

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



SERVICE CORRECTIONNEL CANADA

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

COVID-19 Update

CSC Staff who have familial/household contact with COVID-19 symptomatic or positive test person

For the purpose of this COVID-19 update, familial/household contact is defined as any person residing in the same residence as the CSC staff member. This includes but is not limited to spouses, partners, roommates, children, and extended family residing in the household.

CSC staff members are required to be excluded from the workplace if a familial/household contact (i.e. someone who shares the same residence) develops symptoms or tests positive for COVID-19.

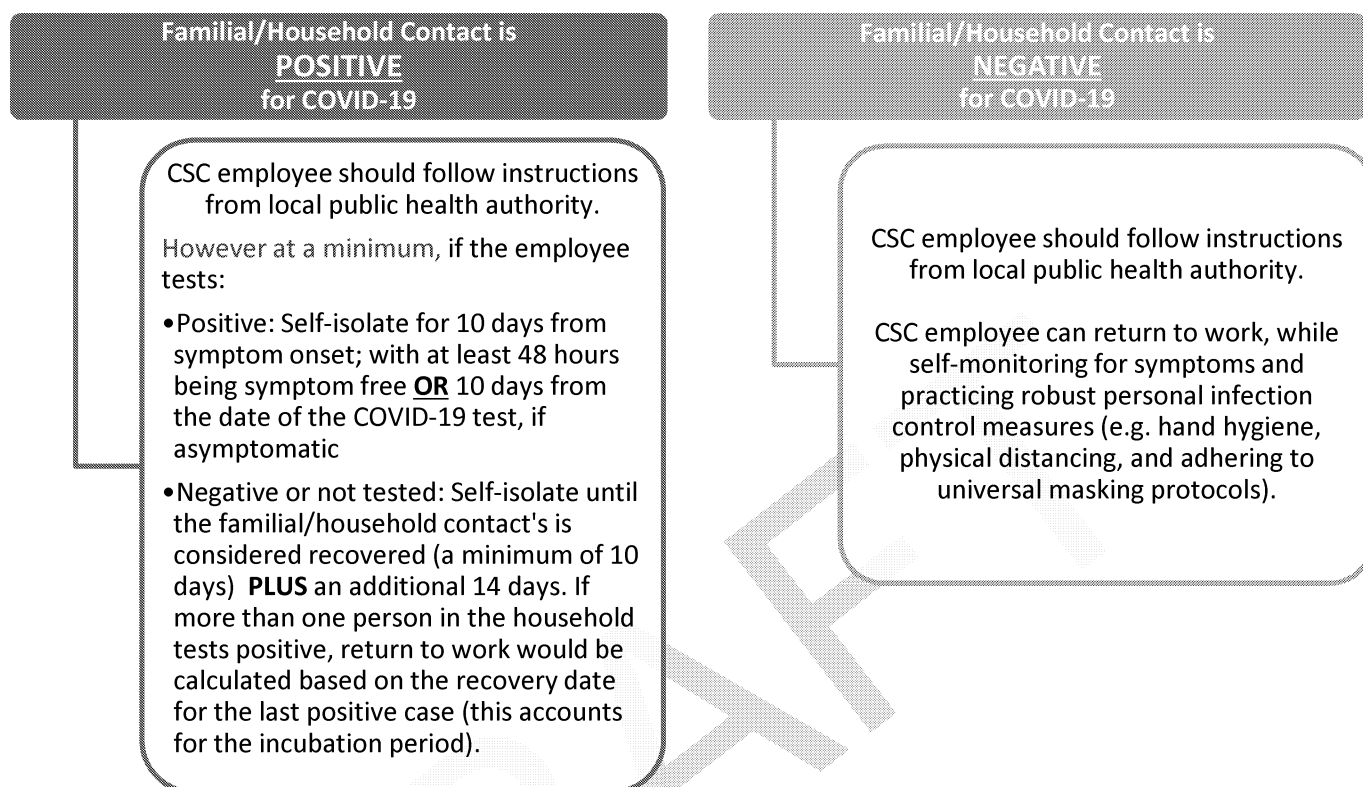
Effective isolation within a familial/household setting can be challenging for various reasons. Given these challenges, should a CSC staff member's familial or household contact test positive for COVID-19, the need for contact tracing will be reviewed by the National Contact Tracing Unit (NCTU) on a case by case basis.

The following procedures have been developed for staff exclusion from the workplace:

- Upon a familial/household contact developing any symptom(s) associated with Covid-19 or a receiving a positive COVID-19 test result, those living in the residence who work at CSC will be asked to stay at home and advise their manager that they have a symptomatic or COVID-19 positive individual in their residence. The staff and their household contacts should isolate themselves from the symptomatic/COVID-19 positive individual in the home as much as possible and implement enhanced cleaning and infection control practices.



- Based on the COVID-19 test result, the self-isolation requirements for that individual and their asymptomatic household contacts (if employed by CSC) are as follows:



The procedures for exclusion from the workplace detailed above **must be followed as the standard**. Any variations in the return to work timeline for an asymptomatic CSC staff of a familial/household contact (detailed above) must be reviewed on a case-by-case basis by the National Contact Tracing Unit Lead.

For those staff members who have dependents (or other household contacts) that are sent home from school or work because of being identified as a contact of a suspected or confirmed case of COVID-19, the staff member must contact and follow the instructions of the local public health authority. If the staff member is not instructed by public health to be tested or to self-isolate, efforts should be made to minimize the staff member's workplace footprint. Best practice would be to have the employee work remotely, however, should that not be a viable option, consider having them work in areas that permit minimal contact with both staff and inmates for a minimum of 14 days.

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



SERVICE CORRECTIONNEL CANADA

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

Information on how to self-isolate at home

The Public Health Agency of Canada (PHAC) has developed a resource that offers practical advice for [how to self-isolate when you may have COVID-19](#), including how to limit contact with others, what measures can be taken to avoid contaminating other people or household surfaces, and what supplies to have at home when isolating. A similar resource has been developed for [asymptomatic individuals who are self-isolating as a result of a potential exposure to COVID-19](#) and for individuals [caring for a person with COVID-19 at home](#).

Additional advice about self-isolation is available from local or provincial public health authorities.

Considerations for returning asymptomatic household contacts to work earlier than what is described above

If concerns are raised about the length of the self-isolation period (minimum of 24 days) for the asymptomatic household contact(s), the individual circumstances can be reviewed by the National Contact Tracing Unit Lead on a case-by-case basis to determine if there are opportunities to bring asymptomatic staff back to the workplace sooner. This may only be considered in exceptional circumstances and, in most cases, the procedure detailed on Page 2 should be followed.

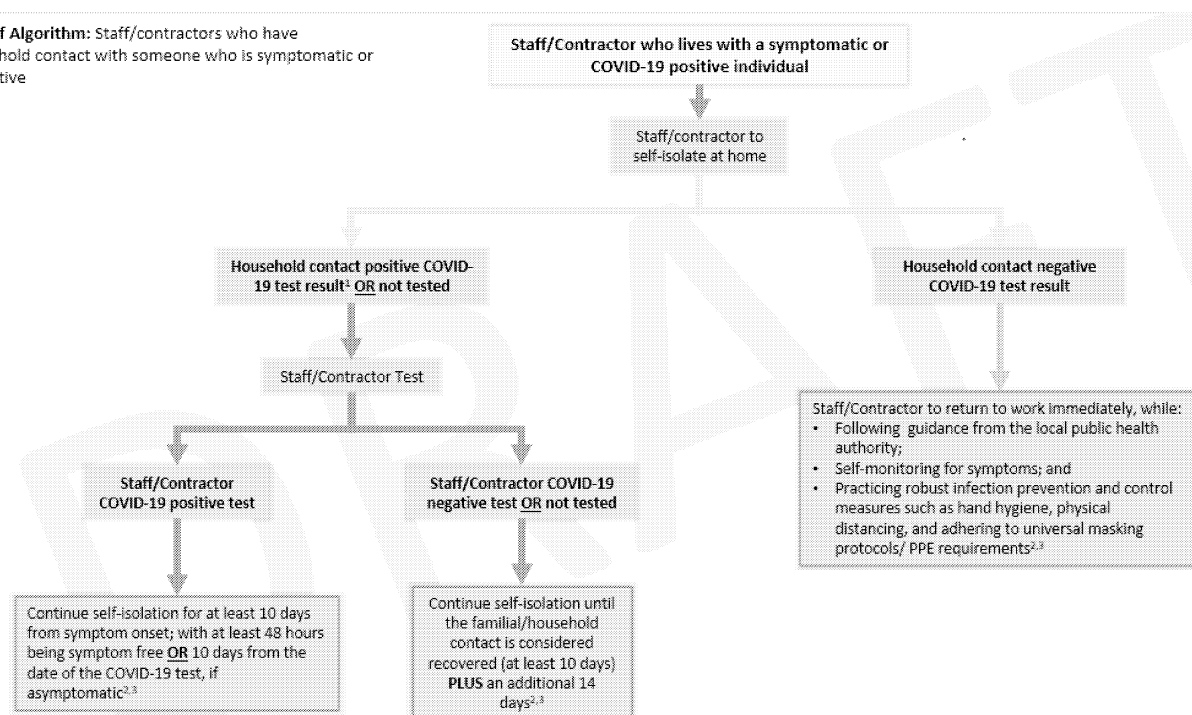
If there is an exceptional circumstance identified that suggests a need for the asymptomatic household contact(s) to return to work, the Contact Tracing Area Lead will contact the affected staff member by telephone to obtain self-isolation details for review by the National Contact Tracing Lead. The purpose of the conversation is to evaluate the potential health and safety risk to the offenders and staff at the institution if the household contact(s) were to return to work.

For any questions please contact, the National Contact Tracing Unit Lead Dan Heurter at Dan.Heurter@CSC-SCC.GC.CA.



Algorithm

COVID-19 Staff Algorithm: Staff/contractors who have familial/household contact with someone who is symptomatic or COVID-19 positive
 April 13, 2021



1. If more than one person in the household tests positive for COVID-19, return to work would be calculated based on the recovery date for the last positive case (this accounts for the incubation period).
2. CSC, in collaboration with Local Public Health departments, may return employees earlier if needed for critical services on a case by case basis.
3. Local Public Health departments may stipulate a different return to work process. In this case, follow the most stringent policy.

