

# **COVID-19 Case and Contact Management Guidance Document**

## **For Healthcare Providers in First Nations Communities**

October 8, 2021<sup>1</sup>

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<sup>1</sup> This version (October 8, 2021) is shared with partners as a working copy. Please refer to <https://www.northernhealth.ca/health-topics/covid-19-information#first-nations-partners> to confirm that you are using the most recent version of this document.

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# Overview

Northern Health's (NH) Public Health (PH) Case and Contact (CCM) management of COVID-19 involves:

- Interviewing the individual with COVID-19 ("the Case") to understand where COVID-19 transmission is happening, and why
- Preventing transmission from the Case and their close Contacts (Contacts)

Northern Health's PH team has the primary responsibility for ensuring that CCM occurs for every COVID-19 Case in the region. In NH, these CCM functions are organized into steps:

## 1. Case Interview

- [One Call Case Interview](#) (needs to be completed by RN) (preferred)
- Can be completed in two interviews:
  - i. [Case Initial Interview](#) (can be completed by non RN)
  - ii. [Transmission Evaluation and Contact Tracing](#) (needs to be completed by RN)

## 2. [Contact Notification Interview](#)

In some situations, these functions are shared with First Nations community partners who are able to take on some of this work for clients in their communities. Decisions about these functions are made in conversation between Community Health Nurses (CHNs) and NH Communicable Disease (CD) Team and COVID-19 Clinical Coordinators (while current CCM pandemic structure is in place). See: [Appendix A: Coordination Checklist](#).

In order to ensure the overall success of COVID-19 control, our activities must be coordinated, and all necessary information about Cases must be recorded in a standard format and promptly shared with NH's PH team.

If you are interested and have capacity to take on CCM, please

- Complete the [Coordination Checklist](#) and email to [CovidClinicalCoordinators@northernhealth.ca](mailto:CovidClinicalCoordinators@northernhealth.ca) (via encrypted email or kiteworks) or to the confidential NH CD fax line (250-645-7995)
- Complete the [CCM List of Case and Contacts](#) which lets us know which Cases and Contacts you are following and which ones you want PH to follow. It also flags for PH which cases have exposures in high priority settings (industry, schools, health care workers) so that PH can make the necessary connections email to [CovidClinicalCoordinators@northernhealth.ca](mailto:CovidClinicalCoordinators@northernhealth.ca) (via encrypted email or kiteworks)
- Complete the Case and Contact forms noted above and send to :

- The confidential **new** NH CD fax line (**250-645-7995**), OR
- Email: [RegionalCD.Hubteam@northernhealth.ca](mailto:RegionalCD.Hubteam@northernhealth.ca) via an encrypted email such as [Kiteworks \(Appendix E\)](#).

We appreciate your speed and efficiency in your ability to:

- immediately test and isolate anyone who is symptomatic,
- interview confirmed Cases,
- identify and notify close Contacts, and
- maintain and share complete records in a consistent format

This will allow Medical Health Officers (MHOs), Epidemiologists, and other leaders to:

- detect clusters and outbreaks, and
- design effective, targeted, and timely strategies to prevent COVID-19 transmission throughout the community, or in specific kinds of settings (such as schools or workplaces)

We thank you for your support.

This guidance document provides support to those First Nations community partners who are involved in CCM. For a more complete understanding of the public health management of COVID-19 Cases and Contacts, see BCCDC's [COVID-19 Public Health Management Guideline](#).

In some cases communities will also initiate **Active Daily Monitoring** (ADM) of Cases and Contacts to monitor their symptoms and health. This is outside of the CCM function, but tools are provided in [Appendix Z](#) if you wish to do this work. These ADM forms do not need to be submitted to public health.

If you have CCM questions for NH PH, see Box 1 for contact information

**Box 1: Contacting Northern Health for a COVID-19 cluster or CCM question**

- General inquiries: Monday-Friday 8:30am - 4:30pm : Northern Health - Communicable Disease Hub: 1-855-565-2990 or
- Immediate inquiries: [CovidClinicalCoordinators@northernhealth.ca](mailto:CovidClinicalCoordinators@northernhealth.ca) 8:30 am - 4:30 pm 7 days/week contact (available while COVID-19 CCM pandemic staffing structure in place)
- After business hours: On-call Medical Health Officer: 1-250-565-2000, press 7 and ask for the MHO on call

## Initiating the CCM Process

If someone is experiencing any [symptoms of COVID-19](#), advise them to isolate immediately. Arrange for a COVID test and provide care as per your center's usual practices.

- If the test is negative, the individual should stay in isolation until they are feeling better or, if they are a Contact, until 10 days have passed since their last exposure to a Case. Contacts should self monitor for COVID symptoms for an additional 4 days after their 10 day isolation is completed and get tested if they become symptomatic.
- If the test is positive, begin this CCM process

All positive COVID-19 test results are reported to:

- 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; and
- The NH PH team

Everyone who receives a positive COVID-19 test will receive an initial call from NH PH, unless an arrangement is made with the CHN to complete this initial call. This may occur a day or two after PH receives the test result, depending on current Case volumes.

- If the Case tells NH PH that they reside in a First Nations community (reserve), a NH CD Team or Clinical Coordinator will contact the designated CHN to ascertain their ability to take on parts of CCM.
- If the CHN is able to take on parts of CCM, NH PH will provide guidance and support to the CHN, as needed. Clinical Coordinators are available 7 days a week from 0830-1630 for CHNs. [COVIDClinicalCoordinators@northernhealth.ca](mailto:COVIDClinicalCoordinators@northernhealth.ca).

If the CHN becomes aware of a positive test result prior to receiving a call from NH PH, and they are already familiar with CCM, **they can initiate CCM immediately.**

- In this situation, the CHN is encouraged to inform a NH CD Team or Clinical Coordinator as soon as possible in order to prevent the client from also receiving a call from NH PH. It is also helpful for the CHN to let the Case know that they may also receive a call from PH as it may not always be feasible, due to timing, to prevent this.



## Calling the Case

An interview with the Case is required for every newly diagnosed COVID-19 Case, within 24 hours of receipt of the positive laboratory result. This interview:

- Obtains information on where the client may have acquired COVID-19 and where they have been recently
- Involves gathering a standard set of information from all Cases, documenting it in a standard format, and reporting it rapidly to NH PH Health

This information allows NH Medical Health Officers, Epidemiologists, and other leaders to detect clusters and outbreaks, and to design effective, targeted, and timely strategies to prevent COVID-19 transmission throughout the community, or in specific kinds of settings (such as schools or workplaces).

If proceeding with the Interview with a Case, use the comprehensive [One Call Interview Script \(Appendix W\)](#) (preferred) or [Appendix C: Script: Case Initial Interview](#) (if done by a non-clinician as part of a two call process) as a guide, and call the Case to:

- Confirm their positive COVID-19 test result
- Confirm their symptom onset date
- Explore where they may have acquired COVID-19
- Explore where they have been since the 14 days prior to symptom onset, including if they travelled by plane
- Determine their isolation period, based on whether or not they are [severely immune compromised](#) (Appendix L)
- Provide isolation instructions to the Case and their household Contacts
- Determine if the client needs supports to isolate
- Provide instructions to the client for coming off isolation
- Provide instruction to the client for notifying close Contacts (if there might be delays in these Contacts being notified by your team or NH PH)
- Confirm if the client identifies as Indigenous, if they are registered with a [band](#), and if they consent to additional [supports from FNHA or MNBC](#)

Document in the [One Call Case Interview Form](#) (preferred) or the [Case Initial Interview Form](#) (Appendix D) and submit the form, within 48 hours of the initial interview with the client, to either:

- The confidential **new** NH CD fax line **(250-645-7995)**, OR
- Email: [RegionalCD.Hubteam@northernhealth.ca](mailto:RegionalCD.Hubteam@northernhealth.ca) via an encrypted email such as [Kiteworks \(Appendix E\)](#).

## Transmission Evaluation and Contact Tracing

This involves how they might have got COVID-19 and identifying who the close Contacts are (i.e. contact tracing). This is covered within the One Call Case Interview (See the [One Call Interview Script \(Appendix W\)](#) and [One Call Case Interview Form](#)).

If doing as part of a two call model, building on information collected in the Case Initial Interview, continue the assessment. Use [Appendix F: Script: Transmission Evaluation and Contact](#) Tracing as a guide to:

- Determine/confirm the most likely source of infection
- Identify where the Case may have exposed (or continues to expose) others to COVID-19 while they were infectious (from 48 hours prior to symptom onset to the end of their isolation period)
- Identify close Contacts to the Case

Complete the [One Call Case Interview Form](#) (preferred) or the [Transmission Evaluation and Contact Tracing Form](#) (Appendix G) (if doing as part of a two call model).

NH PH has teams that can help support follow up priority settings (e.g. schools, childcare setting), if needed:

- If close Contacts are identified from outside of community (e.g. worksite, school) then these Contacts should be provided to the CD Team or Clinical Coordinator for follow up.

## Contact Notification

This involves calling close Contacts to help prevent further spread of COVID-19.

With the goal of reducing the number of phone calls to individual households, if it is feasible for the household and your schedule permits, aim to:

- Notify a Case's household Contacts during the phone call with the Case
- Notify any Contacts who live in the same household during one phone call

Complete these interviews sequentially (one-at-a-time) and chart in individual client charts.

Use [Appendix H: Script: Contact Notification](#) as a guide to:

- Inform client that they have been exposed to someone with COVID-19
- Explore if they currently have symptoms and/or advise them as to next steps should they develop symptoms
  - Determine the contacts vaccination status and use the [Pathway for Contact Self Isolation](#) to determine which script to use with contact.
  - Determine if Contact meets criteria for an epi-linked Case. See [Appendix I: Epi-Linking Assessment](#)

- Note: if a Contact gets tested and receives a negative result, they still need to isolate for 10 days and then self monitor for an additional four days and be retested if new symptoms occur
- Provide instructions for isolating and when to come off isolation
- Determine if Contact requires additional supports to isolate
- Confirm whether or not Contacts identifies as being Indigenous, what [band](#) they are registered with, and whether they which to receive additional [supports from FNHA or MNBC](#)
- Link to additional supports, as needed
- Share other relevant information, as needed

Complete the [Contact Notification form](#) (Appendix J).

## Specific Situations

Various situations will require additional actions to support client needs or to meet PH reporting requirements. If NH PH has completed the Case Initial Interview, required actions may already have been completed. Discuss with CD Team or Clinical Coordinator, as need.

### **Test results: If the client has a second positive result or indeterminate result**

Discuss with the CD Team or Clinical Coordinator.

### **If a client was previously diagnosed with COVID-19 but has recently been re-exposed to a case (i.e., has been identified as a contact)**

If a Contact had COVID-19 previously, calculate the time between:

- A. The date of their symptom onset for that COVID-19 episode, and
- B. Their most recent exposure to a Case (i.e. for which they are now being notified)

If the time between A and B is **90 days or less**:

- Complete the following sections of the interview: Introduction, Demographics, and Symptoms
- If they do not have symptoms, advise Contact that:
  - They are not required to self-isolate – it is assumed that they may have immunity from their previous COVID-19 infection
  - They should monitor for symptoms
  - If they develop symptoms, they should self-isolate and call the VC for testing, indicating that they previously had COVID-19 and were recently re-exposed.
    - If they receive a negative result, they can come out of isolation.

If the time between A and B is **91 days or more**, the Contact may no longer have immune protection from their previous infection. Provide routine direction as for other Contacts, including self-isolation and testing if symptoms develop

## If the client is under the age of 19

- You will need to determine who best to speak with to complete the interview. “Mature minors” (e.g. approximately 14 and older) can give consent to proceed to the interview. There is no legal age cut-off for mature minors giving consent, as it is based on their comprehension. Use your discretion. A general guideline:
  - If the client is between 14 – 19 years old, as per the script, ask whether you can speak with them directly to complete the interview, or whether they consent for you to speak with a parent or guardians
  - If the client is 13 or younger, you can speak with a parent or guardian directly
- For more information see [The Infants Act, Mature Minor Consent and Immunization | HealthLinkBC File 119](#)

## If you cannot reach the client

Discuss with the CD Team or Clinical Coordinator.

## If Case is hospitalized

- Aim to reach the client and complete the full assessment, if possible
- Advise clients that they will receive a follow-up call when discharged from hospital to discuss the length of their isolation period (this is Case specific, depending on their course in hospital).
- To learn about their course in hospital, call the Case in hospital, call next of kin, or call the hospital and speak to a nurse, social worker, or [Aboriginal Patient Liaison](#). If unable to obtain required information, contact the CD Team or Clinical Coordinator.
  - In order to determine the isolation period, you will need information about the reason for admission, symptoms, oxygen therapy received,

- etc.
- A 10-day isolation period is advised for Cases in the community with mild/moderate illness
- A 20-day isolation period is advised for someone who was hospitalized for COVID-related illness and discharged to the community, as long as fever has resolved and symptoms are improving
  - E.g. tachypnea, hypoxemia, reduced PaO<sub>2</sub>/FiO<sub>2</sub>, lung infiltrates > 50%, or admission to the ICU
- A 20-day isolation period is advised for someone who is moderately severely immunocompromised. See Immune Status Assessment (Appendix M)
- A 32-day isolation period is advised for someone who is severely immunocompromised.
- Consider a 32-day isolation period for long-term care residents who are hospitalized for COVID illness
- Upon discharge from hospital, provide a follow up phone call to discuss isolation guidance upon discharge. Connect with the CD Team or Clinical Coordinator if you have questions or are unable to provide this follow up call.

### **If client is “out of jurisdiction”**

- If a client normally resides outside of the NH region or is currently outside of the [NH region](#), provide the following information to the CD Team or Clinical Coordinator, who will forward to BCCDC
  - Whether the client is a COVID-19 Case or Contact
  - The address where the client normally resides, and whether they are in or out of BC

### **If a Case travelled while infectious, if they have travelled and are associated with industry worksite, and if they have travelled and are associated with a cluster/outbreak**

- If you learn that a Case traveled during their infectious period, provide the following information to the CD Team or Clinical Coordinator (see travel questions in script)
  - COVID Case Name:
  - Date of Birth
  - Onset of symptom date:
  - Test date
  - Location of travel (International, Canada, BC, Community)
  - If travelled by Airplane:

- Departure Date and time, Flight # and seat #, airline, Departure airport,
- Arrival date and time, Flight # and seat #, airline, arrival airport
- If traveled by long distance bus or train:
  - Name of bus or railway company, location of origin/departure, departure date and time
  - Location of destination of arrival, arrival date and time
  - Available details about route and stops
- If on a cruise or river cruise:
  - Name of cruise company/ship
  - Port of embarkation and date
  - Port of disembarkation and date

### **If there has been potential exposure to any priority settings:**

- If the Case indicates any of the potential exposure settings, notify the CD Team or Clinical Coordinator
  - Stayed or worked in a industry work camp during infectious period
  - Health care worker
  - Industry work site (i.e. resource industry)
  - Congregate housing (e.g. resident or staff of a group home, assisted living facility, seniors' residence, shelter)
  - Travel (bus, plane, tour)
  - Known and/or possible cluster or outbreak
  - K-12 schools (student or staff member)
  - Child care setting
  - Courthouse setting

### **School Script**

If the Case is a staff member, who attended the school during their infectious period or the 14 days before symptom onset:

- Identify all close Contacts in the school setting based,( in addition to other close Contacts) on the period of communicability (infectious period) - 48 hours prior to onset of symptoms to 10 days after onset of symptoms
- Ask Case if they consent to having info released to school for contact tracing purposes. It is good to identify if the Case has already informed their employer
- Questions to guide your conversation with the Case:
  - Document the full name and location of the school.
  - Document which days the Case attended school during their infectious period or the 14 days before symptom onset

- Teachers – ask which grade they teach
- Teaching assistants (and other staff) – collect information on what children/ staff they work closely with.
- Inquire about use of PPE, distances between desks, other prevention measures in classroom and breakrooms
- Bus drivers – identify which bus route they drive
- 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 is a student, who attended the school during their infectious period or the 14 days before symptom onset:

- Identify close contacts with adults and children in the school setting based on the period of communicability (infectious period) - 48 hours prior to onset of symptoms to 10 days after onset of symptoms.
- Questions to guide your conversation with the student and/ or guardian:
  - Document the full name and location of the school.
  - Document which days the Case attended school during their infectious period or the 14 days before symptom onset
  - Inquire about use of PPE, distances between desks, other prevention measures in classroom
  - Identify what grade are they in?
  - Collect information on the child's teachers and/or teaching assistants
  - Identify if the child a member of multiple cohorts or classrooms
  - Identify which friends they have the most contact with at school
  - Identify who sits next to them in class and is closest to them for the longest period of time
  - Inquire who they are they involved with for group work
  - Identify who do they spend time with during recess and lunch breaks
  - Ask if the child take a school bus/ daycare shuttle to or from school
    - If so, identify the bus number or route
    - Identify who they sit with on the bus
  - 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 student and or guardian cannot clearly outline the classroom setting, and associated close contacts, obtain consent to contact the school principal and use the Cases name for further follow up.



## Child Care Setting Script

Identify all close Contacts in the child care setting (in addition to other close Contacts) based on the period of communicability (infectious period) - 48 hours prior to onset of symptoms to 10 days after onset of symptoms (longer for those who are immunocompromised).

Questions related to the **child care setting** include:

**NOTE:** Close contact list is collected but not immediately sent to Contact Notification team. The Schools/Child care Hub team will confirm with child care manager and then send to Contact Notification Team.

When Case is a child, identify:

- When the child attended the child care setting (e.g. daycare) during their infectious period and in the 14 days prior to symptom onset
- The name of child care setting
- Child care setting address (there may be multiple locations under the same Management/Licensee)
- The age group in the facility
- Exposure to children/other staff – for example (close face to face contact, bottle feeding infants or lunch set up, changing diapers, interactions with other staff)
  - Obtain permission to contact the manager/ operator of the daycare and disclose that they were at the daycare during their infectious period
  - Collect list of close contacts

When Case is a staff member, identify:

- What days did you attend the child care facility during the infectious period and in the 14 days prior to symptom onset
  - Name of child care setting
  - Address of child care setting (there may be multiple locations under the same Management/Licensee)
  - What age group did they come in contact with
  - How care is provided and the set up of the child care facility (e.g. close face to face contact, bottle feeding infants or feeding children, changing diapers, interactions with other staff, PPE use)
  - Permission to contact the manager/ operator of the daycare and disclose that they were at the daycare during their infectious period
- Collect list of close contacts

## Health Care Worker Script

Review information gathered from previous assessment questions:



- Name of facility:
- Location of facility
- Dates (and times, if necessary) the Case was at the facility during their infectious period and the 14 days prior to symptom onset.
- Advise the Case that, while the health care facility will receive notification of an exposure, the information that they share will be confidential
- What role did the Case have in the facility? Include job title.
- What type of care do they provide?
- On what wards, units, or departments did the Case work?

Identify all close contacts in the health care setting (in addition to other close Contacts) based on the period of communicability (infectious period) - 48 hours prior to onset of symptoms to 10 days after onset of symptoms (longer for those who are immunocompromised). Complete the [HCW CD notification tool \(Appendix AA\)](#). Discuss with the CD Team/Clinical Coordinator if the manager of the facility should be contacted to obtain more details about close Contacts.

Questions to guide your conversation:

- Did the Case use PPE? Were there any instances in which PPE was not used correctly or malfunctioned?
- What staff and students did the Case come in close contact with 48 hours prior to onset of symptoms to 10 days after onset of symptoms?
- Where did the Case spend their breaks?
- 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 masks, 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.

## Long Term Care Staff Script

Review information gathered from previous assessment questions:

- Name of facility:
- Location of facility
- Determine what dates (and times, if necessary) the Case was at the facility during their infectious period and the 14 days prior to symptom onset.
- What role did the Case have in the facility? Include title.

Identify all close contacts in the long-term care setting (in addition to other close Contacts) based on the period of communicability (infectious period) - 48 hours prior to onset of symptoms to 10 days after onset of symptoms (longer for those who are immunocompromised).

Questions to guide your conversation:

- What type of care do they provide?
- On what wards, units, or departments did the Case work?
- Did the Case use PPE? Were there any instances in which PPE was not used correctly or malfunctioned?
- What staff and students did the Case come in close contact with?
- What residents did the Case come in close contact with?
- Where did the Case spend their breaks?
- 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 masks, 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.

