



## COVID-19 POLICY 4.0: CONTACT TRACING

### GOAL

- 4.1 The goal of contact tracing in public health management of COVID-19 is to (1) identify additional cases of COVID-19, and (2) identify all individuals with high risk exposure to the virus to ensure appropriate clinical monitoring and isolation/quarantine to prevent the spread of the virus.

### POLICY STATEMENTS

- 4.2 SLFNHA will coordinate contact tracing for all confirmed cases of COVID-19 that resided in a SLFNHA served community during their period of communicability.
- 4.3 SLFNHA will coordinate contact tracing for all confirmed cases of COVID-19 that resided at the Jeremiah Mckay Kabayshewekamik hostels during their period of communicability.
- 4.4 SLFNHA will undertake contact tracing for COVID-19 according to the current edition of *Public health management of cases and contacts of COVID-19 in Ontario*.
- 4.5 SLFNHA will expand contact tracing for COVID-19 in certain situations based on a risk assessment and direction from the SLFNHA public health physician.
- 4.6 SLFNHA will ensure all necessary documentation is filed and appropriate databases are updated.

### PROCEDURES

#### 4.7 Notification

- 4.7.1 PID nurse confirms with the community Nurse in Charge, Nursing Manager, Health Director, and community physician when contact tracing is required for a confirmed case of COVID-19.
- 4.7.2 Nurse in Charge and/or Nursing Manager designates one to two CHN/PHNs to be the primary community-level nurse(s) tasked with assisting in the contact tracing investigation.
- 4.7.3 Where possible, the Health Director designates one to two community health workers to assist in the contact tracing investigation (community-based contact tracing team).

#### 4.8 Identification of contacts

- 4.8.1 PID nurse, in collaboration with SLFNHA public health physician, sets the parameters of the contact tracing investigation according to the cases' period of communicability and risk of transmission.



4.8.2 List of contacts developed collaboratively by the Individual with COVID-19, CHN/PHN, community contact tracing team, and PID nurse and list documented using the *SLFNHA COVID-19 Close Contact Tracing Worksheet*.

#### 4.9 Assessment of contacts in community

4.9.1 PID nurse, together with CHN/PHN and community contact tracing team, identifies close contacts versus non close contacts of the Individual.

4.9.2 PID nurse, together with community contact tracing team, classifies close contacts as high or low risk exposure.

4.9.3 High risk exposure close contacts contacted by either the CHN/PHN or the community contact tracing team within 24 hours of being identified. During the encounter, the CHN/PHN or community health worker will:

4.9.3.1 Explain that the contact has been exposed to the COVID-19 virus.

4.9.3.2 Provide basic education on COVID-19.

4.9.3.3 Ask whether the contact is experiencing any signs or symptoms of COVID. If the answer yes, arrangements should be made for a clinical assessment by the CHN.

4.9.3.4 Offer a test for COVID-19.

4.9.3.5 Provide direction that the contact must self-isolate/quarantine for 14 days from the last time they had exposure to the Individual with COVID-19 (while maintaining confidentiality).

4.9.3.6 Assess the need for additional supports to enable the contact to complete self-isolation. This may include asking the contact for permission to share their name with the Community Emergency Response Team so that they can provide additional supports.

4.9.3.7 Explain to the contact that a CHN/PHN or CHW will be checking in with them daily and that should they develop any signs or symptoms of COVID-19 they should contact the Nursing Station/Health Centre immediately.

4.9.4 Low risk exposure close contacts contacted by either the CHN/PHN or the community contact tracing team within 48 hours of being identified. During the encounter, the CHN/PHN or community health worker will:

4.9.4.1 Explain that the contact has been exposed to the COVID-19 virus but that the risk of transmission is considered low.