For leave information please refer to: [Frequently asked questions on COVID-19 from CSC](#)

Jennifer Wheatley, Assistant Commissioner Health Services

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



SERVICE CORRECTIONNEL CANADA

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

Mise à jour de la COVID-19

Personnel du SCC ayant des contacts familiaux/au lieu de résidence avec une personne symptomatique ou positive au test de dépistage à la COVID-19

Aux fins de cette mise à jour sur la COVID-19, un contact familial/au lieu de résidence est défini comme toute personne résidant dans la même résidence que le membre du personnel du SCC. Cela comprend, mais sans s'y limiter, les conjoints, les partenaires, les colocataires, les enfants et la famille élargie qui habitent dans le même lieu de résidence.

Les membres du personnel du SCC doivent être exclus du lieu de travail si un contact familial/au lieu de résidence (c.-à-d. une personne qui partage la même résidence) développe des symptômes ou reçoit un test de dépistage positif à la COVID-19.

L'isolement efficace dans un cadre familial/au lieu de résidence peut être difficile pour diverses raisons. Compte tenu de ces défis, si un contact familial/au lieu de résidence d'un membre du personnel du SCC reçoit un résultat positif au test de dépistage à la COVID-19, la nécessité de procéder à la recherche des contacts sera examinée au cas par cas par l'Unité Nationale de recherche des contacts (UNRC).

Les procédures suivantes ont été développées pour l'exclusion d'un membre du personnel du lieu de travail.

- Lorsqu'un contact familial/au lieu de résidence développe un ou plusieurs symptômes ou reçoit un résultat positif au test de dépistage de la COVID-19, les personnes qui travaillent au SCC habitant dans la même résidence seront demandées de rester à la maison et d'aviser leur gestionnaire qu'un individu de sa résidence est symptomatique ou positif à la COVID-19
 - Le personnel ainsi que les contacts au lieu de résidence doivent s'isoler de l'individu symptomatique/positif à la COVID-19 à la maison autant que possible et mettre en place des pratiques accrues au niveau du nettoyage et du contrôle des infections.
- Basé sur le résultat du test de dépistage à la COVID-19, les exigences d'auto-isolement pour cette personne et ses contacts asymptomatiques dans le lieu de résidence (s'ils sont employés par le SCC) sont les suivantes :



**Le contact familial/au lieu de résidence est
POSITIF
à la COVID-19**

Le membre du personnel du SCC doit suivre les instructions des autorités locales de la santé publique.

Cependant au minimum, si le membre du personnel reçoit un résultat:

Positif: auto-isoler pendant 10 jours à compter de l'apparition des symptômes; avec au moins 48 heures sans symptômes **OU** 10 jours à compter de la date du test de dépistage à la COVID-19 si asymptomatique

Négatif ou non testé: auto-isoler jusqu'à ce que le contact familial/au lieu de résidence soit considéré comme rétabli (un minimum de 10 jour) **PLUS** 14 jours supplémentaires. Si plus d'une personne dans la résidence est testée positif, le retour au travail sera calculé sur la base de la date de guérison du dernier cas positif (cela tient compte de la période d'incubation).

**Le contact familial/au lieu de résidence est
NÉGATIF
à la COVID-19**

Le membre du personnel du SCC doit suivre les instructions des autorités locales de la santé publique.

Le membre du personnel du SCC peut retourner au travail, tout en effectuant l'auto surveillance des symptômes et en pratiquant des mesures de contrôle des infections fermes (p.ex. l'hygiène des mains, l'éloignement physique et, en respectant les protocoles de masquage universels).

- Les procédures d'exclusion du lieu de travail décrites ci-dessus **doivent être suivies à la norme**. Toute variation dans le temps du retour au travail pour un membre du personnel asymptomatique du SCC, d'un contact familial/au lieu de résidence (détaillé ci-dessus), doit être examinée au cas par cas par le responsable de l'Unité nationale de recherche des contacts.
- Pour les membres du personnel qui ont des personnes à charge (ou d'autres contacts au lieu de résidence) qui sont renvoyés à la maison de l'école ou du travail parce qu'ils ont été identifiés comme un contact d'un cas suspect ou confirmé à la COVID-19, le membre du personnel doit contacter et suivre les directives de l'autorité de santé publique locale. Si le membre du personnel n'est pas dirigé par la santé publique de faire un test de dépistage ou de s'auto-isoler, des efforts afin de minimiser l'empreinte du membre du personnel sur le lieu de travail devraient être faits. La meilleure pratique serait que le membre du personnel

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



SERVICE CORRECTIONNEL CANADA

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

travaille à distance, par contre si cela n'est pas une option viable, considérez de le faire travailler dans des zones qui permettent un contact minime avec le personnel et les détenus pendant au moins 14 jours.

Information sur la façon de s'auto-isoler à la maison

L'Agence de la santé publique du Canada (ASPC) a développé une ressource qui offre des conseils pratiques sur la façon de s'auto-isoler lorsque vous pourriez avoir la COVID-19, y compris comment limiter les contacts avec les autres, quelles mesures peuvent être prises afin d'éviter de contaminer les autres personnes ou les surfaces de la résidence, et les fournitures à avoir à la maison pendant l'isolement. Une ressource similaire a été développée pour les individus asymptomatiques qui s'auto-isolent suite à une exposition potentielle à la COVID-19 et pour les individus qui s'occupent d'une personne atteinte de la COVID-19 à domicile.

Des conseils supplémentaires sur l'auto-isolement sont disponibles auprès des autorités de santé publique locales ou provinciales.

Considérations relatives au retour au travail des contacts asymptomatiques du lieu de résidence plus tôt que ce qui est décrit ci-dessus.

Si des préoccupations sont soulevées concernant la durée de la période d'auto-isolement (minimum de 24 jours) pour le (s) contact (s) asymptomatique (s) du lieu de résidence, les circonstances individuelles peuvent être évaluées au cas par cas par le responsable de l'unité nationale de recherche des contacts afin de déterminer s'il existe des possibilités de ramener plus tôt un membre du personnel asymptomatique sur le lieu de travail. Cela ne peut être envisagé que dans des circonstances exceptionnelles et dans la plupart des cas, la procédure détaillée à la page 2 doit être suivie.

Si une circonstance exceptionnelle identifiée suggère un besoin de retourner au travail le ou les contacts asymptomatiques du lieu de résidence, le responsable de secteur régional de recherche des contacts communiquera par téléphone avec le membre du personnel affecté afin d'obtenir les détails d'auto-isolement pour l'examen du responsable national de recherche de contacts. Le but de la conversation est d'évaluer le risque potentiel pour la santé et la sécurité des délinquants et du personnel de l'établissement si le contact du lieu de résidence retournerait au travail.

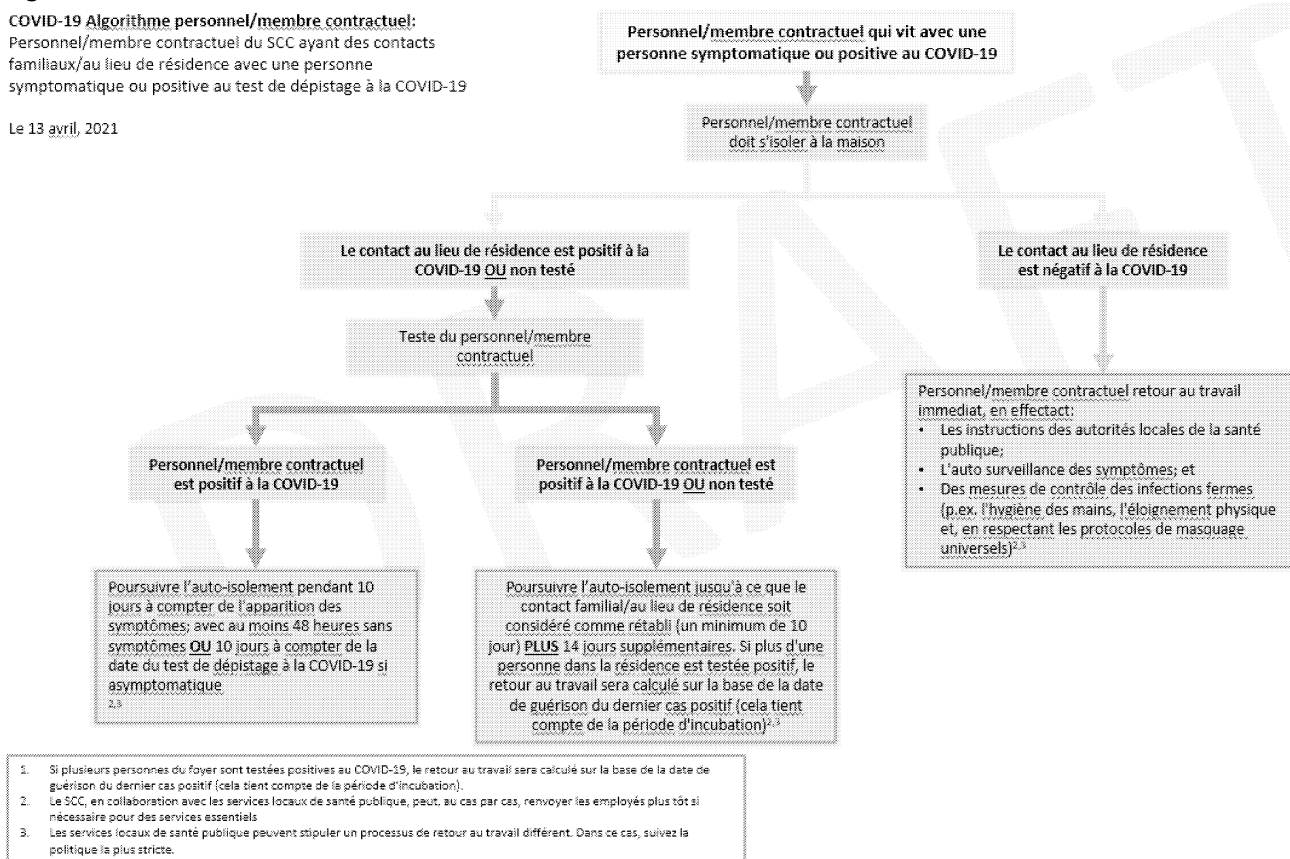
Pour toute question, veuillez communiquer avec le responsable de l'Unité nationale de recherche des contacts, Dan Heurter à Dan.Heurter@csc-scc.gc.ca.



