COVID-19 Case and Contact Management

This document provides updates about COVID-19 case and contact management processes, functions and the structure responsible for these functions.

Algorithm

Also see COVID-19 case and contact management process FAQ

New Cases Identified
UCDR is alerted about lab confirmed cases, clinical cases, probable/epi-linked cases, symptomatic clients referred for temporary accommodation, and indeterminate lab results

Symptomatic clients that have been referred for temporary accommodation

Lab Confirmed Cases

Clinical Cases, Probable/Epi-linked Cases, and Indeterminate Lab Results

Follow-up at discretion of MHO

Case Follow-Up: UCDR calls lab confirmed case to:

- provide test results
- assess symptoms and gather history
- identify close contacts
- determine locations where transmission may have occurred
- share self-isolation and care instructions
- initiate active daily monitoring
- if indicated, facilitate emergency care

Coordination:
If UCDR is unable to connect with cases/contacts via phone, local clinical support is required to facilitate this connection. Process in development

Contact Follow-Up: UCDR calls close contacts to:

- inform they have been named as a contact to a lab confirmed case
  - identification of case is not disclosed
  - date of possible exposure may be shared
- assess symptoms and gather history
- share self-isolation and care instructions
- initiate active daily monitoring
- if indicated, refer for testing
- if indicated, facilitate emergency care

CMOIS Documentation: Guided by COVID-19 Documentation Standard

Detection of possible:

- **Facility outbreak:** Declared by MHO, Management by Facility Outbreak Management Team (separate team to be struck for each outbreak)
- **Community cluster:** Directed by MHO

Reporting: to BCCDC, FNHA, NH leadership per situational needs

Active Daily Monitoring: UCDR provides active daily monitoring based on significant risk level, which includes a 14 day incubation period for close contacts, a 10 day+ communicable disease period for confirmed cases, and other circumstances at the MHOs discretion to:

- monitor symptoms
- check public health measures (i.e. self-isolation)
- if indicated, refer for testing
- if indicated, facilitate emergency care
- advise on when to discontinue isolation

Frequently Asked Questions

Contents

This FAQ addresses questions specific to NH Urgent Communicable Disease Response (UCDR) case and contact management functions only. It does not address broad public health questions or provincial public health direction. Contents include:

- Communication Pathways
- UCDR Structure FAQ
- COVID-19 Case and Contact Management Process FAQ
- Alignment and Circle of Care FAQ

Communication pathways

Appropriate contacts for COVID-19 case and contact management information are listed in the table below. Please first seek information in this document and elsewhere on OurNH.

COVID-19 Case and Contact Management Communication Pathways		
Inquirer	**Information Sought**	**Contact**
NH leaders and staff	General process inquiries related to case and contact follow-up and active daily monitoring UCDR structure	Direct Supervisor or Manager. If direct supervisor or manager cannot respond, reach out to Public Health Resource Nurse (see contact list)
Primary Care Providers via NH leaders and staff		
Primary Care Providers	Questions related to COVID-19 for their patients	CD Hub central line: 1-855-565-2990 After hours: 250-565-2000, press 7, ask for MHO on call

Urgent Communicable Disease Response (UCDR) Structure FAQ

What is the UCDR Operational Model?

Operational oversight of UCDR is provided by Population and Public Health (PPH), under the direction of the Chief Medical Health Officer and Emergency Operations Centre. This is a centralized regional team that provides its direct services primarily via telephone.

UCDR follows standard Northern Health (NH) communicable disease processes and BCCDC guidelines. Plans are made in consultation with internal and external partners, and are aligned with other organizational work. Processes and approach are adapted frequently to meet the ever evolving requirements of the work.

What functions are UCDR responsible for?

UCDR is responsible for: (1) COVID-19 case and contact management, and (2) provision of public health guidance to NH's COVID-19 Online Clinic.

What is the aim of Case and Contact Management?
The aim of COVID-19 case and contact management is to ensure proper care and isolation of people with confirmed or suspected COVID-19 infection and their close contacts, and to minimize the risk of transmission.

Case and contact management is fast paced work, with ever evolving requirements to meet the needs of the current situation and guidance from BCCDC and anticipate future needs. UCDR is meeting these demands through provision of services to the public, while simultaneously collaborating with internal (e.g., NH Executive Leads, Medical Health Officers, Community Service Managers) and external partners (e.g., First Nations Health Authority, Work Safe BC) to develop and adapt existing plans.