## **Vulnerable Population sheltering communally or under housed (client & staff) Script**

Review information gathered from previous assessment questions:

- Name of facility:
- Location of facility
- Determine what dates (and time if necessary) the Case was at the facility during their infectious period and the 14 days prior to symptom onset.
- What role did the Case have in the facility?

Identify all close contacts based on the period of communicability (infectious period) - 48 hours prior to onset of symptoms to 10 days after onset of symptoms (longer for those who are immunocompromised).

If the Case was staff, questions to guide your conversation:

- Did the Case use PPE consistently?
- What staff did the Case come in close contact with?
- What clients did the Case come in close contact with?
- Where did they spend their breaks?
- Ask if there were any interactions with clients where you may not know their contact information
- 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 was sheltering communally, questions to guide your conversation:

- What facility or settings did the Case stay at during the infectious period and 14 days prior to symptom onset?
- Name of facility:
- Location of facility:
- Did the Case visit only one facility or setting?
- Can the Case identify close contacts at that facility/setting 48 hours prior to onset of symptoms to 10 days after onset of symptoms?
- Are there additional close contacts outside of the facility/setting that can be identified?

Use the Following information to guide the conversation with facility managers (guided by the CD Team or Clinical Coordinator)

- Who are the identified staff members or volunteers that worked at the same time, in the same area as the Case?
- What is the policy for PPE use?
- Is it possible to identify all clients who may have been exposed?

## Congregate Housing Script

Review information gathered from previous assessment questions:

- Name of facility:
- Location of facility
- Determine what dates (and time if necessary) the Case was at the facility during their infectious period and the 14 days prior to symptom onset.
- What role did the Case have in the facility?

Identify all close contacts based on the period of communicability (infectious period) - 48 hours prior to onset of symptoms to 10 days after onset of symptoms

If the Case was staff:

- Did the Case use PPE?
- What staff, students, or volunteers did the Case come in close contact with?
- What residents did the Case come in close contact with?
- Are there other residents at the facility who are symptomatic?
- Where did the Case spend their breaks?
- 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 was a resident:

- Did the resident have visitors during their infectious period and the 14 days prior to symptom onset?
- Did the resident leave the residence during the infectious period and the 14 days prior to symptom onset?
- What does care look like for this resident (assistance with personal care, or are they independent)?
- What other residents did the resident interact with?
- What staff cared for this resident?
- Did the Case participate in any group activities?
- Did the Case dine in a room with others or have group meals?

Use the following information to guide the conversation with the facility manager (guided by the CD Coordinator)

- Who are the identified staff members, students, or volunteers that worked at the same time, in the same area as the Case?
- What is the policy for PPE use?
- Are there any residents that can be identified as close contacts?
- If the resident is the Case, who cared for this person during their infectious period?

## **If a client may be epi-linked**

- Specific criteria need to be met in order to epi-link a Case. See [Appendix I: Epi-linking Assessment](#) and discuss possible epi-linked Cases with the CD Team or Clinical Coordinator.

## **If a client faces barriers to self-isolate**

- Ask if they have any concerns about being able to isolate, including being able to isolate from others in the household, accessing groceries, obtaining substance use support, and make arrangements with local services to support them
- The First Nations Health Authority (FNHA), working with Health Emergency Management BC (HEMBC), may be able to assist with transportation,

accommodation (e.g. hotel), etc., if needed. See [HEMBC Temporary Accommodation form](#)

## Persons requiring housing support

- For First Nations Cases or Contacts living in a First Nations community, or associated with a First Nations Band (but not living in a First Nations community)
  - Complete the [HEMBC Temporary Accommodation form](#) (i.e. do not attach the form itself)
  - Send to:
    - FNHA [covid19.northern@fnha.ca](mailto:covid19.northern@fnha.ca) and
    - First Nations Health Benefits [transportation@fnha.ca](mailto:transportation@fnha.ca) and [northernhealthemergency@fnha.ca](mailto:northernhealthemergency@fnha.ca)
- For non-Indigenous Cases or Contacts, or Indigenous Cases or Contacts who are not associated with a Band (i.e. non-status)
  - Send the [HEMBC Temporary Accommodation form](#) to [HEMBC@northernhealth.ca](mailto:HEMBC@northernhealth.ca)

## If a client requires substance use support

- [FNHA Mental Health and Cultural Supports](#) provides information on the Virtual Substance Use and Psychiatry services, Doctor of the Day, and other services.
- FNHA's Virtual Doctor of the Day (which acts as a virtual walk in clinic)
  - Instruct client to call: 1-855-344-3800
  - Advise client to share that an nurse assessed them and felt that a referral into the FNHA Virtual Substance Use and Psychiatry Services would be helpful
  - The doctor would then assess the client and complete a referral form or support the client if the program may not be the best fit
- The 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 CD Team or Clinical Coordinator to arrange a referral. Consider local and FNHA supports as they may be more accessible.

## If a client requires Mental health supports

Other mental health supports that clients can access directly:

- Tsow-Tun-Le-Lum Society
  - 1-888-403-3123
  - 9:00 a.m. – 9:00 p.m. (they do accept emergency calls)
  - They can connect and refer clients, as needed, to:
    - Cultural support workers
    - Clinical counsellor on staff for short term counselling. If longer term counselling is required, client is connected to an outside resource
  - They run some programs virtually and do virtual ceremony
  - <https://www.tsowtunlelum.org/>
- Kuu-Us Crisis Line Society
  - They offer a 24-hour support line
  - Toll free number: 1-800-588-8717
  - <https://www.kuu-uscrisisline.com/>

For more resources, see: [Mental health and cultural supports during COVID-19](#) (FNHA) And/ or [Inclusive Toolkit Provides Mental Health and Wellness Supports for COVID-19](#) ([fnha.ca](https://fnha.ca))

## If a client requires a medical note (e.g. isolation letter)

- You can provide a letter (see [Appendix K](#) for a template), or
- Contact the CD Team or Clinical Coordinator who will ask the MHO if they can provide one. You will be asked to provide the following information: name, date of birth, Personal Health Number, date of symptom onset, whether or not [severely immunocompromised](#), or if hospitalized

## 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 a Contact is a Health Care Worker

If close contact is a HCW, they may be exempt from isolation periods or allowed to continue to work while on isolation depending on distance, time and PPE used.

If a HCW Contact:

- Has had 2 doses of COVID-19 vaccine, no isolation required (self monitor for symptoms). Assess if there were breaches in PPE use on the last day of exposure (See If a [Contact is a Health Care Worker](#)). If symptoms develop, ask Contact to isolate and call the NHVC for assessment

- Has had 1 or 0 vaccines, isolation is required.

Please see the [BC Health Care Worker COVID-19 Exposure Risk Assessment Tool](#), and ask that this be discussed with their employer.

If additional support is needed, discuss with CD Team or Clinical Coordinator.

## **Variants of concern:**

- As this information is evolving, discuss with CD Team or Clinical Coordinator

## **If a contact is partially vaccinated:**

- Assess if a Contact is immunocompromised. Refer to [Contact tracing script for isolation instructions](#) and refer to: [Appendix V: Pathway for Contact Self-Isolation](#)

## **If the Contact goes to Coast Mountain College**

When Contact tracing at Coast Mountain College, as per Dr. Kling:

- If the case gives consent, please direct all contact tracing inquiries to: Jennifer Farrow 250-641-2546 or in her absence Stefanie Pellegrino at 250-615-6070.

## **If the Contact has had COVID-19 in the Past and is unvaccinated**

- If a Contact had COVID-19 previously, and the recent exposure ended 90 days or less after recovery from previous COVID-19 episode:
  - Contact may self-monitor for symptoms for 14 days since last exposure and is not required to self-isolate
  - If symptoms develop, Contact is to self-isolate and call the NH VC for testing (or arrange locally)
  - If Contact is experiencing symptoms, task to the NH VC for testing
    - If they receive a negative test result, they can come out of isolation
- If a Contact had COVID-19 previously, and the recent exposure occurred 91 days or more since recovery from previous COVID-19 episode:
  - Routine direction as for other Close Contacts, including self-isolation and testing if symptoms develop

## If the Contact has had COVID-19 in the past and received COVID-19 Vaccine

- If a Contact had COVID-19 previously, and the recent exposure ended 90 days or less after recovery from previous COVID-19 episode and the Contact has had a dose of COVID-19 at any time:
  - Contact may self-monitor for symptoms for 14 days since last exposure and is not required to self-isolate
  - If symptoms develop, Contact is to self-isolate and call the NH VC for testing (or arrange locally)
  - If Contact is experiencing symptoms, task to the NH VC for testing
    - If they receive a negative test result, they can come out of isolation
- If a Contact had COVID-19 previously, AND the recent exposure occurred 91 days or more since recovery from previous COVID-19 episode AND received first dose of COVID-19 vaccine 6 days or less from last date of exposure
  - Routine direction as for other Close Contacts, including self-isolation and testing if symptoms develop
- If a Contact had COVID-19 previously (regardless of symptom onset from previous COVID-19 episode) and received first dose of COVID-19 vaccine 7 days or more from last date of exposure
  - Contact may self-monitor for symptoms for 14 days since last exposure and is not required to self-isolate
- If a Contact had COVID-19 previously and received two doses of COVID-19 vaccine
  - Contact may self-monitor for symptoms for 14 days since last exposure and is not required to self-isolate

## If a contact has an unaccredited positive POC test:

If a client receives a positive Point of Care (POC) or Rapid Test from an unaccredited source:

- Complete a full assessment and contact tracing
- Book the client for a PCR test through the virtual clinic (or local source)
- Advise the client if the PCR test results is negative they can come out of isolation
- Consult with the CD Team or Clinical Coordinator to determine if the client's close Contacts should be contacted to self-isolate.
- If the CD Team/Clinical Coordinator says the contacts **do not** need to self-isolation, no further action is required at present (i.e. await PCR test results)
- If the CD Team or Clinical Coordinator says the Contacts **should** self-isolate, contact all close contacts



- If client has a **positive** PCR result, call the client back to confirm test result and inquire if there are any additions to their contact tracing list since their last call and contact any close Contacts
- If CTA finds a **negative** PCR result, determine if any Contacts need to be called.

**Walk through the various scenarios to determine:**

- If Contact was **not required to isolate** (i.e. is fully vaccinated, or partially vaccinated without risk factors), do not call
- If Contact was **required to isolate due to symptoms**, determine if a test result is positive, negative, or not available
  - If result is **positive**, initiate assessment
  - If result is **negative**, and
    - Client was advised to self-isolate until negative results (i.e., is fully vaccinated or partially vaccinated without risk factors), no follow up required.
    - Client was advised to self-isolate for full 10 day isolation period (i.e., is not vaccinated or is partially vaccinated with risk factors)
      - Recall
  - If result is **not available**, Contact is to isolate until result is received.
  - If Contact was **required to isolate due to vaccination status** and was asymptomatic, recall client

## Additional Questions

See: [Client Resources \(Appendix L\)](#).

## **Appendices**

### **Appendix A: Coordination Checklist**

(Please see Coordination checklist alongside this document).

## Appendix B: Setting the Stage for Conversations

Scripts are 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.

## **Confidentiality**

- Do NOT disclose information about other Cases. Even if the Case knows about other people who have COVID-19, do not disclose or discuss any details about these individuals (unless a Case is a young child and you are speaking with their parent/guardian).
- Sometimes there is a family “delegate” that is reporting on behalf of multiple people in the household. We can obtain the history via this method; ensure when documenting, it is identified who is providing the history.

## **Call Case**

- If at any point in the conversation the Case is experiencing severe symptoms (and needs an assessment) refer to Virtual Clinic for immediate assessment or ask the Case if there is someone in the house who can call 911 if required.

## Appendix C: Script – Case Initial Interview

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### Introduction and Results

1. “Hi, this is \_\_\_\_\_ [your first name]. I am calling from [health center]”
2. “Is this \_\_\_\_\_ [Case’s name, or parent or guardian if the Case is a child]?”

**[YES]** – “Hi \_\_\_\_\_ [Case’s name]. Are you somewhere you can talk privately about an important health matter? This phone call will require at least 20 minutes.” (If no, wait until they are able to talk)

**[NO]**

- If the person you intended to call is unavailable but someone else picks up their phone (e.g. at home or work), do not give any information other than your name and that you are from [health centre].
- 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 .... We will call you back.” [So that

they know to answer when a staff member attempts to call again].

3. If the client is in the hospital or is staying in a long-term care facility when you call,

If the Case answers the phone:

- Confirm you are speaking with the right person, confirm date of birth
- Confirm positive COVID-19 test result
- Ask which hospital or long term care facility they are at
- Depending on the client:
  - If they are well enough to speak with you, complete the interview,
  - OR
  - If they are not well enough, aim to collect at least symptom onset date
- Advise clients that they will receive a follow-up call when discharged from hospital to discuss the length of their isolation period

If a family member tells you the Case is in hospital or long term care facility:

- Ask which hospital or long term facility the Case is at
- Ask if the client has a cell phone with them in hospital, and if so, what the number is.

See additional guidance in Specific Situations.

4. “It’s important that I know that I am speaking with the right person. Can you please confirm your date of birth?”

[If Case is under between the ages of 14 and 19]

*“We are going to talk about your recent COVID-19 test and results, and I will ask some questions and share some information. Because you are under 19, to continue with this call I need to make sure you understand and are comfortable with what we will talk about in this call. If you would like to include a parent or other guardian, or if you would like us to speak with your parent or guardian instead, please let us know. We are asking these questions so that we can provide you with support, and so that we can gather information needed to help prevent the spread of COVID-19.”*

5. *“I am calling you today regarding your recent COVID-19 test. I see that you were tested on [test date] – does that fit with what you recall?”*
6. *“Have you received your results?”*

7. *"I can confirm you have tested positive for COVID-19."*
8. *"Today, I would like to provide you with information on how you and your household can isolate and come out of isolation. Also, in order to prevent further spread of COVID-19, we need to ask you some questions. We ask these questions of everyone."*
9. *"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?"*
10. *"You may receive several calls regarding your COVID-19 diagnosis. Each team has unique questions we have to ask in order to best support you and to help prevent the spread of COVID-19. Unfortunately, that often requires several phone calls and for this we ask for your patience and understanding."*
11. *"I understand that you, like others, are managing in this pandemic to the best of your ability. Answering these questions is optional. We want you to know that anything you share with us is confidential, and information will only be shared with health professionals involved in your care. Your complete honesty will help us prevent the spread of COVID-19. We want you to know we are calling to support you and will not blame, shame, or report you."*
12. *"Are you able to share if there are other people in your household who have tested positive for COVID **and** are waiting for their first phone call about this?"*

[NO]

[YES] *"What is/are their name(s)?"*

*"I have a number of questions that I would like to go over with you right now. At the end of our call, I'll check to see if I can do the same for [household member]."*

(Note: You only proceed with interviewing other household members if you have confirmed positive test results for these individuals or if you have an epi-linked client. See [Appendix I: Epi-Link Assessment](#).)

13. *"I appreciate you may have many questions. At any point, if you have any questions about what we are discussing, please feel welcomed to stop me and ask for clarification. At the end of our call today, I can also share where you can go to get more information."*
14. *"Do you have a pen and paper available in case you would like to write anything*

*down that we discuss?”*

## Demographics

If the Case is a child under 13 or a youth who consents for you to speak with their parent or guardian, collect the following information about the child or youth from the parent or caregiver.

1. *“It’s important that we have your/your child’s most up to date information.”*
2. *“I would like to confirm how to spell your/your child’s name. Is it \_ \_ \_ \_ \_?”*
3. *“Is there another name that you/your child go(es) by?”*
4. *“Is this still the best phone number to reach you?”*
5. *“Is there an email address that we can use to share information with you, if needed?”*
6. *“Is \_\_\_\_\_ still your (or your child’s) Primary Care Provider?”*

*“Your Primary Care Provider has likely already received your positive test results. Following our call, we will notify them of our interaction, to inform them that Public Health follow up is now in progress. They may initiate further follow up.”*

7. *“Can you confirm your home address?”*
8. *“Are you currently staying somewhere other than your home address?”*

**[NO]**

**[YES]** *“Are you staying at one of the following?”*

☐ *Staying with friends/family*

- Collect address and community

☐ *Hotel*

- Collect name of hotel and community

☐ *Hospital*

- Collect hospital name and community

☐ *Out of Province/Out of Northern Health region*

- Requires Inter- jurisdictional transfer. Discuss with CD Team or Clinical Coordinator

☐ *Other: \_\_\_\_\_*



9. *“Which community are you planning to self isolate in? \_\_\_\_\_”*
- Note: May require inter-jurisdictional transfer

## Symptoms

1. *“I’d now like to ask you a few questions about when your COVID symptoms started. People can spread COVID-19 starting two days before their symptoms started. By identifying the date your symptoms started, we can then identify anyone you may have been in close contact with to see who may need to self-isolate and monitor for symptoms. Do you, or did you, have any symptoms of COVID-19?”*

[NO]

[YES] *“What day did your symptoms start?”*

Note: If the Case expresses concern about their symptoms, **encourage the client to seek assessment from local health services.**

2. *“About your symptoms, if you have any or develop any that cause you concern, we encourage you to call your doctor, other Primary Care Provider, or the NH Virtual Clinic (1-844-645-7811)”*
3. *“If at any time you are in need of urgent medical attention, please visit your Urgent Care Clinic, Emergency Department or other local health services or call 911.”*

Calculate the date that is 14 days prior to the Case’s symptom onset date. This is the time when the client was infected.

If client did/does not have symptoms, calculate the date that is 14 days prior to their test date. This is the time when the client was infected.

This calculated date [date] will be used in the [“Sources of exposure”](#) and [“Transmission Settings”](#) sections of this script.

## Sources of Exposure

*“From [date] until now, did anyone inform you that you have been exposed to COVID-19?”* (E.g. someone in your household, a social contact, or an exposure notification at school or work).

[YES] a. *“Who notified you of this exposure?”*

- Person who tested positive for COVID-19
  - “What is their name?” \_\_\_\_\_
- Public Health/Health centre
- Exposure notification from facility/organization
  - “What is the name of the facility or organization that notified you?” \_\_\_\_\_
- Other: \_\_\_\_\_

b. “When were you notified of this exposure?”

c. “When did the exposure occur?” [date of exposure]

- What was the first date of exposure? [first contact date]?  
\_\_\_\_\_

- What was the last date of exposure [last contact date]?  
\_\_\_\_\_

OR

- Is the exposure ongoing? \_\_\_\_\_

d. “Where did the exposure occur?”

Document relevant setting from the following list:

- Household
- First Nations community
- Health care facility
- Industry work camp
- Other congregate housing facility
- School
- Child care setting
- Workplace
- Industrial site
- Courthouse
- Don’t know
- Other (free text)

Details of where exposure occurred [location of exposure]:

- Name of location:
- Address:
- Community

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

[NO]

**[YES]** *“Please describe how you think you might have gotten COVID-19.”*

Capture relevant details of possible exposure, such as facility, address, community, dates, times, and/or other details

**If client believes they may have been exposed at work:** “Can you describe your workplace a bit to help me understand how you may have gotten COVID-19 at work?”

## Transmission Settings

*“The next questions are about the places you have been recently whether in your home community or elsewhere. This includes places where you may have lived, stayed, worked, volunteered, or visited from [date] until now. This information can help us to prevent the spread of COVID-19 in our communities.”*

*Health care settings and services*

1. “Are you a health care worker?” (i.e. provides health care to patients or works in a facility 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)

**[NO]**

**[YES]** *“Did you work since [date]?”*

**[NO]**

**[YES]** obtain the following information:

- Name of facility
- Address
- Community
- Role
- Date(s) and time(s) at facility

2. “Are you a first responder (e.g. fire, police/RCMP, search and rescue)?”

