



NWT Office of the Chief Public Health Officer

Coronavirus Disease (COVID-19)

**Interim Public Health Disease Management for the Northwest
Territories**

October 23, 2020



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This document was adapted from Alberta Health's *Public health disease management guidelines: coronavirus-COVID-19 August 28 2020* with their permission. The Office of the Chief Public Health Officer (OCPHO) will update this document as new information emerges. See [Appendix C](#) for list of revisions.

1. CASE DEFINITIONS AND OTHER REFERENCE DEFINITIONS FOR NWT'S COVID-19 RESPONSE

Confirmed Case

A confirmed case is a person with laboratory confirmation of infection with severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) from an appropriate clinical specimen [nasopharyngeal (NP) swab, throat swab, NP aspirate, endotracheal tube (ETT) suction/sputum, or bronchoalveolar lavage/bronchial wash (BAL/BW)]. Laboratory confirmation requires:

- Detection of at least one specific gene target by a validated nucleic acid amplification tests (NAAT) assay at the National Microbiology Lab (NML), provincial public health laboratory, or community hospital

Probable Case

A probable case is a person with [clinical illness](#) who meets the COVID-19 [exposure criteria](#);

AND

- In whom PCR test is inconclusive or presumptive positive;

OR

A person (with **NO** laboratory testing done) with [clinical illness](#), who had

- [contact](#) to a lab-confirmed COVID-19 case;

OR

- lived in or worked in a closed facility experiencing a COVID-19 outbreak



Suspect Case

A suspect case is a person with [clinical illness](#) **AND in the last 14 days:**

- Returned to Canada/Northwest Territories (NWT) from outside the country;

OR

- Returned to the NWT from within Canada (excluding areas within NWT's bubble);

OR

- Travelled to an affected area (i.e. community spread within the NWT);

OR

- Had close contact with a probable case;

OR

- Was involved in a COVID-19 cluster or outbreak; (other than living in or working in a closed facility experiencing a COVID-19 outbreak)

OR

- Had laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19

Contact of a case

A contact is a person exposed to a probable or confirmed case during their communicable period, who:

- Provided direct care for the case or had other similar close physical contact without the recommended personal protective equipment (PPE)
- Had direct physical contact with the case or their body fluids
- Lived with, shared a closed space (e.g. room or vehicle) or otherwise had close prolonged contact for a total of 15 minutes or more and within two metres without the recommended PPE

See [Table 5](#) Contact Risk Assessment for examples and clarification.

Outbreak

- A [closed facility outbreak](#) is defined as one confirmed or probable case of COVID-19 where infection is acquired within the facility
 - For Long Term Care facilities (LTCFs), an outbreak is one confirmed or probable case of COVID-19 regardless of where infection was acquired
- A **community outbreak** or community transmission is one or more cases of COVID-19 in a community or region with no exposure clearly identified or postulated



Multi-System Inflammatory Syndrome in Children (MIS-C)

WHO Preliminary Case Definition:

Children and adolescents 0–19 years of age with fever ≥ 3 days

AND 2 of the following:

- Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet)
- Hypotension or shock
- Features of myocardial dysfunction, or pericarditis, or valvulitis, or coronary abnormalities (ECHO findings or elevated Troponin/NT-proBNP)
- Evidence of coagulopathy (abnormal PT, PTT, elevated d-Dimers)
- Acute gastrointestinal problems (diarrhea, vomiting or abdominal pain)

AND

- Elevated markers of inflammation such as ESR, C-reactive protein or procalcitonin

AND

- No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes

WITH OR WITHOUT*

- Evidence of COVID-19 (RT-PCR, antigen test or serology positive);

OR

- COVID-19 exposure (see [exposure criteria](#))

*The Public Health Agency of Canada requests notification of MIS-C even in the absence of evidence of COVID-19 or exposure



Exposure Criteria

In the 14 days before onset of illness, a person who:

- Had contact with a confirmed, probable case, or suspect case of COVID-19;
OR
- Returned to Canada/Northwest Territories (NWT) from outside the country;
OR
- Returned to the NWT from within Canada (excluding areas within NWT's bubble);
OR
- Travelled to an affected area (i.e. community spread within the NWT);
OR
- Was involved in a COVID-19 cluster or outbreak;
OR
- Had laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19

Validated Positive Test

As of September 21, 2020 sites providing validated positive results to NWT are:

- Alberta Precision Laboratories (APL-ProvLab AB)
- DynaLIFE Medical Labs in Alberta
- National Microbiology Laboratory (NML)

Closed facility

A closed facility is a hospital or long-term care facility (LTCF), correctional institution, or closed work site (e.g. oil and gas or mining camp).

- Closed facilities increase risk of transmission of COVID-19 as it is difficult to maintain recommended public health measures (i.e. physical distancing)

Presumptive Positive

A presumptive positive result is a result from a test run on an unvalidated unit. A presumptive positive requires confirmatory testing on a validated instrument.

Bubble

A bubble community or area is a place that is recognized within an [NWT COVID-19 public health order](#) which, due to its low incidence of COVID-19, allows exemption from travel restrictions into the NWT.



2. TESTING AND DIAGNOSIS

Real time PCR testing of respiratory samples for SARS-CoV-2 is presently the clinical “gold standard” for the diagnosis of COVID-19 infection. NWT’s Chief Public Health Officer (CPHO) recommends testing those with [COVID-19 symptoms](#). CPHO will make specific testing recommendations with different testing modalities as new information emerges.

Follow Health and Social Services Authority (HSSA) directives regarding testing/rapid testing and asymptomatic testing for COVID-19, and follow [Alberta Public Health Laboratories \(formally ProVLab\)](#) for procedures regarding specimen collection and handling.

- Acceptable specimen types for COVID-19 testing include NP swab, throat swab, NP aspirate, endotracheal tube (ETT) suction/sputum, or bronchoalveolar lavage/bronchial wash (BAL/BW)
- **NP and throat swabs are recommended** over nasal swabs for COVID-19 testing
- Collecting a respiratory sample into Universal Transport Media (UTM) allows detection of further respiratory pathogens including RSV and influenza
- Other infections (pertussis, tuberculosis) require specific considerations of sample or media type
- CPHO recommends testing for COVID-19 and respiratory pathogen panel (RPP), including at least influenza A, influenza B, and RSV, in the following situations:
 - › the person is or will be hospitalized
 - › the person lives, works, trains, volunteers in, or visited a closed facility and has COVID-19 symptoms or [influenza like illness \(ILI\)](#)
 - › CPHO will provide separate guidance regarding influenza or RSV surveillance
- For patients with a lower respiratory tract infection and who are intubated, healthcare providers (HCPs) should submit a sample from ETT suction or BAL/BW for COVID-19 RT-PCR
- CPHO or delegate, or HSSA may recommend asymptomatic testing for specific populations as the pandemic evolves
- Clients may refuse testing however they must follow [appropriate isolation guidance](#)
- For more information about diagnostic tests and education on collection method, refer to [ProvLab and NTHSSA for laboratory guidance](#):
 - › [Guide to services](#)
 - › [Laboratory Bulletins](#)
 - › [NTHSSA Lab Memos](#)



3. REPORTING

As set out in the [NWT Public Health Act, Reportable Disease Control Regulations \(Section 4\) and Disease Surveillance Regulations \(Sections 6-10 and Schedule 3\)](#) healthcare professionals (HCPs) and laboratories must report a diagnosis or formed opinion of a reportable disease to the CPHO or designate **within the timeframe identified in the regulations**.

Health Care Professionals

Report the following **immediately** by telephone to the OCPHO's reporting line (867) 920-8646:

- Confirmed or Probable Cases
- Suspect Cases if:
 - They are hospitalized
 - They who have lived, worked, trained, volunteered or visited a closed facility
- All outbreaks or suspect outbreaks
- Contacts of confirmed or probable cases
- [Multi-system Inflammatory Syndrome in children \(MIS-C\)](#)

Reporting Forms

HCPs must submit COVID-19 report forms to OCPHO in a timely manner, i.e. within 24 hours, or as specified on the form. HCPs must fax the forms to the Medical Confidential fax line (876-873-0442), or send them electronically via [secure file transfer \(SFT\)](#).

1. [COVID-19 Testing Report Form \(Part A\)](#) for **all** COVID-19 tests including:
 - suspect cases
 - symptomatic clients without [exposure criteria](#)
 - asymptomatic tests

2. For a confirmed or probable case:
 - [COVID-19 Report Form for Confirmed Case-Part B](#)
 - [COVID-19 Exposure Investigation Form](#) to identify settings of exposures
 - [Contact Line List](#) submitted upon initiating, updating, or completing a contact investigation
 - [The COVID-19 Case Status Report Form-Part C](#) to report any significant changes in clinical status, and at least once weekly where the status is unchanged, until the case recovers and is no longer infectious.



3. For a suspected case of Multisystem inflammatory syndrome (MIS-C), HCPs must submit World Health Organization (WHO) [Report Form](#)

Laboratories

Report all positive results **immediately** by telephone to the Reporting Line of the OCPHO (867) 920-8646 and submit the **laboratory report** to the Medical Confidential fax line (867) 873-0442 **within 24 hours**.



4. OVERVIEW

Causative Agent

Human coronaviruses are enveloped, ribonucleic acid (RNA) viruses that are part of the Coronaviridae family. There are 7 identified human coronaviruses known at present:

- Four types are responsible for generally mild illness- 229E, OC43, NL63 and HKU; and
- Two types that can cause severe illness: Middle East respiratory syndrome coronavirus (MERS-CoV) and severe acute respiratory syndrome coronavirus (SARS-CoV); and
- SARS-CoV-2 is coronavirus first identified in December 2019 that is responsible for COVID-19 illness

Clinical Presentation

- Several studies document SARS-CoV-2 infection in patients who never develop symptoms (asymptomatic) and in patients not yet symptomatic (pre-symptomatic)
- In those with symptoms, they range from mild to severe [Table 1: Common Symptoms and Testing Recommendations](#)
- Since asymptomatic persons are not routinely tested, the prevalence of asymptomatic infection and the performance of tests to diagnose asymptomatic infection is not well understood
- Bilateral pneumonia on imaging should raise concern for COVID-19
- Coughing may persist for several weeks in those with chronic cough or reactive airways and this does not necessarily mean the individual is infectious
- Older adults may present with mild symptoms that are disproportionate to the severity of their illness and symptoms that are atypical for COVID-19
- CPHO recommends testing as per Table 1, but clinicians who suspect COVID-19 should test as appropriate.



Table 1: Common Symptoms and Testing Recommendations

| Symptoms: | OCPHO Indications for Testing |
|--|---|
| Fever $\geq 38^{\circ}\text{C}^*$ Cough (new cough or worsening chronic cough) Dyspnea (new or worsening shortness of breath/difficulty breathing) | Client is experiencing one or more of these symptoms not definitively attributable to another cause |
| Rhinorrhea (runny nose) Sore throat Fatigue (tiredness) Malaise (generally feeling unwell) Myalgia (muscles aches) Headache Diarrhea Vomiting Abdominal pain Anosmia/Dysgeusia (loss of sense of smell/taste) Anorexia (loss of appetite) | Client is experiencing 2 or more of these symptoms not definitively attributable to another cause |
| Delirium Loss of orientation to surroundings Sleepiness Increase in falls Onset of incontinence Increased agitation or sluggishness Sleep disturbances Dizziness Chest pain Hemoptysis Abdominal pain General change in behaviour or level of consciousness | Older adults are experiencing atypical symptoms of COVID-19 not definitively attributable to another cause |
| | OR any other concerns for COVID-19 (for example if a clinician is concerned that a single symptom represents COVID-19, i.e. anosmia/dysgeusia) |

*Young children, older adults, immunocompromised, or those taking medication such as corticosteroids, Nonsteroidal anti-inflammatory (NSAIDs), acetaminophen may not develop an elevated body temperature during infection



Complications

Some individuals with COVID-19 infection progress to severe illness including severe pneumonia, acute respiratory distress syndrome (ARDS), septic shock, multi-organ failure or thrombosis, or death. HCPs should be aware of the potential for some patients to rapidly deteriorate, and this often occurs approximately one week after illness onset.

The following vulnerable populations are at risk of more severe outcomes:

- Older adults. The risk of dying from COVID-19 increases directly with age
- People with pre-existing medical conditions (such as obesity, chronic obstructive pulmonary disease, diabetes, heart disease, and smoking history)
- Those living with suppressed immune systems may be more vulnerable to complications of the disease

There is concern that COVID-19 may induce chronic disease. Published case series indicate that those who recover from COVID-19 often report worsening quality of life, fatigue, dyspnea, joint pain, and chest pain.

Children infected with SARS-CoV-2 typically have mild symptoms or none at all. Multi-system Inflammatory Syndrome in children (MIS-C) is a [reportable](#), acute inflammatory illness reported in a small proportion of children with COVID-19 infection.

- Clinicians should maintain a high index of suspicion of MIS-C
- Clinical presentations include:
 - › Persistent fever and features suggestive of Kawasaki disease (complete or incomplete),
 - › Toxic shock-like syndrome,
 - › Euvolemic shock states,
 - › Severe gastrointestinal illness
 - › Severe myocardial dysfunction and multiple organ failure have also been reported
- See [Canadian Paediatric Society position statement on MIS-C](#) and [Alberta Health Services Public Health Management Guidelines for MIS-C](#) for more information



Transmission

- As SARS-CoV-2 is a novel emerging virus, susceptibility to the virus is universal
- SARS-CoV-2 is transmitted person to person via droplet (i.e. coughing, sneezing, or talking) or direct contact (e.g. hugging or kissing).
- SARS-CoV-2 may be transmitted from indirect contact via contaminated objects or surfaces (fomites) and then touching one's own mouth, nose, or possibly eyes
- The virus can survive on some surfaces for days but is easily inactivated by disinfectants.
- The relative importance of indirect transmission through fomites is unknown at this time.
- Virus is excreted in the stool and even urine in some patients. As of July 2020, there are no published reports of transmission of SARS-CoV-2 through feces or urine
- The role of bloodborne transmission remains uncertain
- There is no evidence of intrauterine transmission although data remain limited
- Although there is detection of viral RNA in breast milk samples, there is no evidence of transmission during breast feeding. See [Table 2: Determining isolation site and guidance to reduce transmission in households for suspect, confirmed, and probable cases](#) for guidance on breastfeeding if mother has COVID-19
- Current evidence suggests humans infected with COVID-19 can infect other mammals. There is uncertainty about transmission from mammals to humans, but the best estimate is that the risk of transmission from pets to humans is very low.
- Airborne transmission can occur during aerosol-generating procedures (AGPs), e.g. cardio-pulmonary resuscitation, sputum induction, nebulized treatments, intubation, dental procedures, etc.
- The World Health Organization (WHO) and scientific community continue to investigate whether airborne transmission occurs outside of AGPs



Communicable Period

There is evidence of transmission occurring up to 48 hours before symptom onset or from individuals who are asymptomatic.

For mild cases that do not require hospitalization, evidence from observational and laboratory studies suggest they are no longer communicable 10 days after the onset of illness, as long as they have improved clinically.

The communicable period (Figure 1) of the confirmed or probable case is:

- **Symptomatic:** Two days before until a minimum of 10 days after symptom onset in a confirmed or probable case.
- **Asymptomatic:** Two days before until a minimum of 10 days after the date the lab sample was collected from a confirmed case.
 - › The communicable period may be longer in those with progressive or severe illness
 - › NAAT positivity from respiratory samples or cough may persist for prolonged periods after an infection and does not necessarily infer communicability

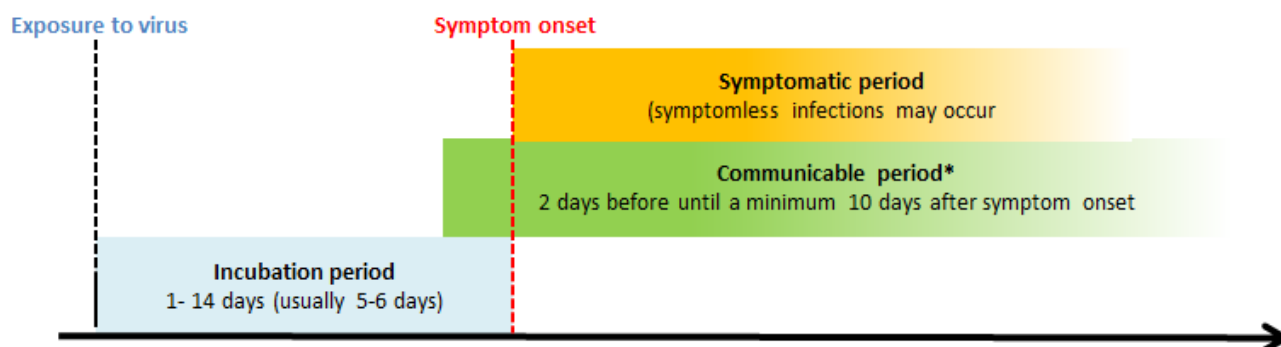
Experience from other respiratory viral infections suggests that immunocompromised individuals with COVID-19 may be infectious for longer periods.

Risk of transmission is likely greatest during the early symptomatic period, since viral shedding is greatest at that time.

Incubation Period

Incubation period is the time period between exposure and onset of symptoms or illness and ranges from 0 - 14 days for COVID-19 (Figure 1). Best estimates from early in the pandemic are that the median incubation period is 5 - 6 days and that about 95% of those with COVID-19 become sick between 2 and 11 days after exposure.

Figure 1: Incubation and Communicable Periods of COVID-19



**Communicable period for asymptomatic case: 2 days before until a minimum of 10 days after date the lab sample was collected from the confirmed case. Review symptoms that persist for ≥ 24 hours in the 7 days before testing. If symptoms are present, use symptom onset date to determine communicable period.*



5. PUBLIC HEALTH MEASURES

Public Health Advice and Advisories

In an effort to help prevent or reduce the spread of COVID-19 in the NWT, OCPHO advises that the NWT population:

- Stay home when sick
- Keep your social circle small and spaces large
- Avoid non-essential travel outside of NWT
- When outside or with others not from their home; practice physical distancing from others
- Avoid crowded places
- Wear [non-medical masks](#) in public places
- Use healthy [respiratory practices](#) and perform frequent [hand hygiene](#)

NWT's COVID-19 Public Health Orders

The CPHO instituted NWT COVID-19 [public health orders](#) which restrict travel into NWT, provide guidance to the mineral and petroleum industry, and restrict gathering sizes.

Management of Cases and Contacts and Outbreaks

The CPHO or delegate will provide direction to HCPs on the case and contact investigation, and will make recommendations for testing, monitoring of cases and contacts, and outbreak management.

Guidance documents, including an [algorithm for managing exposures, cases, and contacts](#), are on the [Department of Health & Social Services Health Professionals website](#).

Clinical Guidance

- For patient-specific clinical management follow HSSA clinical practice guidelines, directives, protocols and procedures
- The Public Health Agency of Canada, Association of Medical Microbiology, and Canadian Critical Care Society provide [guidance for the clinical management of patients with COVID-19](#)



Management of Cases

Key Investigation and Management of Suspect Cases

- Identify if individual meets exposure criteria in the last 14 days
- Identify symptoms – mild or severe, time of onset
- Assess for other respiratory illnesses (e.g. pertussis, TB, influenza)
- Initiate infection prevention and control (IPAC) practices as appropriate for signs and symptoms
- Test for COVID-19 as appropriate
- Determine disposition of client, (i.e. hospital or community)
 - › HCPs should determine place of isolation as outlined in [Table 2: Considerations for Isolating at Home or Alternate Site](#).
 - › HCPs should follow organizational/HSSAs' directives, protocols and procedures
 - › HCPs should make every effort to support the client remaining in the community unless medically necessary
- Advise suspect cases to stay home until they meet [discontinuation criteria](#). Advise the client that they may return to work or school when they:
 - › Test negative for COVID-19 **AND**
 - › Afebrile **AND**
 - › Clinical improvement (absence of cough not required for those with chronic cough, reactive airways) **AND**
 - › Completed 14 days of isolation, or 10 days from symptom onset, whichever is longer
- If there is high concern that a **suspect case** has COVID-19 and the laboratory result will not be received within 48 hours then, upon consultation with the CPHO or delegate, a case and contact investigation may be initiated prior to receiving the result



Key Investigation of confirmed and probable cases

- Collect [appropriate clinical specimens](#) confirm diagnosis, and apply case definition
- Notify the case immediately and begin the case and contact investigation upon determining that a person is a confirmed or probable case. HCPs and the public health team must ensure:
 - › **Prompt isolation of cases is essential to protect the public**
- Determine the communicable period:
 - › Obtain history of illness including date of symptom onset, type of symptoms and date COVID-19 swab was collected
 - › If case was asymptomatic, at the time the swab was collected, in addition to the usual information collected for reporting forms, clarify whether the case had any symptoms of COVID-19 for at least 24 hours in the 7 days prior to specimen collection to determine communicable period.
 - › Refer to [communicable period](#) section
- Initiate an [Exposure Investigation Form](#). In the 14 days prior to onset of illness or positive test, determine if the case:
 - › Is a contact of a confirmed, probable, or suspect case
 - › Has a travel history, specifying dates of travel, mode of transportation, itinerary, including they:
 - Returned to Canada from outside the country
 - Returned to the NWT from within Canada
 - Travelled to an affected area (i.e. community spread within the NWT)
 - › Meets any other exposure criteria including:
 - Participated in a mass gathering or cluster outbreak identified as a source of exposure (i.e. a conference, restaurant, etc.)
 - Lived, worked, trained, volunteered or visited in a closed facility experiencing a COVID-19 outbreak
 - Had laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19
 - Had direct contact with animals (e.g., visited a live animal market or other animal contact while travelling outside of Canada)
- Assess if other members in the household have symptoms of COVID-19
- Determine the case's occupation and if they are a healthcare worker, work with vulnerable people, or work in a closed facility



Management of Confirmed and Probable Cases

- **The CPHO requires isolation of all those with confirmed and probable COVID-19**
- HCPs should follow organizational/HSSA directives, protocols, and procedures to determine whether the individual can be managed at home, by reviewing severity of illness including comorbidities, and need for oxygenation
 - › See [Table 2: Consideration for Isolating at Home or Alternate Site](#) and follow organizational/HSSA directives, protocols and guidelines to determine site of isolation
- Provide the case with information about disease transmission and measures to minimize transmission, including [practicing proper hand hygiene](#) and [respiratory practices](#), [physical distancing](#) and use of medical/non-medical masks (NMM) as per organizational/HSSAs directives, protocols and procedures
- Follow these links for information on isolation and caring for people with COVID-19 in the home:
 - › [Appendix B Isolation Requirements for Individuals and their Household Members with COVID-19 Symptoms or Exposures](#)
 - › [Self-Isolation Information Sheet \(Public Health Orders\)](#)
 - › [Isolation Information Sheet \(Public Health Act\)](#)
 - › [Mandatory Isolation \(Federal Quarantine Act\)](#)
 - › [Mandatory Quarantine/Self-Isolation \(Federal Quarantine Act\)](#)
 - › [Self-monitoring Information Sheet](#)
 - › [Care in the home for people with COVID-19 \(long version\), \(short version\)](#)
 - › [Enhanced cleaning guidelines](#)
 - › Any other relevant information found in [prevention](#) and [education](#) sections
- NWT is following other jurisdictions in recommending that a negative COVID-19 test is NOT required for ending self-isolation of asymptomatic or mild cases. NAAT positivity from respiratory samples can be prolonged. The best current assessment is that prolonged shedding does not cause transmission. A “test of cure” is often misleading.
- The isolation period may be longer than 10 days depending on the severity of the disease, the client’s location and if they are immune compromised



Management of a Hospitalized Case

- Isolation precautions apply for all hospitalized cases whether they are symptomatic or not
 - › Consult with facility or Territorial IPAC as appropriate, and follow organizational/HSSAs directives, protocols and procedures for IPAC recommendations. Management includes:
 - Contact and droplet precautions
 - Airborne precautions for AGPs
- Provide the case with information about disease transmission and measures to minimize transmission, including practicing proper [hand hygiene](#) and [respiratory practices](#), [physical distancing](#) and use of medical/non-medical masks (NMM) as per organizational/HSSAs directives, protocols and procedures
- Hospitalized cases should be on appropriate precautions for a minimum of 10 days from onset of symptoms, and should follow HSSA's IPAC policy for discontinuing precautions.
- HCPs should consult with CPHO or delegate prior to discharge from hospital or any facility
- Hospitalized cases that are discharged to their own home before hospital isolation is complete, should remain on home isolation for 10 days from onset of symptoms or until symptoms have resolved, whichever is longer, after arrival at home
 - › Hospitalized cases being discharged or transferred to LTCF/continuing care/group homes/shelters etc. should not be transferred until their isolation period is complete
 - › If delay of discharge is not an option and the case must be discharged to another closed facility then they should remain on isolation, upon arrival to the facility, for **14 days** from onset of symptoms or until symptoms have resolved, whichever is longer
 - › The isolation period for hospitalized cases may be longer than 10 days depending on the severity of illness and discharge destination. Consult with CPHO or delegate



Management of a Case in the Home or Alternate Care Site/Isolation Centre

- **Follow guidance in these documents while caring for and monitoring cases who are isolating at home or in an alternate site:**
 - › [Isolation \(Public Health Act\)](#)
 - › [Care in the home for people with COVID-19 \(long version\), \(short version\)](#)
- Symptomatic confirmed or probable cases of COVID-19 are required to isolate in their home, alternate care site, isolation centre, or licenced supportive living/LTCFs for 10 days from onset of symptoms or until the symptoms have resolved (absence of cough not required for those with chronic cough or reactive airway), whichever is longer
 - › CPHO or delegate may extend isolation based on severity of illness
- If the case requires medical attention:
 - › Cases should wear a surgical, medical grade (ASTM Level 1 or greater) mask in any health facility, or for any medical service including transport.
- HCPs should call ahead and advise receiving facility of symptoms and diagnosis of COVID-19 if they are arranging transfer
- If transfer via ambulance or med response is required, notify 9-1-1/med-response that the client has COVID-19 so staff can use appropriate precautions
- Determine frequency of active daily monitoring as per HSSA directives, guidelines or protocols – the CPHO strongly recommends persons at high risk for severe complications of COVID-19 receive [active daily monitoring](#)
- Provide the case with information about disease transmission and measures to minimize transmission, including practicing [proper hand hygiene](#) and [respiratory practices](#), [physical distancing](#) and use of [non-medical masks](#)
- Due to theoretical risk of transmission to and from household pets, inform the case that they should avoid interactions with household pets, if possible. (E.g. have another member of the household look after them.) If this is not possible, cases should:
 - › Use healthy respiratory practices and perform hand hygiene before and after touching animals, or their food/supplies.
 - › Restrict the pet's contact with other people and animals outside the household while the case is in isolation
- Due to theoretical risk of fecal-oral transmission, reinforce importance of:
 - › hand hygiene
 - › Safe food handling practices
 - › Refraining from preparing foods for others in the household until isolation is lifted (as possible)



Management of Immunocompromised Case

- Those who are immunocompromised should isolate for 14 days from onset of symptoms or until symptoms have resolved, whichever is longer. CPHO or delegate, most responsible practitioner (MRP), and territorial IPAC should collectively determine duration of isolation for hospitalized immunocompromised cases.



Table 2: Determining isolation site and guidance to reduce transmission in households for suspect, confirmed, and probable cases and their contacts (as applicable)

The HCP should consider the following factors to determine if a suspect, confirmed or probable case or contact (as applicable) should isolate at home or an alternate site:

- **Ability to self- manage:**
 - › The case should be able to monitor their own symptoms and be able to report if their condition is worsening.
 - › They should be able to maintain [healthy respiratory practices](#), [physical distancing](#) within the home, and perform [hand hygiene](#)
- **Distance from medical care in remote settings:** Follow HSSAs' directives, protocols and procedures for determining whether a case can isolate in their home community or should move to a regional hub (Inuvik, Fort Smith, Hay River, Yellowknife)
- **Clinical condition:** Does the case require hospitalization now or are they at risk for hospitalization due to underlying factors that increase the risk for severe disease or complications of COVID-19
- **Access to care:** Some cases may require care from a household member (e.g., the case is a child). The caregiver should be willing and able to provide the necessary care and monitoring for the case, should have access to recommended PPE, should be healthy, and have no underlying medical conditions that increase their risk for severe disease
- HSSAs should provide PPE to prevent transmission in households, as required.
- **Suitable home environment:** Ideally the case should stay in a room of their own, with access to a private bathroom, and maintain a 2 metre distance from others in the home
 - › Determine if an overcrowded household may limit the case's ability to isolate within the home
 - › If a separate bathroom is not available, the bathroom should be frequently cleaned and disinfected
 - › If a separate room is not feasible, ensure that shared spaces are well ventilated (e.g. windows open, as climate permits) and there is sufficient room for other members of the home to maintain a 2 metre distance from the case
 - › Hanging a sheet from the ceiling, or creating a barrier, to separate the ill person from others may be protective

Note: If household members cannot safely isolate from the case within the home, they must self-isolate for an additional 14 days from date of last exposure to the case during their communicable period

- **Access to supplies and necessities:** The case should have access to food, running water, drinking water, and supplies (see [Supplies for the home when isolating](#)) for the duration of isolation. Supplies might include:
 - › Medical mask or if not available a non-medical mask or facial covering
 - › Disposable gloves
 - › Eye protection
 - › Thermometer
 - › Fever-reducing medications



- › Hand soap
- › Alcohol based hand sanitizer containing at least 60% alcohol
- › Tissues
- › Waste container with plastic liner
- › Regular household cleaning products/approved hard-surface disinfectants that are approved by Health Canada and have a Drug Identification Number (DIN) or bleach containing solution
- › Cleaners suitable for cleaning high-touch electronics (70% alcohol)
- › Regular laundry soap
- › Dish soap
- › Disposable paper towels
- **Risk to others in the home:** Household members with conditions that put them at higher risk of complications of COVID-19 (e.g. underlying chronic or immunocompromising conditions, or the elderly) should not provide care for the case and alternative living arrangements may be necessary
 - › This could include temporarily relocating these individuals or the case outside of the home to a location determined by HSSAs directives, procedures or protocols
 - › If the case is a breastfeeding mother, HCPs should consider the benefits of breastfeeding. There is no demonstrated transmission of COVID-19 through breastmilk. HCPs should recommend continuation of breastfeeding with the following precautions:
 - Have the mother wear a medical mask, or if not available a close fitting facial covering while breastfeeding
 - Cover the baby with a blanket or towel while breastfeeding
 - Assist the mother to adhere to healthy respiratory practices and perform hand hygiene before and after contact with the baby
- **Cohorting:** If it is not possible to provide the case with a single room and a private bathroom, or to relocate the case outside of the home, efforts should be made to cohort cases together (e.g. 2 cases in the same household, dormitory or shelter could share the same room)
- **Unsafe home environment:** If client expresses fear of repercussions of self-isolating at home consider relocating the case outside of the home to a location determined by organizations/HSSAs directives, procedures or protocols
- **Psycho-social considerations for people on isolation:**
 - › Encourage individuals, families and communities to create a supportive environment for people who are isolating to minimize stress and hardship such as financial, social and psychological impact



Discontinuation of Isolation for the Case

HCPs must consult the CPHO or delegate prior to discontinuation of isolation of **ALL** COVID-19 cases.

For anyone diagnosed with asymptomatic testing, clarify if they had 2 or more symptoms (see [Table 1](#)) for at least 24 hours in the 7 days before laboratory specimen collection. If so, utilize discontinuation criteria for “mild to moderate cases with symptoms” and consult with OCPHO to confirm isolation period.

Consultation with OCPHO is required at the end of isolation period of any case.

Table 3: Discontinuation of Isolation of a Case*

| Asymptomatic Cases | Mild to Moderate Cases with symptoms | Severe Cases |
|--|---|---|
| <ul style="list-style-type: none"> Discontinue isolation 10 days from the date of sample collection If symptoms develop after testing, consult with OCPHO to confirm isolation period <p>Complete COVID-19 Case Status Report Form-Part C weekly and if there is any change in condition</p> | <ul style="list-style-type: none"> Minimum of 10 days from onset of symptoms or until symptoms have resolved, whichever is longer symptoms such as cough, fatigue, loss of sense of taste or smell may persist beyond 10 days and does not necessarily infer infectiousness. <p>Complete COVID-19 Case Status Report Form-Part C weekly and if there is any change in condition</p> | <p>In addition to the criteria for discontinuing isolation for mild cases:</p> <ul style="list-style-type: none"> Severe or hospitalized cases may require additional isolation past 10 days depending on their condition, symptoms, or if they are immune compromised Consult facility or territorial IPAC for discontinuation of COVID-19 precautions <p>AND</p> <ul style="list-style-type: none"> Consult with CPHO or delegate before discharge from hospital <p>Complete COVID-19 Case Status Report Form-Part C weekly and if there is any change in condition</p> |

*For HCPs with COVID-19 infection, the employer may have additional requirements prior to the employee returning to work



Management of Contacts and Contact Tracing

Public Health Units and Health Centres should initiate contact investigation upon identification of a ***confirmed or probable case***.

Key Activities in a Contact Investigation

- Initial interview with the case to identify exposures/contacts
 - › A contact of a case is a person exposed to a probable or confirmed case during their communicable period, who:
 - Provided direct care for the case or had other similar close physical contact without the recommended personal protective equipment (PPE)
 - Had direct physical contact with case or their body fluids
 - Lived with, shared a closed space (e.g. room or vehicle) or otherwise had close prolonged contact for a total of 15 minutes or more and within two metres without the recommended PPE
 - › HCPs can use [Table 4: Contact Exposure Assessment and Management](#) to assist with categorizing exposed individuals exposed as contacts, or not
- HCPs must initiate contact tracing immediately, or next day as appropriate, and submit [COVID-19 Report Form for Confirmed Case-Part B](#) and the [Exposure Investigation form](#) to the CPHO or delegate within 24 hours
- Identify and list possible transmission settings and document this information on the [Exposure Investigation Form](#) and [COVID-19 contact line list](#). Important settings include:
 - › Visits to health care facilities (hospital, health centre, primary care, dental care etc.) or other closed facilities
 - › Schools
 - › Work sites
 - › Friends and family gatherings
 - › Religious/cultural gatherings
 - › Sports events as a participant or spectator
 - › Restaurants and bars
 - › Conveyances (airplanes, taxis, ride shares, buses, trains)
 - › Stores including grocery or department stores
 - › Community gatherings
 - › Other mass gatherings
 - › Other settings of concern to HCP



- Document all identified exposures and contacts on the [Contact Line List Excel Sheet](#)
 - › HCP must use Medical Confidential fax/[SFT to send](#) the contact line list with as much initial information as possible to OCPHO within 24 hours
 - › Send Medical Confidential fax/[SFT](#) updates daily or as required or requested by OCPHO
- OCPHO will collaborate with HCPs to determine whether an exposed person is a contact
- Confirm if any of the contacts have co-morbidities that would put them at higher risk for complications of COVID-19
- Provide contacts educational [resources](#)

