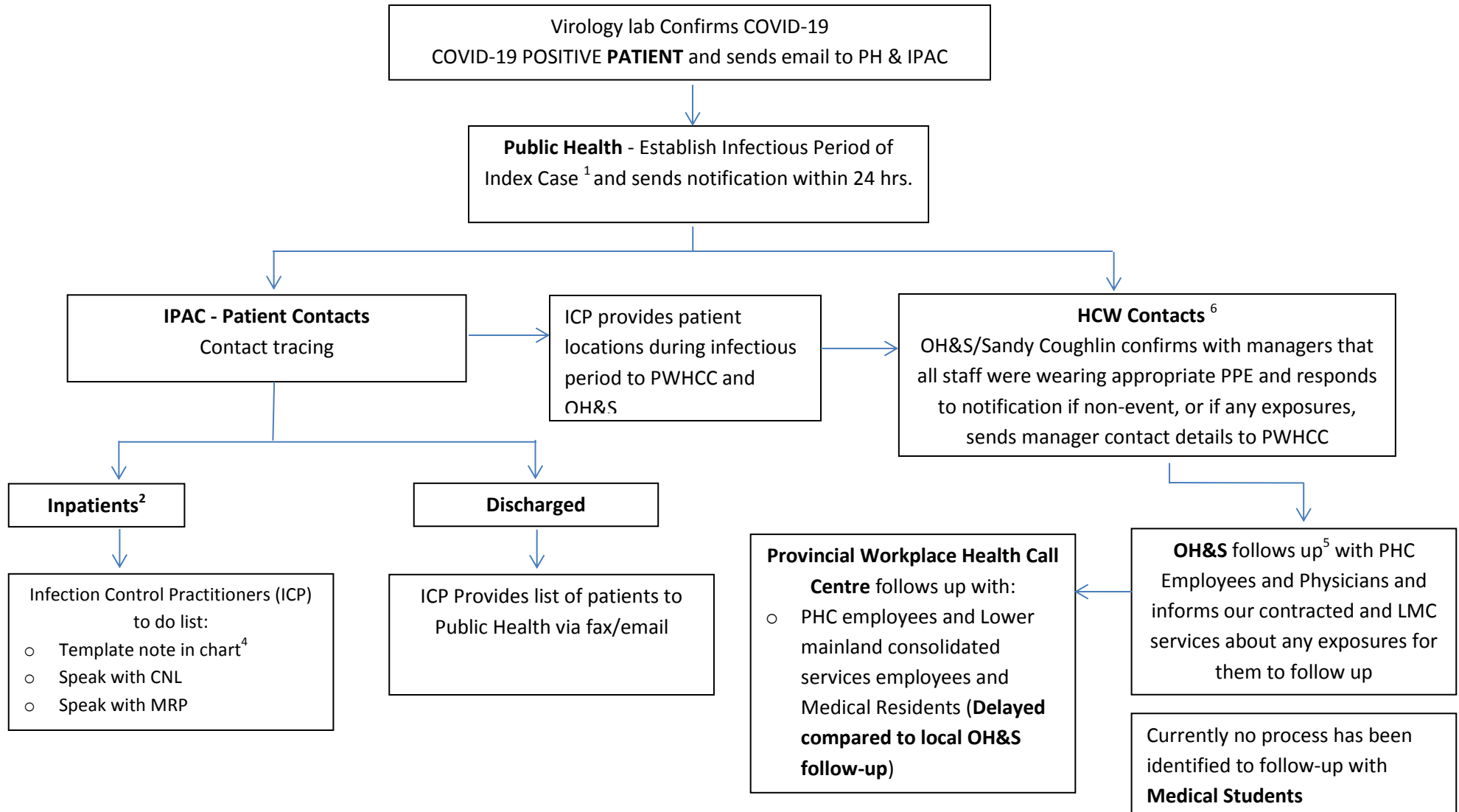
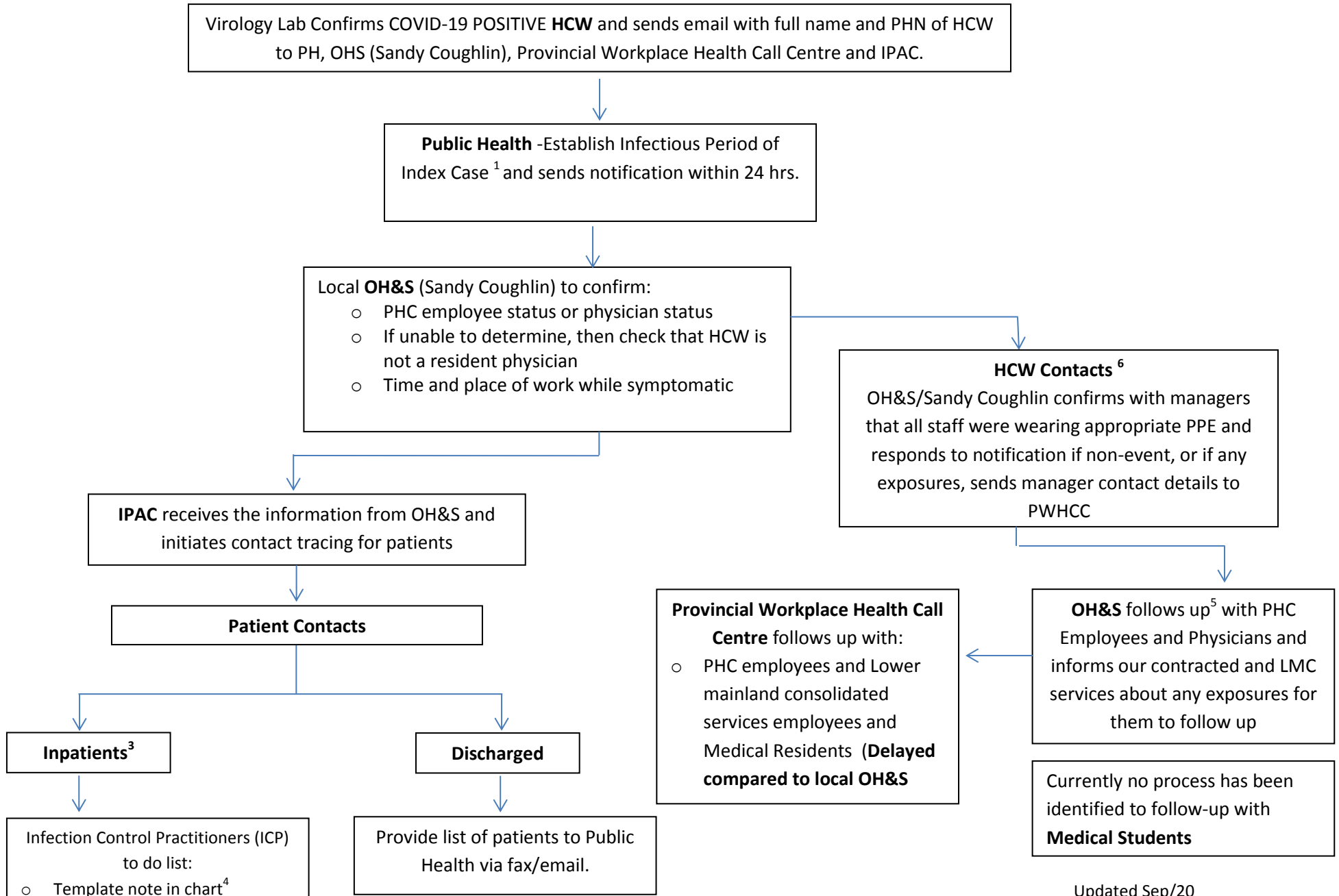