**[NO]**

**[YES]** *“Did you work since [date]?”*

**[NO]**

**[YES]** obtain the following information:

- Name of facility
- Address
- Community

- Role
- Date(s) and time(s) at facility

3. “*Since [date] were you at a health care facility?*” (i.e. hospital or inpatient setting where patients may stay overnight)

[NO]

[YES] obtain the following information:

- Name of facility
- Community
- Ward, unit, or department
- Role at facility
- Date(s) and time(s) at facility

4. “*Since [date], were you at a clinic or office to receive health care services?*” (i.e. for outpatient appointments; NOT including where the client went for their COVID-19 test)

[NO]

[YES] obtain the following information:

- Name of facility
- Address
- Community
- Role at facility
- Date(s) and time(s) at facility

5. “*Since [date], did anyone come to your home to provide you with health care services that involved close contact, such as home support or home care nursing?*”

[NO]

[YES] obtain the following information:

- Name/type of service
- Role of service provider
- Name of service provider
- Date(s) and time(s)

#### *Congregate housing/residential settings*

6. “*Since [date], were you at a:*

- *Long-term care facility?*
- *Residential care facility?*
- *Assisted or independent living facility?*
- *Seniors’ residence?*
- *Group home?*

- *Correctional facility?*
- *Residential treatment facility (i.e. for drug or alcohol use)?*
- *Transition house?*
- *Shelter?*
- *Couch surfing?*
- *Living on the street?"*

[NO]

[YES] to any of the above, obtain the following information:

- Name of facility
- Address
- Community
- Role at facility
- Date(s) and time(s) at facility

#### *Other settings*

7. "Since [date], were you in a:

- *Child care setting (e.g. day care, after school care program)?*
- *School (i.e. Kindergarten to grade 12)?*
- *Post-secondary education facility (e.g. trade school, college, university)?*
- *Courthouse?"*

[NO]

[YES] obtain the following information

- Name of facility
- Address
- Community
- Role at facility
- Date(s) and time(s) at facility

8. Industry Worksite (i.e. a large industrial project site)

(Industry work sites that require flagging for the CD Team or Clinical Coordinator are those where there are often large numbers of people coming together from outside the local area, and often in some kind of employer-provided accommodation. These sites may have local personnel who are doing CCM, and so CD Team or Clinical Coordinators need to connect with them to discuss management of relevant Cases. If you are unsure about whether a site meets this criteria, discuss with your CD Team or Clinical Coordinator.)

[NO]

[YES] *“Is this a large industrial work site, where there are workers from outside the local area, and/or employer provided accommodations?”*

Examples of such work sites include: mines, BC Hydro Site C, LNG Canada, Coastal Gas Link, Trans Mountain Expansion Project, RioTinto and [Kemano, T2, or BC Works]

Examples that do not fit this criteria include: mills, pulp mills, factories

[NO]

[YES] obtain the following information

- Since [date], have you worked at more than one site?
- What is/are the name of the industrial site(s)?
- What is/are the location(s)?
- Dates/times at site(s)
- What do you do at [site(s)]? (free text)
- If you are employed, who is your employer?
- If you are self-employed, what is your business name?

8. *“Industry work camp?”* (i.e. employer-provided accommodations including tree planting camp )

[NO]

[YES] obtain the following information

- What work camp is this?
  - What is the name of the work camp?
  - Where is this located?
  - Who operates the camp?
  - Is this camp attached to a single project?
- Do you know the name and phone number of the camp’s COVID-19 coordinator or medical service provider?
- What date did you arrive?
- What date did you leave?
- If you arrived in or left camp since [date], how did you travel?

9. *“Since [date], did you work or volunteer at any places we have not already discussed?”*

[NO]

[YES] obtain the following information

- Name of facility

- Address
- Community
- Role at facility
- Date(s) and time(s) at facility

10. *“Since [date], did you participate in any activities that included 5 or more people that live outside your household?”*

[NO]

[YES] obtain the following information

- Description of event (e.g. group activities, gathering at a home, cultural activities, food processing (e.g. oolichan fishery, preserving salmon), dinner party, sports, dance, party, playdate, wedding, funeral)
  - Additional details/distinguishing features (e.g. who hosted the event, who the wedding was for, who the funeral was for)
- Description of location (e.g. household, hockey rink, dance studio, pub)
- Community
- Date(s) and time(s)
- *“Were you able to maintain 2m distance?”*

11. *“Since [date], were you at any crowded or busy locations that we have not already discussed (e.g. bus, store)?”*

[NO]

[YES] obtain the following information

- Description of location
- Address/community
- Dates/times
- Additional details

12. *“Since [date], did you travel outside of your community at all, for any reason?”*

[NO]

[YES] obtain the following information

- “Did you travel internationally?”
  - “What country did you travel to?”
- “Did you travel within Canada?”
  - “If outside of BC, to what province?”
  - “If within BC, to what community/ies)?”
- “When did you arrive back in your home community?”
- *“Did you travel by plane?”*
  - Airline/flight numbers:
  - Departure airport:

- Departure date and time:
- Arrival airport:
- Arrival date and time:
- *"Did you travel by long distance bus or train?"*
  - Name of bus line or railway company:
  - Location of origin/departure:
  - Departure date and time:
  - Location of destination/arrival:
  - Arrival date and time
  - Available details about route and stops:
- *"Were you on a cruise or river cruise?"*
  - Name of cruise company/ship:
  - Port of embarkation:
  - Date of embarkation:
  - Port of disembarkation:
  - Date of disembarkation:
- *"Were you part of a travel tour group?"*
  - Name of tour company/organizer:
  - Contact information of tour organizer:
  - Dates of tour:
  - Location of tour:

## Health Status

Immune status will determine how long a person is infectious for and therefore how long they need to isolate. Cases who are not immunocompromised, or who are only mildly immunocompromised, require a 10-day isolation period. Other clients need to be assessed to determine their isolation period.

Examples of severe immunocompromising conditions include:

- active AIDS (advanced HIV infection), leukemia, lymphoma, genetic immune deficiencies, recent bone marrow transplant, and the use of medications that suppress the immune system (e.g. chemotherapy, high-dose prednisone, methotrexate)

Examples of conditions that do **NOT** severely compromise the immune system include:

- diabetes, allergies, congestive heart failure, asthma, Down syndrome and other genetic disorders, or removal of the spleen

1. *"I'd now like to ask a specific question about your health. Has your doctor ever told you that you are moderately or severely immunocompromised?"*



Note: If client seeks clarity on this term, you can elaborate: *“Being moderately or severely immunocompromised means that your immune system is very or extremely weak, either due to a disease or a medication. This means that your body would have a harder time fighting off infections, including COVID-19.”*

- **[NO]** Case will require a 10-day isolation period (Day 0 is symptom onset date or test date if client has had no symptoms).
- **[YES] or [NOT SURE]** case requires immune status assessment.
  - See [Appendix M: Determine if Case is severely immunocompromised](#)
  - If not able to determine, advise client: *“I will continue with the interview and provide you with some general information on what it means to self-isolate, but I will look into this further and get back to you on this”* Consult with a CD Coordinator or Clinical Coordinator.

Pregnancy does not mean someone is immunocompromised. We ask if someone is pregnant as a reporting requirement for BCCDC.

2. “Are you currently pregnant?”

- **[YES]** How far along are you (weeks gestation)? \_\_\_\_

## Instructions for Case and Household: Isolation

([See Appendix N – Calculating Isolation Periods](#))

1. *“Thank you for sharing this information with me. I would now like to go over some instructions for self-isolation with you. Self-isolation is important to prevent further spread of the virus.”*
2. Calculate isolation period, based on question about being severely immunocompromised.
  - **No, not moderately or severely immunocompromised:**
    - *“We ask that you self isolate starting **10 days** 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].”*

- If Case did not have symptoms: *“Because you did not feel sick, we will take the testing date [test date] as the start of your 10 days of isolation and you can end isolation on [end of isolation date].”*
  - **Yes, moderately immunocompromised**
    - *“We ask that you self isolate starting **20 days** 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].”*
    - If CASE did not have symptoms: *“Because you did not feel sick, we will take the testing date [test date] as the start of your 20 days of isolation and you can end isolation on [end of isolation date]”*
  - **Severely immunocompromised**
    - i. *“Public Health is asking that you self isolate starting **32 days** 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].”*
    - ii. If Case did not have symptoms: *“Because you did not feel sick, we will take the testing date [test date] as the start of your 32 days of isolation and you can end isolation on [end of isolation date].”*
  - **Unsure whether severely immunocompromised**
    - *“While I will need to get back to you to advise you on how long you need to self-isolate, I can now provide you with some general information on what it means to isolate.”*
3. *“Self-isolation means you are to stay home for entire the isolation period, including having groceries and medication delivered to you.”*
- Direct client to this resource: How to self isolate - for those who have COVID-19 or respiratory symptoms: <http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation.pdf>
4. *“Aside from yourself, do other people live or stay in your household?”*
- [NO]** Skip to next section
- [YES]** Proceed with the following statements/questions:
- A. *“If everyone in your household has recently gotten COVID-19, you do not have to isolate away from each other. Everyone in your household will receive a call, and will be advised regarding their individual isolation periods.”*

B. *“If other members of your household do not have COVID-19, you should isolate away from them, until the end of your isolation period, if possible. 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 time you use it*
- *Having someone prepare food for you, if possible, or 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.”*

C. *“Are you able to self-isolate and remain separate from other members of your household until [end of isolation date]?”*

**[YES]** *“Please inform your household members that they are to isolate for 10 days after today and then to self monitor for COVID symptoms for an additional 4 days [calculate date].”*

*“If possible, the members of your household should also self-isolate away from each other for this time period as well.”*

Note: If the Case is immunocompromised and on a 20-day isolation period, the Contacts must stay separated from Case for the full 20 days but can themselves come out of isolation themselves after 10 days (e.g. Contacts move out of the house to isolate from Case. They cannot return until the Case has completed the 20-day isolation AND the Contacts have not had contact with the Case for 14 days and have not developed symptoms).

**[NO]** *“Please inform your household members they are to isolate during your entire isolation period and for an additional 10 days after **your** isolation period ends, so until [calculate date = end of isolation date + 10 days] (or last day of contact with you + 10 days, whichever is sooner).”*

Note: Isolating in the same household may be a complex conversation. Discuss with your CD Team or Clinical Coordinator if needed.

## Isolation Supports

### Housing

*“Are you able to stay in your household for the entire isolation period, that is, until [provide end date of isolation period]?”*

[YES]

[NO] Discuss options with client, and/or link to supports. (E.g. accommodation, food access, mental health or substance use support needs (below) etc.)? [See Guidance for Specific Situations](#) for more information. Consult with NH CD Team or Clinical Coordinator, if needed.

### Substance Use

*“The following questions are standard questions that we ask everyone. We ask them solely to understand your needs while you are on self-isolation, to best support you.”*

1. *“While on isolation, will you need access to any substances or prescription medications, in order to avoid withdrawal?”* (Examples: alcohol, tobacco, opioids, stimulants, illicit benzodiazepines)

[NO] – Skip to next section

[YES] – *“Do you need access to safe supply or treatment while you are isolating?”*

- [NO] – skip to next section
- [YES] Discuss options with client, and/or link to supports. [See Guidance for Specific Situations](#) for more information. Consult with NH CD Coordinator or Clinical Coordinator, if needed.

### *If Client Requires Prescription Refill to Support Isolation*

Cases or Contacts may identify that they need a prescription for a medication refill during their isolation period.

*“Are you able to fill that prescription through your Primary Care Provider, or by calling your pharmacy and requesting an emergency supply?”*

[Yes] Continue to next section of script

[No] *"I can I can give you the number for the First Nations Health Authority's "Virtual Doctor of the Day or "Northern Health Virtual Clinic. Do you need this prescription in the next 24 hours or would an appointment in the next two days be ok?"*

**The First Nations Health Authority's "Virtual Doctor of the Day" clinic: 1-855-344-3800**

**The Northern Health Virtual Clinic: 1-844-645-7811**

## Instructions for Case: Coming off Isolation

For Cases that you are not sure if they are moderately or severely immunocompromised, skip this section until you are able to confirm their required isolation period and continue on to [Instructions for close contacts: isolation.](#)

13. *"Whether you can come off of isolation on [end of isolation date] depends on how you are feeling"*
  - a. *"If you are feeling much better on [end of isolation date] you can come out of isolation the following morning."*
  - b. *"Feeling much better includes: The fever is gone without the use of fever-reducing medications (e.g. Tylenol, Advil), AND improvement symptoms such as a runny nose, sore throat, nausea, vomiting, diarrhea, muscle aches. Your symptoms do not need to be completely gone, just getting better."*
  - c. *"It is not uncommon for a mild cough, fatigue and the loss of sense of smell/taste to take longer to resolve. If these are your only symptoms, you can come off of isolation."*
  - d. *"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, cleaning and wearing masks."*
14. *"If you are NOT feeling much better [end of isolation date], then we ask that you stay in isolation until your symptoms improve."*
  - *Call the health centre if you have concerns about your symptoms or your symptoms are worsening, or if, at the end of your isolation period, you need to decide if you can come of isolation."*

## Instructions for Close Contacts: Isolation

Note: If you will be calling this Case's Contacts in a timely manner, then you can consider skipping this section of this script. However, if there may be delays in Contacts being notified, consider that Cases may be able to notify their own Contacts until those Contacts can receive a call from your team. In the latter scenario, proceed with this section of the script.

(See [Appendix N: Calculating Isolation Periods](#) for additional resources when calculating isolation periods.)

1. *"To help prevent the spread of COVID-19, please also notify any other people you have been in close contact with during your infectious period, which is from 2 days before your symptoms started until 10 days after: [provide date range]. These people are at a higher risk of being infected with COVID-19 and spreading it to others, even if they don't show symptoms. They should self-isolate until 10 days have passed since your last close contact with them and then to self monitor themselves for COVID19 symptoms for another 4 days and to get tested if they have symptoms."*

*"A close Contact is someone you were in close Contact with during your infectious period, which started 2 days before your symptoms started. They typically include people that:*

- *You live with,*
- *That you had direct physical contact with, or*
- *Who you spent longer than 15 minutes with, while not consistently physically distancing (i.e. you were less than 2 meters apart).*

*This may include people that you worked closely with or socialized with."*

- *"If you can't remember the exact details of an interaction, it is usually best to assume the person was a close Contact and to notify them. However, remember that very brief interactions, or simply being in the same room together, does not make someone a close Contact."*
- *"It is not necessary to disclose to your workplace that you have been diagnosed with COVID-19, however, we ask that you tell your co-workers and clients whom you have had close contact with (within 2m for 15 min)"*

2. *"Advise your household and other close Contacts:*

- *To self-isolate until 10 days have passed since your last close contact with them and then to self monitor themselves for COVID symptoms for an additional 4 days and to get tested if they have symptoms.*
- *If possible, to isolate away from other members of their households, including other Contacts (i.e. people who may have been exposed to someone with COVID-19)."*

Provide details regarding self-isolation, if not already reviewed, above:

Self-isolating away from other people in their households means:

- Sleeping in a separate bedroom
- Using a separate bathroom, if possible, or cleaning a shared bathroom thoroughly after each time they use it
- Having someone prepare food for them, if possible, or preparing their food separately and cleaning the kitchen thoroughly after each time they use it
- Other household members wearing masks and staying 2 meters apart from them when they cannot avoid being in the same room together for a few minutes.
- That if they develop symptoms, to call the health centre or the NH Virtual Clinic at 1-844-645-7811.
- To stay in isolation for the full 10 day isolation period (or longer, if they are unable stay separated from you), even if they are tested and their results are negative and to self monitor for an additional 4 days after their 10 day isolation is completed.
- To review client information on Northern Health and the BCCDC websites, such as:
  - For people who may have been exposed but do not have symptoms - Dos and don'ts of self-isolation: [http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation\\_dos\\_donts.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_dos_donts.pdf)
  - For caregivers & household contact: [http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation\\_caregivers.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf)
  - Discharge from isolation for close contacts of COVID-19 cases:" [https://www.northernhealth.ca/sites/northern\\_health/files/health-information/health-topics/coronavirus/documents/COVID-19-close-contacts-discharge.pdf](https://www.northernhealth.ca/sites/northern_health/files/health-information/health-topics/coronavirus/documents/COVID-19-close-contacts-discharge.pdf)

Note: If client is unable to access this information online, offer to read out the content in the resources above, as appropriate.



## Indigenous Persons and Communities

Note: this information is needed by Public Health, please complete this section if even it may not be needed at the local level.

1. *“As part of our assessment, we ask everyone where they are living or staying. This can help health care leaders to identify which communities have COVID-19 and to support them. Do you live or stay in a First Nations community?”* Yes/No  
[NO]  
[YES] *“Which community?”* For correct spelling, please see the [Appendix O - List of Northern BC First Nations Communities](#)

Note: First Nations communities have also been known as “reserves”.

2. *“Northern Health Public Health works with several partners to provide care during COVID-19, such as FNHA and MNBC. 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 to next section.  
[YES] *“Do you identify as First Nations, Métis, or Inuit?”*
  - First Nations: yes/no
  - Métis: yes/no
  - Inuit: yes/no

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]
  - [YES] *“Which First Nation?”*
- *“There may be [additional supports available from First Nations Health Authority \(FNHA\)](#), should you need them. Do you consent for us to share your personal information with FNHA so that they can connect with you on these additional supports?”*
  - [NO, do not allow]
  - [YES, allow]

If the individual self-identifies as being Métis:



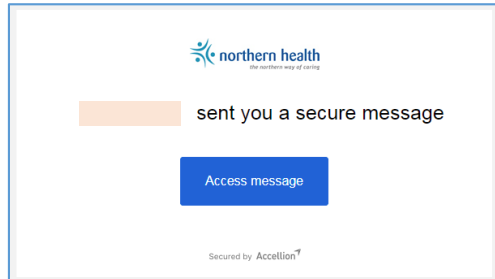
- “There may be [additional supports available from Métis Nation BC](#) should you need them. Do you consent for us to share your personal information with Métis Nation BC so that they can connect with you on these additional supports?”
  - [NO, do not allow]
  - [YES, allow]

## **Appendix D: Case Initial Interview Form**

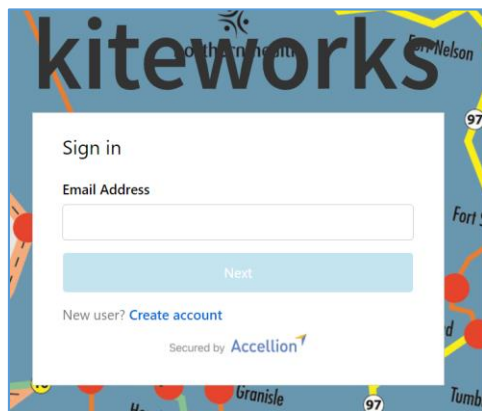
Please see form alongside this document

## Appendix E: Establishing and Using Kiteworks

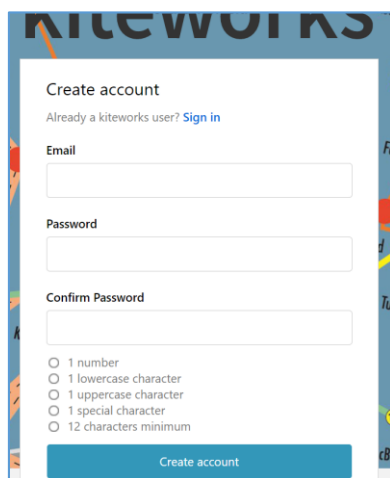
**Step 1:** Client receives email in personal inbox from an NH Public health team member, requesting they follow a link to activate their account



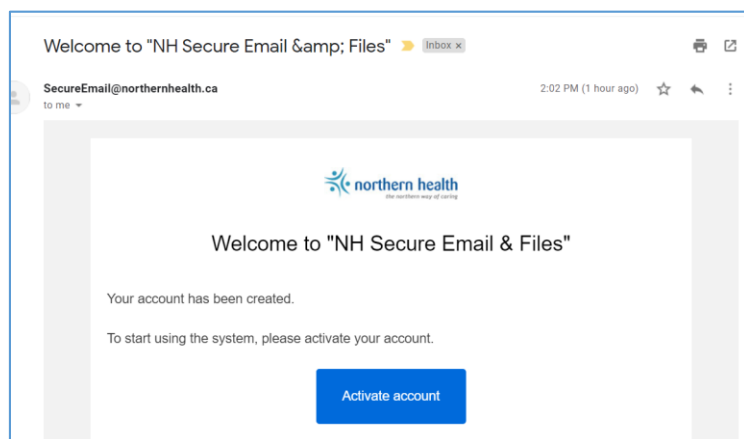
**Step 2:** Client clicks link (“Access message”) in email, which redirects them to the Northern Health Kiteworks logon page. They must start the process of establishing a new account by using the same email address that they provided to Northern Health.



