supports to isolate

- Assess for high risk transmission settings. These are places where there is high risk to spread their infection to a lot of other people. Each of the following settings has a section on the "*COVID-19 Case Interview*" form to be filled out if it applies to the case.

    - Health care worker
    - First responder
    - Long-term care facilities
    - Assisted living residences
    - Congregate housing/residential setting/shelters/correctional facilities
    - Industry work camps

- If your case has been in of any of these transmission settings, use your nursing discretion as to whether conducting contact tracing for the setting will reduce transmission in your community. The definition of a close contact is given below.

- **Close Contact:** a person who has close contact with a COVID-19 include:
    - Anyone who has been within 2 meters of a Case for 15 minutes or longer cumulatively in a day
    - Anyone who is exposed to the infectious body fluids of a Case
    - Anyone who is a household-like contact which means;
        - Anyone who lives with the Case while infectious, including before they started their isolation period
        - Anyone who lives with a Case who is not able to isolate away from others in the house during their isolation period
        - Anyone who has direct physical contact with a Case (e.g.: caregiver, intimate partner, child receiving care from Case) even if they don't live in the same house as the Case
    - A healthcare worker who provided direct physical care to a Case, or a laboratory worker handling COVID-19 specimens, without consistent and appropriate use of recommended PPE and infection prevention and control practices
    - Anyone identified by the local MHO as a possible high-risk Contact

    - If you discover that your case has vulnerable close contacts obtain the contact's information and complete a wellness check in with them. See Appendix I for guidance. Inform them of their exposure to a positive COVID-19 case, conduct a symptom check, ensure they have any necessary supports and give them numbers to the Health center. Inform them that if they start to have symptoms to connect with their local health center to be tested.

If your case does not have close contacts that are vulnerable for COVID-19, follow the steps below.

- Provide instructions to the Case for notifying their close contacts of exposure. At this time, PH and BCCDC are no longer requiring contacts to isolate due to an exposure to COVID-19. If a contact is symptomatic they should isolate until they feel better. If a contact is NOT symptomatic, they do not need to isolate. All contacts should continue to follow general public health measures and orders.

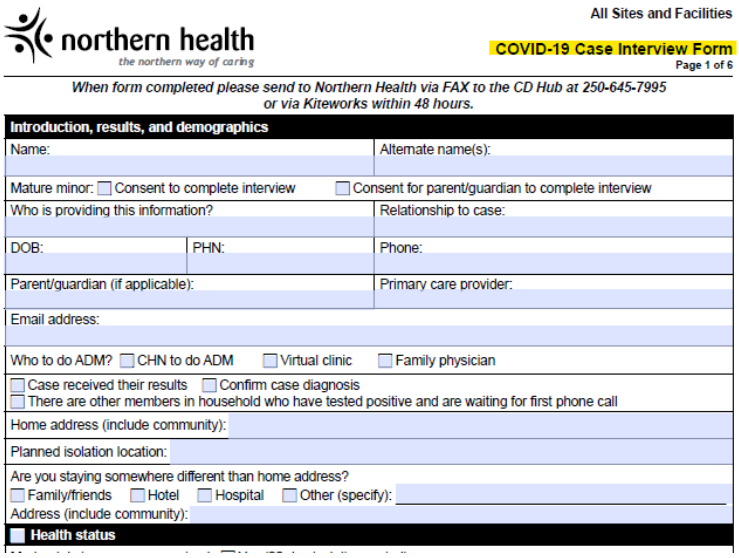
- Please refer cases to the BCCDC website for the most up to date information on close contacts and notifications. http://www.bccdc.ca/Health-Info-Site/Documents/Instructions_covid19_close_contact.pdf

- Assess whether client needs isolation supports which may include:
    - Housing/motel if not able to isolate away from others in household
    - Substance use supports
    - Prescriptions

- Provide isolation instructions for case based on their COVID-19 vaccine status, COVID-19 illness severity and/or immune compromise level.

- Confirm First Nations Community/Indigenous Persons identity and whether consent is obtained to share personal information with FNHA and/or MNBC for the purpose of additional supports

- The "*COVID-19 Case Interview*" form no longer needs to be sent to the NH CD team. It can be used internally and attached to the client's records at RN and community leadership's discretion.



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All Sites and Facilities

COVID-19 Case Interview Form
Page 1 of 6

When form completed please send to Northern Health via FAX to the CD Hub at 250-645-7995 or via Kiteworks within 48 hours.

Introduction, results, and demographics

Name:	Alternate name(s):
Mature minor: ☐ Consent to complete interview ☐ Consent for parent/guardian to complete interview	
Who is providing this information?	Relationship to case:
DOB: / PHN:	Phone:
Parent/guardian (if applicable):	Primary care provider:
Email address:	
Who to do ADM? ☐ CHN to do ADM ☐ Virtual clinic ☐ Family physician	
☐ Case received their results ☐ Confirm case diagnosis ☐ There are other members in household who have tested positive and are waiting for first phone call	
Home address (include community):	
Planned isolation location:	
Are you staying somewhere different than home address? ☐ Family/friends ☐ Hotel ☐ Hospital ☐ Other (specify): Address (include community):	
☐ **Health status**	

Note: this is not the complete form

A script for completing the Case Interview is included in Appendix D. This may help guide your assessment and interview with COVID-19 Cases.

When to consult with the NH CD Team

Various situations will require additional actions to support client needs and/or to meet PH reporting requirements. Please consult with the NH CD Team when you encounter the following situations:

- If client has an indeterminate result
- If the Case has had a previous positive COVID-19 result
- If you can not reach the Case and/or Contact
- If you are concerned about a cluster and/or outbreak (usually 3 or more cases associated with the same setting, except for households)
- If you have any questions or concerns

Epi-linking

An epi-linked Case is a person who has not had a positive COVID-19 test result, but probably has COVID-19 infection as they have symptoms compatible with COVID-19 AND have recent close contact with a lab confirmed COVID-19 case, cluster or outbreak. **Asymptomatic people can not be epi-linked unless advised by MHO**.

All epi-linked cases are still recommended to have COVID-19 testing and to follow the same guidelines as a lab-confirmed COVID-19 case. Epi-linked Cases require the same CCM follow up as a lab-confirmed COVID-19 case. If epi-linking a case, the "*COVID-19 Case Interview*" form should be completed and submitted to the NH CD team indicating that the case is epi-linked.

The following lists situations where a **CHN** may epi-link a case:

- Any symptomatic household or household-like Contact for a Case living in a First Nations community. They do not need to be an immediate family member.
- Any child under 2 years of age who is symptomatic if a parent is a Case

Indeterminate results

A client who is symptomatic and has an indeterminate test result is to be treated as a positive case. Proceed with your case interview and documentation.
A client with an indeterminate test and who is not symptomatic is NOT considered a Case. No action is required.

If a client requires a medical note

Isolation letters are no longer being routinely offered to COVID-19 Cases by PH. If you are a CHN, you may provide a letter if a Case requires one. Sample letter templates are included below to help guide you.

Sample Isolation Letter

Medical Note

To whom it may concern:
RE: _____

This letter is to advise that (insert name) was assessed on (insert date). At this time I am directing them to self-isolate and stay home from work until further notice.

Sincerely,

Signature

Sample Off-Isolation Letter

Medical Note

To whom it may concern:
RE: _____

This letter is to advise that (insert name) was assessed, on (insert date). At this time there is no medical or public health indication for them to stay in home isolation.

Sincerely,
Signature

Completing the *"COVID-19 Case Interview form"*

Please see Case Interview Script in Appendix D for suggestions on how to complete the Case interview. As you complete more Case interviews, you will become more comfortable with the information and how best to complete the interview.

Introduction, results and demographics

If the Case is a child in a joint custody situation

Families will have to do what works best for them. While the ideal situation is for the child to self-isolate in one home, which may require parents to temporarily adjust their parenting schedules, this may not always be possible. What is best for the family comes first.

If the Case is under the age of 19

You will need to determine who the best person is to speak with in order to complete the interview. In BC, there is no set age for when a child is considered a 'mature minor' who can consent for their own health care independent of the wishes of their parents and/or guardians. The health care provider must be acting in the best interest of the child and ensure that the child understands the need for health care, what the health care involves as well as risks/benefits of the health care. Consent is based on the child's comprehension.

In general, if a child is 14-19 years of age, you can ask them if they would like you to speak with them, or their parents. If they are 13 or younger, you can speak with a parent

and/or guardian directly without the child's consent. For more information see: The Infants Act, Mature Minor Consent and Immunization | HealthLinkBC File 119

Symptoms and Health Status

Assess whether Case had/has any symptoms of COVID-19 and if so, determine symptom onset date. This symptom onset date is important as it will be used to determine the beginning of their infectious period.

Key symptoms of COVID-19 include:

- Fever or chills
- Cough
- Loss of sense of smell or taste
- Difficulty breathing

Other symptoms may include:

- Sore throat
- Loss of appetite
- Extreme fatigue or tiredness
- Headache
- Body aches
- Nausea or vomiting
- Diarrhea

Symptoms requiring urgent or emergency care:

- Hard to breathe
- Chest pain
- Can't drink anything
- Feel very sick
- Feel confused

Understanding Acquisition, Incubation, Infectious and Isolation Periods

It is helpful to write down the dates of the COVID-19 acquisition period and infectious period on the form, as this will help determine where the Case may have become infected as well as where they may have passed the infection to others.

Acquisition period is the 14 days prior to symptom onset or if the Case has no symptoms, 14 days prior to their test date. This is the period of time when they were exposed and got their infection.

Incubation period is the period of time between when a person is exposed to an infection until they experience symptoms of the infection. For COVID-19, this is usually 3-7 days, but can be up to 14 days. The Omicron variant of concern, which is currently the dominant strain in BC, has a shorter median incubation period of 3 days.