COVID-19 Contact Tracing Workflow



COVID-19 Contact Tracing Workflow



¹Infectious period of index case – based on 48 hrs before date of 1st symptom onset

The checklist of symptoms are any of the following: fever (can be subjective), cough, shortness of breath or chest heaviness/tightness, fatigue or malaise, body aches or myalgia, headache, rhinorrhea, sore throat, loss of appetite, nausea/vomiting, diarrhea, abdominal pain, loss of smell.

²Inpatients followed up who had ≥ 15 minutes of exposure in the same air space (same room on an inpatient ward) of confirmed patient. We are not following those patients who shared the same airspace in emergency room specific locations because there are already measure in place to screen these patients in the ED and also daily clinical surveillance of patients by RNs using the checklist of symptoms.

³Inpatients exposed to HCW (even if HCW is wearing appropriate PPE) will be considered as exposed. The rationale for this is due to the risks in transmitting via contact. We know that HCWs will not be able to follow proper PPE donning/doffing 100%.

⁴Chart Note Template: Patient was potentially exposed to a confirmed COVID-19 case. Please use the “COVID Symptoms Assessment” tool once per shift to monitor for signs and symptoms consistent with COVID-19. If the patient becomes symptomatic, please contact the MRP to discuss the next steps.

⁵OH&S will notify Program Directors during HCW follow up.

⁶ OH&S and PWHCC are responsible for following up with all staff contacts as per Public Health recommendations (whether staff member or patient is diagnosed with COVID-19) and will notify IPAC if specific information needed to facilitate this process.