**Step 3:** Client creates user account using email and password

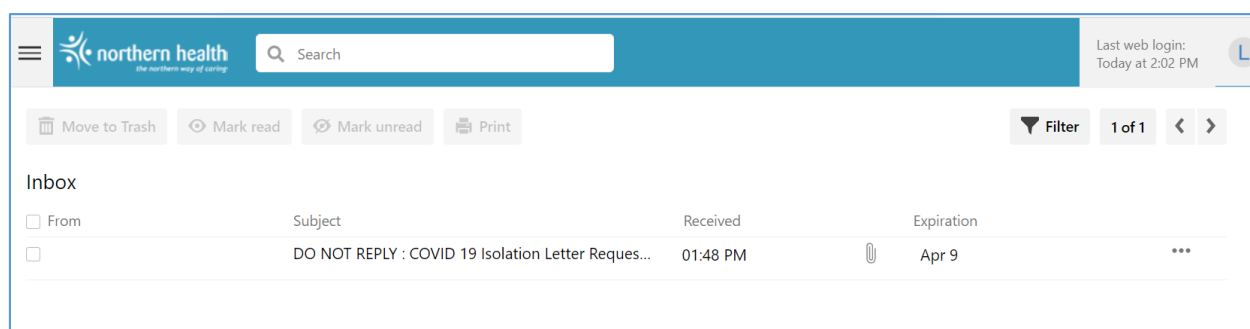


**Step 4:** Client activates account by clicking “activate account” in a confirmation email sent to their inbox



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

<https://kiteworks.northernhealth.ca/>



## Appendix F: Script – Transmission Evaluation and Contact Tracing

Use this appendix to continue the assessment. Start the call by:

- Introducing yourself
- Verifying the client's identity
- Describing the purpose of the call
- Asking if the client would like anyone else to join in on the call

(See relevant scripting in the first two sections of [Appendix C: Script – Case Initial Interview](#))

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### Source of Exposure

This section is designed to support further assessment of where the Case may have been exposed in the 14 days prior to symptom onset, which lead to the COVID-19 infection.

1. *“You have previously shared that, in the 14 days before your symptoms started, you were notified or believe you were exposed to someone who had COVID-19 [insert information]. Can you tell me about that interaction when you believe you were exposed?”*
  - Assess and document any additional information on where the Case might have acquired their infection (during their exposure period)
  - Determine and document which of these sources is likely to explain their infection
  - When a high-risk setting is a likely source, assess and document factors that might have contributed to transmission risk in that setting.
  - Document if travel was a factor

## Transmission Settings Assessment (during the infectious period)

Using the dates calculated, make note in each question if the Case was in a particular setting

- During the 14 days prior to symptom onset (acquisition period) and/or
- During the of 2 days before symptom onset to 10 days after (or longer if immunocompromised) (infectious period)

Use the [Appendix Y: Transmission setting assessment support tool](#) to support you in keeping track of the data for these two time periods.

For some settings, this script includes appendices with setting-specific questions. Cases may have been in multiple settings; in these situations, consult all of the relevant appendices for guiding questions for each setting.

In settings not identified in the appendices, additional questions need to be tailored to each unique Case scenario. If support is needed, consult your Clinical Coordinator.

For settings where a Case attended while infectious:

- Assess any factors that might have contributed to transmission risk in that setting.
- Assess and document whether the case is likely to continue to expose any settings during their infectious period (e.g. if unable to self-isolate).
- Inquire about public health protective measures used in the setting (e.g. 2m distance from others, physical barriers, PPE use, handwashing)
- Ask setting-specific questions outlined in the appendices (as applicable)
- Collect contact information for the facility, as applicable (e.g. facility manager/site supervisor)
- Advise the Case that they may receive an additional follow-up call if the MHO requests additional information related to the priority setting

This section is designed to support further assessment of priority settings in which the Case was present during the infectious period (48 hrs before symptom onset to 10 days after) where there is an increased risk of transmission to others and/or additional support may be required. These settings are identified in the Case Initial Interview.

The information that is required for public health management may be unique to each Case. Use the information below to guide the interview.

*“Based on what you have previously shared, I have a few further questions about places you have been with others. I would like to ask you specifically about the (priority criteria/settings identified in case initial interview).”*

For priority settings

- Review the following information previously collected
  - Name of facility/setting (when appropriate)
  - Address, community
  - Role in setting (e.g. employee, visitor, coach, team member)
  - Dates in setting
- Assess and document whether the Case exposed any priority settings (during their infectious period), and any factors that might have contributed to transmission risk in that setting.
- Assess and document whether the case is likely to continue to expose any priority settings during their infectious period (e.g. if unable to self-isolate).
- Inquire about public health protective measures used in the setting (e.g. 2m distance from others, physical barriers, PPE use, handwashing)
- Collect contact information for the facility, as applicable (e.g. facility manager/site supervisor)
- Advise the Case that they may receive an additional follow-up call if NH Public Health requires additional information related to the priority setting

## Contact Tracing

Identify close Contacts during a Case's infectious period (48 hrs before symptom onset to 10 days after).

- Close Contacts may include people with whom the Case lives, works, or socializes during the infectious period (2 days prior to symptom onset to 10 days after). It is up to the Case to explain the scenario and details in which contact occurred. It is up to Public Health to determine if persons involved are close contacts or not.
- Close Contacts are those who have had the following exposure to a Case
  - Less than 2 meters apart for 15 minutes or greater (cumulative time. E.g. one 10 min exposure and a 5 minute exposure)

- Contact with infectious body fluids (e.g. through coughing, sneezing, kissing,)
- Household Contact who lived with the Case before the Case started isolation
- A Contact who cannot isolate in the household away from the Case during his or her isolation period
- A Contact who has direct physical contact with a case, including the case's caregiver, intimate partner, a child receiving care from the case, etc.
- 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 determined to be a close Contact through discussion with CD Team or Clinical Coordinator.

Obtain list of close Contacts from Case, including (at minimum):

- Name
- Phone number
- Last date of exposure
- Exposure location
- If possible, collect date of birth, home community

Note: Further information on assessing close contacts in K-12 schools can be found in the [COVID-19 Public Health Guidance for K-12 Schools](#)

## **Contact identification in relation to mask use:**

In health care settings:

- Healthcare workers are trained in PPE use and have access to medical grade supplies
- If a healthcare worker was wearing PPE (a medical grade mask and eye protection) this is not an exposure and they are not considered a Close Contact.
  - Exception: Home care workers appear to be at higher risk than other health care workers due to the very close and often frequent nature of the care provided, and not having access to the same environmental controls as in a health care facility.
    - Homecare 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.

In other settings:

- In general, non-medical mask use should not affect the determination of who is a Close Contact.
- When non-medical masks fit well, and are worn correctly and consistently, they do reduce COVID-19 transmission risk. Unfortunately, they do not eliminate this risk.
  - Non-medical masks vary in their construction and factors such as fit and use.
  - Their effectiveness can be extremely variable. Different scientific studies have found that masks provide anywhere from 10% to 90% protection against COVID-19. Therefore, the guidance is to use them, but not rely on them.
- Particularly during the current third wave in which variants of concern are becoming dominant, we need to use multiple protective strategies.
- Therefore Public Health practice is to:
  - Recommend mask use, which do have a protective effect and reduce overall transmission
  - Advise close Contacts to self-isolate, even if they (and/or the Case) were wearing a mask at the time of exposure, because the protective effect of the mask may not be enough to fully prevent transmission

When speaking with clients, you can share that public health practice is to:

- Recommend mask use, which do have a protective effect and reduce overall transmission, at least some of the time.
- Advise close Contacts self-isolate, even if they were wearing a mask, because the protective effect of the mask will not be enough to prevent transmission, at least some of the time.

Key messages for close contacts, when non-medical masks were worn:

- *“It is a good thing that you were wearing a mask. Masks might reduce your risk by about half, which is great. You are less likely to get COVID than if you weren’t wearing a mask, so you did the right thing.”*
- *“Unfortunately, a mask is not a guarantee. You might still have been exposed to COVID and as such our direction is for you to self-isolate.”*

**If a Case unwilling to name Contacts**

- If Case states that someone had already collected Contact information
  - Ask the Case who may have collected Contact information
  - Discuss with Case that while other places may be doing collecting contact information (e.g. workplaces), Public Health ultimately has a responsibility to collect information on Contacts and notify them of the exposure. Additionally, Public Health offers education and resources for those who may require additional support in isolating.
- If Case unwilling to provide Contact details
  - Discuss the importance of Contact tracing to prevent the spread of COVID-19 additionally,
    - Public Health offers education and resources for those who may require additional support in isolating.
- Remind the Case that all information is kept confidential and the Contacts will not be told who they came in contact with

### **Obtaining information on contacts:**

It is up to the Case to explain the scenario and details in which contact occurred. It is up to you to determine if persons involved are close Contacts or not.

The line of questioning is dependant on each Case's scenario. To support a full assessment:

- Prompt Cases in remembering who they might have come into close contact with
- Ask questions based on the appropriate context
- Assess potential contributors to transmission risk in those settings
- Inquire about personal safety measures

### **Tips for interviewing someone to understand their close contacts:**

- Use a calendar and specific dates as much as possible.
- Ask who they worked with, who they ate with, who they were spending their social time with, and who comes and goes from their house.
- Trust is important; you will yield more information if the individual trusts you. It's important to create safety as the case may be hesitant to answer questions if they feel that they will be reported or get someone in trouble. It will be important that there is no judgement or assessment of their activities as being "good" or "bad." It is what it is.

Questions may include:

- Did you have people in your home?

- Examples may include:
  - Do you have friends or family that spend time in your home including frequent short visits?
  - Does anyone care for your children beside yourself in your home?
  - Have there been any children in your home? (either family members or friends)
  - Are there people who come and go from your home?
  - Are there people who stay in your home sometimes?
- Did you visit others homes?
- Do you come in close contact with others at work?
- Is there anyone you socialized with?  
Did you participate in any group activities cultural activities, group food processing (oolichan fishery, preserving salmon etc.), or sports or events
- Did you come into close contact with anyone at the band office, rec centre or community hall?
- Prompt Cases in remembering who they might have come into close contact with
- Assess potential contributors to transmission risk in those settings
- Inquire about personal safety measures
- Did you participate in any group activities, sports or events?
- Do you take public transportation to school or work?

If the Case was in school or daycare during their infectious period, inquire about:

- Which classes/classrooms they were in
- If they wore a mask
- Which cohort they are a part of
- Which friends they spend the most time with
- Who they sit next to
- Who they have been involved in group work with
- Who they spend time with at recess or lunch breaks
- The teachers in the class
- Contact information for the facility

Further information on assessing close contacts in K-12 schools can be found in the [COVID-19 Public Health Guidance for K-12 Schools](#)

Ask the Case to list anyone they were in close contact with.

1. *“Part of our follow up is to identify anyone you may have been in contact with, going back to 2 days before you had symptoms. Our process is to collect their contact information and then call to notify them and ask them to self-isolate. Your*

*name will be kept confidential in that process. Notifying people who have been exposed to COVID-19 gives everyone the opportunity to take measures to prevent the spread and keep others safe.”*

2. *“Thinking back to [DATE: 2 days before symptoms started or 2 days before test date], to today, who did you come into close contact with for at least 15 minutes (cumulative), within 2m?”*

[YES] – Collect information about Contacts:

- Name
- Phone number
- Last date of exposure
- Exposure location
- If possible, collect date of birth and where they are currently staying

[NO] – ask probing questions about what they may have done during that time frame to assess if there are any close Contacts

## Closing

If the Case has shared that there is another household member who has tested positive for COVID-19 **and** is awaiting their first phone call regarding this:

- Ask: *“Is this a good time for me to speak with [other household member]?”*
  - [NO] Continue to closing statements below
  - [YES] Ask to speak with [other household member]
    - Obtain full name
    - Do you have a confirmed positive COVID-19 result for this client?
      - [YES] Continue with a new interview for this new Case
      - [NO] Advise that their lab results have not yet been loaded and that they will receive a call at another time.

If there are members of the household who are close Contacts, try to notify these Contacts within the same phone call, if possible.

- Ask: *“Is this a good time for me to speak with [other household member]?”*
  - [NO] Continue to closing statements below
  - [YES] Ask to speak with [other household member] and proceed with [Appendix H: Script – Contact Notification](#)

## **Closing statements:**

*“Thank you again for taking the time to speak with me today. As a reminder, your end-of-isolation date is [end of isolation date], which means that, if you are feeling better, at midnight on this date you are off isolation. Do you have any questions about the information we went over today?”*

Note: If the client expresses concerns about confidentiality during Contact Notification, assure them that the names of Cases are not disclosed when Contacts are notified.

Note: If the client asks whether they should notify their Contacts directly, share that they can do this if they feel comfortable. Cases may be able to notify their Contacts more quickly than health teams. Advise that each of these Contacts will also receive a phone call to let them know they have been exposed to COVID-19 and will be provided with isolation instructions.

## **Appendix G: Transmission Evaluation and Contact Tracing Form**

(Please see form from alongside this document)

## Appendix H: Script – Contact Notification

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## Confidentiality

- Do NOT disclose information about the Case. Even if the Contact knows the Case, do not disclose or discuss any details about the Case (unless the case is a young child and the Contact is their parent/guardian).
- Sometimes there is a family “delegate” that is reporting on behalf of multiple people in the household.

## Call Contact

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

## Introduction

1. “Hi, this is \_\_\_\_\_ [your first name]. I am calling from ....”
2. “Is this \_\_\_\_\_ [CONTACT name, or parent or guardian if the CONTACT is a child]?”

[YES] – “Hi \_\_\_\_\_ [CONTACT name]. Are you somewhere you can talk privately about an important health matter? This phone call will require about 15 minutes.” (If no, wait until CONTACT is able to talk)

[NO]

- If the person you intended to call is unavailable but someone else picks up their phone (typically home or work), do not give any information other than your name and that you are from ....
  - 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 .... We will call you back.”  
[So that they know to answer when a staff member attempts to call again].
3. “It’s important that I know that I am speaking with the right person. Can you please confirm your date of birth?”

[If Contact is under the age of 19]

“We are going to talk about COVID-19, and I will ask some questions and share some information. Because you are under 19, to continue with this call I need to make sure you understand and are comfortable with what we will talk about in this call. If you would like to include a parent or other guardian, or if you would like us to speak with your parent or guardian instead, please let us know. We are asking these questions so that we can provide you with support, and so that we can gather information needed to help prevent the spread of COVID-19.”



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

- [If the client states that they have become a Case]
  - Ask how they were notified that they have COVID-19
  - Proceed with the interview (with minor modifications regarding symptoms and testing)

At the end of the interview, let them know they can expect an additional call from NH PH (\* unless you are also contacting cases), and let them know what they can expect from this call. See scripting in section, if client states they have become a Case (in the closing)

5. "Today, I would like to provide you with information and ask you some questions. This is important to help prevent the spread of COVID-19."
6. "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?"
7. "Answering these questions is optional. We want you to know that anything you share with us is confidential, and information will only be shared with health professionals involved in your care."
8. "I appreciate you may have many questions. At any point, if you have questions about what we are discussing, please feel welcomed to stop me and ask for clarification."
9. "Do you have a pen and paper available in case you would like to write anything down that we discuss?"

## Demographics

If the Case is a child or a youth, enter the parent's or caregiver's name and phone number into Demographics, collect the following information about the child or youth from the parent or caregiver.

1. "It's important that we have the most up to date information for you/your child."
2. "First, could you please confirm how to spell your/your child's name?"
3. "Is there another name that you/your child go(es) by?"

4. "What is the best phone number to call you at?"
5. "Can you tell me your home address?"
6. "Is there an email address that we can use to share information with you, if needed?"
7. *Can you please provide me with your Personal Health Number? This is the number you will find on your BC Services Card."*
8. "Do you/does your child have a family Doctor or other Primary Care provider? If so, who is it?"

## Close Contact Definition

Close Contacts may include people with whom the Case lives, works, or socializes during the infectious period (2 days prior to symptom onset to 10 days after or longer if immunocompromised). It is up to the Case to explain the scenario and details in which contact occurred. It is up to Public Health to determine if persons involved are close Contacts or not.

Close Contacts are those who have had the following exposure to a Case

- Less than 2 meters apart for 15 minutes or greater (cumulative time. E.g. one 10 min exposure and a 5 minute exposure)
- Contact with infectious body fluids (e.g. through coughing, sneezing, kissing,)
- Household Contact who lived with the Case before the Case started isolation
- A Contact who cannot isolate in the household away from the Case during his or her isolation period
- A Contact who has direct physical contact with a case, including the case's caregiver, intimate partner, a child receiving care from the case, etc.
- 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 determined a close Contact by MHO

Using the information gathered in the [Transmission Setting Assessment](#) as a guide, obtain list of close Contacts from Case

## Last date of exposure

1. "As per our records, the last date you were exposed to someone with COVID-19 was \_\_\_\_ [date] \_\_\_\_\_. Are you aware of any other more recent exposures you may have had to COVID-19 or do you live in a home with someone who has tested positive COVID-19?"

- Use Contact's self-reported date as last date of exposure (LDE)
- 2. "This date will be important for isolation information. But first, I would like to ask some questions about vaccines."

## Vaccinations and risk factors

Note: The [Appendix V: Pathway for Contact Self-Isolation](#) can be used alongside the following two script sections (i.e. to help determine which scripting scenario applies to the Contact).

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

[No] Continue to next question (vaccination)

[Yes] Ask the following question:

- "Has it been 91 days or more since your recovery from COVID-19?"

- [NO] Continue to [symptoms](#)
- [NOT SURE] "Due to the fact that you have previously had COVID-19 and you do not know when you recovered, I am going to get back to you. (Contact NH CC/CD team to discuss)"
- [YES]
- "Have you received your first dose of the COVID-19 vaccine?"

- [NO] Go to [Symptoms](#)
- [YES] "How many doses have you had?"
  - 2 – Go to [Symptoms](#)
  - 1- Ask the date of client's first dose. Calculate if there has been 7 or more days since they were exposed, go to [Symptoms](#)

A client may self-report previous COVID infection. Recommendations from the BCCDC indicate that those who have had COVID-19 and recovered less than 90 days previously are at low risk of reinfection and it is recommended that they self-monitor for symptoms. Anyone who has recovered from COVID-19 91 or more days

2. "Have you been vaccinated against COVID-19?"

[No] Continue to [Symptoms](#)

[Yes] Ask the following questions:

- "How many doses have you received?"
- "On which date(s) did you receive the vaccine(s)?"

If the vaccine was received *before* the last date of exposure, calculate number of days between last vaccination dose and LDE.

[Client received a second dose of vaccine less than seven days before LDE]

OR

[Client received one dose of vaccine at least 21 before LDE]

- Is Contact a household Contact to a Case (see task details)?

[Yes] Continue to [Symptoms](#)

[No] Ask the following:

“I’d now like to ask a specific question 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 immunocompromised?”
- Note: If client seeks clarity on this term, you can elaborate: “Being moderately or severely immunocompromised means that your immune system is very or extremely weak, either due to a disease or a medication.”

**Examples of moderately or severe immunocompromising conditions include:**

- active AIDS (advanced HIV infection), leukemia, lymphoma, genetic immune deficiencies, recent bone marrow transplant, and the use of medications that suppress the immune system (e.g. chemotherapy, high-dose prednisone, methotrexate)
- Examples of conditions that do NOT meet COVID-19 guidance definition moderate or severe immune compromise include: pregnancy, diabetes, allergies, congestive heart failure, asthma, Down syndrome and other genetic disorders, or removal of the spleen
- [YES]
- [NOT SURE]
- [NO]

## Symptoms

1. “Do you have any symptoms of COVID-19?”