Infectious period is from 2 days prior to symptom onset or if the Case had no symptoms, 2 days prior to their test date, until the end of their isolation period. This is the period of time that the Case can pass their infection to others and should remain isolated in order to prevent spread of COVID-19 to others.

Isolation period is the period of time that a Case is recommended to isolate to prevent spreading COVID-19 to others. The length of time is determined by the case's COVID-19 vaccine status, the severity of their COVID-19 infection and/or level of immune compromise (see next section "*calculation of isolation periods"* for details")

Transmission settings are places where the Case spent time around other people and may have either become infected and/or exposed others to their COVID-19 infection and passed it on.

Calculation of Isolation Periods (for COVID-19 positive case)

- **5 day isolation** for those who received their 2nd COVID-19 vaccine, or >14 days after completion of a 1-dose series (ie:Janssen COVID-19 vaccine) AND for all individuals < 18 years of age regardless of vaccination status provided they meet the following criteria before they may end their isolation period:
  - They are not moderately or severely immune compromised
  - Symptoms must have improved
  - Fever must have resolved without use of fever-reducing medications

- **10 day isolation** for those with for those 18 years of age or older who have received no COVID-19 vaccines, or only 1 dose of a 2-dose vaccine COVID-19 vaccine series AND they meet the following criteria before they may end their isolation period:
  - They are not moderately or severely immune compromised
  - Symptoms must have improved
  - Fever must have resolved without use of fever-reducing medications

- **Immunocompromised cases**: All cases who are moderately or severely immunocompromised will now receive an isolation period determined by their vaccine status
  - For those that are fully vaccinated and all individuals that are < 18 years of age regardless of vaccination status, isolation period of 5 days.
  - For those that are partially, or not vaccinated, and are >18 years of age, isolation period is 10 days.
  - See below for examples of immunocompromised situations:

- Severe to critical illness where COVID-19 causes hospitalization for any of the following conditions:
  - low oxygen levels (below 94% on room air)
  - pneumonia

        - hypoxemic respiratory failure
        - multiple organ dysfunction or septic shock

    - For those who are moderately immune compromised with one or more of the following conditions (or identified by their most responsible health care provider):
        - On chemotherapy for solid organ cancer
        - Human Immunodeficiency Virus (HIV) with a CD4 count of 50 to ≤200
        - Taking biologic/immunomodulatory therapy, prednisone of >20mg/day (or equivalent dose) for ≥14 days, tacrolimus, sirolimus, mycophenylate, methotrexate or azathioprine
        - ** NOTE: Most responsible physician may determine other conditions and/or medications make someone moderately immune compromised

    - For those who are severely immune compromised with one or more of the following conditions:
        - Bone marrow transplant
        - Chronic lymphocytic leukemia
        - Lymphoma
        - Hypogammaglobinemia
        - Human immunodeficiency virus (HIV) with a CD4 count of <50 or AIDS
        - Chimeric antigen receptor T-cell therapy
        - Use of rituximab
        - ** NOTE: Most responsible physician may determine other conditions and/or medications make someone moderately immune compromised

Note:

- Coughing or other mild symptoms may persist for several weeks therefore some cases may end isolation even though they still have some mild symptoms. Consult the NH CD team if you have questions.

- **Contact isolation:** All contacts, regardless of vaccination status, are no longer required to self-isolate, but should self-monitor for the appearance of symptoms consistent with COVID-19 and continue to follow general public health measures and orders.

- Some FN communities will ask their contacts to isolate at their Band council's discretion. NH will support this, please inform CD team if your community has made different contact isolation guidelines from current PH policy.

Pregnancy

Pregnancy can increase stress and anxiety around COVID-19 infection. The majority of pregnant women can be managed in their community unless there is a need for a higher level of care for respiratory conditions or routine obstetrical care for labor.

Sources of Exposure

Assess whether the Case was notified of a recent exposure to COVID-19 infection and/or where they feel that they got their infection. This may help to identify if others in the community are also at risk for developing COVID-19 illness.

Factors to consider

Determine what may have influenced the risk for transmission, for example – was there physical distancing, was there mask use, was there overcrowding, was there poor air circulation etc.

Transmission Settings

The below settings are considered higher risk settings for COVID-19 transmission as they are settings where the infection can spread to a high number of other people and/or vulnerable people. It is important to gather all of the information on the form and get as much detail about the setting and PPE use in those settings. Depending on the findings of your interview, contact tracing for these settings may be appropriate and help in the spread of COVID -19. NOTE: NH PH is no longer doing any contact tracing of COVID-19 cases and contacts, regardless of the transmission setting. It will be up to the individual CHN and their capacity if they choose to do case and contact tracing going forward. The following information has been included as a resource for CHNs only.

Health Care Worker

Health care workers include those who provide health care to patients or work in a facility/office that provides patient care. Examples include physicians, nurses, emergency medical personnel, dental professionals, laboratory technicians, students; volunteers, administrative, housekeeping and other support staff in health care facilities.

Health care workers receive training on how to properly don and doff (put on and take off) their PPE which means that if they are consistently using PPE properly, their risk of COVID-19 acquisition and transmission is low. The exception to this is Home Support Workers.

Services in the home (home care/support)

Home care workers or other health care workers who provide activities of daily living for clients are to be identified as Close Contacts, even if PPE was worn, unless assessment determines otherwise. This is because home support workers provide care that requires them to be very close to their clients for an extended length of time and they do not have the same environmental controls in the home as in a health care facility.

Collect the dates the Case worked during their acquisition period (14 days prior to symptom onset) as well as their infectious period (2 days prior to symptom onset or test date if asymptomatic to the end of their isolation period) as these will help to determine if there were potential exposures in the worksite.

If the Case worked during their infectious period (2 days prior to symptom onset or test date if asymptomatic to the end of their isolation period), CHNs may decide to complete contact tracing. Collect names, phone numbers and last date of exposures for each of their Close Contacts in the workplace.

- If they do not have information to complete workplace contact notification, please ask for consent to call their supervisor/manager in order to collect that information and consult with the NH CD team.

Advise the Case that, while the health care facility will receive notification of an exposure, the information that they share will be confidential.
Things to consider when assessing a HCW:

- What unit/ward or department do they work in?
- Do they provide direct patient care?
- What PPE do they use? Is it used consistently?
- Were there any times that PPE was not used correctly or malfunctioned?
- Where do they take their breaks?
- What staff and/or students did they have close contact with (without PPE)?
- Which other residents did the Case come in close contact with?

First Responder

First responders are those who are trained to respond immediately when there is an accident or emergency. This includes: paramedics, police and firefighters. If your case is a first responder and worked while infectious, please use the same questions to consider in your assessment as for heath care workers (see above list of questions).

Health care facility (hospital/inpatient)

It is assumed that appropriate PPE precautions are in place for staff working in health care facilities, therefore the staff caring for the Case are not considered Close Contacts. This means that no contact tracing is needed for this setting. It is important to note

dates that cases were admitted to health care facilities to assess whether they were exposed to COVID-19 while in the facility.

Congregate housing/residential setting

Congregate housing are environments where a number of unrelated people reside for a limited or extended time, may come into frequent contact with one another, and may receive various services in the setting. Most congregate housing will have staff as well as residents.

- Examples of congregate housing include:
    - Long term care facility
    - Residential care facility/ Long term Care Facility
    - Assisted or independent living facility
    - Senior's residence
    - Group homes for adults or youth
    - Correctional facility
    - Residential treatment facility
    - Transition house
    - Shelter
    - Couch surfing
    - Living on the street

If the Case was a resident in a Long Term Care Facility:

Residents in a long term care facility may be at increased risk for complications of COVID-19. There are also significant concerns for COVID-19 to spread from one resident to another and/or to staff who then can pass the infection to other residents and/or staff. These settings require very close monitoring for an Outbreak. The MHO will be notified of any cases living and/or working in a Long Term care facility.

Things to consider when assessing residents in a long term care facility:

- Did the case have visitors during their acquisition and/or infectious period?
- Did the case leave the facility during their acquisition and/or infectious period?
- What does care look like for the case? Are they independent or do they require assistance with mobility and personal care?
- Which other residents did the case interact with during their acquisition and/or infectious period?
- Did the case participate in any group activities during their acquisition and/or infectious period?
- Did the case dine in a room with others and/or have group meals during their acquisition and/or infectious period?

If the Case was staying in a congregate housing setting:

Things to consider when assessing those who stay in congregate housing settings:

- Which facilities/settings did the case stay at during their acquisition and/or infectious periods? Did they stay in only one location? List all facilities where they stayed during their acquisition and/or infectious period.
- What practices are used to prevent the spread of COVID-19 in the facility/setting? (e.g.: masks, physical distancing, hand sanitizer, barriers etc.)
- How many people/beds to a room? How are they set up? How much distance between beds?
- Which other residents did the case interact with during their acquisition and/or infectious period?
- Did the case participate in any group activities during their acquisition and/or infectious period?
- Did the case dine in a room with others and/or have group meals during their acquisition and/or infectious period?
- Can the case identify close contacts from the congregate setting?
- Are there additional close contacts outside of the facility/setting that can be identified?

If the Case was working in a congregate housing setting:

Things to consider when assessing those who work in congregate housing settings:

- Was the case in the congregate housing setting during their acquisition and/or infectious period? If so, record the dates for each period
- What PPE is used? Was it used consistently? Where there any times where PPE was not used correctly and/or malfunctioned?
- Did the case have close contact with other workers and/or residents or visitors during their infectious period? If so, please identify close contacts, phone number and last date of exposure
- Where does the case spend their breaks?
- Advise the case that while the facility may receive notification of an exposure, their information will remain confidential
- If the case is unable to identify and/or provide information to complete contact notification for close contacts (e.g.: name and/or phone number), please obtain consent to contact their supervisor/manager to provide their information in order to complete contact tracing within the setting

Seek information on social and environmental factors that encourage transmission or discourage adherence to safety measures in this setting: crowding, lack of environmental barriers, lack of hand hygiene opportunities, poor ventilation, disincentives to staying home when sick, avoidance of testing, work place culture or pressures from management or peers that discourages adherence to safety measures.