Algorithme

COVID-19 Algorithme personnel/membre contractuel:
 Personnel/membre contractuel du SCC ayant des contacts familiaux/au lieu de résidence avec une personne symptomatique ou positive au test de dépistage à la COVID-19

Le 13 avril, 2021

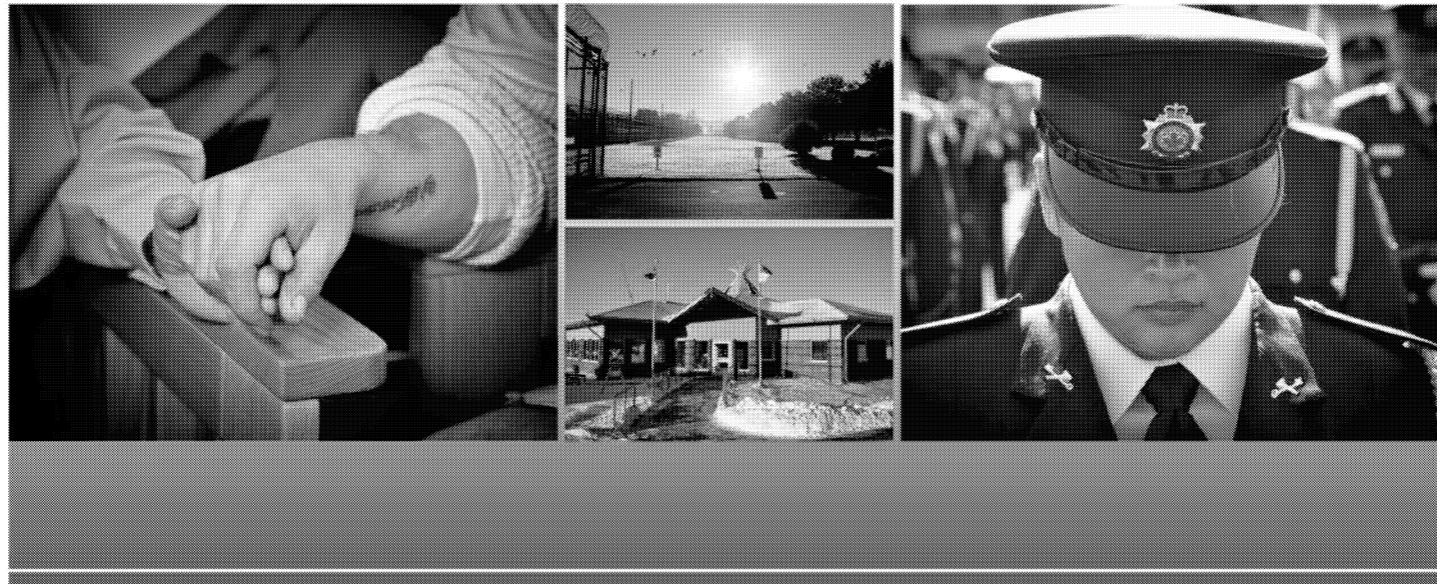


Pour obtenir des renseignements sur les congés, veuillez consulter le [Foire aux questions : COVID-19](#)

Jennifer Wheatley, Commissaire Adjointe, Services de santé

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



Testing and Contact Tracing in CSC Institutions and Community Correctional Centres

Heads of Corrections

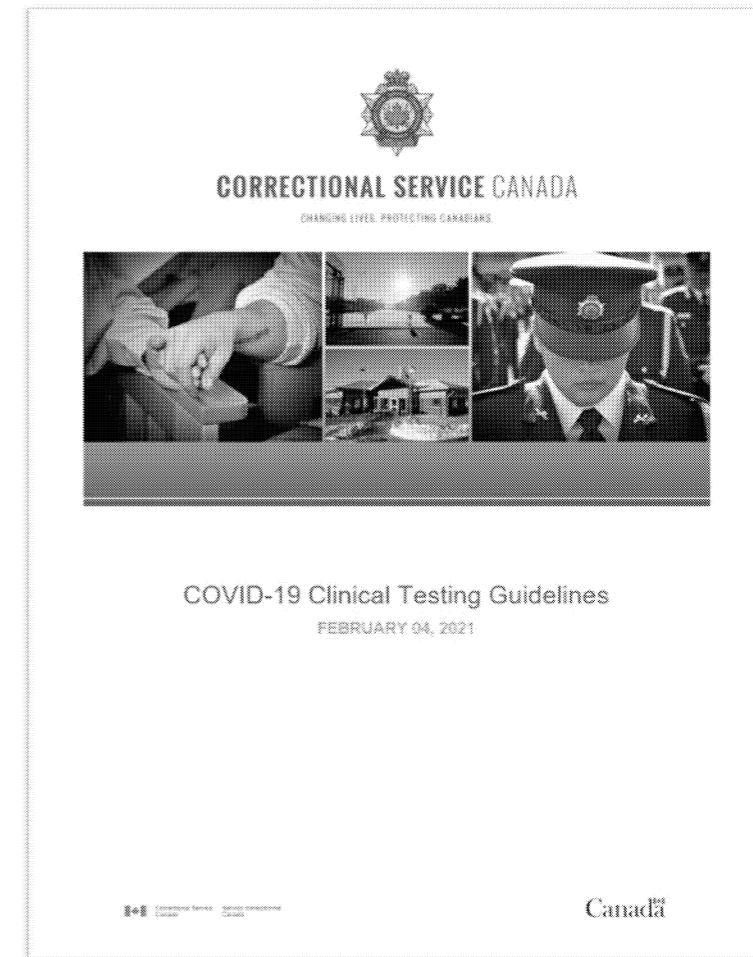
MARCH 25, 2021

Outline

- Review CSC's COVID-19 testing strategy
 - Introduction
 - Comparing testing modalities
 - Testing guidance
 - Infrastructure considerations
 - Key messages
- Review of CSC's contact tracing program
 - Scope and background
 - National Contact Tracing Unit (NCTU)
 - Contact tracing: process
 - Findings

CSC's COVID-19 Clinical Testing Guideline

- First version promulgated in May 2020
- Updated as testing capacity improved throughout the pandemic and new testing modalities emerged
- Draws on public health guidance and expert opinion to inform the framework for all testing, but in this update the focus has been largely on rapid point-of-care testing.
- Beyond this guideline, CSC has developed Emergency Operations Committees (EOCs) to support case-by-case decision making in outbreak sites.



Testing modalities used in CSC

- Lab PCR Testing
 - The 'gold standard' for COVID-19 diagnosis
 - Molecular test that amplifies the viral genetic material
 - Specimen typically sent to provincial lab for processing

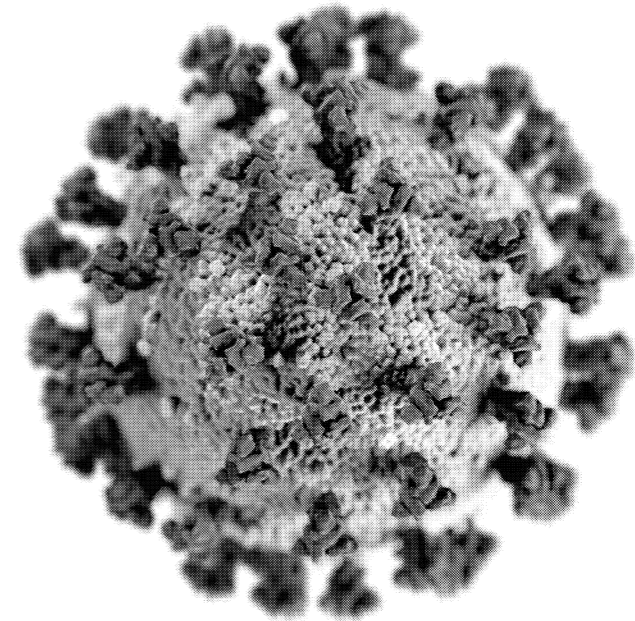
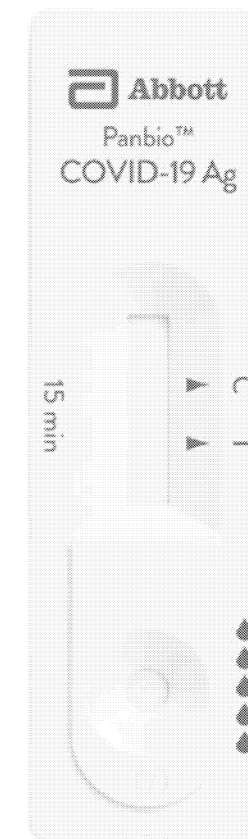


Image Credit: CDC/Alissa Eckert, MSMI, Dan Higgins, MAMS

Testing modalities used in CSC

- Rapid Point-of-Care Tests
 - Considered 'point-of-care' because the specimen can be processed on-site
 1. Abbott ID Now COVID-19 (rapid molecular test)
 2. Abbott Panbio (rapid antigen test)



Left: Abbott ID Now COVID-19, Image Credit: Abbott/ID Now COVID-19 Quick Reference Instructions.
Right: Abbott Panbio COVID-19 Ag Rapid Test, Image Credit: Abbott/User Product Training

Comparing testing modalities

Lab PCR

Pros

- Gold standard for COVID-19 clinical detection via nasopharyngeal swab
- Ideal in clinical situations that need high sensitivity (e.g. testing symptomatic individuals in a high risk setting or where critical decisions rest on a test result)
- Opportunities for genomic sequencing
- Typically, results are automatically reported to local public health authority via the lab