Who is involved in COVID-19 Case and Contact Management?
Case and contact management is the work of three centralized pods that are comprised of members from various areas of PPH. The pods include: (1) Intake Pod, (2) Case Follow-up Pod, and (3) Contact Follow-up Pod. The UCDR nurses working in Intake and Case Follow-up pods have extensive training and experience in communicable disease prevention and control practice. Each pod is responsible for specified COVID-19 case or contact management functions, under the guidance and direction of a Medical Health Officer. Staff and partners from other areas of the health authority are engaged as needed to support various functions.

COVID-19 Case and Contact Management Process FAQ

New Cases Identified

How are cases defined?

- **Lab confirmed case:** Person with a positive lab result for COVID-19
- **Clinical case:** Person (who has not had a laboratory test) in a healthcare facility (e.g., long term care, hospital) with acute onset of respiratory OR systemic illness, with ANY of the following symptoms (new or worsened):
    - Systemic symptoms: fever, chills, headaches, fatigue, or muscle aches
    - Respiratory symptoms: cough, shortness of breath, rhinorrhea (runny nose), nasal congestion, sore throat, odynophagia (painful swallowing), or loss of sense of smell
- **Probable - epi-linked case:** Person (who has not had a laboratory test):
    - With fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough,

  AND
    - 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, correctional facility, school)

- **Probable – lab case**: Person (who has had a laboratory test):

- With fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough,

AND

- Who meets the COVID-19 exposure criteria and in whom a laboratory diagnosis is inconclusive

How is UCDR alerted about COVID-19 cases/potential cases?

- **Lab confirmed case**: The Lab notifies the Communicable Disease (CD) Hub, the Ordering Provider, and the Primary Care Provider (if known) of positive results simultaneously. In turn, UCDR is notified by the CD Hub.
- **Clinical case**: Facility management of healthcare facilities, Infection Prevention and Control, or MHO notify the CD Hub. In turn, UCDR is notified by the CD Hub.
- **Probable/epi-linked cases:** Primary care providers, NH's Online Clinic, or case management processes notify the CD Hub. In turn, UCDR is notified by the CD Hub.
- **Symptomatic clients that have been referred for temporary accommodation**: NH's Online Clinic, facility management of acute care facilities and shelters, or case management processes notify the CD Hub. In turn, UCDR is notified by the CD Hub.
- **Indeterminate lab results:** The Lab notifies the CD Hub, the Ordering Provider, and the Primary Care Provider (if known). In turn, UCDR is notified by the CD Hub.

COVID-19 Case Follow-Up

How quickly is contact made with a case?

Timing for these connections are dictated by the MHO. In general, cases are contacted the same day a positive lab report is received.

What does case follow-up entail?

Case follow up involves:

- Delivering the diagnosis
- Advice on self-isolation
- Active daily follow-up until 10 days from the onset of symptoms or until symptom resolution (at the discretion of the MHO), in order to track clinical outcomes of COVID-19 cases and verify adherence to self-isolation
  - If symptoms worsen, UCDR refers the case to the Virtual Clinic to be assessed by a physician or NP
- MHO advise on when to discontinue isolation

What plan is in place for COVID-19 Case Follow-up if tests are delayed but a highly suspect case is indicated?

A highly suspect case, if they meet criteria for clinical case, would be followed in the same way as a case, even prior to the test results returning. If a PCP is concerned about a highly suspect

case, they can connect with the CD Hub, MHO, or the virtual clinic. UCDR will be accessed as needed.

Who is responsible for COVID-19 Case Follow-up with people who live in First Nations Communities?
The MHO is legally accountable for the follow up of all positive COVID-19 cases that reside within Northern Health and as much as possible UCDR works with FN communities to provide public health case management for people who live in First Nations Communities in collaboration with FNHA to manage positive cases.

Also see “How does UCDR interface with FNHA?” below.

COVID-19 Contact Follow-Up

How quickly is contact made with a contact?
Timing for these connections are dictated by the MHO. In general, close contacts are contacted within 0-48 hours of UCDR connecting with a case.