If the case stays in an Industry work camp:

Industry work camps can be at increased risk for COVID-19 clusters and outbreaks due to having large numbers of workers in a work camp at the same time and the likelihood

of increased contact with others staying in the camp is high. Many workers commute from out of town and sometimes out of province. Often they are working on shifts that include living at the work camp for several weeks, then having several weeks off, then returning to the work camp. Workers often have access to other amenities in the work camp (e.g. dining hall, pubs, gyms, smoking areas etc.).

If the case was in the industry work camp during their acquisition and/or infectious period, complete the information requested on the "COVID-19 Case Interview" form and ensure you collect the Industry/employer information, name and location of the Industry work camp the case stayed in. The CD team will liaise with the Industry worksite medical team if needed.

Guidance documents for Industry camps can be found at: Industrial camps (bccdc.ca)

Other settings

Child care/ K-12 Schools:

In January 2022, Provincial guidance for public health management practices of COVID-19 in daycares and schools shifted. With higher levels of community transmission, and the increased use of at home rapid antigen testing, contact tracing and close contact notification by PH is a less effective intervention to limit transmission. COVID-19 is becoming endemic in our population, and there will continue to be exposure to the virus in the community, irrespective of school attendance.

- Daycares and schools have prevention measures in place which have been effective at reducing transmission within schools.
- PH is balancing the need for COVID-19 prevention against the need for pandemic recovery. This recognizes that there are significant harms with school closures and the reality that exposures to the virus will occur irrespective of school attendance.
- If you have concerns about transmission at a particular child care setting or school, please reach out to the facility's administrator or operator. These individuals will connect with Northern Health Public Health should they suspect a significant cluster or outbreak of COVID-19 cases.

Additional Resources for K-12 school settings

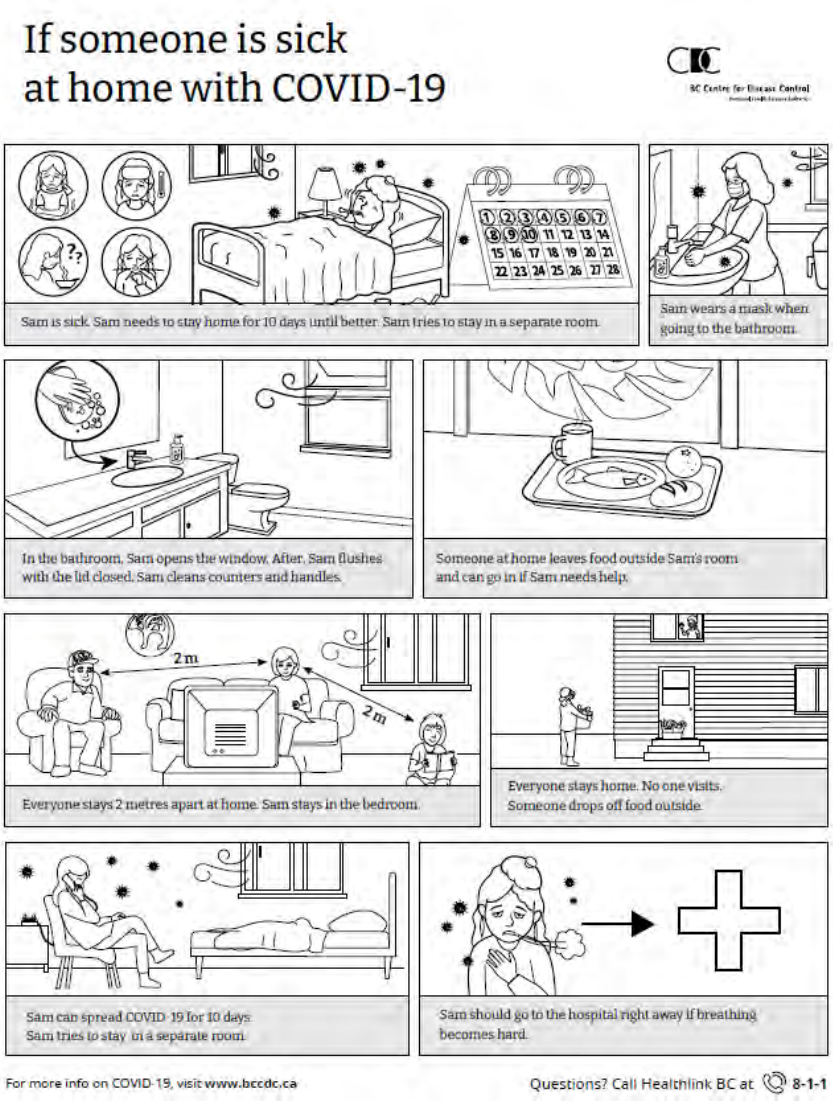
- Schools (bccdc.ca)
- School COVID-19 Information (bccdc.ca)
- Public exposures and outbreaks | Northern Health

If a case was previously diagnosed with COVID-19

Assess the time between two positive test results to determine if a person is testing positive because of the original infection (and will not transmit COVID-19 to others),or if a person has a new infection (and can transmit the virus to others).

- If the time between a first and second positive COVID-19 result is 30 days or less: consider this not to be a new infection and advise client to isolate until feeling better in order to not spread other illnesses.
- If the time between a first and second positive COVID-19 test result is 31 days or greater: advise that this is a re-infection and proceed with routine process.

Isolation Supports



Ask the case if they have any concerns about being able to isolate, including being able to isolate from others in their household, accessing groceries, prescriptions and/or obtaining substance use support. Please connect with their band and/or FNHA if supports are needed.

FNHA and/or HEMBC may be able to assist with transportation and accommodation (e.g. hotel) if needed. To be eligible for Temporary Accommodation person must be living in a rural, remote or First Nations community and meet one or more of the following criteria:

- COVID-19 positive or symptomatic and need to be close to urgent care if needed
- Need testing outside of their home community and accommodation is needed until test result is known
- Vulnerable and at high risk for requiring urgent medical support:
    - Elders (60+)
    - Those with pre-existing chronic conditions (e.g. cancer, HIV/AIDS, diabetes, asthma, renal disease, hear disease etc.)
    - Those who are immune compromised due to disease and/or treatment (e.g. cancer treatments, organ transplant)
    - Infants and young children (0-5 years)
    - Pregnant women
    - NOTE: Each case will be reviewed individually by FNHA and HEMBC to assess the criteria for each case.

The referral must be completed by one of the following people:

- Primary care health provider
- Public Health official from Northern Health (MHO or NH CD team)
- MHO or CD nurse from FHNA
- First Nations Health Director: Health Director identifies individuals who are unable to self isolate safety in the community OR an individual self-identifies to the Health Director that they are struggling to self isolate safety and would like to choose the option of self-isolating outside of the community
- Individuals can contact First Nations Health Benefits directly at 1-888-305-1505

In order to apply for Temporary accommodations, the following information needs to be collected:

Rural Remote First Nations Isolation Support Request – Intake Questions	
Request received from:	*Name, Site & Contact information (email & telephone #)*
Date supports required to begin:	
Name:	
First Nations Status # (if applicable):	
DOB(s):	
Contact Number (cell preferred):	

Emergency contact name & number	
Home community:	
Local (primary) health contact:	*for independent health authority* e.g. CSFS, Nisga'a
Current location:	
Isolation community requested:	
Primary Care Provider (MRP):	
Date of COVID test + result:	
Date of end of isolation period:	
Accommodation to be secured by:	*NH or FNHB or BC Housing*
Hotel room type: (include # of beds)	*to be confirmed by the organization securing accommodation* e.g., standard room bar fridge/microwave or kitchenette
Room #	*to be confirmed by the organization securing accommodation*
Restaurant on site?	**Yes** or **No**
Do they have a personal means of obtaining meals/ groceries?	**Yes** or **No** – please describe
Meals/ groceries arranged by:	Hotel, NH, FNHB, FNHA or other
Do they have a personal means of transportation to their isolation location?	**Yes** or **No** Please describe
Transportation arrangements or requirements:	Self, family/friend, BCEHS, NH, FNHA HB etc.
Transportation arranged by:	NH, FNHB, FNHA, or other
Other medical supports required; include type & frequency (e.g. home support, wound care, mobility support etc.)	**Yes** or **No** Please describe
Other medical supports arranged by:	NH, FNHB, FNHA or other (explain)
Additional comments or considerations:	E.g., special dietary needs, social supports

For First Nations Cases living in a First Nations community, or associated with a First Nations Band (but not living in a First Nations community):

- Complete the above intake information and send it in an email (e.g. not as an attachment as the attachment gets lost when emails are replied to) to
- the following emails:
  - NorthernHealthEmergency@fnha.ca
  - HEMBC@northernhealth.ca

For Indigenous Cases not associated with at band (i.e. non-status) or non-Indigenous Cases:

- Complete the above intake information and send it in any email (e.g. not as an attachment as the attachment gets lost when emails are replied to) to:
  - HEMBC@northernhealth.ca
  - Please make the email subject line = initials of case, home community - isolation community (e.g. MB, Tachie – Fort St James).
  - Note that additional members and/or organizations, such as BC Housing, may be added to the email thread as needed to support communication and the requested support requirements.

Once supports are approved by HEMBC, you will be notified and provided with information to give to the case that may include where they will isolate, room number, meal allotment and duration of stay.

If a client requires substance use support

Consider local community and FNHA supports as they may be more accessible.

FHNA Virtual Doctor of the Day: 1-855-344-3800

- available everyday from 8:30am to 4:30pm
- Provides virtual health care and referral support for people who do not have a doctor or are unable to get an appointment.
- Can provide referrals for FNHA Virtual Substance Use & Psychiatry Service

NH Virtual Substance Use Clinic

- Provides access to a physician who can prescribe opioid antagonist therapy (OAT) and pharmaceutical alternatives (e.g. Hydromorphone, Benzodiazepines). These are prescribed to support withdrawal or to provide safer access to substances.
- Access to physician is only on Thursdays and is booked in advance
- Contact the NH CD Team to arrange a referral

Hope for Wellness Help Line offers immediate mental health counselling and crisis intervention by phone or online chat. Call 1-855-242-3310 or start a confidential chat with a counsellor at Hope for Wellness Chat

If a client requires mental health supports

Consider local community and FNHA supports as they may be more accessible.

FNHA Virtual Doctor of the Day: 1-855-344-3800 - available everyday from 8:30am to 4:30pm

- Provides virtual health care and referral support for people who do not have a doctor or are unable to get an appointment.

Hope for Wellness Help Line offers immediate mental health counselling and crisis intervention by phone or online chat. Call 1-855-242-3310 or start a confidential chat with a counsellor at Hope for Wellness Chat

Kuu-Us Crisis Line Society provides 24 hour crisis services for Indigenous people across BC

- Adults/elders: 250-723-4050
- Youth line: 250-723-2040
- Toll free: 1-800-588-8717
- Home | KUU-US Crisis Line Society Indigenous BC Wide Crisis Line Port Alberni

Metis crisis line provided by Metis Nation British Columbia. Call: 1-833-638-4722

Tsow-Tun Le Lum Society provides confidential outreach services such as counselling, cultural supports and personal wellness programs.

- Available Monday to Friday from 9am to noon, 1pm to 4pm
- Call toll free: 1-888-403-3123
- visit www.tsowtunlelum.org

First Nations Community/Indigenous persons

Please complete the requested information on the "COVID-19 Case Interview" form to ensure the case information is connected to the appropriate First Nations Community, Aboriginal organization and well as additional supports from FHNA and/or MNBC.

Appendix A: Terminology Pertaining to Indigenous Identity and Communities

Within Northern BC there are 55 First Nations communities and 10 chartered Métis communities. Awareness and use of appropriate terminology related to Indigenous identity is one way to support respectful relationships. Understanding Indigenous identity, identifiers, and preferences can be challenging.

Indigenous Peoples self-identify in various ways (e.g. families, clans, or community) even if they are defined in different ways in the law. Adding to the complexity, there are various terms such as “band”, “First Nations”, “community”, “reserve”, “First Nations”, “village”, and “Nation” that are often used interchangeably.

When in doubt, use the term, descriptor, or answer that the individual with whom you are interacting with provides you, while cross referencing the list of communities to ensure accuracy in spelling (Appendix B: List of Northern BC First Nations Communities).

Aboriginal: an ‘umbrella’ term to include First Nations, Inuit and Métis

Indigenous: term chosen by Indigenous leaders during the 1970s to identify and unite diverse communities and represent them in global political arenas. This term is a relational word that highlights peoples’ connections to territories, as well as their experiences of colonization. Indigenous is inclusive of First Nations, Métis and Inuit peoples.

First Nations refers to the original inhabitants of the area now known as Canada. It technically refers to those with **Indian status** and who are part of a recognized community and/or classification under Canadian Law (as per the Indian Act). Métis and Inuit should not be referred to as First Nations

Inuit: Indigenous people living primarily in Inuit Nunangat, the Inuit homeland, where they have lived since time immemorial.

Métis: Refers to a collective of cultures and ethnic identities in what is now Canada that resulted from diverse historical instances of unions between Aboriginal and European people and has unique culture, traditions, language, way of life, collective consciousness and nationhood.

Band: A colonial governance structure imposed upon First Nations through the *Indian Act* (1876). A First Nations Band is a basic unit of government, with an elected chief and councillors. Band members have certain rights including the right to live on reserve, vote in band elections, and share certain assets.

Nation:
A number of communities may be considered part of a Nation. For example, the Gitxsan Nation includes: Gitwangak, Gitsegukla, Gitanmaax Village, Gitanyow, Sik-e-Dakh Village, and Kispiox. Alternatively, a Nation may be made of a single community (e.g. Blueberry River Nation).

Village:
Some First Nations communities prefer to be known as Villages. For example, in the Nisga'a Nation (Nisga'a Lisims Government) there are the villages of Gitwinksihlkw, Gingolx, Gitlaxt'aamiks, and Laxgalt'sap.

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Appendix B: List of Northern BC First Nations Communities

Proper spelling of community names is important for purposes of cluster identification and notification to First Nations community leaders.

Some First Nations communities have multiple names. The following list has been informed by FNHA, with a focus on Indigenous place names. ***In your documentation, use community names as found in the column, "Main First Nation Community Name", in the second column, below.***

If a client's community name does not appear on this non-exhaustive list, confirm with the client whether the community is in the Northern Health area, and if the community has any other names.

If you cannot link the client's community to one on this list, ask the client for proper spelling and add that community name to CMOIS and the CCM App as per regular process.

First Nation Community Names	Main First Nation Community Name	Nation
Binche Whut'en	Binche Whut'en	Binche Whut'en
Blueberry River First Nations	Blueberry River First Nations	Blueberry River First Nations
Burns Lake Band	Burns Lake Band	Burns Lake Band (Ts'il Kaz Koh First Nation)
Cheslatta Carrier Nation	Cheslatta Carrier Nation	Cheslatta Carrier Nation
Canyon City	Gitwinksihlkw	Nisga'a
Daylu Dena Council (Yukon Services)	Daylu Dena Council (Yukon Services)	Daylu Dena Council (Yukon Services)
Dease Lake	Dease Lake	Tahltan
Dease River Band Council	Dease River Band Council	Kaska Dena
Doig River First Nation	Doig River First Nation	Doig River First Nation

First Nation Community Names	Main First Nation Community Name	Nation
Donald's Landing/Pinkut Lake	Donald's Landing/Pinkut Lake	Lake Babine Nation
Dzitl'ainli	Dzitl'ainli	Tl'azt'en Nation
Fort Babine	Fort Babine	Lake Babine Nation
Fort George	Lheidli T'enneh	Lheidli T'enneh
Fort Nelson First Nation	Fort Nelson First Nation	Fort Nelson First Nation
Gingolx	Gingolx	Nisga'a
Gitanmaax Village	Gitanmaax Village	Gitxsan Nation
Gitanyow	Gitanyow	Gitxsan Nation
Gitga'at First Nation	Gitga'at First Nation	Tsimshan Nation
Gitlaxt'aamiks	Gitlaxt'aamiks	Nisga'a
Gitsegukla	Gitsegukla	Gitxsan Nation
Gitwangak	Gitwangak	Gitxsan Nation
Gitwinksihlkw	Gitwinksihlkw	Nisga'a
Gitxaala Nation	Gitxaala Nation	Tsimshan Nation
Good Hope Lake	Dease River Band Council	Kaska Dena
Greenville	Laxgalt'sap	Nisga'a
Glen Vowell	Sik-e-Dakh Village	Gitxsan Nation
Hagwilget	Hagwilget	Wet'suwet'en Nation
Haisla Nation	Haisla Nation	Haisla Nation

First Nation Community Names	Main First Nation Community Name	Nation
Halfway River First Nation	Halfway River First Nation	Halfway River First Nation
Hartley Bay	Gitga'at First Nation	Tsimshan Nation
Iskut	Iskut	Tahltan
Kincolith	Gingolx	Nisga'a
Kispiox	Kispiox	Gitxsan Nation
Kitkatla	Gitxaala Nation	Tsimshan Nation
Kitimaat Village	Haisla Nation	Haisla Nation
Kitsegukla	Gitsegukla	Gitxsan Nation
Kitselas	Kitselas	Tsimshan Nation
Kitsumkalum	Kitsumkalum	Tsimshan Nation
Kitwanga	Gitwangak	Gitxsan Nation
Kluskus	Lhoosk'uz Dene Nation	Kluskus (Lhoosk'uz Dene)
K'uzche	K'uzche	Tl'azt'en Nation
Kwadacha	Kwadacha	Kwadacha
Lax Kw'alaams	Lax Kw'alaams	Tsimshan Nation
Laxgalt'sap	Laxgalt'sap	Nisga'a
Lheidli T'enneh	Lheidli T'enneh	Lheidli T'enneh
Lhoosk'uz Dene Nation	Lhoosk'uz Dene Nation	Kluskus (Lhoosk'uz Dene)
Lhtako Dene Nation	Lhtako Dene Nation	Lhtako Dene Nation

First Nation Community Names	Main First Nation Community Name	Nation
Liard First Nation	Liard First Nation	Liard First Nation
Lower Post First nation	Lower Post First nation	Kaska Dena
McLeod Lake	McLeod Lake	McLeod Lake
Metlakatla First Nation	Metlakatla First Nation	Metlakatla First Nation
Moricetown	Witset	Wet'suwet'en Nation
Nadleh Whuten	Nadleh Whuten	Nadleh Whuten
Nak'azdli Whut'en	Nak'azdli Whut'en	Nak'azdli Whut'en
Nazko First Nation	Nazko First Nation	Nazko First Nation
Nee-Tahi-Buhn	Nee-Tahi-Buhn	Nee-Tahi-Buhn
New Aiyansh	Gitlax'taamiks	Nisga'a
Old Fort	Old Fort	Lake Babine Nation
Old Massett Village Council	Old Massett Village Council	Haida Nation
Red Bluff	Lhtako Dene Nation	Lhtako Dene Nation
Pinkut Lake	Donald's Landing/Pinkut Lake	Lake Babine Nation
Port Simpson	Lax Kw'alaams	Tsimshan Nation
Prophet River First Nation	Prophet River First Nation	Prophet River First Nation
Saik'uz First Nation	Saik'uz First Nation	Saik'uz First Nation
Saulteau First Nations	Saulteau First Nations	Saulteau First Nations
Sik-e-Dakh Village	Sik-e-Dakh Village	Gitxsan Nation