[YES]

- “Which symptoms are you experiencing?”
- “Because you are experiencing symptoms, we will arrange for you to receive a test.
- “COVID-19 testing is done one of two ways. One way is by swishing and gargling salt water and spitting it into a tube, and the other way is by using a swab to collect a sample from your nose. Both are good options and will tell you if have COVID-19. The nose swab is used for younger children, people with a strong gag reflex, or those who may not be able to follow the swish, gargle, and spit instructions.”
- “Which test would be the best fit for you [Contact]?”
  - [Nose swab (swab)]
  - [Mouth rinse and gargle (saline)]
    - “Since you have chosen the mouth rinse and gargle test, you will need to watch some videos that are available online at the BCCDC website: Mouth rinse and gargle. If you are not able to watch the video, the staff at the clinic will review the process with you.”
- In the mean time, I will provide you with information on self-isolating.  
NOTE: If the Contact is unable to report their own symptoms (e.g. a very young child, or a person with advanced dementia or other severe disability), then recommend testing if the person reporting on their behalf believes the client seems newly unwell in any way.

## Determine what scripting applies to Contact

Using the table below, and/or [Appendix V: Pathway for Contact Self-Isolation](#), determine which column/colour applies to the Contact.

	PINK (Not vaccinated, or partially vaccinated with risk factors)	GREEN (Fully vaccinated, or partially vaccinated with no risk factors) OR prior COVID infection with less than 90 days since recovery)
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<b>Prior COVID Infection?</b>	<p>Has no prior infection</p> <p>OR</p> <p>Client had COVID-19 and it is 91 or more days past recovery AND they have NOT received first dose of vaccine</p> <p>OR</p> <p>Client had COVID-19 and received their first vaccine dose 6 days or less prior to exposure.</p>	<p>Client is not vaccinated but it has been 90 or less days since recovery from COVID-19</p> <p>OR</p> <p>It is 91 or more days since recovery AND client has at least one vaccine &gt;7 days before exposure</p> <p>OR</p> <p>The client has had COVID-19 and has received 2 doses of vaccine</p>
<b>No vaccine</b>	Has had no vaccinations	
<b>One dose of vaccine</b>	<p>Dose was after LDE</p> <p>OR</p> <p>Date between dose and LDE is 20 days or less</p> <p>OR</p> <p>Date between dose and LDE is 21 days or more and:</p> <ul style="list-style-type: none"> <li>Is a household Contact to a Case,</li> <li>OR</li> <li>Is immunocompromised</li> </ul>	<p>Has had one vaccination, date between dose and LDE is 21 days or more, and is not a household contact, and is not immunocompromised</p>
<b>Two doses of vaccine</b>	<p>Has had two vaccinations, and date between dose and LDE is six days or less, and:</p> <ul style="list-style-type: none"> <li>Is a household Contact to a Case,</li> <li>OR</li> <li>Is immunocompromised</li> </ul>	<p>Has had two vaccinations, date between dose and LDE is six days or less, AND is not a household contact, AND is not immunocompromised</p> <p>OR</p> <p>Has had two vaccinations AND date between dose and LDE is seven days or more</p>

Using the above color scheme, and whether or not the client has symptoms, and/or the [Appendix V: Pathway for Contact Self-Isolation Pathway for Contact Self-Isolation](#), determine which scenario applies, below. Click on the link for tailored scripting.

Scenario: <a href="#">Pink, HAS symptoms</a> (Not vaccinated, or partially vaccinated with risk factors, and has symptoms)
Scenario: <a href="#">Pink, NO symptoms</a> (Not vaccinated, or partially vaccinated with risk factors, and no symptoms)
Scenario: <a href="#">Green, HAS symptoms</a> (Fully vaccinated, or partially vaccinated with no risk factors, and has symptoms)
Scenario: <a href="#">Green, NO symptoms</a> (Fully vaccinated, or partially vaccinated with no risk factors, and no symptoms)

*Scenario: Not vaccinated, or partially vaccinated with risk factors, and has symptoms*

Not vaccinated, or partially vaccinated with risk factors, and has symptoms	
HAS SYMPTOMS	<p><b>Self-isolation instructions for Contact</b></p> <ol style="list-style-type: none"> <li>1. “I would now like to go over some instructions for self-isolation with you. Since you were exposed to COVID-19, you could be infected and spread COVID-19 to people around you. Self-isolation is important to help prevent further spread of the virus.”</li> <li>2. “How long you need to isolate for depends on a few things. If your test results show that you have COVID-19, you will get another call from Public Health, for further assessment and to provide you with more instructions.”</li> <li>3. “If your test results come back negative, we ask that you self-isolate until 10 days have passed from your last exposure to a person with COVID-19 and then to self monitor for COVID symptoms for an additional 4 days.”</li> <li>4. Calculate the client’s isolation period based on the date of last exposure. <ul style="list-style-type: none"> <li>[If the Contact lives with a Case who cannot isolate within their own household or the client otherwise has ongoing exposure to a Case] <ul style="list-style-type: none"> <li>• Advise the client to start isolating and to do so until 10 days after the Case’s isolation has period ended (i.e. for the duration of the Case’s isolation PLUS an additional 10 days) and then to self monitor for an additional 4 days.</li> </ul> </li> </ul> </li> <li>5. “Based on your situation, your isolation will end on [date] at midnight.”</li> <li>6. “Self-isolation is where you stay home for the isolation period, including having groceries and medication delivered to you.”</li> </ol>

	<ul style="list-style-type: none"> <li>• Direct client to this resource: Self-isolation: <a href="http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation">http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation</a></li> </ul> <p>7. “Aside from yourself, do other people live or stay in your household?”</p> <p>[NO] [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:</p> <ul style="list-style-type: none"> <li>• Sleeping in a separate bedroom</li> <li>• Using a separate bathroom, if possible, or cleaning a shared bathroom thoroughly after each time you use it</li> <li>• Having someone prepare food for you, if possible, or you preparing your food separately and cleaning the kitchen thoroughly after each time you use it</li> <li>• 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.”</li> </ul> <p>Note: if one or more Contacts live within the same household, ideally, they would try to isolate away from each other. This is preferable to help reduce the risk of disease transmission, but whether this is possible depends on the household.</p> <p>8. Which community do you think you will self-isolate in?”</p> <ul style="list-style-type: none"> <li>• If outside of NH region, may require inter-jurisdictional transfer</li> </ul>
HAS SYMPTOMS	<p><b>Isolation support</b></p> <p>Housing</p> <p>1. “Are you able to stay in your household for the entire isolation period, that is, until at least [end date of isolation period]?”</p> <p>[YES] [NO] “I can have another team member call you to discuss some options for support.” (Refer to CTA team; continue with interview)</p> <p>Substance use</p> <p>2. “The following questions are standard questions that we ask everyone. We ask them solely to understand your needs while you are on self-isolation, to best support you.”</p> <p>“While on isolation, will you need access to any substances or prescription medications in order to avoid withdrawal?”</p>



	<p>(Examples: alcohol, tobacco, opioids, stimulants, illicit benzodiazepines)</p> <p><b>[NO]</b> – Skip to next section</p> <p><b>[YES]</b> – “Do you need access to safe supply or treatment while you are isolating?”</p> <p><b>[NO]</b> – Continue to next section</p> <p><b>[YES]</b> – Offer <a href="#">substance use support</a></p>	
HAS SYMPTOMS	<p><b>Assessment and coming off isolation instructions for Contact</b></p> <ol style="list-style-type: none"> <li>1. “In terms of coming out of isolation, as I mentioned, if your test result comes back showing that you have COVID-19,” the CNH will call you” ( or you will get another call from Public Health with more instructions depending on what you have arranged with PH).</li> <li>2. “If your test results are negative and once your isolation period is complete on [date], you can resume going out of the house and back to your daily routine of work/school. The BC Ministry of Health recommendations are to practice physical distancing and good hand washing, and to wear a mask in all public spaces, and when you are within 2 meters of others.”</li> <li>3. “If you have questions about self-isolation and coming off of isolation, you can call the local health clinic or call the Northern Health COVID-19 Public Health phone line: 1-855-755-3555 extension #507979.”</li> </ol>	
HAS SYMPTOMS	<p><b>Complete remainder of Contact Notification interview</b>, continuing at <a href="#">Indigenous persons and communities</a></p>	

**Scenario: Not vaccinated or partially vaccinated with risk factors, and no symptoms**

Not vaccinated or partially vaccinated with risk factors, and no symptoms	
NO SYMPTOMS	<p><b>Self-isolation instructions for Contact</b></p> <ol style="list-style-type: none"> <li>1. “I would now like to go over some instructions for self-isolation with you. Since you were exposed to COVID-19, you can become infectious and spread COVID-19 to people around you, even when you don’t have symptoms. Self-isolation is important to help prevent further spread of the virus.”</li> <li>2. Calculate the client’s isolation period based on the date of last exposure.</li> </ol>

[If the Contact lives with a Case who cannot isolate within their own household or the client otherwise has ongoing exposure to a Case]

- Advise the client to start isolating and to do so until 10 days after the Case's isolation has period ended (i.e. for the duration of the Case's isolation PLUS an additional 10 days) and then to self monitor for an additional 4 days.
3. "Public Health is asking that you self-isolate and to isolate until 10 days have passed from your last exposure to a person with COVID-19 and then to self monitor for an additional 4 days. Based on your situation, your isolation will end on [date] at midnight."
4. "Self-isolation is where you stay home for the isolation period, including having groceries and medication delivered to you."
- Direct client to this resource: Self-isolation:  
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>
5. "Aside from yourself, do other people live or stay in your household?"
- [NO]
- [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 time you use it
  - Having someone prepare food for you, if possible, or 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."
- Note: if one or more Contacts live within the same household, ideally, they would try to isolate away from each other. This is preferable to help reduce the risk of disease transmission, but whether this is possible depends on the household.
6. Which community do you think you will self-isolate in?"
- If outside of NH region, may require [inter-jurisdictional transfer](#)

NO SYMPTOMS	<p><b>Isolation support</b></p> <p>Housing</p> <ol style="list-style-type: none"> <li>1. “Are you able to stay in your household for the entire isolation period, that is, until [end date of isolation period]?”  <b>[YES]</b>  <b>[NO]</b> Discuss some <a href="#">options for support</a>.</li> </ol> <p>Substance use</p> <ol style="list-style-type: none"> <li>2. “The following questions are standard questions that we ask everyone. We ask them solely to understand your needs while you are on self-isolation, to best support you.”</li> </ol> <p>“While on isolation, will you need access to any substances or prescription medications in order to avoid withdrawal?  (Examples: alcohol, tobacco, opioids, stimulants, illicit benzodiazepines)  <b>[NO]</b> – Skip to next section  <b>[YES]</b> – “Do you need access to safe supply or treatment while you are isolating?  <ul style="list-style-type: none"> <li>▪ <b>[NO]</b> – Continue to next section</li> <li>▪ <b>[YES]</b> – Offer <a href="#">substance use support</a></li> </ul> </p>
NO SYMPTOMS	<p><b>Assessment and coming off isolation instructions for Contact</b></p> <ol style="list-style-type: none"> <li>1. “If you develop any symptoms of COVID-19 during your isolation period (including the last day), please remain in isolation. Call your doctor, other Primary Care Provider, or the NH Virtual Clinic (1-844-645-7811).”</li> <li>2. “If you have a COVID-19 test, and your test comes back negative, stay in isolation until your isolation period is complete [date].”</li> <li>3. “If you have a COVID-19 test and it comes back positive, continue isolating and the CHN (or Public Health depending on what you have arranged) will call you to follow up.”</li> <li>4. “If you don’t develop symptoms, once your isolation period is complete, you can resume going out of the house and back to your daily routine of work/school. The BC Ministry of Health recommendations are to practice physical distancing and hand hygiene, and to wear a mask in all public spaces, and when you are within 2 meters of others.”</li> </ol>

	5. "If you have questions about self-isolation and coming off of isolation, you can call the local health clinic or Northern Health COVID-19 Public Health phone line: 1-855-755-3555 extension #507979."
NO SYMPTOMS	<b>Complete remainder of Contact Notification interview</b> , continuing at <a href="#">Indigenous persons and communities</a>

**Scenario: Fully vaccinated, or partially vaccinated with no risk factors, and has symptoms**

Fully vaccinated, or partially vaccinated with no risk factors, and has symptoms	
HAS SYMPTOMS	<ol style="list-style-type: none"> <li>1. "I would now like to go over some instructions for self-isolation with you. Since you were exposed to COVID-19, and have symptoms, you could be infected and spread COVID-19 to people around you. Self-isolation is important to help prevent further spread of the virus."</li> <li>2. "As of now, we ask that you start to self-isolate. Self-isolation is where you stay home, including having groceries and medication delivered to you." <ul style="list-style-type: none"> <li>• Direct client to this resource: Self-isolation: <a href="http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation">http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation</a></li> </ul> </li> <li>3. "Aside from yourself, do other people live or stay in your household?" <p>[NO]</p> <p>[YES] "To protect other members of your household, if it's possible, try to self-isolate away from them. Isolating away from other people in your household means:</p> <ul style="list-style-type: none"> <li>• Sleeping in a separate bedroom</li> <li>• Using a separate bathroom, if possible, or cleaning a shared bathroom thoroughly after each time you use it</li> <li>• Having someone prepare food for you, if possible, or you preparing your food separately and cleaning the kitchen thoroughly after each time you use it</li> <li>• Everyone in the household wears masks and stays 2 meters apart from you when you cannot avoid being in the same room for a few minutes."</li> </ul> <p>Note: if one or more Contacts live within the same household, ideally, they would try to isolate away from each other. This helps reduce the risk of disease transmission, but whether this is possible depends on the household.</p> </li> </ol>

	<ol style="list-style-type: none"> <li>4. “If you have COVID-19 and your test result comes back positive, you will receive another call from the CHN (or Public Health depending on your arrangement) for further assessment and instruction.”</li> <li>5. “If your test results are negative, you can come out of isolation and resume your daily routine. The BC Ministry of Health recommendations are to practice physical distancing and good hand washing, and to wear a mask in all public spaces, and when you are within 2 meters of others.”</li> <li>6. Continue interview at <a href="#">Closing</a> (There is no need to ask about isolation supports or Indigenous identity and communities).</li> </ol>
--	--

**Scenario: Fully vaccinated, or partially vaccinated with no risk factors, and no symptoms**

Fully vaccinated, or partially vaccinated with no risk factors, and no symptoms	
NO SYMPTOMS	<ol style="list-style-type: none"> <li>1. “You do not need to self-isolate. Instead, we ask that you monitor yourself for any symptoms of COVID-19.”</li> <li>2. “If you develop any symptoms, we ask that you self-isolate away from other members of your household, and call your doctor, the local health clinic, other Primary Care Provider, or the NH Virtual Clinic (1-844-645-7811).”</li> <li>3. Do you have any questions about what we have discussed?</li> <li>4. “After our call, if you have any questions about what we have discussed today, you can call the local health clinic” (or call back to the Northern Health COVID-19 Public Health phone line: 1-855-755-3555 extension #507979).</li> <li>5. Note: If task also include other members of the Contact’s household that need to be notified that they are a close Contact to someone who tested positive for COVID, see <a href="#">Specific situations</a></li> <li>6. Thank them for their time. End interview. (There is no need to continue to questions in “Indigenous persons and communities” or “Closing” as this is not needed in these scenarios)</li> </ol>

## Indigenous Persons and Communities

Note: This information is needed by PH. Please complete this section if even it may not be needed at the local level.

1. “As part of our assessment, we ask everyone where they are living or staying. This can help health care leaders to identify which communities have COVID-19 and to support them. Do you live or stay in a First Nations community?” Yes/No  
[NO]  
[YES] “Which community?” (*Document in “Connections” with appropriate “FNRESERVE”. For correct spelling, please see the appendix – [Appendix O: List of Northern BC First Nations Communities](#)*)

Note: First Nations communities have also been known as “reserves”.

1. “Northern Health Public Health works with several partners to provide care during COVID-19, such as FNHA and MNBC. 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 to next section.  
[YES] “Do you identify as First Nations, Métis, or Inuit?”
  - First Nations: yes/no
  - Métis: yes/no
  - Inuit: yes/no

If the individual self-identifies as being First Nations:

- “As part of our assessment, 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 best to support communities.”
- “Are you registered with a First Nations band?”
  - [NO]
  - [YES] “Which First Nation?”
- “There may be [additional supports available from First Nations Health Authority \(FNHA\) \(Appendix P\)](#), should you need them. Do you consent for us to share your personal information with FNHA so that they can connect with you on these additional supports?”
  - [NO, do not allow]
  - [YES, allow]
  - “Please also connect with your First Nations community health team directly, as they may be able to provide additional support that would not otherwise be available.”

If the individual self-identifies as being Métis:

- “There may be [additional supports available from Métis Nation BC \(Appendix P\)](#) 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, do not allow]
  - [YES, allow]

## Closing

1. “If you have any questions or concerns, the following resources are available:
  - Northern Health website
  - BCCDC website
  - Call your primary care provider
  - The Northern Health Virtual Clinic: 1-844-645-7811

“If you are in need of medical attention, visit the health centre/local health services.”
2. “We have covered a lot of information in this call. Was there anything I said that wasn’t clear?”
3. “If you like, we can arrange for you to receive an email with [links to information and resources about self-isolation](#) (Appendix L). Would you like us to send you that email?”

[YES] Verify or obtain email address (if not already captured at beginning of call)

[NO]

As a reminder, there are various resources available to you:

- For general information:
  - Northern Health website
  - BCCDC website
- For your personal health concerns
  - Your Primary Care Provider
  - The Northern Health Virtual Clinic: 1-844-645-7811
  - For urgent medical attention, visit your local urgent care clinic, emergency department, other local health services, or call 9-1-1
- For information about COVID-19 Case and Contact Management, such as self-isolation and contact tracing:
  - Northern Health COVID-19 Public Health phone line: 1-855-755-3555 extension #507979”

## Specific situations

If the task for this Contact also includes other household members that need to be notified that they are a close Contact to someone who tested positive for COVID-19:

- Say: “I also need to speak with [other household member]. Is this a good time for me to speak with them?”
  - [No] Continue to closing statements below
  - [Yes] Ask to speak with [other household member]
    - Obtain full name
    - Continue with a new interview for this new Contact

If the client asks if you can check their COVID-19 test result:

- Let them know that if their result is positive, they will receive a call from PH to notify them once their result is available.
- Additionally, BCCDC has a text service that will text you the results directly. To sign up, they can go to the BCCDC website and search for “test results.”

If the client states they have become a Case:

- “You will receive another phone call in 1-2 days. In this call, to help prevent the spread of COVID-19, you will be asked about where you have been and who you have been in close contact with since the 14 days before you symptoms started [or, if no symptoms, test date]. You will also have your isolation dates reviewed, as these may need to be adjusted. Please stay in isolation until you have had your dates confirmed.”

Note: If a Contact expresses concern that their workplace is not following Public Health orders, you can advise them to contact [WorkSafeBC](#)

Note: If Client asks questions about COVID-19 vaccines, direct them to the NH COVID-19 vaccine plan webpage, which is accessible from the main Northern Health webpage



## Appendix I: Epi-linking Assessment

An **epi-linked Case** is a person who probably has COVID-19, due to having symptoms compatible with COVID-19 AND having high-risk exposure to a confirmed COVID-19 Case or known cluster or outbreak of COVID-19, but where this has not been confirmed by a test.

Specific criteria need to be met in order to epi-link a Case. Discuss possible epi-linked Cases with the NH CD Team or the COVID-19 Clinical Coordinator.

### Epi-Linking Assessment

- Ask all Cases if any household Contacts are symptomatic and epi-link if they meet epi-linking criteria
  - If a Contact has had one or more doses of the COVID-19 vaccine
    - Consult with MHO before epi-linking.
  - If a person is being epi-linked, testing is still recommended.
- If there are symptomatic household members that do not meet epi-linking criteria and require a test, arrange for testing.
- If a client is asymptomatic, there should be no testing and no epi-linking unless the client is a very young child. Review with the COVID-19 Clinical Coordinator before testing a child asymptotically
- Do not epi-link just because a client does not want to be tested.
- If you are unsure as to whether or not to epi-link a Case, consult CD Team and Clinical Coordinator.