What does contact follow-up entail?
Contact follow-up involves:

- Contact identification
- Notification and evaluation of close contacts
    - UCDR does not follow up with non-close contacts, e.g. those who consistently used PPE, remained more than 2m away from the case, or had only brief interactions with the case.
- Advice on testing (if symptomatic and eligible)
    - If a contact becomes symptomatic, UCDR refers them to the Virtual Clinic for testing
- Advice on self-isolation
    - Only those assessed by UCDR to be close contacts will be advised to self-isolate
- Active daily follow-up for asymptomatic clients until 14 days following their last exposure to the case, in order to detect new possible cases rapidly and verify adherence to self-isolation
- MHO advise on when to discontinue isolation (for close contacts)

Who is responsible to follow up with NH employees, Physicians or other contract workers when COVID-19 positive cases in acute care settings are confirmed?
Currently (May 2020), the Provincial Workplace Health Call Centre follows up with all health authority staff. Northern Health’s Workplace Health and Safety follows up with non-NH employees (e.g., physicians, contractors, volunteers and students). This scope is currently a matter of discussion amongst Primary Care, CD team, Workplace Health and Safety and NH’s Online Clinic. Further information to come.

Coordination when COVID-19 Cases/Contacts are Hard to Reach

What is done when Cases/Contacts are hard to reach?

UCDR will reach out to ICMTs/IPTs when support is needed to connect with cases or contacts for public health case management, such as with hard to reach populations. This process is still in development. Further information to come.

CMOIS Documentation

Is CMOIS documentation different for COVID?

COVID-19 has required the development of a new documentation standard which is accessible on Confluence for use by the UCDR case management staff.

Why is documentation done in CMOIS?

CMOIS is the electronic medical record used for documentation of communicable disease work. CMOIS is NH's enterprise (universal) platform for charting. Information documented in CMOIS is accessible by all NH teams.

Detection of Facility Outbreaks or Community Clusters

What is being done to manage outbreaks in facilities?

COVID-19 control requires detection and control of outbreaks in multiple types of facilities, such as health care facilities, residential-type facilities and service facilities. Preparation for NH's response and management of COVID-19 outbreaks is in process by a multi-departmental Outbreak Management Planning Task Group. Outbreak management is connected and aligned with UCDR, but outside of the scope of UCDR.

What is being done to manage clusters in community?

COVID-19 control requires community-level response to clusters or increased levels of transmission ("hot spots"). Public communication and consideration of any enhanced community-level control measures, beyond routine case management at the individual level, will be led by MHOs. This work is connected and aligned with UCDR, but outside of the scope of UCDR.

Reporting

Who does UCDR notify about positive COVID-19 Cases?

- Lab confirmed and probable cases are reported to BCCDC
- Lab confirmed cases who are identified in CMOIS as being First Nations are reported to FNHA's CD Unit and Senior Medical Officer, unless the client is living in a facility where community supports are not needed (e.g. long term care, detained in a correctional facility)
- Lab confirmed cases who are admitted in acute care, or living in NH long term care facilities, are reported to the appropriate location COOs, HSAs and Chiefs of Staff through NH's microblogging app

How are Primary Care Providers (PCP) alerted about their patients who test positive?
If people referred for COVID-19 testing via the Online Clinic provide the name of their PCP, then their PCP will be copied on the requisition and will receive results (positive or negative) direct from the lab. PCPs will not receive notice when the client has been named as a contact.

How are IPTs alerted about COVID-19 positive cases in the community (to protect themselves if the person receives community services and provide continuity of messaging)?
UCDR does not disclose the identity of cases and contacts, unless there is a need relevant to provide care and treatment such as with hard to reach populations. Conversations continue with PPH, PCC leadership and primary care providers to address concerns and issues identified from all parties.

Active Daily Monitoring

How does UCDR coordinate with local health care providers (PCPs and IPTs) to ensure symptomatic individuals are monitored for deterioration and evaluated by a health care professional when needed?
If a primary care provider has questions about a lab confirmed COVID-19 positive patient, they can call the CD Hub phone line at 1-855-565-2990. This is the same process for questions from primary care providers for other reportable communicable diseases.

When UCDR nurses identify clients whose symptoms are escalating or health is deteriorating, they refer directly to the NH Online Clinic Tier 3 for physician/NP assessment. The clinic has a process to send summary notes to primary care providers for clients they have assessed. Leadership in PPH, PCC, and PCP continue to meet to improve process and communication.

Patients with a lab confirmed positive COVID-19 case are connected with UCDR for active daily monitoring (see ‘when and how is active daily monitoring done?’ below).