First Nation Community Names	Main First Nation Community Name	Nation
Skidegate	Skidegate	Haida Nation
Skin Tyee	Skin Tyee	Skin Tyee
Stellat'en First Nation	Stellat'en First Nation	Stellat'en First Nation
Tache	Tache	Tl'azt'en Nation
Tachet	Tachet	Lake Babine Nation
Takla	Takla /Takla Lake First Nation	Takla Lake First Nation
Takla Lake First Nation	Takla /Takla Lake First Nation	Takla Lake First Nation
Taku River Tlingit	Taku River Tlingit	Tlingit Nation
Telegraph Creek	Telegraph Creek	Tahltan
Tsay Keh Dene	Tsay Keh Dene	Tsay Keh Dene
Tse-Kya	Hagwilget Village	Wet'suwet'en Nation
Ts'il Kaz Koh First Nation	Burns Lake Band	Burns Lake Band (Ts'il Kaz Koh First Nation)
West Moberly First Nations	West Moberly First Nations	West Moberly First Nations
Wet'suwet'en First Nation	Wet'suwet'en First Nation	Wet'suwet'en First Nation
Witset	Witset	Wet'suwet'en Nation
Woyenne	Woyenne	Lake Babine Nation
Yekooche First Nation	Yekooche First Nation	Carrier Nation

Appendix C: FNHA, MNBC and Inuit Supports

First Nations Health Authority (FNHA)

FNHA will contact cases who have provided consent to offer support during their isolation period. Some clients may have already self-disclosed their COVID-19 results to the Health Director and/or Community Health staff and may already be receiving isolation support.

If needed, FNHA will:

- Ask the client if they can connect with the client's band to coordinate care
- Provide meal supports through financial reimbursement on/off reserve where possible.
- Recommend that cases and contacts reach out to their Health Director for further supports if needed.
- Provide isolation supports on/off reserve (e.g. hotel) in coordination with local First Nations health leadership
- Connect them with virtual mental health supports and/or traditional wellness

With only a few FNHA staff making the calls, there have been some delays. If a client requires immediate supports (e.g. Mental Wellness Crisis support, meal support, and/or temporary accommodation), the health leadership can contact the Northern FNHA COVID-19 staff for resources:

FNHA Northern Health Emergency Management
NorthernHealthEmergency@fnha.ca
1-866-399-3642

FNHA Community Support Guide

The *COVID-19 Community Support Guide* outlines areas of support that the FNHA has determined are within the scope of their response and is within their capacity as an organization to effectively fulfill.

For details on what support is available, please see the following document:

- http://www.fnha.ca/Documents/FNHA-COVID-19-Community-Support-Guide.pdf

Metis Nation British Columbia (MNBC)

MNBC may be able to provide additional support to Citizens of MNBC. The supports MNBC may be able to provide include:

- Connection to The Métis Chartered community in their area. There are 11 in the north, each with a different support program and on a first-come, first-served basis until funds are exhausted.
- The Metis crisis line: 1-833-638-4722 (provides 24/7 referral service)
- MNBC also provides locations of NH vaccine clinics that are available in their area each week.

MNBC receives notification of all cases and contacts who consent to share their information with MNBC, but they will only call the case or contact if there is an identified need for additional support. There is only one person, Katina Pollard, providing this service for the North.

If a client who is Metis requires additional supports, it is important to pursue standard NH supports (e.g. related to housing substance use, etc), in addition to sending a referral to MNBC.

If a case needs additional support, please email Katina at kpollard@mnbc.ca with the following information:

- Email subject: Support needed for Metis client
- Email content: (Client name and phone number) is requesting additional support from MNBC as a result of needing to isolate at home. Please follow up with them directly.

For individuals who identify as Inuit:

If an individual identifies as Inuit and is experiencing self-isolation challenges, please contact CD Team to discuss possible options.

Appendix D: Setting the Stage for Conversations

A case interview script is provided to help guide your conversation as you are beginning your work. As you move forward, you will become more comfortable with how to ask questions and which questions to focus on in your own way. The goal of the questions outlined is to support an efficient collection of information. While this script will guide the call and is designed provide quality client care while collecting the data required to prevent COVID-19 transmission, staff will often need to ask additional client specific questions tailored to collect more information and build rapport. This interview may not always be completed in one call and may require additional calls.

When engaging with clients, follow these principles:

- Ensure and protect confidentiality
- Demonstrate ethical and professional conduct
- Create a judgment-free zone
- Be open-minded (everyone has a unique story)
- Be attentive and respectful
- Be aware of your own bias (cultural humility)
- Establish open dialogue and pause often to listen
- Ask open-ended questions when able
- Employ critical thinking and problem solving
- Adapt to address concerns naturally arising during conversation
- Identify areas of need and link to appropriate resources

Language matters.

It sets the stage to build a relationship with the client and opens the door to honest dialogue. It is critical to establish open communication with people who have been exposed to COVID-19 so that they feel comfortable expressing their needs and asking for help if they require it. Supportive statements and active listening allows for accurate information gathering.

If, at any point in the conversation(s), the client is experiencing severe symptoms (and needs an assessment), direct the client to seek immediate assessment from local health services or to call 911.

Appendix E: Case Interview Script

Introduction, results and demographics

"Hi, this is _____ [your first name]. I am calling from [health center]."

"Is this _____ [Case name, or parent or guardian if the case is a child]?"

- [Yes] – *"Hi _____ [Case name]. Are you somewhere you can talk privately? This phone call will require about 15-20 minutes of your time".*
    - If no, plan a time to call back when case will be able to talk
    - If yes, continue with script

- [No] –
    - If the person you intended to call is unavailable but someone else picks up their phone, do not give any information other than your name and that you are from (health center).
    - If you reach voicemail: whether or not the client's name is clearly identified, leave a brief message that does NOT include client name or medical condition: *"I am _____ [name] from _____. I need to speak with you about an important health matter. I will try to call you back later today."*

"It's important that I know that I am speaking with the right person. Can you please confirm your date of birth?"

- If the case is under 19 years of age:
    - *"Thank you. I'm calling to talk to you about your recent COVID-19 test results and to ask you some questions about your illness. I will also provide you with information about COVID-19 and how to keep yourself and others safe. Because you are under 19, to continue with this call I need to make sure you understand and are comfortable with what we talk about. Do you want to complete the call with me, or would you prefer I speak with you parent or guardian? We are asking these questions so that we can provide you with support as well as to gather information needed to help prevent the spread of COVID-19."*
    - If the child requests that you talk with their parent or guardian, please collect their name and phone number

"I am calling you today regarding your recent COVID-19 test. I see that you were tested on [test date] – does that sound right to you?"

"Have you received your results?"

"I can confirm you have tested positive for COVID-19."
"I would like to provide you with information about isolation recommendations for you and your family, as well as how to prevent further spread of COVID-19. During this call,

I will ask you about where you have been recently and the people you have spent time with. We ask everyone these questions."

"Sometimes people would like a support person to be included in this conversation to help remember all of the details. Is there anyone with you now that you would like to have join our call?"

"I understand that you are managing in this pandemic to the best of your ability. The information you share with me can help to decrease the spread of COVID-19. I want you to know that answering these questions is optional. Also, anything you share with me is confidential. The information will only be shared with other health professionals involved in your care."

"At any point, if you have any questions about what we are discussing, please feel to stop me and ask for clarification. At the end of our call today, I can make arrangements for you to receive an email with information about some of the things we've discussed and who you can call if you have additional questions or concerns. I can also share where you can go to get more information online."

"Do you have a pen and paper available in case you would like to write anything down during our call?"

"Before we jump into the details of your situation, can you share if there are other people in your household who have tested positive for COVID-19 and are waiting for their follow up call?"

- [NO] continue with script

- [YES] *"Can you share their name/s with me? I have a number of questions that I would like to go over with you first, but at the end of our call, I'll check to see if I can do the same for [household member/s]."*

"It's important that we have your/your child's most up to date information on our chart."

"Is this still the best phone number to reach you?"

"Do you have any other phone numbers you would like us to add to your chart?"

"Who is your doctor or Primary Care Provider?"

"Do you have an email address that we can use to share information with you?"

"In some situations, we offer active daily monitoring for people who have been diagnosed with COVID-19. This allows us to call you each day to check in, assess your symptoms and answer any questions that come up. This can be really helpful in

monitoring you to make sure you don't require additional medical care. Is this something you would be interested in?

"Can you tell me your home address?"

"Are you currently staying somewhere other than your home address?"

- [NO] – continue with script

- [YES] - *"Where are you planning to isolate? Can you provide me with the name, address and community please?"*

Health Status

"I'd now like to ask about your health to determine how long you will need to isolate for. The length of your isolation will depend on your COVID-19 vaccine status, the severity of your COVID-19 infection and/or the level of immune compromise you may have due to illness or medications."

"Have you received your COVID-19 vaccines?

- [YES] –
  - *"How many doses have you received?"*
  - *"Do you know when you received them?"*
- [NO] –
  - *"Immunization is your best protection against COVID-19. Do you need any information on how to access COVID-19 vaccines in your community?"*
    - [no] – continue with script
    - [yes] – provide information for your community and or local immunization clinics.

"Has your doctor ever told you that you are moderately or severely immunocompromised?"

"Are you currently pregnant?"

- [NO] - continue with script
- [YES] - *"How far along are you?"*

Symptoms

"Now I'd like to ask you a few questions about when your COVID-19 symptoms started. Do you, or did you, have any symptoms of COVID-19?"

- [NO] - *"Because you have had no symptoms of COVID-19, we will use your test date to determine when you may have been able to spread COVID-19 to others.*

- [YES] - *"What day did your symptoms start? Are you still experiencing symptoms? If you develop any symptoms that cause you concern, I encourage you to call your doctor or FNHA Virtual Doctor of the day (1-855-344-3800) or call the NH Virtual Clinic (1-844-645-7811). If at any time you are in need of urgent medical attention, please visit your Urgent Care Clinic, Emergency Department or call 911."*

"From the information you have provided me, I have determined that you may become infected sometime between [acquisition start date = 14 days before symptom onset date or if never experienced symptoms, 14 days before test date] and [symptom onset date or if they never experienced symptoms, test date]."

"You may be able to spread your infection to others around you between [infectious period start date = 2 days before symptom onset or if never experienced symptoms, 2 days before test date] and [end of isolation date]."

Sources of Exposure

"From [acquisition period start date - 14 days before symptom onset date or if never experienced symptoms, 14 days before test date], did anyone inform you that you have been exposed to COVID-19?"

- [YES] –
    - *"Who notified you of this exposure?"*
    - *"When were you notified of this exposure?"*
    - *"What was the last date of exposure?"*
    - *"Where did the exposure occur?"*

- [NO] - *"Do you have any ideas on where you may have gotten COVID-19?"*

    - [NO] – continue with script
    - [YES] - *"Please describe how you think you might have gotten COVID-19."*

Transmission settings

"Now I am going to ask you some questions about the places you have been since [start of acquisition period date – 14 days prior to symptom onset or if never experienced symptoms, 14 days before test date]." This will help to figure out where you may have been exposed to your COVID-19 infection."

"Are you a health care worker?"

"Are you a first responder?"

"Have you received home care services in your home?"

"Have you visited or stayed in a long term care facility, Residential care facility or Assisted living facility?"

"Have you stayed or visited in a correctional facility?"

"Have you stayed in a residential treatment facility?"

"Have you stayed or visited in a group home or transition house?"
"Have you been living on the street, couch surfing, or staying in a shelter?"

"Have you stayed in an industry work camp?"

Contact Tracing

NOTE: Contact tracing will no longer be done by PH teams for COVID-19 contacts. All contacts, regardless of vaccination status, are no longer required to self-isolate, but should self-monitor for the appearance of symptoms consistent with COVID-19 and continue to follow general public health measures and orders.
NOTE: The following script is left below as a reference for the procedure of contact tracing should the CHN feel that contact tracing of a case may be beneficial to help curtail the spread of COVID-19 in a particular situation in their specific community.

"An important piece of our follow up is to identify anyone you may have been in close contact with since 2 days before your symptoms started. Our process is to collect their name and phone number from you along with the last day you had contact with them so that we can notify them of the exposure and provide them with information and guidance on how to keep themselves, their family and the community safe (if they are determined to be part of a high priority population). Your name will be kept confidential in this process. Notifying people who have been exposed to COVID-19 gives them the opportunity to take extra measures to prevent the spread and keep others safe."

"Thinking back to [infectious period start date = 2 days before symptoms started or if never experienced symptoms, 2 days before test date], until today, have you been in close contact with anyone for at least 15 minutes (cumulative), within 2m of your body and/or come in contact with any of your body fluids? This includes any people who live in your home before your isolation started or anyone you have had direct physical contact with."

- [YES] –
  - *"Can you tell me their name?"*
  - *"Can you share their phone number with me?"*
  - *"When was the last time you had close contact with them?"*
  - *"Where did the exposure happen?"*
  - *"Do you know their birthday?"*
  - *"What community do they live in?"*

- [NO] –
  - *"Who typically lives or stays with you?"*
  - *"Do you have family or friends that visited you in your home?"*
  - *"Are there people who sometimes stay in your home?"*
  - *"Are there people who frequently come and go from your home?"*
  - *"Have you visited any family or friends in their homes?"*
  - *"Did you participate in any group activities cultural activities, group food processing sports or other events such as birthday parties, weddings, funerals or other celebrations?"*
  - *"Have you travelled in a car with anyone else?"*
  - *If you think of anyone after our call, you can either let them know yourself or you can call me and I can reach out to them to let them know about their exposure."*

Isolation supports

"Thank you for sharing this information with me. I would now like to go over some isolation instructions with you. Isolation is important to prevent further spread of the virus."

For Cases who had no COVID-19 symptoms AND received 2nd dose of COVID-19 vaccine AND they are not moderately or severely immune compromised:

- *"Because you did not feel sick, we will ask you self isolate for 5 days starting from your test date. Based on your test being completed on [test date], you can end isolation on [end of isolation date]."*

For Cases who experienced mild to moderate COVID-19 illness AND received 2 doses of COVID-19 AND they are not moderately or severely immune compromised AND for all cases who are under 18 years of age who experienced mild to moderate COVID-19 symptoms (regardless of vaccination status):

- *"We ask that you self isolate for 5 days starting from the first day you felt sick. Based on your symptoms starting on [symptom onset date], you can end isolation on [end of isolation date]."*

For Cases who had no COVID-19 symptoms AND received no COVID-19 vaccines, or only 1 COVID-19 vaccine AND they are not moderately or severely immune compromised:

- *"We ask that you self isolate for 10 days starting from your test date. Based on your test being completed on [test date], you can end isolation on [end of isolation date]."*

For Cases who experienced mild to moderate COVID-19 illness AND received no COVID-19 vaccines, or only 1 COVID-19 vaccine or received 2nd dose less than 7 days prior to test date AND they are not moderately or severely immune compromised:

- *"We ask that you self isolate for 10 days starting from the first day you felt sick. Based on your symptoms starting on [symptom onset date], you can end isolation on [end of isolation date]."*

For all Cases who are experienced severe or critical COVID-19 illness and/or are moderately immune compromised (COVID-19 vaccine status will determine the length of time for your isolation period):

- ***If case is fully vaccinated:*** *"We ask that you self isolate for 5 days starting from the first day you felt sick. Based on your symptoms starting on [symptom onset date], you can end isolation on [end of isolation date]." NOTE: This guidance does not apply to essential workers but is intended to reduce social visits and potential spread of COVID-19.*
- ***If case is partially or not vaccinated at all:*** *"We ask that you self isolate for 10 days starting from the first day you felt sick. Based on your symptoms starting on [symptom onset date], you can end isolation on [end of isolation date].*

"Whether you can come out of isolation on [end of isolation date] depends on how you are feeling. If you are feeling much better on [end of isolation date] you can come out of isolation the following morning."

"Feeling much better includes fever is gone without the use of fever-reducing medications like Tylenol or Ibuprofen AND your symptoms improved. Your symptoms do not need to be completely gone to come out of isolation. It is not uncommon for a mild cough, fatigue and the loss of sense of smell/ taste to take a few weeks to completely resolve. If these are your only symptoms, you can come out of isolation."

"If you are not feeling much better on [end of isolation date], then we ask that you stay in isolation until your symptoms improve. If you have concerns about your symptoms or your symptoms are worsening, please call the health center or your primary care provider. If you start to experience chest pain or trouble breathing, please call 911 and/or go to your local Emergency department."

"When you come out of isolation, we ask that you continue to use measures to protect yourself and others such as good handwashing, physical distancing and wearing masks."

"Self isolation means you are to stay at home for entire the isolation period, including having groceries and medication delivered to you."

"If everyone in your household tests positive for COVID-19, you do not have to isolate away from each other. We will speak with each person who has tested positive with a PCR test to complete their assessment and will provide everyone with information that is specific to their health status."

"If other members of your household do not have COVID-19, you should try to isolate away from them until the end of your isolation period. Isolating away from other people in your household means: sleeping in a separate bedroom, using a separate bathroom if possible, cleaning a shared bathroom thoroughly after each time you use it, having someone prepare food for you if possible, you preparing your food separately and cleaning the kitchen thoroughly after each time you use it. Everyone in the household wears masks and stays 2 meters apart from you when you cannot avoid being in the same room together for a few minutes."

"Are you able to isolate and remain separate from other members of your household until [end of isolation date]?"

- [YES] - *"That's great."*

- [NO] *"While contacts are no longer required to self isolate, we urge contacts to remain distanced from the case in order to not have COVID transmission to your household contacts."*

"The following questions are standard questions that we ask everyone. We ask them solely to understand your needs so we can best support you while you are on isolation."
"Do you take any prescription medications?"

- [No] – continue with script

- [Yes] - *"Do you have enough medication to last until you have completed your isolation?"*
    - o [yes] – continue with script

- [no] – *"Are you able to fill that prescription through your Primary Care Provider, or by calling your pharmacy and requesting an emergency supply?"*

"Do you need access to any substances or prescription medications in order to avoid withdrawal?"

- [NO] – continue with script
- [YES] – *"Do you need access to a safe supply or treatment while in isolation?"*
  - [No] – skip to next section
  - [Yes] – *"The First Nations Health Authority Dr of the Day or the NHVC may be able to help you access these supports. The NHVC schedules appointments for these services on Thursdays so it may be a few days before you can have access. You can access the First Nations Health Authority's "Virtual Doctor of the Day" clinic by calling 1-855-344-3800 between 8:30am and 4:30pm, 7 days a week OR you can access the Northern Health Virtual Clinic: 1-844-645-7811 from 10am to 10pm, 7 days a week. How would you like to proceed?"*

First Nations community/Indigenous persons

"As part of our assessment, we ask everyone about which First Nations community they live in and which band they are members of. This helps public health understand where and how COVID-19 transmission is occurring. It also allows you to access additional support if needed."

"Do you live or stay in a First Nations community?"

- [NO] – continue with script
- [Yes] – Which community are you living in?"

"We work with several partners like FNHA and MNBC to provide additional supports during COVID-19. In order to determine which partner to connect with, we ask everyone if they identify as an Indigenous person. As with the previous questions, answering these questions is voluntary. Do you identify as an Indigenous person?"

- [NO] – continue with script
- [YES] "Do you identify as First Nations, Métis, or Inuit?"

If the individual self-identifies as being First Nations:

"As part of our questions, we also ask people if they are registered with a First Nations band, even if they don't live or stay in a First Nations community. This can help health care leaders know how to best support communities."

"Are you registered with a First Nations band?"

- [NO] – continue with script

- [YES] *"Which First Nation band are you registered with?"*

"There may be additional supports available from First Nations Health Authority should you need them. Do you consent for us to share your personal information with them so that they can connect with you regarding these additional supports?"

- [NO] – continue with script

- [YES] – *"OK, I'll make a note of that. You should hear from First Nations Health Authority in the next few days to see what additional supports they can provide for you."*

"Please also connect with your First Nations community health team directly, as they may be able to provide additional supports faster and may have different supports available for you."

If the individual self-identifies as being Métis:

"There may be additional supports available from Métis Nation BC should you need them. Do you consent for us to share your personal information with Métis Nation BC so that they can connect with you on these additional supports?

- [NO] – continue with script

- [YES] – *"OK, I'll make a note of that. You should hear from Metis Nation BC in the next few days to see what support they can provide you with."*

"We have covered a lot of information in this call. Do you have any questions?"

"There are lots of resources online if you are looking for more information. Good sites to look at include: First Nations Health Authority website, Northern Health website, BC Centre for Disease website. Would you like me to send you an email with links to COVID-19 health information and isolation information?"

- [NO] – continue with script

- [YES] – "*OK, I will send that email to you shortly. Can you tell me what email address you would like me to send the information to?"*

- *"Thank you again for taking the time to speak with me today."*

Appendix F: Contact Notification Script – Included for Reference

Introduction, results and demographics

"Hi, this is _____ [your first name]. I am calling from [health center]."

"Is this _____ [Case name, or parent or guardian if the case is a child]?"

- [Yes] – *"Hi _____ [Case name]. Are you somewhere you can talk privately? This phone call will require about 10 minutes of your time".*
    - [no] - plan a time to call back when case will be able to talk
    - [yes] - continue with script

- [No] –
    - If the person you intended to call is unavailable but someone else picks up their phone, do not give any information other than your name and that you are from (health center).
    - If you reach voicemail: whether or not the client's name is clearly identified, leave a brief message that does NOT include client name or medical condition: *"I am _____ [name] from _____. I need to speak with you about an important health matter. I will try to call you back later today."*

"It's important that I know that I am speaking with the right person. Can you please confirm your date of birth?"

- If the case is under 19 years of age:
    - *"Thank you. I'm calling to talk to you about a recent COVID-19 exposure and would like to ask you some questions and provide you with information about COVID-19. Because you are under 19, to continue with this call I need to make sure you understand and are comfortable with what we talk about. Do you want to complete the call with me, or would you prefer I speak with you parent or guardian? We are asking these questions so that we can provide you with support as well as to gather information needed to help prevent the spread of COVID-19."*
    - If the child requests that you talk with their parent or guardian, please collect their name and phone number

"I am calling you today to let you know that you have been in contact with someone who was diagnosed with COVID-19."

"I would like to provide you with information about what it means to be a contact and ask you some questions. This is important to help prevent the spread of COVID-19."

"Sometimes people would like a support person to be included in this conversation to help remember all of the details. Is there anyone with you now that you would like to have join our call?"
"Answering these questions is optional. We want you to know that anything you share with us is confidential."

"At any point, if you have any questions about what we are discussing, please feel to stop me and ask for clarification. At the end of our call today, I can make arrangements for you to receive an email with information about some of the things we've discussed and who you can call if you have additional questions or concerns. I can also share where you can go to get more information online."

"Do you have a pen and paper available in case you would like to write anything down during our call?"

"It's important that we have your/your child's most up to date information on our chart."

"Is this still the best phone number to reach you?"

"Do you have any other phone numbers you would like us to add to your chart?"

"Who is your doctor or Primary Care Provider?"

"Do you have an email address that we can use to share information with you?"

"Can you tell me your home address?"

"Our records indicate the last date you were exposed to someone with COVID-19 was [last date of exposure provided by Case]. Are you aware of any other more recent exposures to COVID-19 or are you living in a house with someone who has COVID-19?"

"This date is important for determining what recommendations to provide to you in order to reduce the spread of COVID-19 to others. It is important to know that just because you may have had an exposure, does not mean that you will become sick with COVID-19. Before I can provide you with recommendations, I have a few more questions to ask in order to determine which recommendations to provide you with."

Vaccinations and risk factors

"Have you ever been infected with COVID-19?"

- [NO] – *"Have you received your COVID-19 vaccines?*
    - [YES] –
        - *"How many doses have you received?"*
        - *"Do you know when you received them?"*
    - [NO] –
        - *"Immunization is your best protection against COVID-19. Do you need any information on how to access COVID-19 vaccines in your community?"*
            - [no] – continue with script
            - [yes] – provide information for your community and or local immunization clinics.
- [YES] – *"Has it been more than 30 days since your recovery from COVID-19?"*
    - [NO] – continue with script
    - [NOT SURE] – *"As you are unsure of when you previously had COVID-19, I will consult with our records to determine what recommendations to provide to you. Is it ok if I look into this and call you back?"*
    - [YES] – *"Have you received your COVID-19 vaccines?*
        - [YES] –
            - *"How many doses have you received?"*
            - *"Do you know when you received them?"*
        - [NO] –
            - *"Immunization is your best protection against COVID-19. Do you need any information on how to access COVID-19 vaccines in your community?"*
                - [no] – continue with script
                - [yes] – provide information for your community and or local immunization clinics.

"I'd now like to ask about your health, specifically about your immune health. People who have weak immune systems have a harder time fighting off infections, including COVID-19. Has your doctor ever told you that you are moderately or severely immune compromised due to disease and/or medication?"

Symptoms

"Do you have any symptoms of COVID-19?"

- [NO] - continue with script

- [YES] –
    - *"What day did your symptoms start"?*
    - *"What symptoms are you experiencing?*
    - *"Because you have symptoms, I recommend that you begin isolating from others and get tested for COVID-19. Would you like me to arrange testing for you?"*
    - Provide appropriate testing information and guidance for test results and follow up

- *"Aside from yourself, do other people live or stay in your household?"*

    - [NO] – continue with script

    - [YES] – "*To protect other members of your household, if it's possible, try to self-isolate away from them until the end of your isolation period. Isolating away from other people in your household means: sleeping in a separate bedroom, using a separate bathroom if possible, or cleaning a shared bathroom thoroughly after each use, having someone prepare food for you, if possible, or you preparing your food separately and cleaning the kitchen thoroughly each time you use it, everyone in the household wears masks and stays 2 meters apart from you when you cannot avoid being in the same room together for more than a few minutes."*

- *"Are you able to isolate and remain separate from other members of your household until [end of isolation date]?"*

    - [YES] - continue with script

    - [NO] - *"There is support available for those who are not able to isolate safely at home. First Nations Health Authority and/or Emergency Management BC may be able to book a hotel room with food supports for your isolation period. Would you like me to send a referral for you to receive these supports?"*

- *"The following questions are standard questions that we ask everyone. We ask them solely to understand your needs so we can best support you while you are on isolation."*

- *"Do you take any prescription medications?"*
    - [No] – continue with script
    - [Yes] - *"Do you have enough medication to last until you have completed your isolation?"*
        - [yes] – continue with script
        - [no] – *"Are you able to fill that prescription through your Primary Care Provider, or by calling your pharmacy and requesting an emergency supply? Do you have someone that could pick up and/or drop off your medications?"*

Substance use

- *"Do you need access to any substances or prescription medications in order to avoid withdrawal?"*
    - [NO] – continue with script
    - [YES] – *"Do you need access to a safe supply or treatment while in isolation?"*
        - [No] – continue with script
        - [Yes] – *"The First Nations Health Authority Doctor of the Day or the Northern Health Virtual Clinic may be able to help you access these supports. The Northern Health Virtual Clinic schedules appointments for these services on Thursdays only, so it may be a few days before you can get access. You can access the First Nations Health Authority's "Virtual Doctor of the Day" clinic by calling 1-855-344-3800 between 8:30am and 4:30pm, 7 days a week OR you can access the Northern Health Virtual Clinic: 1-844-645-7811 from 10am to 10pm, 7 days a week. How would you like to proceed?"*

Isolation instructions provided

- *"If you become symptomatic, it is important that you isolate and get tested for COVID-19. If you develop symptoms, no matter how mild, please call me for COVID-19 testing"*
- *"Do you have any questions?"*

First Nations community/Indigenous persons

"As part of our assessment, we ask everyone about which First Nations community they live in and which band they are members of. This helps public health understand where and how COVID-19 transmission is occurring. It also allows you to access additional support if needed."

"Do you live or stay in a First Nations community?"

- [NO] – continue with script
- [Yes] – *Which community are you living in?"*

"We work with several partners like FNHA and MNBC to provide additional supports during COVID-19. In order to determine which partner to connect with, we ask everyone if they identify as an Indigenous person. As with the previous questions, answering these questions is voluntary. Do you identify as an Indigenous person?"