### *Epi-linking criteria:*

You may epi-link a close Contact to a Case in the following situations:

1. Anyone who has 1 indeterminate test result, AND who is a close contact to a Case or is involved in a cluster or outbreak.
  2. Any symptomatic household Contact for a Case in a First Nation community.
    - Household Contact does not need to be an immediate family member - consider other close Contacts
  3. Any child under 2 years of age who is symptomatic if parent is a Case
  4. Any symptomatic Contact who lives in a household where 50% people in household are Cases
- A client with two indeterminate tests and who is not a close contact is NOT considered a Case (i.e. do not epi-link)
    - Call client and inform them that they are not considered a COVID-19 Case but to stay home if symptomatic to prevent the spread of other illnesses
  - A client with one indeterminate result and no known exposure to a Case requires further assessment

- Send the client for a second test
- If second test result is indeterminate, the client is not considered a Case

## **Appendix J: Contact Notification Form**

(Please see form from alongside this document)

## Appendix K: Sample Isolation Letter

Click or tap to enter a date.

RE: Click or tap here to enter text.

### 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

## Appendix L: Client Resources

### Websites

- [Northern Health COVID-19 information](https://www.northernhealth.ca/health-topics/covid-19-information)  
<https://www.northernhealth.ca/health-topics/covid-19-information>
- [Northern Health Virtual Clinic](https://www.northernhealth.ca/locations/medical-clinics/virtual-clinic)  
<https://www.northernhealth.ca/locations/medical-clinics/virtual-clinic>
- [First Nations Health Authority COVID-19 \(Novel Coronavirus\)](https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus)  
<https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus>
- [BC Centre for Disease Control COVID-19](http://www.bccdc.ca/health-info/diseases)
- <http://www.bccdc.ca/health-info/diseases>

### Phone lines

- NH Virtual Online Clinic and Information Line: 1-844-645-7811
- Northern Health COVID-19 Public Health phone line: 1-855-755-3555 ext. 507979

### Isolation information

- [Self-isolation](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation) - BCCDC, web page  
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>
- [Close contacts](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation/close-contacts) – BCCDC, web page  
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation/close-contacts>
- [What to do after your COVID-19 test](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/COVID19-self-isolation-post-testing.pdf) - BCCDC, PDF  
<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/COVID19-self-isolation-post-testing.pdf>
- [What to do if you are a close contact of a person with COVID-19](http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-self-isolation-contact.pdf) – BCCDC, PDF  
<http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-self-isolation-contact.pdf>
- [Guide for caregivers and household members of those with COVID-19 \('close contacts'\)](http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf) - BCCDC, PDF  
[http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation\\_caregivers.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf)
- [Cleaning and disinfecting](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/cleaning-and-disinfecting) - BCCDC, web page  
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/cleaning-and-disinfecting>

### Vaccines

- [COVID-19 vaccine plan](https://www.northernhealth.ca/health-topics/covid-19-vaccine-plan) – NH  
<https://www.northernhealth.ca/health-topics/covid-19-vaccine-plan>
- [Facts about the COVID-19 vaccine](https://www.northernhealth.ca/sites/northern_health/files/health-information/health-topics/vaccine/documents/covid-19-facts-about-vaccine.pdf) - NH infographic  
[https://www.northernhealth.ca/sites/northern\\_health/files/health-information/health-topics/vaccine/documents/covid-19-facts-about-vaccine.pdf](https://www.northernhealth.ca/sites/northern_health/files/health-information/health-topics/vaccine/documents/covid-19-facts-about-vaccine.pdf)

Other:

- [COVID-19 and your pet: information for pet owners in BC](http://www.bccdc.ca/health-info/diseases-conditions/COVID-19/prevention-risks/pets) - BCCDC  
<http://www.bccdc.ca/health-info/diseases-conditions/COVID-19/prevention-risks/pets>
- [COVID-19 benefits and services](https://www.canada.ca/en/services/benefits/covid19-emergency-benefits.html) – Canada.ca  
<https://www.canada.ca/en/services/benefits/covid19-emergency-benefits.html>
- [COVID-19 variants](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/variants) – BCCDC  
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/variants>

## Appendix M: Immune Status Assessment

- Cases' isolation period is based on their immune status.
- If Case is immunocompromised, determine the severity.
- Some clients may not be sure whether or not they are severely immunocompromised. In these situations, use the information below to determine whether the Case is immunocompromised.
- Consult with NH CD Team or Clinical Coordinator, as required.
- Use the BCCDC guidance found in the [Public Health Management of Cases and Contacts Associated with Novel Coronavirus \(COVID-19\) in the Community Interim Guidance](#)

“Level of immune compromise

- Mildly immune compromised (requires 10-day isolation period): Those with mild immune compromising conditions, such as diabetes, are treated the same as those without immune compromising conditions.
- Moderately immune compromised (requires 20-day isolation period): Individual with one or more of the following:
  - Persons on chemotherapy for solid organ cancer (as determined by the most responsible physician (MRP))
  - Human Immunodeficiency Virus (HIV) with a CD4 count of 50 - ≤200 cells/mm<sup>3</sup> (inclusive)

- Any person taking a biologic/immunomodulatory therapy, prednisone of >20 mg/day (or equivalent dose) for ≥14 days, tacrolimus, sirolimus, mycophenylate, methotrexate, or azathioprine
  - Based on their clinical judgement, PCPs may determine that there are other diagnoses and/or medications not listed above that support considering patients as moderately immune compromised. This may required discussion with PCP.
- Severely immune compromised (NH MHOs recommend a 32-day isolation period): Individuals with one or more of the following (in consultation with the most appropriate care provided if needed):
  - Bone marrow transplant
  - Chronic lymphocytic leukemia
  - Lymphoma
  - Hypogammaglobulinemia
  - Human Immunodeficiency Virus (HIV) with a CD4 count of < 50 or AIDS • Chimeric antigen receptor T-cell therapy
  - Use of rituximab
  - There may be other diagnoses or a combination of diagnoses and/or medications that support considering patients as severely immune compromised.”
- Determine isolation period and give isolation instructions
  - In calculating the isolation period, onset of symptoms is “DAY 0”. See [Appendix N Calculation of Isolation Periods](#).
  - If Case is not immunocompromised, inform them that their isolation period is 10 days
  - If Case is moderately immunocompromised, inform them that their isolation period is 20 days
  - If Case is severely immunocompromised, inform them that their isolation period is 32 days
  - Hospitalised Cases may require additional assessment.

## Appendix N: Calculation of Isolation Periods

Below, you will find information on calculating isolation periods for various scenarios:

NOTE: Cases who are hospitalised require a more detailed extended isolation assessment. See Appendix G and consult with CD Team or Clinical Coordinator for guidance.

- **Case**

- [Not immunocompromised or mildly immunocompromised](#)
- [Moderately immunocompromised](#)
- [Severely immunocompromised](#)

Note: “Day 0” is the first day of onset of symptoms (or the test date for clients who are asymptomatic). Clients are infectious from two days before Day 0.

- **Contact**

- [Can isolate away from Case](#)
- [Can not isolate away from Case](#)
- [Health care worker](#)

### Case – Not immunocompromised or mildly immunocompromised:

Isolation period: 10 days from symptom onset (or date of test, if no symptoms or if unable to identify onset date). Example:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Day 0: Onset of symptoms (or test date, if no symptoms)	Day 1	Day 2	Day 3	Day 4	Day 5
Day 6	Day 7	Day 8	Day 9	Day 10: Isolation ends at midnight*		

\* The following conditions must be met prior to ending self-isolation:

- At least **10 days** have passed since the start of symptoms, AND
- The fever is gone without the use of fever-reducing medications (e.g. Tylenol, Advil), AND



- They are feeling better (e.g. improvement in runny nose, sore throat, nausea, vomiting, diarrhea, fatigue).

Note: Coughing may persist for several weeks, so coughing alone does not require isolation to continue.

### Case – Moderately immunocompromised:

Isolation period: 20 days from onset of symptoms (or date of test, if no symptoms or if unable to identify onset date), as shedding of the virus can persist for longer. Example:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day 0: Onset of symptoms (or test date, if no symptoms)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13
Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20: Self-isolation ends at midnight**

\*\* The following conditions must be met prior to ending self-isolation:

- At least **20 days** have passed since the start of symptoms, AND
- The fever is gone without the use of fever-reducing medications (e.g. Tylenol, Advil), AND
- They are feeling better (e.g. improvement in runny nose, sore throat, nausea, vomiting, diarrhea, fatigue).

Note: Coughing may persist for several weeks, so coughing alone does not require isolation to continue.

## Case – Severely immunocompromised:

Isolation period: 32 days from onset of symptoms (or date of test, if no symptoms or if unable to identify onset date), as shedding of the virus can persist for longer. Example:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day 0: Onset of symptoms (or test date, if no symptoms)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13
Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20
Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27
Day 28	Day 29	Day 30	Day 31	Day 32 Self- isolation ends at midnight**		

\*\* The following conditions must be met prior to ending self-isolation:

- At least **32 days** have passed since the start of symptoms, AND
- The fever is gone without the use of fever-reducing medications (e.g. Tylenol, Advil), AND

- They are feeling better (e.g. improvement in runny nose, sore throat, nausea, vomiting, diarrhea, fatigue).

Note: Coughing may persist for several weeks, so coughing alone does not require isolation to continue.

## Contact – Can isolate away from Case

These contacts either do not live with the Case or can isolate away from the Case during the entire recommended isolation period, within their own bedroom/bathroom (if shared bathroom, must have fully disinfected and ventilated each time after source person use)

Isolation period: 14 days from the last date of exposure to the Case. Example:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Last date of exposure to Case	Day 1	Day 2	Day 3	Day 4	Day 5
Day 6	Day 7	Day 8	Day 9	Day 10 Self-isolation ends at midnight*	Day 11	Day 12
Day 13	Day 14: Self-monitoring ends at midnight*					

\*If Contact has developed symptoms during the self-isolation period, arrange for testing.

## Contact – Can not isolate away from Case

Isolation period: **14 days** *past* the end of the Case's isolation period. Example:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Day 10 of Case's isolation ends at midnight	Day 1	Day 2	Day 3	Day 4	Day 5
Day 6	Day 7	Day 8	Day 9	Day 10 Self-isolation ends at midnight*	Day 11	Day 12
Day 13	Day 14 Self-monitoring ends at midnight*					

\*If Contact has developed symptoms during the self-isolation period, arrange for testing.

## Contact – Health care worker

If client is requesting to work during isolation period, consult with CD Team or Clinical Coordinator.

NOTE: If the individual was in Contact with a variant of concern, the Contact must stay in isolation.

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/testing-and-case-management-for-healthcare-workers>

## Appendix O: 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.

<b>First Nation Community Names</b>	<b>Main First Nation Community Name</b>	<b>Nation</b>
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
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

<b>First Nation Community Names</b>	<b>Main First Nation Community Name</b>	<b>Nation</b>
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
Halfway River First Nation	Halfway River First Nation	Halfway River First Nation
Hartley Bay	Gitga'at First Nation	Tsimshan Nation
Iskut	Iskut	Tahltan

<b>First Nation Community Names</b>	<b>Main First Nation Community Name</b>	<b>Nation</b>
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
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

<b>First Nation Community Names</b>	<b>Main First Nation Community Name</b>	<b>Nation</b>
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
Skidegate	Skidegate	Haida Nation
Skin Tyee	Skin Tyee	Skin Tyee
Stellat'en First Nation	Stellat'en First Nation	Stellat'en First Nation



<b>First Nation Community Names</b>	<b>Main First Nation Community Name</b>	<b>Nation</b>
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 P: FNHA and MNBC Supports

**FNHA** will contact Cases and Contacts who have provided consent to offer support during their self-isolation period. The support provided is decided through a conversation with the client, considering their need and what they can access through their Band. Some clients have already self-disclosed to the Health Director and/or Community Health staff and may already be receiving 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. It is recommended that Cases/Contacts reach out to their Health Director for further supports.
- Provide isolation supports on/off reserve (hotel etc.), as able in coordination with local First Nations health leadership
- Connect them with virtual mental health supports or traditional wellness

With only a few FNHA staff making the calls, there have been some delays. If a client requires immediate supports (i.e. link to Mental Wellness Crisis Advisor; meal supports, or accommodation), health leadership can contact Northern FNHA COVID resources for staff:

- FNHA Northern Health Emergency Management
  - [Northernhealthemergency@fnha.ca](mailto:Northernhealthemergency@fnha.ca)
  - 1-866-399-3642

### MNBC

Will contact Cases and Contacts who have provided consent, in order to assess what supports they need. If needed, they will provide connection to:

- The Métis Chartered community in their area. There are 10 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)

Note this service is available to Citizens of MNBC and those who self-identify.

MNBC provides locations of NH vaccine clinics that are available in their area each week. This can be found through the MNBC Health & Wellness Newsletter, please visit: <https://www.mnbc.ca/news/2021/health-and-wellness-newsletter/>

MNBC tries to contact each person within five working days of receiving the referral. There is one person providing this service for the north. If you are aware of delays and know someone who needs immediate supports, contact:

- Katina Pollard [kpollard@mNBC.ca](mailto:kpollard@mNBC.ca) (604) 238-1532 during business hours (M-F).
- Their local Métis Chartered Community President

For after hour supports, please call the Métis Crisis line at 1-833-638-4722.

**For individuals who identify as Inuit:**

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

## **Appendix Q: Sample Off-Isolation Letter**

### **Medical Certificate**

To whom it may concern:

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

Sincerely,

Signature

## Appendix R: Generic Email sent to Cases and Contacts

As requested, please find information below:

- Information about self-isolating
  - [BCCDC self-isolation information](#) (web page)
  - [How to isolate for those who have COVID-19 or respiratory symptoms](#) (PDF)
  - [Self-isolation after a COVID-19 Test](#) (PDF)
  - [Northern Health – COVID-19 Information](#) (web page)
- Isolation instructions for household and close contacts
  - [BCCDC close contacts](#) (web page)
  - [BCCDC self-isolation information](#) (web page)
  - [Guide for caregivers and household members of those with COVID-19 \('close contacts'\)](#) (PDF)
  - [Dos and don'ts of self-isolation - For people who may have been exposed but do not have symptoms](#) (PDF)
  - [Discharge from isolation for close contacts of COVID-19 cases](#) (PDF)
  - [Northern Health – COVID-19 Information](#) (web page)
- Additional information about close contacts and contact tracing
  - [What's contact tracing?](#) (PDF - Detailed)
  - [What's contact tracing?](#) (PDF - Overview)

For questions or concerns about symptoms

- Call your doctor or other Primary Care Provider, or call the Northern Health [Virtual Clinic](#) at [1-844-645-7811](tel:1-844-645-7811)
- For questions or concerns about ending your isolation
- Call the COVID-19 Ending Isolation phone line: 1-855-755-3555 extension #507979

### **For emergency due to severe difficulty breathing or chest pain**

- Call [9-1-1](tel:9-1-1) or your local emergency service

## **Additional Information**

- [COVID-19 benefits and services - Canada.ca](#)
- [COVID-19 vaccine plan - Northern Health](#)
- [Infographic: Facts about the COVID-19 vaccine - Northern Health](#)
- [COVID-19 Variants - BCCDC](#)

## Appendix S: Abbreviations

**ADM:** Active Daily Monitoring

**BCCDC:** British Columbia Center for Disease Control

**CCM:** Case and Contact Management

**CD:** Communicable Disease

**CHN:** Community Health Nurse

**FNHA:** First Nations Health Authority

**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

**PH:** Public Health

**VC:** Northern Health Virtual Clinic

**VoC:** Variant of Concern

**WH&S:** Workplace Health and Safety

## Appendix T: Terminology

- **Case:** individual with COVID-19
- **Close Contact:** See
- **Contract tracing:** identifying close contacts
- **CHN:** Community Health Nurse
- **Epi-linked:** A person (who has not had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough, and a close contact with a confirmed case of COVID-19, or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g. long-term care facility, prison).
- **Exposure:** Who they may potentially given COVID-19 to
- **Incubation Period** (time from exposure to an infection until onset of symptoms):  
Up to **14 days**
- **Immunocompromised:**
- **Infectious Period** (period of time during which an individual can transmit infection to others):
  - For symptomatic cases: **2 days prior** to onset until **10 days** post onset or until feeling better and there is no fever, whichever is longer
  - For asymptomatic cases: **2 days** prior to specimen collection date until **10 days** after specimen collection date. If the case develops symptoms, until 10 days following symptom onset or until feeling better and there is no fever, whichever is longer.
- **Transmission Setting:** setting in which they may have contracted COVID-19
- **Variants of Concern:** COVID-19 viruses that have changed over time and may be spread more easily, quickly or cause more serious illness (BCCDC).

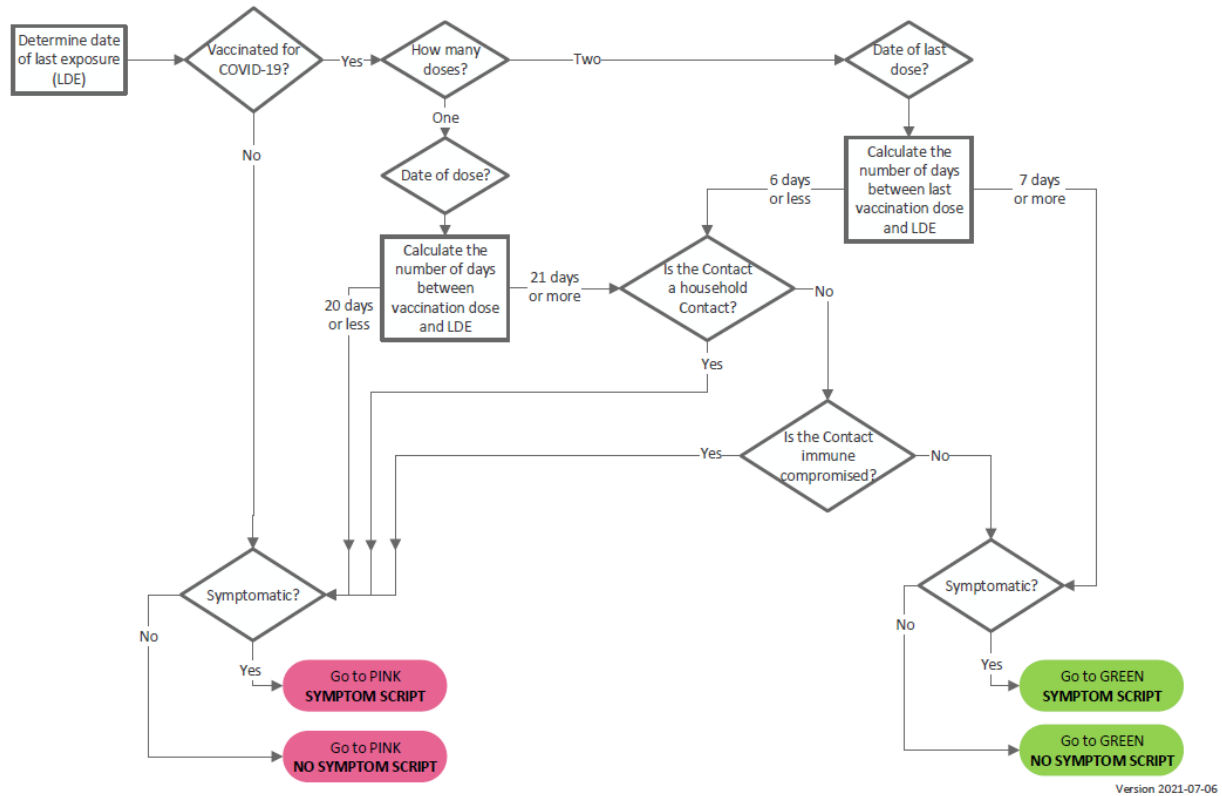


## Appendix U: List of COVID-19 symptoms

- Abdominal pain
- Arthralgia (painful joints)
- Chills
- Confusion
- Conjunctivitis
- Cough
- Diarrhea
- Discoloration of fingers or toes
- Dizziness
- Fatigue
- Fever
- Headache
- Loss of appetite
- Loss of smell (anosmia)
- Loss of taste (ageusia)
- Myalgia (muscle pain)
- Nasal congestion
- Nausea
- Pharyngitis (sore throat)
- Rash
- Rhinorrhea (runny nose)
- Shortness of breath/difficulty breathing
- Vomiting
- Weakness
- Other, specify:

## Appendix V: Pathway for Contact Self-Isolation

### COVID-19 CCM: Pathway for Contact Self-Isolation



## Appendix W: One Call Case Interview Script

### Introduction and Results

15. “Hi, this is \_\_\_\_\_ [your first name]. I am calling from (health center).”