When and How is Active Daily Monitoring Done?
UCDR provides active daily monitoring based on significant risk level, which includes a 14 day incubation period for close contacts, a 10 day+ communicable disease period for confirmed cases, and other circumstances at the MHOs discretion (e.g. part of cluster, part of an outbreak, in a high risk setting) to monitor symptoms**,** check public health measures (i.e. self-isolation)**,** if indicated, refer for testing, and if indicated, refer for emergency care.

Active daily monitoring is conducted to monitor symptoms. If indicated, people are referred for testing. If needed, they are referred to the NH Online Clinic Tier 3 for assessment for further care.

Home Health Monitoring (HHM) is a tool that may be used for active daily monitoring (if client agrees, and has Internet and the capability to use HHM), otherwise active daily monitoring is done via phone.

How does Home Health Monitoring (HHM) work?
HHM consists of two applications - a dashboard for nurse monitoring called TriageManager and a client facing app called MyMobile. HHM allows UCDR to remotely monitor the health of cases and contacts each day by reviewing symptoms associated with COVID-19 infection. Clients enter their symptoms daily on an online platform using either a phone or computer. The symptoms entered are reviewed by the UCDR team. If symptoms are new or worsening, the client is contacted by phone by a nurse. Clients are instructed to call 911 in case of a medical emergency.

When and how is referral for testing done with those being followed through active daily monitoring?
If, through active daily monitoring, the case/contact is symptomatic and meets BCCDC criteria for testing, or is determined to need further assessment, they are connected by the UCDR nurse directly with Tier 3 at the NH Online Clinic (monitored by nurse practitioners and physicians) to have testing.

Who determines when isolation and active daily monitoring should discontinue?
For all cases, whether in acute care, a facility setting or in the community, UCDR, in consultation with an MHO, determine when isolation and active daily monitoring can discontinue.

Alignment and Circle of Care FAQ

How does UCDR interface with FNHA?
NH and FNHA have been working collaboratively on planning for COVID-19 within FN communities in the NH region. See COVID-19 Adapted Regional Health Authority- First Nations Health Authority Communicable Disease Protocol- April 2020. UCDR nurses provide clients (cases/contacts) with information about FNHA supports and contact information so people can talk with the appropriate FNHA representative**.**

How does UCDR interface with the NH Online Clinic?
Processes are in place to facilitate alignment and communication between the NH Online Clinic and UCDR as needed for positive cases, probable cases, and any potential contacts to cases that may present at the online clinic. UCDR is also available to provide public health guidance to Online Clinic staff as the need arises. Staff in both areas continue to meet on a regular basis to improve alignment and communication.

How does UCDR interface with primary care providers?
Positive communicable diseases lab results are sent to the ordering provider and to Public Health simultaneously. When a primary care provider (PCP) is copied on a requisition, they are copied on lab results.

A UCDR nurse will call the PCP, if copied on the requisition, prior to case investigation, as per routine reportable CD process. If the PCP is not copied on the requisition, the UCDR nurse will connect with the client to provide the diagnosis, elicit provider information from the client, and notify the PCP upon obtaining client consent.

COVID-19 case management is completed by UCDR. UCDR nurses work in collaboration with MHOs for all cases and contacts to cases. The ordering provider and/or PCP are not responsible for the public health management of the case and their contacts. They may choose to deliver the diagnosis and are encouraged to reinforce public health recommendations regarding self-isolation, and provide any additional clinical care as indicated.

PCPs can reach out to the CD Hub line with any questions related to communicable disease for their patient at 1-855-565-2990 or 250-565-2990, or after hours call the MHO on call (250-565-2000, press 7, ask for the MHO on call),

How does UCDR coordinate care with Physicians when people diagnosed in hospital with COVID are discharged and able to manage and self isolate at home?
With all positive COVID-19 cases, regardless of if in hospital or not, the UCDR team via the CD Hub are aware.

Per normal process with any communicable disease, discharge plans need to include the UCDR team. The UCDR connects with the Clinical Practice Lead on the wards daily to receive active daily monitoring reports and discuss anticipated discharge dates. If a client is expected to be discharged, the UCDR will inquire about where the case will be staying upon discharge so that they can connect directly (via phone) with the case in the community.

How does UCDR interface with organizations that provide temporary housing to those who need extra support to self-isolate?
UCDR works with cases and contacts individually to provide information on isolation requirements and length of time to remain isolated. If extra support is needed for the case/contact to self-isolate, UCDR coordinates with Public Health Resource Nurses to reach out to local NH teams (IPTs, Intensive Case Management Teams, etc.) as needed (e.g., to coordinate temporary housing through BC Housing).