4.9.4.2 Provide basic education on COVID-19.



- 4.9.4.3 Ask whether the contact is experiencing any signs or symptoms of COVID. If the answer is yes, arrangements should be made for a clinical assessment by the CHN.
  - 4.9.4.4 Offer a test for COVID-19.
  - 4.9.4.5 Provide direction that the contact must self-monitor for 14 days from the last time they had exposure to the Individual with COVID-19.
  - 4.9.4.6 Assess the need for additional supports to enable the contact to complete self-monitoring.
  - 4.9.5 CHN/PHNs and/or community health workers on the community contact tracing team will notify SLFNHA by telephone if there are any contacts that have concerning findings for COVID-19.
  - 4.9.6 Additional medical investigations (e.g. chest x-ray, laboratory work) done at the direction of the community physician.
  - 4.9.7 PID nurse confirms that a plan is established by the CHN/PHN/CHW to ensure quarantine of the contact for 14 days since the last time of exposure.
  - 4.9.8 From time to time SLFNHA may receive notification of contacts at community level from COVID-19 case investigations occurring in other jurisdictions. SLFNHA will coordinate follow-up of these contacts in the same manner as above.
- 4.10 Assessment of contacts staying at the Jeremiah McKay Kabayshewekamik hostel
- 4.10.1 PID nurse contacts close contacts with high or low risk exposures that are residing/staying at the hostel. The encounter includes the elements identified in the above section.
  - 4.10.2 PID nurse completes COVID-19 accommodation slip to notify the hostel that the contact requires a room for self-isolation/quarantine for 14 days.
  - 4.10.3 PID nurse refers client to the Meno Ya Win Health Centre COVID-19 Assessment Centre for COVID-19 testing.
- 4.11 Assessment of contacts admitted to Meno Ya Win Health Centre
- 4.11.1 PID nurse contacts close contacts that usually reside in a SLFNHA served community with high or low risk exposures that are currently admitted to Meno Ya Win Health Centre. The encounter includes the elements identified in the above section.
  - 4.11.2 PID nurse notifies the close contacts' nurse that their patient has been identified as a close contact of a confirmed case of COVID-19 and requires self-isolation/quarantine for 14 days. In addition, a test for COVID-19 would be recommended.



#### 4.12 Assessment of contacts in/from other jurisdictions

- 4.12.1 If the contact is identified by a PID nurse from another jurisdiction, the PID nurse forwards the names and demographic details of the close contact to the health unit where the close contact resides.
- 4.12.2 If the contact is identified by a health unit, the health unit will be requested to send the demographics and details of the exposure of the close contact to the PID confidential fax line.

#### 4.13 Documentation

- 4.13.1 CHN/PHNs and community health workers document the list of identified close contacts using *SLFNHA COVID-19 Close Contact Tracing Worksheet*.
- 4.13.2 CHN/PHNs or community health workers fax the list of identified contacts to the PID confidential fax line (1-807-737-2141) daily until all contacts have been identified.
- 4.13.3 CHN/PHNs may be required to fax additional documentation (e.g. chest x-ray reports, laboratory results, etc.) to SLFNHA.
- 4.13.4 PID nurse create files for all close contacts with high risk exposure in the Azure charting system for COVID-19.
- 4.13.5 SLFNHA epidemiologist will extract line lists of contacts from the Azure charting system for COVID-19.

**Commented [NB1]:** Should we consider the PID nurse then faxing the line list to the community team to cross-check and ensure that we have the same list?

#### 4.14 Communication

- 4.14.1 Daily meetings (coordinated and chaired by SLFNHA PID team) with community contact tracing team held until all contacts have been identified and contacted by the community team.
- 4.14.2 SLFNHA considers the Health Director and community health workers assigned to support contact tracing to be part of the public health circle of care. Health Directors and community health workers are expected to uphold the same level of confidentiality as all team members.
- 4.14.3 Representative from the community contact tracing team and/or PID nurse provide updates on the status of contact tracing to the community pandemic team and Chief and Council on an agreed upon schedule.
- 4.14.4 SLFNHA provide timely updates on contact management to the relevant health unit for the purposes of entering the information into the provincial integrated Public Health Information System.



## RESOURCES

SLFNHA COVID Algorithm 3: Contact tracing (available on OneHealth).

Management of Cases and Contacts of COVID-19 in Ontario (current version). Available at:  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/management\\_cases\\_contacts.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf)

MOH guidance for the health care sector: COVID-19 reference document for symptoms. Current edition. Available at:  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_reference\\_doc\\_symptoms.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf)

## FORMS

SLFNHA COVID-19 Close Contact Tracing Worksheet

## APPROVALS

\_\_\_\_\_  
Dr. John Guilfoyle  
Public Health Physician  
Approaches to Community Wellbeing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emily Paterson  
Director  
Approaches to Community Wellbeing

Original:  
Modified: