

Client Name:

DOB:

COVID-19 Case Notification and Interview Process

Notification:

If not already done:

- Notification of infection with COVID-19 (positive lab test)
- Ask if the client is well enough to be at home at this time
 - Inform client they should call 911 or go to ER if symptoms worsen and to notify dispatcher or ER of COVID-19 positive result
- Review Isolation Order for all case of COVID-19
- Review Isolation Order for household contacts of COVID-19

COVID-19 Signs and Symptoms

- **Common Signs and Symptoms** (fever, cough, runny nose/congestion, sore throat, shortness of breath/difficulty breathing).
 - Sometimes no symptoms.
 - If you don't have symptoms now, but get them during isolation, you need to notify CHN

Do you have any cold or flu like symptoms today?

Yes - Symptomatic -When did they start?_____ (symptom onset date)

fever/chills

cough

SOB/trouble breathing

sore throat/difficulty swallowing

runny nose

sneezing

hoarse voice

nasal congestion

loss of sense of smell or taste

others (list any other symptoms):

body aches

No -Asymptomatic* ***If symptoms appear notify community health nurse.**

If **asymptomatic*** now. Did you have any of the above symptoms in the last 7 days that lasted longer than 24 hours?

Yes

No

Which symptoms and when?

Client Name:

□ Isolation Order

- Isolation order begins immediately on notification of the case and contacts
- Isolation order for **all cases and contacts** means:
 - You must stay home
 - No visitors into home (supplies can be dropped off at the door without entry)
 - Outside in own yard permitted (no visitors)
 - If it is essential to travel outside the home for essential medical reasons call ahead to medical office/site to make arrangements and case should wear mask
- **Symptomatic Case:** Isolation order for symptomatic cases is for 10 days from symptom onset or until symptoms resolve whichever is longer (symptom onset date is Day 0)
- **Asymptomatic Case:** Isolation order for 10 days from lab collection date but if symptoms develop order is extended to 10 days from symptom onset or until symptoms resolve whichever is longer (lab collection date or symptom onset date is Day 0)
- **Contacts:** Length of isolation order for contacts will be determined by information gathered in interview with CHN and application of the public health guidelines

□ About COVID-19

- **Possible complications** (severe pneumonia, acute respiratory distress syndrome, sepsis, septic shock, multi-organ failure or death)
 - disease progression (if it happens) most often happens in the 2nd week
 - risks higher in those with other medical conditions or elderly after day 7
 - **if your symptoms get worse or you start to feel unwell, you should seek medical attention. Call 911 or go to ER, notify dispatcher or ER of COVID-19 positive result**
- **Infectious to others through droplets:**
 - coughing, sneezing, talking, laughing and singing
 - contact with contaminated surfaces and then touching mouth, nose or eyes
- **Prevention:**
 - Hand Hygiene
 - Respiratory Hygiene ie: cover cough
 - Regular cleaning and disinfecting of high touch areas
 - Household cleaners and then solution of 1 part bleach to 9 parts water
 - Avoid sharing household items like toothbrushes, cigarettes, towels, etc.
 - If possible, have 3 separate areas within in the home to keep COVID19 positives/others with symptoms/those with no symptoms
 - Dispose of waste materials like tissues into plastic bags and dispose of plastic bags/garbage as per usual

Client Name:

- Isolation within the home (if possible)
 - own room with own bathroom best (stay in room at all times)
 - if not possible:
 - 2 metre distance at all times from others in the home especially seniors and those with chronic conditions
 - bathroom cleaned and disinfected after each use
 - case should not be involved in meal preparation/meals delivered to the door of their room
 - pets should not go between cases and other family members

Investigation:

Why were you tested for COVID-19?

Work History

- What is your occupation? _____
- Where do you work? _____
- When did you work your last shift? _____

The risk that COVID-19 can become more serious is higher in people who have medical conditions or participate in certain activities.

Do you have any medical conditions for which you are you taking medication? Or are under the regular care of a physician for?

Underlying Conditions:

Lung disease No Yes: _____
Heart disease No Yes: _____
Kidney disease No Yes: _____
Gastrointestinal disease No Yes: _____
High blood pressure No Yes: _____
Diabetes No Yes: _____
Other: _____

Other risk activities/conditions:

Are you a smoker?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (smoked in the last 30 days)	<input type="checkbox"/> Yes-History of smoking before the last 30 days)
Do you vape?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (vaped in the last 30 days)	<input type="checkbox"/> Yes-History of vaping before the last 30 days)

Client Name:

Do you use use:	<input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Non-prescription drugs <input type="checkbox"/> Prescription drugs
-----------------	-----------------------------	--

Females:

Are you pregnant?	Expected Date of Delivery:
Postpartum now?	Delivery date:

Exposure Criteria:

In the 14 days before your first symptom started (if case is symptomatic) or In the 14 days before your COVID test was done (if case is asymptomatic):

Did you travel outside of Alberta?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes provide details. Any contact with live animals other than pets?	

Were you around anyone who had travelled outside of Alberta and was ill with flu like symptoms?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who, contact setting, date of last exposure and did exposure?	

Were you around anyone who tested positive for COVID-19?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes who, contact setting, last exposure?	

Client Name:

Did you attend any gatherings or get-togethers? (family dinners, funerals, meetings, hangouts with friends, parties)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes when, where and describe the gathering.	

Did you visit any hospitals, Dr.'s offices?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes where and when?	

Any other ideas of where you might have been exposed to this the COVID-19 virus?
--

CONTACTS:

In order to protect others it is important to try to figure out who you might have passed the virus to. Your name will not be given to anyone when they are notified.

We need to ask about anyone you spent longer than 15 minutes with on the **two days before you got sick until today** (if not isolating before today) or **the day you started to self-isolate**.

Contact Line List:

CHNs: Complete the **COVID-19 Close Contact List** as you ask the questions below

Between:

_____ and _____
(symptom onset date minus 2 days) (today or isolation start date)

- A. Who lived in the same house as you?
- B. Did anyone visit your house? Or did you visit anyone? Hang out with anyone? (ask re partners, friends)

Client Name:

C. Did you work anywhere? Where? Which days or shifts did you work?

D. Do you participate in any group gatherings or get-togethers outside your household like meetings, birthdays, funerals, parties, dinners etc?

Activities-Description of the activity or event	Attendees	Age	Phone Number

Interview completed by (name and title):

Completed on (date):