ID Now Rapid Test

Pros

- Acceptable performance when within 7 days following symptom onset
- Ideal in clinical situations where sensitivity needs to be balanced against the need for timely results (e.g. voluntary testing prior to release)
- Nasal or throat specimen may be more acceptable
- Results in under 20 minutes

Panbio Rapid Antigen Test

Pros

- Acceptable performance when within 7 days following symptom onset
- Ideal in clinical situations where sensitivity needs to be balanced against the need for timely results among a large number of individuals, such as large-scale asymptomatic screening
- Easily scalable – can do a large number of swabs quickly
- Currently a nasopharyngeal swab but will soon transition to nasal, which may be more acceptable
- Results in under 20 minutes

Comparing testing modalities

Lab PCR

Cons

- Nasopharyngeal sample collection can cause discomfort and may not be as acceptable as nasal/throat collection
- When laboratory capacity is strained, testing turn-around time can exceed 48 hours, leading to possible delays in clinical decision making

ID Now Rapid Test

Cons

- May be less sensitive than lab PCR when used in an asymptomatic context, but as a molecular-based test it may afford greater performance than the Panbio antigen test
- Not as easily scalable – the device can only run one sample at a time
- When used as a screening tool, positive test results need to be confirmed
- Requires manual reporting to local public health authority

Panbio Rapid Antigen Test

Cons

- May be less sensitive than lab PCR when used in an asymptomatic context
- When used as a screening tool, positive test results need to be confirmed
- Should not be used to inform decisions to ease restrictions or medical isolation
- Requires manual reporting to local public health authority

Diagnostic vs. Screening

Diagnosics for COVID-19

Lab PCR tests

Definitive diagnosis of COVID-19 with higher sensitivity

Less amenable to higher frequency of testing due to greater resource utilization

Screening for COVID-19

Typically newer, rapid testing technologies (e.g. rapid molecular or antigen tests)

Indicative of COVID-19 status, requires confirmation for diagnosis

Amenable to higher frequency of testing, repeated testing, and more easily scalable

Testing guidance: offenders

Testing Scenario	Indications for Testing	Recommended Testing Method
Symptomatic offender	Testing is indicated for all offenders presenting with symptoms of COVID-19.	Both lab PCR and rapid testing simultaneously <ul style="list-style-type: none"> • If they only consent to one test, lab PCR preferred.
Offender close contacts of a positive case	Testing is indicated for all offenders identified as close contacts of a confirmed case.	Both lab PCR and rapid testing simultaneously <ul style="list-style-type: none"> • If only able to conduct one, lab PCR is preferred. • Rapid testing can be used for any follow up testing. <ul style="list-style-type: none"> • Abbott ID Now is the preferred rapid test, especially when looking to increase offender movement following an exposure.

Testing guidance: offenders

Testing Scenario	Indications for Testing	Recommended Testing Method
<p>New admissions, transfers, and following a private family visit</p>	<p>Testing is offered near day 14 of medical isolation to help prevent the introduction of COVID-19 to the general population.</p>	<p>Lab PCR (preferred) or Abbott ID Now.</p> <ul style="list-style-type: none"> • Test as close to the end of the 14 day incubation period as possible, accounting for testing turn-around time.
<p>Release</p>	<p>Voluntary testing if offered prior to release. In some cases, the local public health authority may request testing prior to release.</p>	<p>Abbott ID Now or Panbio.</p> <ul style="list-style-type: none"> • <i>Note: the local public health authority requesting testing prior to release may have specific requirements for what type of test is accepted.</i>

Testing guidance: offenders

Testing Scenario	Indications for Testing	Recommended Testing Method
<p>Mass testing at outbreak sites</p>	<p>In the setting of an outbreak, the EOC may recommend broader testing for all offenders at an institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Repeated testing may be offered to monitor the outbreak response and facilitate decisions to increase offender movement.</p>	<p>Typically the Panbio rapid test, as it is easily scalable.</p> <ul style="list-style-type: none"> • All positive rapid test results must be confirmed. • Molecular-based tests (i.e. lab PCR or Abbott ID Now) may be preferred over the Panbio rapid test when making decisions to increase offender movement.

Testing guidance: staff

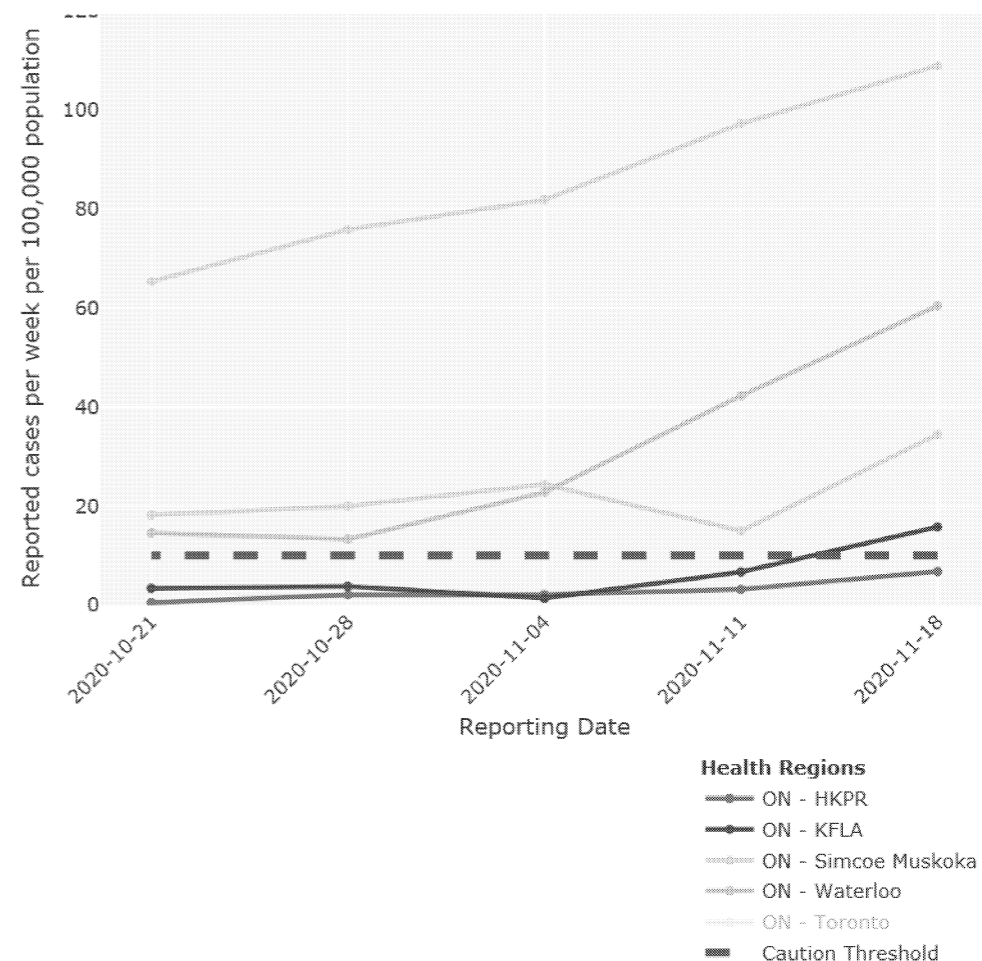
Testing Scenario	Indications for Testing	Recommended Testing Method
Symptomatic Staff	Testing is indicated for all staff presenting with symptoms of COVID-19.	Refer to local public health authority for testing and follow up.
Staff close contacts of a positive case	Testing is indicated for all staff identified as close contacts of a confirmed case.	Refer to local public health authority for testing and follow up.

Testing guidance: staff

Testing Scenario	Indications for Testing	Recommended Testing Method
<p>Mass testing at outbreak sites</p>	<p>In the setting of an outbreak, the EOC may recommend broader testing for all staff at an institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Repeated testing may be offered to those working on ranges/units with suspected or confirmed COVID-19 cases.</p>	<p>Typically the Panbio rapid test, as it is easily scalable.</p> <ul style="list-style-type: none"> All positive rapid test results must be confirmed.

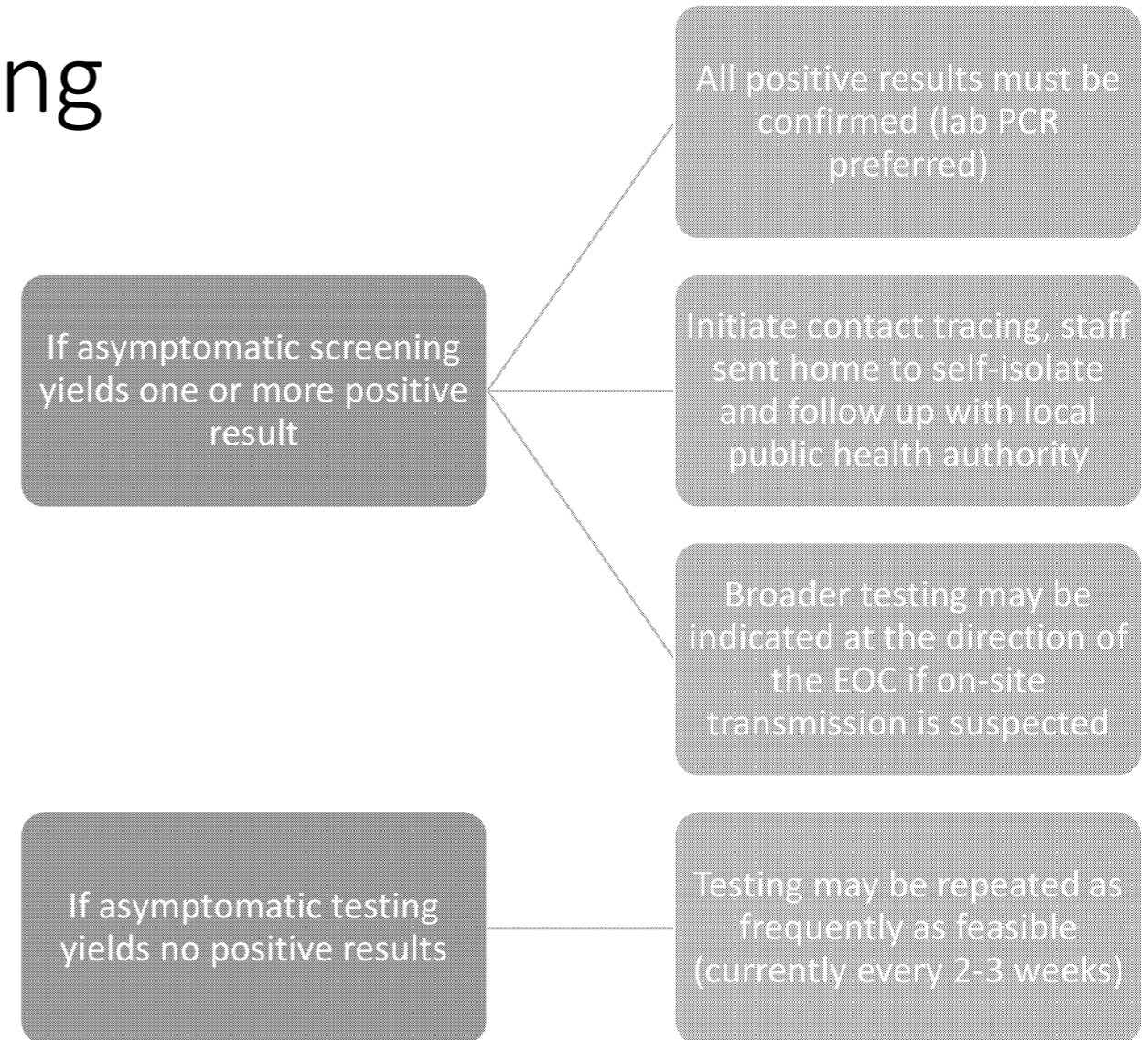
Asymptomatic screening based on community transmission