Guidance on Determining Exposure when using Masks or Non-Medical Masks

- Medical masks and non-medical masks/face coverings are “source control” which, when used as recommended, reduce the exit of respiratory droplets from the person wearing them. Wearing only a medical mask/non-medical mask/face covering is not sufficient PPE to protect a person with an exposure that would deem them a contact (see definition of “[contact](#)” and Table [4 and 4b](#)).
- Based on incomplete effectiveness of source control, use of medical or non-medical masks by the person with COVID-19 infection does not sufficiently eliminate exposures. Contact investigations should proceed as if the case was not using source control, with the following exception:
 - Continuous masking, consisting of medical grade mask and face-shields for HCP and medical or non-medical mask for patient, along with other routine precautions such as proper hand hygiene, offers sufficient protection for HCPs who provide care for patients with pre-symptomatic/asymptomatic COVID-19 infection
- HCPs working with symptomatic patients with COVID-19 require droplet and contact precautions. Continuous masking, as described above, is not sufficient protection.



Table 4: Contact Exposure Assessment and Management for Contacts

| Exposures that determine an Individual IS a Contact | | |
|--|---|---|
| Exposure Setting | Types of Exposure that defines a contact | Public Health Management of contacts |
| <p>Household</p> <ul style="list-style-type: none"> Congregate Living environment (Shelters, dormitories, group homes) <p>Other</p> <ul style="list-style-type: none"> Child/daycare settings Schools Community/Workplaces | <ul style="list-style-type: none"> Greater than 15 minutes of face to face contact without the use of PPE and/or appropriate physical distancing (< 2 meters) Direct care or contact with bodily fluids of case (e.g. Coughed or sneezed on) Lived with, or shared, a closed space such as a room (including classroom), or vehicle for a total 15 minutes or more <p><i>Examples include:</i></p> <ul style="list-style-type: none"> Intimate partner hug, kiss, or handshake Sharing cigarettes, bottles, glasses, utensils Workplace meeting for a total of 15 minutes in a closed space Share an office space Caregiver or parent who is unable to maintain 2 metres of distance from the case (e.g. do not have their own space, sleeping arrangements, bathroom) | <ul style="list-style-type: none"> All contacts must isolate for 14 days from last exposure to case during their communicable period For household contacts, or other environments where contacts have ongoing daily exposures to the case, contacts will isolate for a minimum of 24 days from the date the case developed symptoms. (i.e. 14 days incubation from the end of case's 10 day communicable period) Symptomatic contacts should be tested for COVID-19 Asymptomatic contacts may require testing for COVID-19 upon recommendation of CPHO or delegate If the contact is tested for COVID-19 and the result is negative, isolation must still continue for the 14 day incubation from last contact with the case during their communicable period Provide contacts educational resources |
| <p>Healthcare</p> <ul style="list-style-type: none"> Patient is the case | <ul style="list-style-type: none"> HCP who provides care without recommended use of PPE Other patients, staff or visitors in waiting room/common areas from case < 2 meters away for any duration | |
| <p>Healthcare</p> <ul style="list-style-type: none"> HCP is the case | <ul style="list-style-type: none"> All patients for whom the HCP provided direct care, or who had other similar contact, without | <p>See Appendix B: Isolation Requirements for Individuals and their Household Members with</p> |



| | | |
|--|---|---|
| | <p>the HCP's recommended use of PPE and other IPAC measures</p> <ul style="list-style-type: none">• Coworkers/visitors/others who had greater than 15 minutes face-to-face contact without the recommended use of PPE or appropriate physical distancing (< 2 meters) | <p><i>COVID-19 Symptoms or Exposures</i> for recommendations for household members of contacts.</p> |
| <p>Conveyance</p> <ul style="list-style-type: none">• e.g. Aircraft, passenger vans, buses, other vehicles) | <ul style="list-style-type: none">• Passengers or crew seated within 2 metres of the case (i.e including those in the same row and two rows in all directions), depending on the type of aircraft/conveyance and seating)• Other passengers and crew with greater than 15 minutes face-to-face contact | |



Table 4b: Exposure Assessment and Management Contact when Individuals are not a Contact

| Exposures that Determine an Individual as NOT a Contact | | |
|--|---|--|
| Exposure Setting | Types of Exposure that DOES NOT define a person as a contact | Public Health Management |
| <p>Household</p> <ul style="list-style-type: none"> Congregate Living environment (Shelters, dormitories, group homes) <p>Other</p> <ul style="list-style-type: none"> Child/daycare settings Schools Community/Workplaces | <ul style="list-style-type: none"> Only transient interactions (walking briefly by the case or briefly in the same room) < 15 min face to face interactions without PPE E.g. Live in a basement suite, separate floor of a dorm, different wing of a group home from case and do not common spaces E.g. child in a separate classroom from case Worker on a different floor from case without exposure criteria | <p>Advise any individual who is potentially exposed, but who does not meet criteria as a contact, to:</p> <ul style="list-style-type: none"> Monitor for symptoms Isolate if they become symptomatic Arrange COVID-19 test if symptoms develop Follow routine public health preventive measures (i.e. physically distancing, hand hygiene, healthy respiratory practices, enhanced cleaning). Follow routine employer and WSCC guidance |
| <p>Healthcare</p> <ul style="list-style-type: none"> Patient is the case | <ul style="list-style-type: none"> HCP/support staff provided direct care for patient with recommended PPE | |
| <p>Healthcare</p> <ul style="list-style-type: none"> HCP is the case | <ul style="list-style-type: none"> All patients for whom the HCP provided direct care, or who had other similar contact when the HCP was using recommended PPE and following IPC precautions | |

NOTE: CPHO will assess and provide guidance for contacts in complex exposure settings e.g. gatherings, health facilities, or workplace outbreaks.



