MEMO

Date: April 16, 2020 UPDATED
To: All Health Care Workers
From: Dr. Brent Roussin
     Chief Provincial Public Health Officer
     Lanette Siragusa, Provincial Lead
     Health System Integration & Quality,
     Chief Nursing Officer, Shared Health

Re: COVID-19 Contact Tracing for Health Care Workers

As the COVID-19 situation continues to evolve in Manitoba, every preparation is underway and every precaution is being taken to ensure we are able to safely care for COVID-19 patients.

Similar preparations are underway to manage situations where staff or physicians may themselves be exposed to – or test positive for - COVID-19.

Every positive COVID-19 test result prompts an immediate contact tracing investigation by Public Health. In situations involving health care workers, these investigations will also involve Occupational and Environmental Safety and Health (OESH) if colleagues have been exposed and Infection Prevention and Control (IP&C) if patients have been exposed.

Aggressive case identification and contact tracing has been shown in other jurisdictions to have an impact on the virus’ epidemiological curve. In the absence of being able to identify the exact point at which symptoms began, the 48 hour timeframe will allow for broader investigation and identification of potential exposure.

Contact Tracing involves the following:

- A Public Health investigation begins immediately to determine the nature of the individual’s activities from a period up to 48 hours prior to the development of overt symptoms. This time-frame allows for a thorough examination of an individual’s activity even before they may have noticed symptoms or felt unwell;

- Potential points of contact – including family members, colleagues, patients, and locations frequented – are identified and steps taken to determine the potential exposure;
In cases involving health care workers, OESH and IP&C are involved to determine the
nature of the contact and whether precautions are required for colleagues (OESH) or
patients (IP&C);

Staff and physicians who are determined to have had possible significant exposure will
be contacted by OESH, asked to self-isolate at home and to self-monitor for symptoms.
OESH will only contact those at risk of exposure.

Staff and physicians that are not contacted by OESH and given specific instruction to stay home
should continue to come to work.

Staff and physicians contacted by OESH and told to self-isolate at home should notify their
manager.

COVID-19 can be spread through close contact (within two metres or six feet) with an infected
person who is coughing or sneezing. You can also get COVID-19 by touching objects
contaminated with the virus and then touching your mouth, eyes or nose. Staff are reminded of
the importance of proper hand hygiene and following routine practices and all other IP&C
protocols.

Staff must stay home when sick, even if symptoms are mild. We all have a duty to
protect our patients, our colleagues and our community.

In recognition of the onset of allergy season, screening of symptoms has also been updated.
Staff screening materials will be updated to reflect these changes. Staff will be asked whether
they have a fever or chills, new cough or an increase in the amount of coughing, sore throat,
shortness of breath, headache or unusual headache, or sore muscles not related to
overexertion or exercise.

If you experience these symptoms, please self-isolate immediately and contact OESH or
designate. Occupational Health Services and Designate contact information are available by