- Regular asymptomatic screening can complement existing measures to mitigate the risk of outbreaks within congregate settings.
- During the first wave, CSC implemented an asymptomatic screening program for all staff and offenders when community incidence is elevated.
 - The ‘caution threshold’ of 10 incidence cases per week per 100,000 people in the local health region is used to trigger asymptomatic screening.
 - Staff are offered testing every 2-3 weeks until the community incidence trend decreases below the caution threshold for two consecutive weeks.



Asymptomatic screening

- All staff, contractors, and essential volunteers that actively report to the site for duty will be offered testing;
- All offenders will be offered testing;
- Individuals who have previously tested positive for COVID-19 should be excluded from asymptomatic screening;
- Participation is voluntary.
- Testing Method: Most often the Panbio rapid test, as it is easily scalable.



Infrastructure considerations

- Physician authorization
 - Testing requires a physician order, as well as physician support and expertise to implement.
- Health care records
 - Protocols needs to be established for the managing of health care records
 - CSC has the infrastructure in place for offenders, as the provision of essential health services is part of CSC's mandate
 - Particularly important for CSC to establish a process for managing staff health care files, in keeping with legal and professional standards of confidentiality and privacy
- Human resources for the collection of swabs, processing of samples if using rapid tests
 - Typically nursing staff, but can also be contracted to other regulated health care professionals
- Ongoing collaboration with local public health authority
 - Reporting procedures, particularly with regards to rapid test results
 - Recommendations for confirmatory testing with lab PCR for positive rapid test results
 - Collaboration and shared decision-making through EOCs

Key messages

- Lab PCR continues to be the ‘gold standard’ for COVID-19 clinical detection.
- Rapid testing can play an important role in screening. This might include:
 - Screening asymptomatic individuals in high risk settings (like congregate living settings) to prevent COVID-19 introduction.
 - Screening asymptomatic individuals in the setting of an outbreak.
 - The Panbio rapid antigen test is particularly well-suited for broad-based screening, as it is easily scalable.
 - When used in the context of screening, positive rapid test results must be confirmed.
- A testing strategy harnessing *both* lab-based testing and rapid testing will result in the most robust testing approach to support CSC’s response to the pandemic.

Helpful resources on testing

- **Public Health Agency of Canada**
 - [Pan-Canadian COVID-19 Testing and Screening Guidance](#)
 - [National polymerase chain reaction \(PCR\) testing indication guidance for COVID-19](#)
 - [Interim guidance on the use of rapid antigen detection tests for the identification of SARS-CoV-2 infection](#)
 - [Interim guidance on the use of the Abbott ID NOW instrument and COVID-19 assay](#)
- Local/provincial jurisdictions may have developed their own resources and protocols regarding COVID-19 testing and screening

CSC's Contact Tracing Program

Contact tracing: Introduction

- Contact tracing is a strategy for breaking transmission chains and controlling the spread of disease, in this instance COVID-19.
- It is one of 3 pillars in combating the pandemic; Test, Trace and Isolate
- For CSC, contact tracing is initiated with the goal of reducing the spread of COVID-19 within our workplaces, amongst inmates and staff and is the responsibility of the National Contact Tracing Unit (NCTU)

Contact tracing in numbers

- 13K+ staff working within CSC institutions
- 548 known cases of Covid-19 positive staff
- 475+ traces completed by the National Contact Tracing Unit (NCTU) since inception January 13, 2021
 - 7-8 - traces (risk assessments) per day
 - 1.96 – average close contacts per case
 - 17hrs - average length to complete a trace by the NCTU (includes multiple rounds of calls)

Contact tracing in numbers

- About 50% of transmissions are thought to occur from asymptomatic or presymptomatic persons.

(Honein MA, Christie A, Rose DA, et al. Summary of guidance for public health strategies to address high levels of community transmission of SARS-CoV-2 and related deaths, December 2020. MMWR Morb Mortal Wkly Rep. 2020;69(49):1860-1867.)

- COVID-19 control efforts in countries that succeeded in limiting early pandemic spread included frequent and strategic testing and use of **extensive contact tracing**

(Tenforde MW, Fisher KA, Patel MM. Identifying COVID-19 Risk Through Observational Studies to Inform Control Measures. JAMA. Published online February 22, 2021.)

Contact tracing

- CSC developed a non-test based approach to contact tracing, whereby contact tracing is **initiated at symptom onset**, for both offenders and staff, at all CSC institutions
- In the initial response, each region in CSC established their own contact tracing teams

Contact tracing

- January 13, 2021: CSC's NCTU came on-line
- In-line with the close contact descriptor, NCTU undertakes a risk assessment approach given complex nature of interactions
- National approach vs. regional

National Contact Tracing Unit (NCTU)

- ~70 full-time staff (staff from within the organization; working from home)
- 1 – National Lead
- 10 – Area Leads
- PHAC training and CSC training provided to staff joining the NCTU team
- Tracing activities take place between 0900h-2100h (local time in respective time zones)

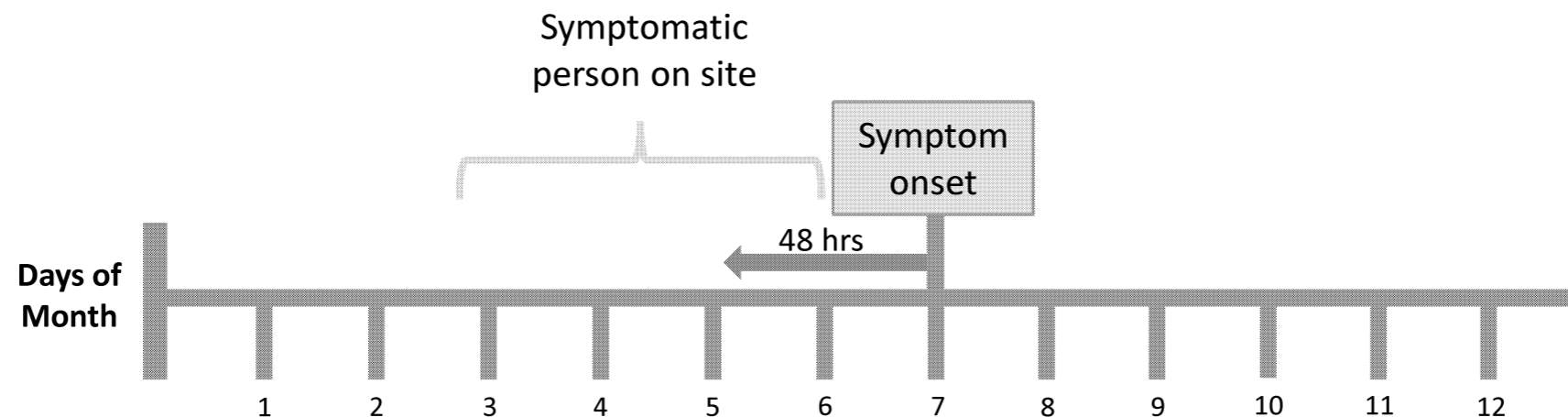
Close contact descriptor

- CSC undertakes a detailed review to determine the risk of exposure associated with contact with an COVID-19 infected individual(s).
- Factors considered include, but are not limited to:
 - The nature of the interaction
 - Who they interacted with
 - The setting in which the interaction took place
 - The proximity and duration of the interaction
 - PPE worn and if there was any breach of PPE

- The previously referenced timeframes (e.g. >15 minutes face-to-face or longer than 2 hours in shared closed space), may serve as a useful guide, but do not fully capture the potential risk of exposure associated with any given interaction or contact.
- The **safest approach is to minimize contact with all persons to the greatest extent possible**, maintain the greatest distance possible from others, and interact for the shortest time possible.
 - When required to have contact with other persons (even at greater than 2 metres), don PPE and take all precautions to avoid any breach of PPE.

Contact tracing in CSC: process

- We trace back 48 hrs from symptom onset, we do not wait for positive result. In the event the staff member reports a positive result, for example in the case of asymptomatic testing, we trace back 48hrs from the date the test is taken (not the date it is reported).



Contact tracing in CSC: process

- Initiated with report of symptomatic staff member or person under investigation (PUI)
- Manager completes template form providing staff information and submits to the NCTU
- NCTU engages (PUI) to obtain symptomology, symptom onset date, footprint information
- Site completes contact information and submits to the NCTU
- Area Leads communicate back to the site after each round of calls with updates on results

Findings: Top 5 reasons for close contact

- Conversation 15 min at 2 metre or less
- Shared objects or equipment
- Working in small work spaces (“bubbles”/offices)
- Eating / Drinking in company of others
- PPE Breach

Questions



- Contact info:
 - Kristina Ma, RN PhD (c)
 - Nursing Project Manager, Core COVID-19 Team, Correctional Service Canada
 - Kristina.Ma@csc-scc.gc.ca
 - Dan Heurter, RN
 - National Contact Tracing Unit Lead, Correctional Service Canada
 - Dan.Heurter@csc-scc.gc.ca



CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



National Contact Tracing Training

Health Services, January 2021



Agenda

- Introduction
 - Key Steps
 - Public Health Agency of Canada (PHAC) contact tracing.
 - Overview of Contact Tracing and CSC Principles
 - Administrative requirements for the process
- Roles on the National Contact Tracing Unit
- Process
 - Case identification and documentation
 - Initiating contact tracing and documenting case information in Sharepoint
 - Interview process
 - Contact Risk Assessment
 - Contact Tracing Interviews and Questions
 - Contact Tracing Result and Documentation
 - Performance Indicators
- Question and Answers



Contact Tracing

- There are three key pillars in Outbreak Management:
 1. Test
 2. Trace
 3. Isolate



PHAC Training

- PHAC training is to be completed by each contact tracer.
 - **Introduction to Contact Tracing** is an estimated 60-90 minutes
 - **Introduction to Case Interviewing** is an estimated 60-90 minutes.
- This training is supplementary to the CSC training.
- When completed, please indicate to the Leads.
 - Training can be found at: <https://training-formation.phac-aspc.gc.ca/course/index.php?categoryid=85>



Introduction

- Contact tracing
 - A strategy for breaking transmission chains and controlling the spread of disease.
 - Involves four main steps:
 1. Identifying the infected persons;
 2. Taking steps to prevent an infected person from spreading infection;
 3. Identifying those with whom the infected person may have been in close contact with;
 4. Locating and testing close contacts
- For CSC, contact tracing is initiated with the goal of reducing the spread of COVID-19 within our workplaces amongst offenders and staff.
- This goal is the responsibility of the National Contact Tracing Unit (NCTU).



CSC Contact Descriptor

- CSC undertakes a detailed review to determine the risk of exposure associated with contact with an COVID-19 infected individual(s).
- Factors considered include: the nature of the interaction, who they interacted with, the setting in which the interaction took place, the proximity and duration of the interaction, PPE worn and if there was any breach of PPE.
- Previously guidance did not fully capture the potential risk of exposure associated with any given interaction or contact.
- The safest approach is to minimize contact with all persons to the greatest extent possible, maintain the greatest distance possible from others, and interact for the shortest time possible.
- When required to have contact with other persons (even at greater than 2M), don PPE and take all precautions to avoid any breach of your PPE.



Contact Tracing Principles

- Tracing is initiated when a new positive case or symptomatic employee or inmate is identified.
- It involves identifying anyone who may have been in contact with the case or person under investigation (PUI) during their communicable period.
 - These may include those who have been on the same unit, in the same house, range or buildings as the infected person.
- Timeframes for tracing are as followed:
 - 48 hours prior to symptom onset; or
 - 48 prior to test date (if asymptomatic)



Contact Tracing Principles Continued

- Contacts are assessed by a member of the NCTU to determine the level of risk associated given the type of interaction with the individual in question.
 - The goal is to gather information about the nature of the contact to determine if safety measures are required to protect the other staff and/or inmates.
- Tracing lists will be compiled with data from footprint tracking sheets placed within common/key areas of the institution.
 - Employees are expected to sign in when entering common areas within the workplace/institution



Administrative Requirements

- **Site Footprint Tracker:**
 - Each site will have site footprint tracker at each point of entry to areas of the institution.
 - The purpose of this is to assist in quickly identifying staff footprint within the institution and inform tracing activities in a timely manner.
- **Primary Contact:**
 - Each workplace (site) will have a primary contact identified for which the NCTU will communicate with as required.



Roles at the site

- **Site Manager:**
 - Initiates case investigation for any symptomatic individual or new positive by completing Section A of the Contact Tracing Template.
- **Institutional Management Team:**
 - Makes decisions about actioning the results of contact tracing (e.g. self-isolation requirements, exclusion from workplace).
- **On-site Health Services:**
 - Leads case investigation and contact risk assessment for inmates.
- **Primary Contact:**
 - main site contact for NCTU staff
 - Responsible for completing section B of the tracing template



Roles on the NCTU

- **National Contact Tracing Unit (NCTU):**
 - A centralized service of full-time contact tracers who have completed CSC's contact tracing training
- **National Lead**
 - Coordinates/advises all tracing activities of the NCTU
 - Liaison between the NCTU and the NHQ HS Core Covid Group & PHAC consultant
- **Area Lead:**
 - Leads tracing team and creates SharePoint entries for each case/symptomatic individual.
 - Attends EOC to brief on tracing events
- **Contact Tracer:**
 - Completes contact tracing calls
 - Attends EOC to brief on tracing events



Processes



Case Identification and Documentation

When a new positive or symptomatic individual is identified, the responsible manager initiates the completion of the case information (Section A of Annex A of the Guidelines).

This includes the following:

- Institution
- Name(s) of the case(s) or symptomatic individual(s)
- Job title of the staff member (at time of illness)
- FPS (if offender)
- Home contact information
- Work location
- Confirmation of individual consent to share information
- Date of last shift
- Date of symptom start
- Date 48 hours prior to symptom onset
- Date 48 hours prior to test (if asymptomatic)
- COVID-19 test completed (yes/no; if yes, date)
- COVID-19 test result
- Additional notes



Section A of the Contact Tracing Template

Section A: Case Information/Information du cas	
Institution/Établissement:	
Last Name/ Nom de famille:	
First name / Prénom:	
Date of Birth/Date de naissance	
Job Title / Profession:	
FPS/SED:	
Home Phone/Téléphone au domicile :	
Staff Work location or Offender Living Unit (Med. Min. or Max.), House or Range Number etc/Lieu de travail de l'employé ou milieu de vie du délinquant (Min. Med. ou Max), identification de l'hébergement ou de la rangée etc.	
Has consent been obtained to share case's name for contact tracing purposes? (Yes / No) / Le consentement a-t-il été obtenu pour partager le nom du cas à des fins de recherche de contacts ? (Oui / Non)	
Date of last shift / Date du dernier quart	
Date Symptoms Started / Date de début des symptômes	
Reported Symptoms / Symptômes rapportés	
To be completed by NCTU / à être complété par l'UNRC	
Date 48 Hours Prior to Symptom Onset / Date 48 heures avant l'apparition des symptômes	
COVID-19 Test Completed: (Yes/No) <i>If yes, insert date / Test COVID-19 complété : (Oui/Non) Si oui, indiquez la date.</i>	
COVID-19 Test Result: (Positive / Negative/ Pending) / Résultat du test COVID-19: (Positif, Négatif, En attente)	
Notes/Comments: (document any additional, relevant data from your call/conversation with the staff member) -- Notes/commentaires: (documentez toutes les données supplémentaires en lien avec l'appel/conversation avec le membre du personnel)	
Case Number - To be entered by NCTU / Numéro du cas - à être entré par l'UNRC	



Initiate Contact Tracing

The case summary will be forwarded to the Institutional Head (or delegate) for the completion of identified contacts.

The site is responsible for collecting the required sign-in sheets and completing the contact information section of the template utilizing the sign-in sheets. *(Section B of the Contact Tracing Template).*

- Each completed tracing form represents one tracing event.

Once completed, the Institutional Head (or delegate) will submit the completed template to the assigned generic email account that is monitored by the NCTU.

- ATL: GEN-COVIDTRACE-ATL
- QUE: GEN-QUE Covid Trace
- ONT/PRA: GEN-COVIDTRACE-ONT/PRA
- PAC: GEN-COVIDTRACE-PAC



Section 'B' and 'C' of the Contact Tracing Template

Section B						
Name/Nom	Position	Phone Number (Work)/Numéro de Téléphone (Travail)	Phone number (Home)/Numéro de Téléphone (Maison)	Date of Last Shift/Date du Dernier Quart	Date of Next Shift/Date du Prochain Quart	Currently on site (yes or no)

Section C						
Tracer/Traceur	Result (to be completed by the contact tracing team)/Résultat (à être complété par l'équipe de recherche des contacts)	Date of Most Recent Contact/Date du Plus Récent Contact	Symptoms/Symptômes	Symptom Start Date/Date d'Apparition des Symptômes	Description of the Interaction/Description de l'interaction	Additional Comments/Commentaires Additionnels



Documenting Case Information

- Step 1: Create a new case or symptomatic entry for the provided individual(s).
- Step 2: Generate a CSC Case Number using the naming convention: institution name and three digits.
 - The numbers are sequential in relation to the site. For example:
 - Mission001
 - Joyceville045
 - FraserValley054
- Step 3: Complete the entry using the information provided by the site. When completing this field it is important to select confirmed case or symptomatic individual accordingly.
- Step 4: Click Save.



Contact Risk Assessment

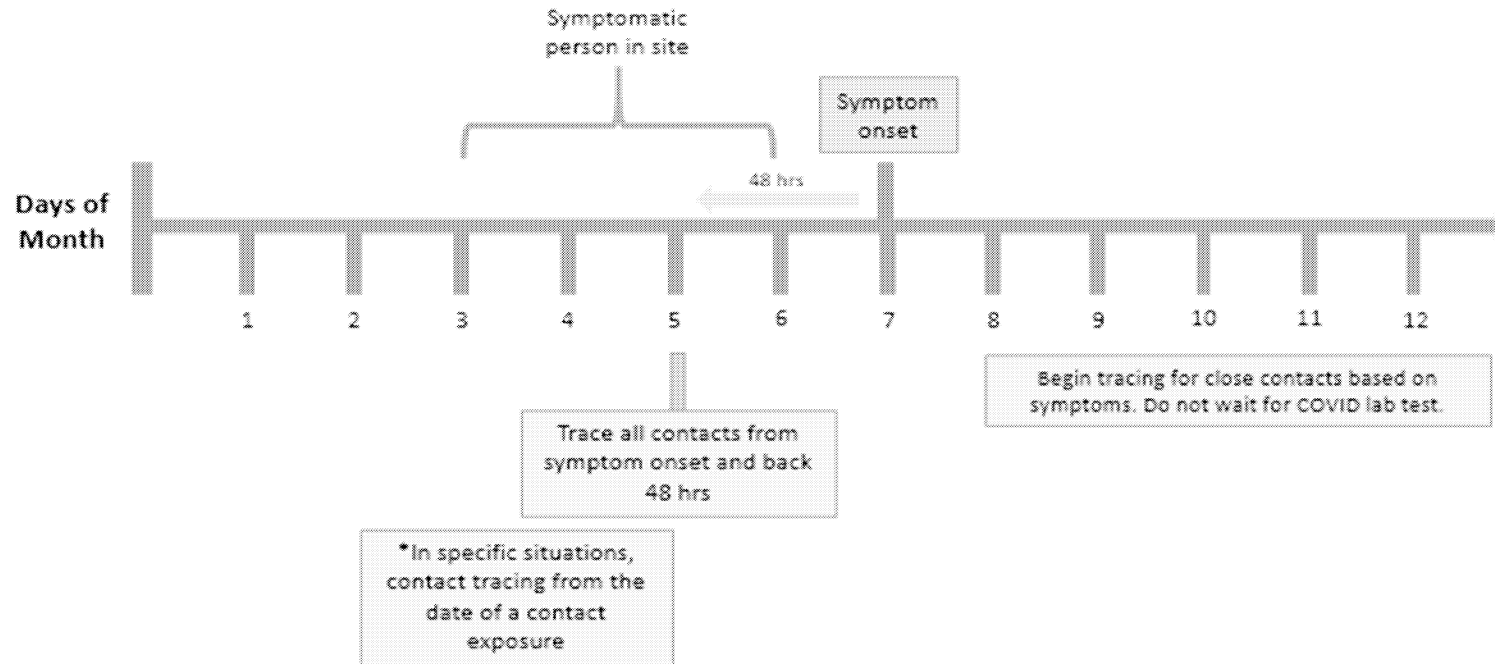
Trained NCTU employees conduct contact tracing risk assessments by calling employees who have been identified as contacts during the investigation of a case or symptomatic individual.

NCTU employees complete a series of questions and assess responses to determine if the contact had high risk of exposure (*close contact*) or low risk of exposure (*casual contact*).



Contact Tracing Timeline

Contact Tracing Timeline





Types of Contact Tracing

- Traditional Forward Tracing
 - Tracing is initiated for a symptomatic/ positive individual and proceeds with a series of questions about a one on one interaction with the possible contact.
- Simultaneous Tracing
 - Completing two tracing events on one phone call.
- Anonymous Tracing
 - If an inmate or staff member does not wish to share their name during the request, anonymous tracing occurs.
- Mass tracing
 - When there are multiple positives in one area or unit with a number of contacts, mass tracing may be completed in order to reduce the number of calls.



Types of Tracing: Simultaneous Tracing

- In order to reduce tracing fatigue, the Area Leads will review the list for overlapping names when there are a number of tracing events occurring at one time.
 - When there are names that overlap, the tracers will be asked to complete the tracing interview for both requests simultaneously.
- The Area Lead provides both spreadsheets to the tracer and indicate which individuals are the overlapping names and the tracer will fill in the information accordingly.
 - The tracers will proceed with the tracing interviews as usual. Tracers will complete the standard series of questions with the individual for each request.
- When completing multiple tracing events at one time, it is important to indicate the intention on the call and be very clear regarding whom the questions apply and when you switch to a different person.
- It is important to distinguish who the columns apply to on the template.



Types of Tracing: Anonymous Tracing

- During the investigation of a case of symptomatic individual, the investigator must get consent to share the case/PUI's name with contacts. If an inmate or staff member does not wish to share their name during the interview, anonymous tracing occurs.
 - The data entry into SharePoint does not change, only the approach to the tracing interview is adjusted to accommodate for this.
- This process involves generic, very specific questions about the types of interactions that occur regularly for the individual you are calling.
 - The intention is to be able to gather as much information as possible about the individual's behaviours to help construct a better understanding of risk.
 - The process is similar to completing a tracing interview when the person is not familiar with the person. It provides a description of the individuals' habits and interactions so we are able to come to a result.



Types of Tracing: Anonymous Tracing

- The tracer will receive the excel sheet with the name removed.
 - The tracer will ask the tracing interview questions generically, trying to gather as much information as possible .
- The Area Lead will provide as much information as possible to the tracer in order to help support the tracing interview.
 - This may include location worked (i.e. range, unit, building), dates worked, and date of symptom onset.
- Since we are unable to identify the person, the information will seem broad compared to normal tracing requests, and may result in erring on the side of caution as a preventative measure.
- When returning the information, it is important to be clear that the tracing interviews were done with generic questioning and are not specific to any one interaction or individual so the site is fully informed.



Types of Tracing: Mass Tracing

- Multiple positives in one area or unit with a number of contacts, may result in a mass tracing event.
- The tracing process will ask generic questions, specific to a certain area of the institution.
- A sample of a mass testing script is provided in the guidelines in Appendix D.
 - This can be tailored accordingly, as required



Contact Tracing Interviews

- Tracer will receive the provided excel sheet from the Area Lead and proceed to open the document and SharePoint and start the calls.
- Tracer will introduce themselves by name and identify themselves as a member of the CSC Contact Tracing Team.
 - “Hello, my name is _____ and I am a member of the CSC Contact Tracing Team.”
- Tracer will explain the reason for the call.
 - “Your name has been added to a list of possible contacts for someone who is experiencing symptoms or has received a positive test result. I am calling to gather information regarding the nature of your interactions with this person in order to determine if any further action is required.”
- If you are unable to reach a staff member on your list, leave a message identifying yourself as a member of the CSC contact tracing team, with a return number.



Contact Tracing Interviews

- Tracer will ask if they can go through a series of questions about the different types of interactions they may have had with the individual.
 - If the person agrees:
 - Provide the name of the individual and explain that the person has consented to sharing their information.
 - Ask if they had any contact with the person during the tracing time period.
- If the person has not had contact during the time period, they are considered “no contact” and the tracing interview is completed.
 - This will be documented in the excel sheet.



Contact Tracing Interviews

- Tracer will ask the person to specify the type of contact before continuing with more specific questions.
 - Examples:
 - Did you work on the same unit or in the same area?
 - Did you carpool at any time?
 - Did you have contact outside of the workplace?
- It is important to document the nature of **all** interactions with the person, if multiple interactions occurred.



Contact Tracing Interviews

- Work towards determining the nature of the interaction for each event by asking questions that would help provide a full picture of the interaction.
- Once the nature of the interaction is determined, further questioning is required to determine the parameters of those interactions.



Tracing Questions

- A combination of any of the following questions may result in the risk assessment of a close (high risk) or casual (low risk) contact.
- It is important to note that even if all precautions were taken, an individual may still be considered a close contact due to combination of factors.
- If there any questions or concerns regarding the result (no, casual or close contact), consult with your Area Lead when returning the spread sheet.



Example Questions

- Did you have a conversation with the individual or was it in passing?
- Did you eat/drink in the same room as or share snacks with the individual?
- Did you attend a meeting, spend time in/share an office, or enclosed space with the individual?
- Did you take your break with the individual?
- Would you have shared vehicle with the individual? Did you carpool or was it on site (i.e. escort)? Were windows opened or closed?
- Did you take over a mobile patrol?



Example Questions

- Do you share equipment (such as phones, computers, etc.) with the individual?
- Would you have a lot of shared surfaces or high touch areas such as light switches and handles?
- Have you recently been a part of a training session, ceremony, or incident where this individual would have been present?
- Would you have had any physical contact with this person?
- Did you attend the gym or any recreational activity?
- Do you socialize with the individual outside of work?
 - If no, they would be deemed a casual contact and do not require further interviewing. Designate individual as a 'casual contact' on the provided excel spreadsheet.
 - If yes, they may be a close contact - continue with contact tracing below.



Questions to Determine Parameters of the Interaction

- How long was the interaction?
 - How many interactions occurred during the tracing period?
 - If there were many interactions, what was the cumulative duration of all interactions?
 - Was there food or drink consumed during this interaction?
- Where did it take place?
 - Indoors or outdoors?
 - What was the size of the space this interaction occurred?
 - Was the door open or closed?
 - Was a window open?
 - Do these surfaces in the area get disinfected frequently?
 - How many people were in the space?



Questions to Determine Parameters of the Interactions

- Would you have been within 6ft at any time?
 - How close would you have been (2, 4, 6 feet)?
 - Considering the size of the room, was physical distancing a challenge?
- Would you have been wearing a mask over your mouth and nose?
 - Was the other individual wearing a mask over their mouth and nose?
 - Would it have been removed at any time for any reason (i.e. eating or drinking)?
 - Was it a medical or non-medical mask?
 - Were you wearing goggles or a face shield?
 - Were you wearing a gown?
 - Were you wearing gloves?



Questions to Determine Parameters of the Interactions

- How is your hand hygiene?
 - Do you wash or sanitize your hands frequently?
 - Do you hand sanitize/wash after using shared equipment or touching shared surfaces?
 - Do you hand sanitize before and after eating?
 - Are hand hygiene stations easily accessible to you throughout your work day?
- Did you have any physical contact with this person?
 - What type of physical interaction?
 - Was it during a use of force?
 - Was it during a routine frisk search?
 - Was it during a health assessment?
- If a social gathering occurred, what was the nature of interaction?



Questions regarding Personal Health Information

- Are you experiencing any symptoms at this time?
 - What type of symptoms are you experiencing?
 - When did these symptoms start?
- Are you comfortable with the tracing team reporting this information to your site?



Symptomatic Staff

- If the individual was at the workplace the preceding 48hrs the tracer will complete the case information.
 - This will initiate a tracing process on the symptomatic individual.
- The tracer will send the template to the Area Lead, who will communicate with the work site and request completion of identified contacts.
 - This creates a new tracing event to be assigned.
- While on the phone with the individual, the tracer is to advise the individual to self-isolation, to not report to work and to contact their manager for further instructions.



Results of Tracing Interview

Using your judgement, interpret the answers to the questions to determine whether the contact is a close contact, keeping in mind how these actions would result in exposure risk.



Results of Tracing Interview

- If the person is a close contact:
 - Proceed to SharePoint entry section. Include the comments that contributed to your rationale and the date of next shift.
 - While on the phone with the staff advise them to self-isolate at home, not to report to work and to contact their manager for further instructions.
- If the person is a casual contact:
 - Designate individual as a 'casual contact' on the provided excel spreadsheet. Include the comments that contributed to the rationale and the date of next shift to help prioritize notification to staff by the site.



Documenting the Interview and Results

- With the staff member still on the phone, create a new SharePoint entry for a 'Contact' by selecting "new item" and continue with the questions in the SharePoint:
 - To create a contact number, use the original case number of the case/symptomatic individual followed by the initials of the contact.
 - For example: Mission002-XX. This may be provided to you by the leads.
 - If the individual has had close contact with multiple case(s)/symptomatic individual(s), enter multiple contact numbers into the same SharePoint entry. For example: Mission002-AS, Mission003-AS.
- Once the additional information is inputted, select Save.



Contact Tracing Tracking System

SharePoint Sites

BROWSE ITEMS LIST

Home CSC Sectors CSC Regions

COVID-19 Contact Tracing Tracking

Documents

Shared Documents

Lists

Calendar

Tasks

HIV Case List

PEC/APEC Coordinator & Volunteer

+ new item

ATL - Symptomatic All (2020/10/01 - Present) Case/ symptomatic individual ... Find an item

✓ Region and Institution / Région et établissement Case, Contact, or Mass Testing ID / L'identificateur de cas, contact étroit, ou dépistage de masse FPS Numb

Count= 4060

▸ Region and Institution / Région et établissement : ATL - Atlantic Institution (28)

▸ Region and Institution / Région et établissement : ATL - Dorchester Medium Institution (63)



Starting an Entry in Sharepoint

Region and Institution / Région et établissement *

ATL - Atlantic Institution

Institutions are listed alphabetically by region. | Les établissements sont classés par région et par ordre alphabétique.

Case, Contact, or Mass Testing ID / L'identificateur de cas, contact étroit, ou dépistage de masse *

Case and Close Contact Numbering Instructions:

Cases

Use the Institutions Name plus 3 digits, for example:

Mission001 (for the first case)

Joyceville002 (for the second case)

OttawaParole001 (for the first case)

GrandValley003 (for the third case)

Do not abbreviate the Institutions name, but do not include 'institution'.

Contacts

Use the original case number for which the individual was a close contact and add the contacts initials.

For example:

Close contact for Case # Mission002, contacts name is John Smith. This individual's close contact identifier is their initials: JS.

This contact # would be Mission002-JS.

Should a close contact develop symptoms, start a new Case File for tracing that individual's close contacts.



Sharepoint- Close Contact

FPS Number (Inmates only) / SED (Détenus seulement)

Unit, House or Range Number / Numéro d'unité ou secteurs-habitations

First name / Prénom *

Last name / Nom de famille *

Select category that applies / Sélectionnez la catégorie applicable *

Job Title / Profession

Contact information (cell #, home #, e-mail) / Information du contact étroit (#cellule/# tel/courriel)

Status *

that individual's close contacts.

Four empty text input fields for listing close contacts.

Staff / Personnel

Close contacts only.

Close Contact



Sharepoint- Close Contact

Reason for being a close contact / Raison d'être un contact étroit

Number of close contacts.

Close contacts only

Please describe the reason for being a close contact. Veuillez décrire la raison pour laquelle vous êtes un contact étroit.

) Reason for being a close contact / Raison d'être un contact étroit

- N/A
- Worked in a confined area / Travaillé dans un espace confiné
- 15 minute or more of conversation / 15 minutes ou plus de conversation
- Shared objects or equipment / Objets ou équipements partagés
- Physical touch with a case or symptomatic individual / Contact physique avec un ca ou une personne symptomatique
- Ate together / Mangé ensemble
- Attended meeting together / Ont participé à une réunion ensemble
- Shared a household / Partager un ménage
- Shared a vehicle / Partager un véhicule
- Contact with bodily fluids / Contact avec les fluides corporels
- Outside of work contact / Contact en dehors du travail
- Other / Autre

Conversations over 15 minutes must include face-to-face communication.



Sharepoint Entry-Symptoms

Symptomatic / Symptomatique *

This should be checked while on call. | Cela doit être vérifié au téléphone.

Date of symptom onset /Date d'apparition des symptômes

Date of symptom onset needs to be asked while on call. | La date d'apparition des symptômes doit être demandée au téléphone.

48 hours prior to symptom onset / 48 heures avant l'apparition des symptômes

48 hours prior to symptom onset for tracing of close contacts

Select all symptoms that apply / Sélectionnez tous les symptômes qui s'appliquent

- No symptoms / Aucun symptôme
- Difficulty Breathing/ Difficultés respiratoires
- Fever (more than 38C) / Fièvre (plus de 38C)
- New cough / Nouvelle toux
- Sneezing (not seasonal allergies) / Éternuements (pas les saisonnières)
- Sore Throat / Mal de gorge
- General Malaise / Malaise général
- Chills / Frissons
- Runny Nose / Écoulement nasale
- Loss of smell / Perte d'odeur
- Loss of taste / Perte de goût
- Headache / Mal de tête
- Shortness of breath / L'essoufflement
- Muscle pain / Douleurs musculaires
- Congestion / Congestion
- Nausea / La nausée
- Diarrhea / La Diarrhée
- Fatigue / épuisement
- Abdominal pain / la douleur abdominale
- Asymptomatic / Asymptomatique
- Other symptoms / Autres symptômes



Completing Assigned Calls

- Tracers should complete the assigned calls and send the results to the Lead after the first attempt to contact.
 - If the close contact, or symptomatic person is on-shift, the tracing result should be shared immediately with the tracing lead.
 - Tracers should provide updates if/when they receive a return call.
- Second round calls may occur a few hours later, or the next day depending on the time of day the first call was made.
 - If the tracing event is a symptomatic person, two rounds of calls are made, the information is shared with the site and the site is asked to have the person follow up with the tracing team.
 - If the person is a positive case, pending calls are continuously tried, in a similar manner, until reached or directed otherwise.



Return List for Site

- The Area Lead will compile the information in the “Return to Site” template.
 - This includes no identifying information for the tracers, and no details regarding the interaction or symptomology of the individuals, if applicable.
 - All comments are removed for the returned sheet.
- The information will be returned to the Warden (or delegate), the Health Services Manager, the Primary Contact designated by the site and any specific email the site may have for managing COVID-19.



Closing a Tracing Event

- A tracing event is considered “closed” when:
 - All contacts have been traced and the results have been returned to the site.
 - A negative test result is received for a symptomatic individual and a ‘final’ spreadsheet is returned to the site, even if there are pending names.
 - Direction to discontinue tracing was given.



Saving the Excel Sheets

- Excel sheets will be saved in a designated “Y” Drive.
- The drive will be structured by region and site.
- Leads will be granted access to the Results folders, Tracers will be granted access to the Essential Documents folder.



Reminder

EAP/CISM Contact #: 1-800-268-7708
Available 24 hours a day, 7 days a week



Entering Performance Indicators

- Once a tracing event is considered “Closed”, a performance indicator entry is required.
 - This allows for an analysis of tracing event timeframes.
- This information is entered on a Sharepoint only the Leads and NHQ will have access too.
 - It includes items such as the Event ID, Region/Site, Date/time of tracing notification and received list, and number of contacts (close or casual).



Sharepoint- Performance Indicators

BROWSE ITEMS LIST



Home CSC Sectors CSC Regions

COVID-19 Contact Tracing Performance Indicator

Documents

Shared Documents

Lists

Calendar

+ new item or edit this list

All Items ... Find an item

✓ Event ID | ID de l'événement Region-institution | Région-Établissement Date of contact tracing notification | Date de la notification de la recherche des contacts Date time list received | Date de réception de la base de données



Sharepoint- Performance Indicators

Date initial line list returned to site | Date de retourner la base de données initiales sur le site *

 12 AM 00

Date and time when initial line list is returned to site | Date et heure de retour la base de données initiale sur le site

Date final line list returned to site | Date de retourner la base de données finales sur le site *

 12 AM 00

Date and time final line list returned to site | Date et heure de retourner la base de données finales sur le site

Index case symptomatic in workplace / Cas de référence symptomatique en milieu de travail *

 Yes / Oui

Did the Index case have symptoms in the workplace? / Le cas index présentait-il des symptômes en milieu de travail?

Number of close contacts | Nombre de contacts étroits *

Number of close contacts per tracing event | Nombre de contacts étroits par événement de recherché.

Number of individuals traced | Nombre de personnes retrouvées *

Number of individuals identified as a contact per tracing event | Nombre de personnes identifiées comme contact par événement de recherché.

Number of untraced contacts | Nombre de contacts non retrouvés *

Number of contacts that have not been traced | Nombre de contacts qui n'ont pas été tracés

Number of symptomatic close contacts / Nombre de contacts étroits symptomatiques *

Number of symptomatic close contacts / Nombre de contacts étroits symptomatiques

Number of symptomatic casual contacts / Nombre de contacts occasionnels symptomatiques *

Number of Symptomatic casual contacts / Nombre de contacts occasionnels symptomatiques



Questions



Contact Information

Contact:

- Area Leads
- National Contact Tracing Lead: Dan Heurter
 - Dan.Heurter@csc-scc.gc.ca
- Trainers:
 - Megan Potvin
 - Megan.Potvin@CSC-SCC.GC.CA
 - Judith Laroche
 - Judith.Laroche@CSC-SCC.GC.CA