- [NO] – continue with script
- [YES] - "*Do you identify as First Nations, Métis, or Inuit?"*

If the individual self-identifies as being First Nations:

- *"As part of our questions, we also ask people if they are registered with a First Nations band, even if they don't live or stay in a First Nations community. This can help health care leaders know how to best support communities."*
- *"Are you registered with a First Nations band?"*
    - [NO] – continue with script
    - [YES] *"Which First Nation band are you registered with?"*
- *"There may be additional supports available from First Nations Health Authority should you need them. Do you consent for us to share your personal information with them so that they can connect with you regarding these additional supports?"*
    - [NO] – continue with script
    - [YES] – *"OK, I'll make a note of that. You should hear from First Nations Health Authority in the next few days to see what additional supports they can provide for you."*

- *"Please also connect with your First Nations community health team directly, as they may be able to provide additional supports faster and may have different supports available for you."*

If the individual self-identifies as being Métis:

- *"The Métis Nation BC maintains an awareness of COVID-19 cases and contacts in the North. Do you consent for us to share your personal information with them to support their understanding of COVID-19 within the Metis Nation?"*

    - [NO] – continue with script

    - [YES] – *"OK, I'll make a note of that. There may be additional supports available from Metis Nation BC should you need them. Would you like me to share your information with MNBC for follow up?"*

"We have covered a lot of information in this call. Do you have any questions?"

"There are lots of resources online if you are looking for more information. Good sites to look at include: First Nations Health Authority website, Northern Health website, BC Centre for Disease website. Would you like me to send you an email with links to various websites with information about COVID-19?"

- [NO] – continue with script

- [YES] – "*OK, I will send that email to you shortly. Can you tell me what email address you would like me to send the information to?"*

"Thank you again for taking the time to speak with me today. Do you have any questions for me before we end our call?"

Appendix G: Client Resources

Phone lines

Northern Health Virtual Clinic: 1-844-645-7811 (10am to 10pm, 7 days a week)

FNHA Virtual Dr of the day: 1-855-344-3800 (8:30am to 4:30pm, 7 days a week)

Websites

Northern Health – COVID-19 information
COVID-19 information | Northern Health

Northern Health - COVID-19 testing and self-isolation
COVID-19 testing and self-isolation | Northern Health

BCCDC - COVID-19
COVID-19 (bccdc.ca)

BCCDC – Self-isolation and self-monitoring
Self-Isolation and Self-Monitoring (bccdc.ca)

BCCDC – Close contacts
Close contacts (bccdc.ca)

BCCDC – Cleaning and disinfecting
Cleaning and disinfecting (bccdc.ca)

First Nations Health Authority (FNHA) - COVID-19
COVID-19 (fnha.ca)

FNHA – Prevention & Protection
Prevention & Protection (fnha.ca)

FNHA – COVID-19 Testing
COVID-19 Testing (fnha.ca)

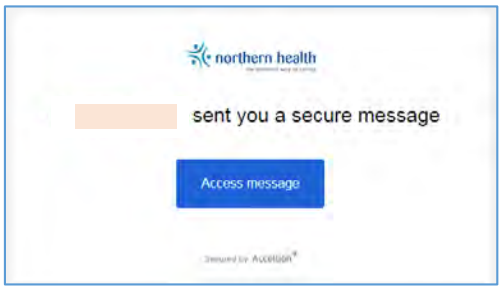
Vaccines

Northern Health - COVID-19 vaccine plan
COVID-19 vaccine plan | Northern Health

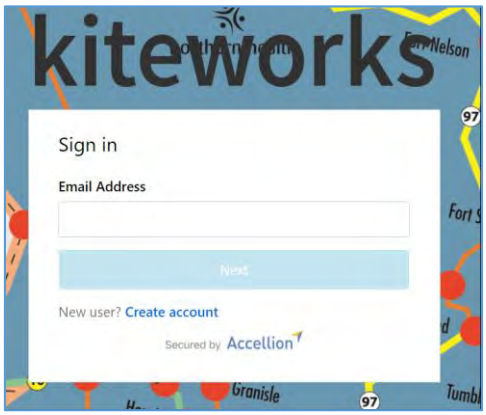
FNHA – COVID-19 Vaccine
COVID-19 Vaccine (fnha.ca)

Appendix H: Using Kiteworks

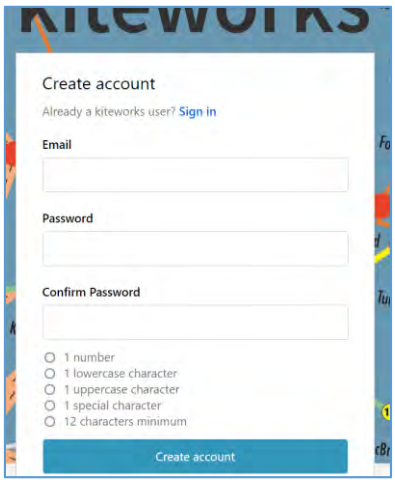
Step 1: Client receives email in personal inbox from an NH Public health team member, requesting they follow a link to activate their account



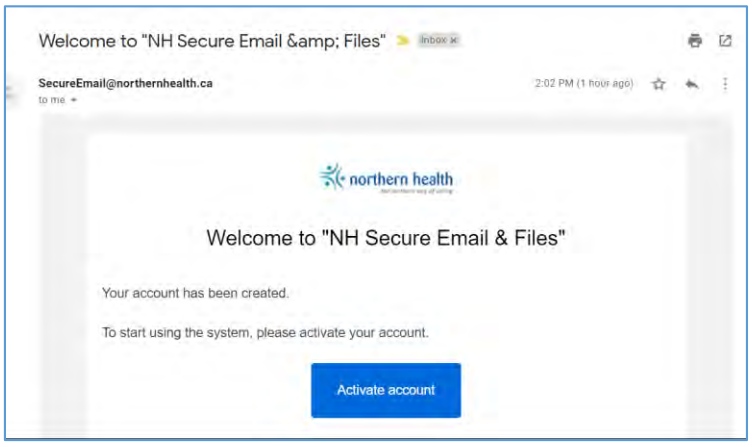
Step 2: Client clicks link (“Access message”) in email, which redirects them to the Northern Health Kiteworks sign in page. They must start the process of establishing a new account by using the same email address that they provided to Northern Health.



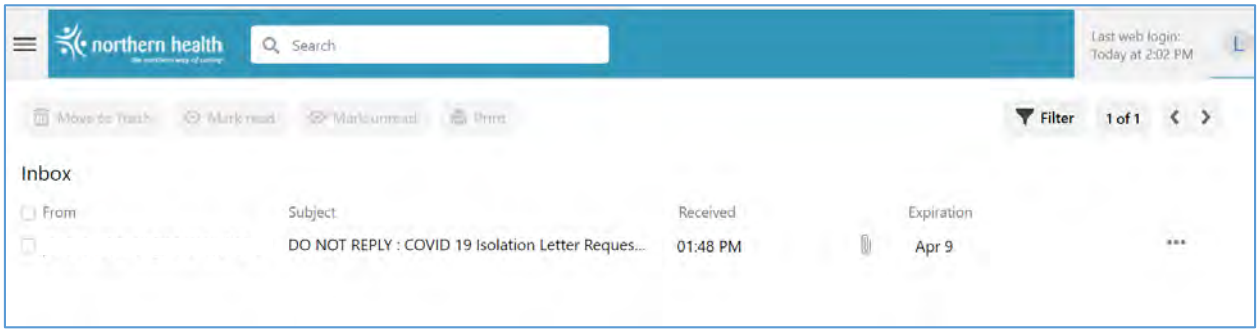
Step 3: Client creates user account using email and password



Step 4: Client activates account by clicking “activate account” in a confirmation email sent to their inbox



Step 5: Client accesses Kiteworks and secure email communication through their web browser using the email/password combination established.
https://kiteworks.northernhealth.ca/



Appendix I: Wellness Check In for High Risk Individuals Who Are Close Contacts

Wellness Check In for High Risk Individuals Who Are Close Contacts

This template is to support high risk individuals that are contacts of covid-19. This document can be filled out and attached to their patient chart – it does not need to be reported or sent anywhere as it is for internal use only

Step One

1. Advise the client they have been identified as a covid-19 close contact while maintaining privacy and confidentiality

Step Two

Obtain answers to the following questions:

1. Patient full name
2. DOB or PHN
3. Phone number or best way to reach the patient at
4. Factors that consider the patient immunocompromised or high risk
5. Is the patient vaccinated?
6. Does the patient currently have any symptoms?
7. Does the patient have friend/family supports?
8. Does the patient require any supports from the health center/FNHA?
9. Does the patient require further follow up?

Step Three

1. Let the patient know if they develop any of the following to seek medical attention immediately: Difficulty breathing, chest pain, sudden confusion, weakness, drowsiness
2. Remind the patient to be hyper vigilant in monitoring for symptoms over the next 10 days
3. Let the patient know if they have questions or begin developing symptoms to contact the CHN or health center at:

_____

This form is meant as a quick reference tool. If you would like a more detailed version, similar to what was done previously for contact tracing, please email NorthernHealthEmergency@fnha.ca

Appendix J: Covid-19 Quick Call Sheet for Positive Cases

Covid-19 Quick Call Sheet for Positive Cases

This template is to support quick calls for those who have tested positive for covid-19. This document can be filled out and attached to their patient chart – it does not need to be reported or sent anywhere as it is for internal use only

Step One

1. Patient name
2. DOB or PHN
3. Phone number or best way to reach the patient
4. Vaccine status
5. Current symptoms
6. Date of symptom onset
7. Does the patient have friend/family supports?
8. Does the patient require any supports from the health center/FNHA?
9. Does the patient require further follow up?

Step Two

1. Let the patient know they must isolate for _____ days and that their isolation will end on _____

2. Let the patient know if they develop any of the following to seek medical attention immediately: Difficulty breathing, chest pain, sudden confusion, weakness, drowsiness

3. Let the patient know if they have questions to contact the CHN or health center at: _____