16. “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 at least 45 minutes.” (If no, wait until Case is able to talk)

[No]

- If the person you intended to call is unavailable but someone else picks up their phone (typically home or work), 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 some important health information. I will try to call you back later today.”

○

17. If client is in the hospital when you call (see: [If Case is hospitalized](#)):

- Continue with questions if Case answers the phone.
- If someone other than the Case informs you of the hospitalization, ask:
  - What hospital they are admitted to
  - If the Case has a cell phone with them.
- Advise clients that they will receive a follow-up call when discharged from hospital to discuss the length of their isolation period

18. “It’s important that I know that I am speaking with the right person. Can you please confirm your date of birth?”

[If Case is under the age of 19]

*“We are going to talk about your recent COVID-19 test and results, and I will ask some questions and share some information. Because you are under 19, to continue with this call I need to make sure you understand and are comfortable with what we will talk about in this call. If you would like to include a parent or other guardian, or if you would like us to speak with your parent or guardian instead, please let us know. We are asking these questions so that we can provide you with support, and so that we can gather information needed to help prevent the spread of COVID.”*

19. *“I am calling you today regarding your recent COVID-19 test. I see that you were tested on [test date] – does that fit with what you recall?”*
20. *“Have you received your results?”*
21. *“I can confirm you have tested positive for COVID-19.”*
22. *“Today, I would like to provide you with information on how you and your household can isolate and come out of isolation. Also, in order to prevent further spread of COVID-19, I will ask you some questions, including discussing some places you have been and people you have seen. This is known as contact tracing. We ask these questions of everyone.”*
23. *“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?”*
24. *“I understand that you, like others, 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. However, I want you to know that answering these questions is optional. Also, anything you share with me is confidential, and information will only be shared with health professionals involved in your care.”*
25. *“I appreciate you may have many questions. At any point, if you have any questions about what we are discussing, please feel welcomed 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.”*
26. *“Do you have a pen and paper available in case you would like to write anything down that we discuss?”*
27. *“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 **and** are waiting for*

*their first phone call from Northern Health?”*

**[NO]**

**[YES]** *“What is/are their name(s)?”*

*“I have a number of questions that I would like to go over with you right now. At the end of our call, I’ll check to see if I can do the same for [household member].”*

## Demographics

If the Case is a child or youth, check that the parent’s or caregiver’s name and phone number is entered Demographics and collect the following information about the child or youth from the parent or caregiver.

10. *“It’s important that we have your/your child’s most up to date information.”*

11. *“I would like to confirm how to spell your/your child’s name. Is it \_ \_ \_ \_ \_?”*

12. *“Is there another name that you/your child go(es) by?”*

13. *“Is this still the best phone number to reach you?”*

14. *“Is there an email address that we can use to share information with you, if needed?”*

15. *“Is \_\_\_\_\_ still your (or your child’s) doctor or Primary Care Provider?”* (See Demographics - Connections)

**[YES]**

**[NO]** *“Who is your (or your child’s) primary care provider?”* (Update in Demographics – Connections)

**[If client has a Primary Care Provider]**

*“Your Primary Care Provider has likely already received your positive test results. Following our call, we will notify them of our interaction, to inform them that Public Health follow up is now in progress. They may initiate further follow up.”*

**[If client does not have a Primary Care Provider]**

*“Since you don’t have a Primary Care Provider, in the coming days, would you like to receive a check-in call from the Northern Health Virtual Clinic to see how you are managing with your COVID-19 symptoms?”*

**[YES]** Discuss with CD Team or Clinical Coordinator to have referral sent to Virtual Clinic

**[NO]** CHN to provide follow up or no follow up

16. "Can you tell me your home address?"
17. "Are you currently staying somewhere other than your home address?"
- [NO]
- [YES] "Are you staying at one of the following?"
- ☐ Staying with friends/family.
    - Collect address and community
  - ☐ Hotel
    - Collect name of hotel and community
  - ☐ Hospital
    - Collect hospital name and community
  - ☐ Out of Province/ Out of Northern Health
    - Requires Inter-jurisdictional transfer, refer to clinical coordinator for follow up.
  - ☐ Other: \_\_\_\_\_
18. "Where [which community] do you plan to self-isolate?"
- Note: May require inter-jurisdictional transfer

## Symptom Onset

4. "I'd now like to ask you a few questions about when your COVID symptoms started. People can spread COVID-19 starting two days before their symptoms started. By identifying the date your symptoms started, we can then identify anyone you may have been in close contact with to see who may need to self-isolate and monitor for symptoms. Do you, or did you, have any symptoms of COVID-19?"
- [NO]
- [YES] "What day did your symptoms start?"
5. "About your symptoms, if you have any or develop any that cause you concern, we encourage you to call your doctor, other Primary Care Provider, or the NH Virtual Clinic (1-844-645-7811)"
6. "If at any time you are in need of urgent medical attention, please visit your Urgent Care Clinic, Emergency Department or other local health services or call 911."
- Calculate the following time periods:
    - 14 days prior to symptom onset to symptom onset [Date range] (this is the time when a client was infected).
      - If client did/does not have symptoms, calculate the date that is 14 days prior to their test date.
    - 2 days prior to symptom onset to 10 days after (longer if immunocompromised) [Date range] (this is the time when the Case could

have infected others i.e. infectious period. These dates are also used to determine the isolation period)

7. *“From the information you have provided, the Covid-19 virus may have spread to those around you beginning on [48 hours before first symptom] and can continue to spread to those around you until [insert end of isolation date]. Your isolation period will end on [insert end of isolation date] at midnight.”*

8. If the case is past or finished their isolation period:

*“Are you still experiencing any symptoms?”*

- Some symptoms may linger. In order for Case to come off isolation, they must be improving, including fever is gone without the use of fever-reducing medications (e.g. Tylenol, Advil), AND improvement symptoms such as a runny nose, sore throat, nausea, vomiting, diarrhea, muscle aches.
- It is not uncommon for a mild cough, fatigue and the loss of sense of smell/ taste to take longer to resolve. If these are their only symptoms, they can come off of isolation.
- The case should still notify close contacts

## Health status

Examples of moderately or severe immunocompromising conditions include active AIDS (advanced HIV infection), leukemia, lymphoma, genetic immune deficiencies, recent bone marrow transplant, and the use of medications that suppress the immune system (e.g. chemotherapy, high-dose prednisone, methotrexate)

Examples of conditions that do **NOT** significantly compromise the immune system include diabetes, allergies, congestive heart failure, asthma, Down syndrome and other genetic disorders, or removal of the spleen.

3. *“I’d now like to ask a question about your health. Has your doctor ever told you that you are moderately or severely immunocompromised?”*

Note: If client seeks clarity on this term, you can elaborate: *“Being moderately or severely immunocompromised means that your immune system is very or extremely weak, either due to a disease or a medication. This means that your body would have a harder time fighting off infections, including COVID-19.”*

- **[NO]** Case will require a 10-day isolation period (Day 0 is symptom onset date or test date if client has had no symptoms).
- **[YES]** or **[NOT SURE]** Go to [Appendix M: Immune Status Assessment](#)

Pregnancy does not mean someone is immunocompromised. We ask if someone is pregnant as a reporting requirement for BCCDC.

2. “Are you currently pregnant?”

- [YES] “How far along are you (weeks gestation)?”

## Sources of Exposure

Using the date 14 days before symptom onset to symptom onset date, ask the following questions:

- “From [14 days before symptoms started], did anyone inform you that you have been exposed to COVID-19?” (E.g. someone in your household, a social contact, or an exposure notification at school or work).

[YES] a. “Who notified you of this exposure?”

- Person who tested positive for COVID-19
  - What is their name? \_\_\_\_\_
- Public Health
- Exposure notification from facility/organization
  - What is the name of the facility or organization that notified you? \_\_\_\_\_
- Other: \_\_\_\_\_

b. “When were you notified of this exposure?” [Date of notification]

c. “When did the exposure occur?”

What was the first date of exposure? [First contact date]?  
\_\_\_\_\_

What was the last date of exposure [Last contact date]?  
\_\_\_\_\_

OR

Is the exposure ongoing? \_\_\_\_\_

Document relevant setting from the following list:

- Household
- First Nations community
- Health care facility
- Industry work camp
- Other congregate housing facility
- School
- Child care setting
- Workplace
- Industrial site



- Courthouse
- Don't know
- Other (free text)

Details of where exposure occurred [location of exposure]:

- Name of location:
- Address:
- Community

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

[NO]

[YES] *"Please describe how you think you might have gotten COVID-19."*

Capture relevant details of possible exposure, such as facility, address, community, dates, times, and/or other details

[If client believes they may have been exposed at work] *"Can you describe your workplace a bit to help me understand how you may have gotten COVID-19 at work?"*

## Transmission Settings Assessment

Using the dates calculated, make note in each question if the Case was in a particular setting

- During the 14 days prior to symptom onset (acquisition period) and/or
- During the of 2 days before symptom onset to 10 days after (or longer if immunocompromised) (infectious period)

Use the [Appendix Y: Transmission setting assessment support tool](#) to support you in keeping track of the data for these two time periods.

For some settings, this script includes appendices with setting-specific questions. Cases may have been in multiple settings; in these situations, consult all of the relevant appendices for guiding questions for each setting.

In settings not identified in the appendices, additional questions need to be tailored to each unique Case scenario. If support is needed, consult your Clinical Coordinator.

For settings where a Case attended while infectious:

- Assess any factors that might have contributed to transmission risk in that setting.

- Assess and document whether the case is likely to continue to expose any settings during their infectious period (e.g. if unable to self-isolate).
- Inquire about public health protective measures used in the setting (e.g. 2m distance from others, physical barriers, PPE use, handwashing)
- Ask setting-specific questions outlined in the appendices (as applicable)
- Collect contact information for the facility, as applicable (e.g. facility manager/site supervisor)
- Advise the Case that they may receive an additional follow-up call if the MHO requests additional information related to the priority setting

The information that is required for public health management may be unique to each Case. Use the information below to guide the interview.

1. *“The next questions are about the places you have been recently, whether in your home community or elsewhere. This includes places where you may have lived, stayed, worked, volunteered, or visited from [date] until now. This information can help us to prevent the spread of COVID-19 in our communities.”*

Health care settings and services

2. *“Are you a health care worker?”* (i.e. provides health care to patients or works in a facility 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)

[NO]

[YES] *“Did you work since [date]?”*

[NO]

[YES] obtain the following information:

- Name of facility
- Address
- Community
- Role
- Date(s) and time(s) at facility

3. *“Are you a first responder (e.g. fire, police/RCMP, search and rescue)?”*

[NO]

[YES] *“Did you work since [date]?”*

[NO]

[YES] obtain the following information:

- Name of facility
- Address
- Community
- Role
- Date(s) and time(s) at facility

4. “*Since [14 days prior to symptom onset DATE] were you at a health care facility?*” (i.e. hospital or inpatient setting where patients may stay overnight)

[NO]

[YES] obtain the following information (as required, refer to [Appendix E: Health Care Worker Script](#)):

- Name of facility
- Community
- Ward, unit, or department
- Role at facility
- Date(s) and time(s) at facility

5. “*Since [14 days prior to symptom onset DATE], were you at a clinic or office to receive health care services?*” (i.e. for outpatient appointments; NOT including where the client went for their COVID test)

[NO]

[YES] obtain the following information (as required, refer to [Appendix E: Health Care Worker Script](#)):

- Name of facility
- Address
- Community
- Role at facility
- Date(s) and time(s) at facility

6. “*Since [14 days prior to symptom onset DATE], did anyone come to your home to provide you with health care services that involved close contact, such as home support or home care nursing?*”

[NO]

[YES] obtain the following information:

- Name/type of service

- Role of service provider
- Name of service provider
- Date(s) and time(s)

#### Congregate housing/residential settings

7. “Since [14 days prior to symptom onset DATE], were you at a:

- Long-term care facility?
- Residential care facility?
- Assisted or independent living facility?
- Seniors’ residence?
- Group home?
- Correctional facility?
- Residential treatment facility (i.e. for drug or alcohol use)?
- Transition house?
- Shelter?
- Couch surfing?
- Living on the street?”

[NO]

[YES] to any of the above, obtain the following information (as required refer to [Vulnerable population](#)

- Name of facility
- Address
- Community
- Role at facility
- Date(s) and time(s) at facility

#### Other settings

8. “Since [14 days prior to symptom onset DATE], were you in a:

- Child care setting (e.g. day care, after school care program)?
- School (i.e. Kindergarten to grade 12)?
- Post-secondary education facility (e.g. trade school, college, university)?
- Courthouse?”

[NO]

[YES] obtain the following information (as required refer to [School script](#) or [Child care setting script.](#))

- Name of facility

- *Address*
- *Community*
- *Role at facility*
- *Date(s) and time(s) at facility*

9. “Since [14 days prior to symptom onset DATE], were you at an Industry work site\*?” (i.e. a large industrial project site)

\*Industry work sites that require checking with the CD team/Clinical Coordinator are those where there are often large numbers of people coming together from outside the local area, and often in some kind of employer-provided accommodation. These sites may have local personnel who are doing CCM, and so NH CD Team or Clinical Coordinators need to connect with them to discuss management of relevant Cases. If you are unsure about whether a site meets this criteria, discuss with your CD Team/Clinical Coordinator.

[NO]

[YES] “Is this a large industrial work site, where there are workers from outside the local area, and/or employer provided accommodations?”

Examples of such work sites include: mines, BC Hydro Site C, LNG Canada,

Coastal Gas Link, Trans Mountain Expansion Project, RioTinto [Kemano, T2, or BC Works]

Examples that do not fit this criteria include: mills, pulp mills, factories

[NO]

[YES] obtain the following information

- *Since [date], have you worked at more than one site?*
- *What is/are the name of the industrial site(s)?*
- *What is/are the location(s)?*
- *Dates/times at site(s)*
- *What do you do at [site(s)]? (free text)*
- *If you are employed, who is your employer?*
- *If you are self-employed, what is your business name?*

10. “Since [14 days prior to symptom onset DATE], were you in an Industry work camp?” (i.e. employer-provided accommodations, including tree planting camps)

[NO]

[YES] obtain the following information

- *What work camp is this?*
- *What is the name of the work camp?*
- *Where is this located?*
- *Who operates the camp?*
- *Is this camp attached to a single project?*
- *Do you know the name and phone number of the camp's COVID coordinator or medical service provider?*
- *What date did you arrive?*
- *What date did you leave?*
- *If you arrived in or left camp since [date], how did you travel?*

11. *"Since [14 days prior to symptom onset DATE], did you work or volunteer at any places we have not already discussed?"*

[NO]

[YES] obtain the following information

- Name of facility
- Address
- Community
- Role at facility
- Date(s) and time(s) at facility

12. *"Since [14 days prior to symptom onset DATE], did you participate in any activities that included 5 or more people that live outside your household?"*

[NO]

[YES] obtain the following information

- Description of event (e.g. group activity, gathering at a home, cultural activity, food processing (e.g. oolichan fishery, preserving salmon), dinner party, party, sports, dance, playdate, wedding, funeral)
  - Additional details/distinguishing features (e.g. who hosted the event, who the wedding was for, who the funeral was for)
- Description of location (e.g. household, hockey rink, dance studio, pub)
- Community
- Date(s) and time(s)
- If they were able to follow Public Health guidelines (e.g. keep 2 meter distance, hand washing, mask use)

13. *"Since [14 days prior to symptom onset DATE], were you at any crowded or busy locations that we have not already discussed (e.g. bus, store)?"*

[NO]

[YES] *obtain the following information*

- Description of location
- Address/community
- Dates/times
- Additional details

14. *“Since [14 days prior to symptom onset DATE], did you travel outside of your community at all, for any reason?”*

[NO]

[YES] *obtain the following information*

- *“Did you travel internationally?”*
  - *“What country did you travel to?”*
- *“Did you travel within Canada?”*
  - *“If outside of BC, to what province?”*
  - *“If within BC, to what community(ies)?”*
- *“When did you arrive back in your home community?”*
- *“Did you travel by plane?”*
  - *Airline/flight numbers:*
  - *Departure airport:*
  - *Departure date and time:*
  - *Arrival airport:*
  - *Arrival date and time:*
- *“Did you travel by long distance bus or train?”*
  - *Name of bus line or railway company:*
  - *Location of origin/departure:*
  - *Departure date and time:*
  - *Location of destination/arrival:*
  - *Arrival date and time*
  - *Available details about route and stops:*

- *"Were you on a cruise or river cruise?"*
  - *Name of cruise company/ship:*
  - *Port of embarkation:*
  - *Date of embarkation:*
  - *Port of disembarkation:*
  - *Date of disembarkation:*
- *"Were you part of a travel tour group?"*
  - *Name of tour company/organizer:*
  - *Contact information of tour organizer:*
  - *Dates of tour:*
  - *Location of tour:*

## Contact Tracing

Close Contacts may include people with whom the Case lives, works, or socializes during the infectious period (2 days prior to symptom onset to 10 days after or longer if immunocompromised). It is up to the Case to explain the scenario and details in which contact occurred. It is up to Public Health to determine if persons involved are close Contacts or not.

Close Contacts are those who have had the following exposure to a Case

- Less than 2 meters apart for 15 minutes or greater (cumulative time. E.g. one 10 min exposure and a 5 minute exposure)
- Contact with infectious body fluids (e.g. through coughing, sneezing, kissing,)
- Household Contact who lived with the Case before the Case started isolation
- A Contact who cannot isolate in the household away from the Case during his or her isolation period
- A Contact who has direct physical contact with a case, including the case's caregiver, intimate partner, a child receiving care from the case, etc.
- 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 determined a close Contact by MHO

Using the information gathered in the [Transmission Setting Assessment](#) as a guide, obtain list of close Contacts from Case.



3. *“Part of our Public Health follow up is to identify anyone you may have been in contact with up to 2 days before you had symptoms. Our process is to collect their contact information and then we are responsible to notify them and ask them to self-isolate. Your name will be kept confidential in that process. Notifying people who have been exposed to COVID-19 gives everyone the opportunity to take measures to prevent the spread and keep others safe.”*
4. *“Thinking back to [DATE: 2 days before symptoms started or 2 days before test date], to today, who did you come into close contact with for at least 15 minutes (cumulative), within 2m or come in contact with any body fluids? This includes any people you live in your household before your isolation started or anyone you have had direct physical contact with. Often people find it helpful to take a look at your calendar, text messages, or photos on your phone to remember who you have seen on those days. I can review several common scenarios that many people attend to help you remember.”*

**[YES]** – Collect Contact:

- Name
- Phone number
- Last date of exposure
- Exposure location
- If possible, collect date of birth and home community
- If it was a household or extended exposure

**[NO]** – ask probing questions about what they may have done during that time frame to assess if there are any close contacts

To support a full assessment, ask questions based on the appropriate context.

Questions may include:

- *“Who typically lives or stays with you?”*
  - Examples may include:
    - *Do you have friends or family that spend time in your home including frequent short visits?*
    - *Has anyone visited another household member in your home, if so, did you come in contact with that guest?*
    - *Beside yourself, does anyone care for your children in your home?*
    - *Have there been any children in your home? (either family members or friends)*
    - *Are there people who come and go from your home?*
    - *Are there people who stay in your home sometimes?*
- *“Did you go to other homes?”*
  - Examples:
    - *Do you help others in their home with groceries or housework?*

- *Did you drop your children off at a friend's house and visit with the parents?*
- *"Did you come into close contact with others at work?"*
  - Inquire about the physical layout of the workstation, the lunch / break room and whether they access it, if they go for walks / cars / meet outside during breaks – precautions used and when, car pooling, socializing before or after work informally – parking lot debriefing / catching up on personal lives.
- *"Who did you socialized with?"*
  - Examples: play dates, chatting with neighbours; a coffee; driving with anyone not previously mentioned – friends, kids friends; and engaging with people while in the community – shopping, parking lots – "catching up with someone they ran into"
- *"Did you participate in any group activities cultural activities, group food processing (oolichan fishery, preserving salmon etc.), or sports or events"*
  - Examples: birthday parties, weddings, funerals, dinners, participant or spectator of sports / events, rallies, celebrations such as Indigenous Peoples' Day and Canada Day, and transportation to any of the above
- *"Did you come into close contact with anyone at the band office, rec centre or community hall?"*
- Prompt Cases in remembering who they might have come into close contact with
- Assess potential contributors to transmission risk in those settings
- Inquire about personal safety measures
  - Review contributors and personal safety measures at each setting / contact identified.

If the Case identifies a setting where there are people that were exposed but who the Case cannot identify or for whom the Case cannot provide contact information:

- If the Case can takes steps to find out this information (e.g. was at a dinner party, can ask host for names and phone numbers of other guests) make a plan to call them back to obtain this information.

NOTE: The line of questioning is dependant on each Case's scenario and therefore does not always follow the charting templates. This may require detailed charting in the progress notes in addition to the text templates.

5. *"Have you notified people that you have spent time with of your COVID diagnosis?"*  
[YES] – If there are people who have been notified that are not deemed to be a close Contact, advise Case to call those individuals and let them know that they do not need to isolate and just monitor for symptoms.  
[NO]

## Contact identification in relation to mask use

Public Health practice is to:

- Recommend mask use, which do have a protective effect and reduce overall transmission, at least some of the time.
- Advise close Contacts self-isolate, even if they were wearing a mask, because the protective effect of the mask will not be enough to prevent transmission, at least some of the time.

Key messages for close Contacts, when non-medical masks were worn:

- *“It is a good thing that you were wearing a mask. Masks might reduce your risk by about half, which is great. You are less likely to get COVID than if you weren’t wearing a mask, so you did the right thing.”*
- *“Unfortunately, a mask is not a guarantee. You might still have been exposed to COVID and as such our direction is for you to self-isolate.”*

## If a Case unwilling to name Contacts

- If Case states that someone had already collected Contact information
  - Ask the Case who may have collected Contact information and document in progress notes.
  - Discuss with Case that while other places may be doing collecting contact information (e.g. workplaces), Public Health, ultimately has a responsibility to collect information on Contacts and notify them of the exposure. Additionally, Public Health offers education and resources for those who may require additional support in isolating.
- If Case unwilling to provide Contact details
  - Discuss the importance of Contact tracing to prevent the spread of COVID-19 additionally,
    - Public Health, and thereby the First Nations health team by extension offers education and resources for those who may require additional support in isolating.
- Remind the Case that all information is kept confidential and the Contacts will not be told who they came in contact with

## Notification of Household Contacts

However, with the goal of reducing the number of phone calls to individual households, if staff has capacity, complete [contact notification](#) at the time of the Case call, if:

- The Contact is in the same household as the Case, and
- The Contact is available at the time of the call, and
- The staff member’s schedule permits

For Contacts that live (or are currently staying) outside of the Northern Health region, see connect with CD Team/Clinical Coordinator for [Inter-jurisdiction intake transfer](#) process.

## If Household Contact is Experiencing Symptoms

- Ask all Cases if any household Contacts are symptomatic and epi-link, if eligible.
  - If a Contact is symptomatic, collect and document symptoms (See [List of COVID-19 Symptoms](#))
  - Consult with MHO if Contact has had one or more doses of COVID-19 vaccine
- If a Contact is being epi-linked as a new Case:
  - Testing is still recommended
    - [Ask client about type of test](#)
- Complete full assessment for all new epi-linked Cases
- If household Contact is symptomatic, but does not meet epi-linking criteria
  - [Ask client about type of test](#)

If testing is indicated, ask which type of test they prefer:

- *“COVID-19 testing is done one of two ways. One way is by swishing and gargling salt water and spitting it into a tube, and the other way is by using a swab to collect a sample from your nose. Both are good options and will tell you if have COVID-19. The nose swab is used for younger children, people with a strong gag reflex, or those who may not be able to follow the swish, gargle, and spit instructions.”*
- *“Which [test](#) would be the best fit for you [Contact]?”*
  - **[Nose swab (swab)]**
  - **[Mouth rinse and gargle (saline)]**
    - *“Since you have chosen the mouth rinse and gargle test, there are videos that are available online at the BCCDC website: [Mouth Rinse and Gargle](#) If you are unable to watch the video, the staff at the clinic will review the process with you.”*

## Isolation Instructions for Case and Household

Calculate isolation period, based on immune status. For clients who are not sure whether or not they are moderately or severely immunocompromised, see [Appendix B: Immune Status Assessment](#). For additional resource for calculating isolation periods, see Appendix N – [Calculating Isolation Periods](#)

1. *“Thank you for sharing this information with me. I would now like to go over some instructions for self-isolation with you. Self-isolation is important to prevent further spread of the virus.”*

**[Case is not moderately or severely immunocompromised]**

- *“We ask that you self isolate starting **10 days** from the first day you felt sick. Based on your symptoms starting on [symptoms onset date], you can end isolation on [end of isolation date].”*
- *If Case did not have symptoms: “Because you did not feel sick, we will take the testing date [test date] as the start of your 10 days of isolation and you can end isolation on [end of isolation date]”*

**[Case is moderately immunocompromised]**

- *“We ask that you self isolate starting **20 days** 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].”*
- *If Case did not have symptoms: “Because you did not feel sick, we will take the testing date [test date] as the start of your 20 days of isolation and you can end isolation on [end of isolation date].”*

**[Case is severely immunocompromised]**

- iii. *“We ask that you self isolate starting **32 days** 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].”*
  - iv. *If Case did not have symptoms: “Because you did not feel sick, we will take the testing date [test date] as the start of your 32 days of isolation and you can end isolation on [end of isolation date].”*
2. *“Self isolation means you are to stay home for entire the isolation period, including having groceries and medication delivered to you.”*
  - a. Direct client to this resource: How to self isolate - for those who have COVID-19 or respiratory symptoms: <http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation.pdf>
3. If the Case lives with others:
  - *“If everyone in your household tests positive for COVID-19, you do not have to isolate away from each other. Everyone in your household will receive a call. We will advise each household member regarding their individual isolation periods.”*

- *“If other members of your household do not have COVID-19, you should isolate away from them, until the end of your isolation period, if possible. 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 time you use it*
  - *Having someone prepare food for you, if possible, or 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 COVID self-isolate and remain separate from other members of your household until [end of isolation date]?”*

**[YES]** *“Each member of your household will receive a call to discuss their isolation.” (If Contact notification not completed in this call)*

*“If possible, the members of your household should also self-isolate away from each other for this time period as well.”*

Note: If the Case is immunocompromised and on a 20-day or 32-day isolation period, the Contacts must stay separated from Case for the full 20 or 32 days but can themselves come out of isolation themselves after 10 days (e.g. Contacts move out of the house to isolate from Case. They cannot return until the Case has completed the 20-day or 32-day isolation AND the Contacts have not had contact with the Case for 10 days and have not developed symptoms).

**[NO]** *“Each member of your household will receive a call to discuss their isolation. For your awareness, household members will be asked to isolate during your entire isolation period and for an additional 10 days after **your** isolation period ends [DATE] (or last day of contact with you, whichever is sooner).” (If Contact notification not completed in this call)*

Note: Isolating in the same household may be a complex conversation. If support is required, discuss with your CD Team/Clinical Coordinator.

4. *“Are you able to stay in your household for the entire isolation period, that is, until [provide end date of isolation period]?”*

**[YES]**

[NO] Assess reasons why Case needs to leave and what resources are available to support staying in isolation (E.g. accommodation, food access, mental health or substance use support needs etc.)?

## Isolation supports

### Substance Use Support

The Virtual Substance Use Clinic provides connection to a physician who can prescribe OAT (opioid agonist therapy) and pharmaceutical alternatives (Hydromorphone, Benzodiazepines, etc.) These are prescribed to support withdrawal or to provide safer access to substances. Access to physician is only on Thursday and is booked in advance.

1. *“The following questions are standard questions that we ask everyone. We ask them solely to understand your needs while you are on self-isolation, to best support you.”*
2. *“While on isolation, do you need access to any substances or prescription medications, to avoid withdrawal?”* (Example: alcohol, tobacco, opioids, stimulants, illicit benzodiazepines)

[NO] – Skip to next section

[YES] – *“Do you need access to a safe supply or treatment while on self-isolation?”*

[No] – skip to next section

[Yes] – Discuss client needs and connect to services and resources as appropriate. See [Guidance for Specific Situations](#) for more information. Consult with NH CD Team or Clinical Coordinator, if needed.

If making a referral to the Virtual Substance Use Clinic: contact the CD Team or Clinical Coordinator

1. *“Staff from the Virtual Substance Use clinic will contact you to discuss your needs and the services that may be available to you. They make calls on Thursday only, so it could be several days until you are contacted.”*

See [Client Resources](#) for additional substance use supports/ resources.

### If Client Requires Prescription Refill to Support Isolation

Cases or Contacts may identify that they need a prescription for a medication refill during their isolation period.

*“Are you able to fill that prescription through your Primary Care Provider, or by calling your pharmacy and requesting an emergency supply?”*



[Yes] Continue to next section of script

[No] *"I can give you the number for the First Nations Health Authority's "Virtual Doctor of the Day" or "Northern Health Virtual Clinic".*

*Do you need this prescription in the next 24 hours or would an appointment in the next two days be ok?"*

**The First Nations Health Authority's "Virtual Doctor of the Day" clinic: 1-855-344-3800**

**The Northern Health Virtual Clinic: 1-844-645-7811**

**If a Case or Contact identifies as being a First Nations person:**

*"If you would prefer, I can give you the number for the First Nations Health Authority's "Virtual Doctor of the Day" clinic rather than the Northern Health Virtual Clinic?"*

- 1-855-344-3800

### ***If Client requests an isolation letter***

See: [Specific Situations](#)

## **Instructions for Case: Coming Off Isolation**

Review instructions if the Case has questions about coming off isolation.

1. *"Whether you can come off 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: The fever is gone without the use of fever-reducing medications (e.g. Tylenol, Advil), AND improvement symptoms such as a runny nose, sore throat, nausea, vomiting, diarrhea, muscle aches. Your symptoms do not need to be completely gone, just getting better."*
  - *"It is not uncommon for a mild cough, fatigue and the loss of sense of smell/ taste to take longer to resolve. If these are your only symptoms, you can come off of isolation."*



- *“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, cleaning and wearing masks.”*
2. *“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 / Primary Care Provider or the NH Virtual Clinic (1-844-645-7811).*
  - *If you would like to speak with a Public Health team member to help you decide if you should stay on isolation, call the Northern Health COVID-19 CCM phone line: 1-855-755-3555.”*

## Indigenous persons and communities

Note: this information is needed by Public Health, please complete this section if it may not be needed at the local level.

3. *“As part of our assessment, we ask everyone where they are living or staying. This can help health care leaders to identify which communities have COVID-19 and to support them. Do you live or stay in a First Nations community?” Yes/No*
- [NO]**
- **[YES]** *“Which community?” For correct spelling, please see the [Appendix O - List of Northern BC First Nations Communities](#)*

Note: First Nations communities have also been known as “reserves”.

4. *“We work with several partners to provide care during COVID-19, such as FNHA and MNBC. 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 to next section.

**[YES]** *“Do you identify as First Nations, Métis, or Inuit?”*

- First Nations: yes/no
- Métis: yes/no
- Inuit: yes/no

### **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]  
[YES] “Which First Nation?” For correct spelling, please see the [Appendix O - List of Northern BC First Nations Communities](#)
- “There may be additional supports available from First Nations Health Authority (FNHA), should you need them. Do you consent for us to share your personal information with FNHA so that they can connect with you on these additional supports?”  
[NO, do not allow]  
[YES, allow]

*“Please also connect with your First Nations community health team directly, as they may be able to provide additional support that would not otherwise be available.”*

**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, do not allow]  
[YES, allow]

## **Closing and Emailing COVID-19 Information**

1. “We have covered a lot of information in this call. If you like, we can arrange for you to receive an email with links to information and resources about self-isolation and notifying close contacts. Would you like us to send you that email?”  
[NO]  
[YES]  
Confirm email address  
“You should receive the email within a day or two from NH Public Health.”
3. “Is there anything else you think I should know that I didn’t ask today?”
5. “Do you need any information on how to access a COVID-19 vaccine in or near your community?”
  - [No]
  - [Yes] Navigate to [COVID-19 immunization clinics | Northern Health](#) and share relevant local clinic information with client. You can also provide the BC Get Vaccinated phone number at 1-833-838-2323.
- 4.

5. *“Thank you again for taking the time to speak with me today.”*
6. *“As a reminder, there are various resources available to you:*
- *For general information:*
    - *FNHA website*
    - *Northern Health website*
    - *BCCDC website*
  - *For your personal health concerns*
    - *Your Primary Care Provider*
    - *FNHA Doctor of the Day 1-855-344-3800*
    - *The Northern Health Virtual Clinic: 1-844-645-7811*
    - *For urgent medical attention, visit your local urgent care clinic, emergency department, other local health services, or call 9-1-1*
  - *For information about COVID-19 Case and Contact Management, such as self-isolation and contact tracing:*
    - *Northern Health COVID-19 Public Health phone line: 1-855-755-3555 extension #507979”*
7. *“Was there anything I shared today that wasn’t clear?”*

Note: If Client asks questions about **accessing** COVID-19 vaccines, direct them to the NH COVID-19 vaccine plan webpage, which is accessible from the main Northern Health webpage:

<https://www.northernhealth.ca/health-topics/COVID-19-vaccine-plan>

## Appendix X: One Call Case Interview form

See form from document source

## Appendix Y: Transmission setting assessment support tool

Print off or save a copy to your desktop of this tool to make note of when a Case was at a specific setting and the dates during which time period.

Note and calculate the following:

- Symptom onset [Date]
- Exposure (acquisition period): 14 days prior to symptom onset [Date Range]
- Infectious period: 2 days prior to symptom onset to 10 days after (longer if Case is immunocompromised) [Date Range]

Setting	Acquisition Period [DATES]	Infectious Period [DATES]

Example scenario:

A Case was visiting his mother in a Long Term Care Home twice in recent weeks. The Case developed symptoms June 14<sup>th</sup>.

- Symptom onset [June 14]
- Exposure (acquisition period): 14 days prior to symptom onset [May 30<sup>th</sup> to June 13<sup>th</sup>]
- Infectious period: 2 days prior to symptom onset to 10 days after (longer if Case is immunocompromised) [June 12<sup>th</sup> to June 24<sup>th</sup>]

Setting	Acquisition Period [DATES]	Infectious Period [DATES]
Rainbow Lodge LTC	June 9th	June 15 <sup>th</sup>


## **Appendix Z: Active Daily Monitoring (ADM)**

Please see the following [link](#) for ADM for Cases

Please see the following [link](#) for ADM for Contacts

## Appendix AA: Health Care Worker Form

Employee Information/Diagnosis/Reporting			
Employee (Case) name:	DOB:	PHN:	Physician:
Communicable Disease: <b>COVID-19</b>	Lab Confirmation: yes/no		Transmission Mode:
	Collection Date:	Results:	
CD Coord/CTA staff name:	Telephone:	Date Notification sent	
<b>Infectious Period, Work Exclusion</b>			
Infectious Period Start Date:		Infectious Period End Date:	
Work Exclusion Start Date:		Work Exclusion End Date:	
NH Site of Exposure:			
The NH sites worked during the infectious period:			
Was the employee at work during the infectious period?			
If Yes, list details/dates in notes: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was appropriate PPE in ALL work settings during the infectious period? (ie: breakroom, common staff areas, direct patient care) Yes <input type="checkbox"/> No <input type="checkbox"/>			
If, NO please add details to identified close contacts section			
Was potential for worker to worker exposure identified? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was a link to NH Patient case identified Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Progress Notes:</b>			
<b>HCW Identified Close Contacts in the Workplace (include name of staff contact, date, facility):</b>			

<b>Instructions:</b>
<b>Standard HCW to HCW Contact Tracing Recommendations:</b>
<b>Additional Recommendations:</b>



## Appendix AB: Understanding COVID-19 Acquisition, Incubation and Infectious Period

Adapted from IHA BCCDC Hub Case Notification and Interview Script September 21, 2021

### References:

- Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community, BCCDC
- BCCDC Common Questions: Find answers to some of the most common questions about COVID-19

### Acquisition Period

- Is the timeframe when a case may have been exposed to or in contact with COVID-19.
- Acquisition period for COVID-19 is 14 days before the date the case started to have symptoms
- The information collected about acquisition includes with who and where they have been during this timeframe to determine how they may have become in contact/exposed to another case of COVID-19.
- This helps PH staff determine where a Case may have got COVID-19 from.

### Incubation Period

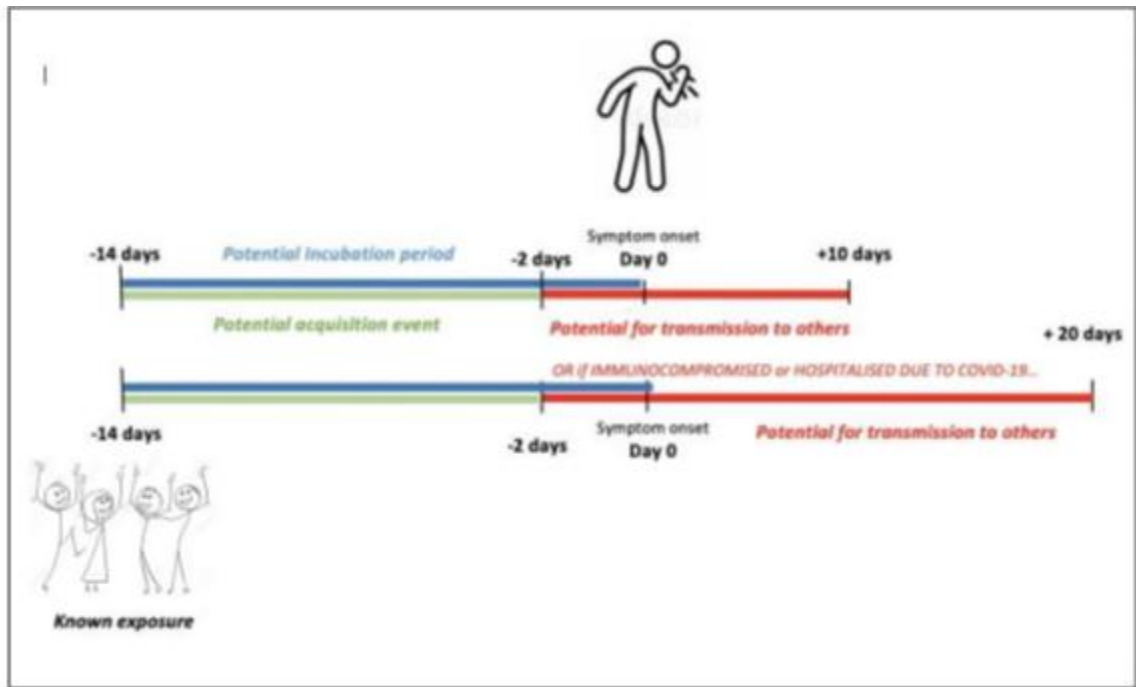
- The timeframe that it takes for the body to potentially develop the illness. This is the time from when the virus has entered the body to the time it takes for the body to respond and develop the symptoms of the illness.
- For COVID-19 the incubation period is 14 days from the last date of contact/exposure to a Case.
- In general, COVID-19 symptoms can develop in a person within 2 days of being exposed up to 14 days after being exposed. A person is unable to develop symptoms the same day they were exposed as the body has not had a chance to respond to the illness.

### Infectious Period

- This is the timeframe when the person who has COVID-19 is infectious (can pass/transmit COVID-19) to others.
- For COVID-19, a Case is infectious (able to pass/transmit COVID-19) from 2 days before symptoms started to 10 days after symptom onset.
- If a Case denies having any symptoms, the infectious period is considered to be 2 days before the COVID-19 swab was collected to 10 days after the swab was collected.
- There are certain circumstances where the infectious period will extend to 32 days (e.g. hospitalized for COVID-19, immunocompromised).

### Exposure Settings

- These are the settings/places where the case may have exposed others to the COVID-19 virus – where they could have passed/transmitted COVID-19 to others.



## **Appendix AC: CCM List of Case and Contacts**

(Please see form alongside this document)