Key Management of Contacts

- HCPs, in collaboration with OCPHO, should make every effort to identify and notify all contacts within 24 hours
- Prioritize notification of contacts who live in remote locations, and those who have known conditions that increase risk for severe disease
- All [contacts](#), whether symptomatic or not, must isolate for 14 days from last day of exposure to case during their communicable period
- HCP should determine the feasibility of the contact to safely isolate at home versus an alternate site based on the nature of the exposure, risk of the contact developing COVID-19, and implication to the household if they become sick.
 - › HCP should follow any organizational/HSSA directives, protocols, and procedures to guide decisions, for example for contacts living in cabin communities.
 - › See [Table 2](#): Determining isolation site and guidance to reduce transmission in households for suspect, confirmed, and probable cases and their contacts (as applicable).
- Determine frequency of active daily monitoring as per organizational/HSSA directives, guidelines or protocols. CPHO strongly recommends active daily monitoring of all contacts
- Symptomatic contacts should be tested for COVID-19:
 - › HCPs should determine if they meet case definition for [probable case](#) of COVID-19, **and if so, follow guidance for [probable case](#) which includes initiating an exposure assessment and contact investigation**
 - › If the contact requires health services, they should call their local HCP, public health unit or community health centre for mild symptoms or 9-1-1 if they have difficulty breathing or severe symptoms
 - Contacts should wear a facial covering, preferably a medical grade mask (ASTM level 1 or higher) if required to travel for medical attention
 - Contacts or HCP should call ahead and advise transferring or receiving facility of symptoms and presumed diagnosis of COVID-19
 - If transfer via ambulance or med response is required, HCP must notify 9-1-1/med-response that the client has probable COVID-19 so staff can use appropriate droplet and contact precautions
- **All** contacts (including those that are asymptomatic) should be tested for COVID-19 at day 10 of their incubation period
- If the contact's COVID-19 test is in negative, they must continue to isolate for 14 days from last exposure during case's communicable period
- Individuals identified as exposed but are not contacts should self-monitor for symptoms
- If symptoms develop advise to isolate and coordinate testing



Discontinuation of Isolation for Contacts

- Contacts must isolate for 14 days from their last exposure to the case during their communicable period
- For household contacts with ongoing exposure, such as those who must stay in the home (e.g. caregiver or parent) and are unable maintain 2 metres distance from the case (e.g. do not have their own space, sleeping arrangements, bathroom) the last date of exposure is the last day of the case's [communicable period](#)*.
- If a contact develops [COVID-19 symptoms](#) during their isolation period, they are a [probable case](#) and they must isolate a minimum of 10 days since symptom onset or 14 days from their last exposure to the case during their communicable period, whichever is longer.*

For example, if a child has mild COVID-19 and the parent is the contact and caregiver, the child's isolates during their communicable period (10 days) and parent isolates with the child **plus 14 days after the child's isolation ends. The parent isolates for 24 days in this situation. If the parent develops COVID-19 symptoms on day 24, they should be tested. If they test positive and have mild illness, they must isolate for a minimum of 10 further days*



Additional Contact Tracing Measures

Health care professionals should consult CPHO or delegate for direction on the management of contacts or non-contacts throughout the case and contact investigation. Situations that may require additional follow-up include:

- School, LTCF or remote or closed worksite outbreaks
- COVID-19 exposures in densely populated public settings
- COVID-19 infections involving sporting events or teams, or family/group/community gatherings
- COVID-19 infections at work sites, apartment buildings, shelters, or other communal living arrangements
- COVID-19 infections on conveyances such as airplanes, taxis, ride shares, or buses

Public health interventions to communicate potential exposures in the above situations may include:

- Public health notices or advisories
- Individual letters of notification
- Group notification or mail outs



Management of Household Members of Contacts

A contact to COVID-19 has a variable risk of developing COVID-19. Current publications estimate the risk of transmission to others in the home is about 15%. With asymptomatic transmission possible, contacts may become cases and transmit to household members without knowing. Household members who cannot isolate within the home from the contact risk transmission to the public. This risk is low, but not negligible. The risk multiplies with increased numbers of household members.

- Isolation in the home means ability to physically distance so that household members do not meet criteria of a contact (see [Table 4](#) and definition of [contact](#)), [hand hygiene](#), [healthy respiratory practices](#), and enhanced [environmental cleaning](#).
- HCPs should ask households with a contact to COVID-19 to attempt to isolate away from the contact if possible. Adopting measures as soon as possible will reduce risk of household transmission should contact become a case. See [Appendix B](#)
- Provide educational [resources](#) (prevention and education sections)
- See [Appendix B](#) for management of household members of contacts of a case
- Additional considerations for households of contacts:
 - › If any household member becomes symptomatic, they should self-isolate and contact an HCP for assessment. HCPs should consider testing all household members for COVID-19 in this situation.
 - › If any household member is unable to “isolate in the home safely” from the contact they must follow the same isolation recommendations as the contact during the contact’s incubation period. Depending on [risk assessment](#), household members of contacts who are unable to isolate safely in the home may have to isolate beyond the contact’s incubation period.
 - › OCPHO recommends that essential service workers who must work and cannot home-isolate from the contact should inform employer of situation and follow guidance in their [exposure control plan](#) (see below)



Guidance On Post Immunization Side Effects and Management

- Following the administration of a vaccine, an immunized person should be counseled about the risk of short-term self-limited side effects, including local reactions and systemic reactions.
- Because some side effects following immunization such as fever, cough, runny nose, sore throat, headache, muscle/joint ache, vomiting/diarrhea are similar to symptoms for COVID19, if a vaccine recipient develops these symptoms after vaccination in the expected timeframe for that vaccine (for most vaccines: within 24 hours; for MMR, Varicella and MMRV, usually within five to 12 days), they should stay home and away from others.
- If the symptoms resolve within two days (48 hours), they can resume normal activities, unless they have been instructed to quarantine or isolate for other reasons.
- If the symptoms do not resolve within two days (48 hours) of symptom onset, they should continue to stay home and arrange for testing and assessment by a healthcare provider.



Other Public Health Prevention Measures

In addition to public health advisories, orders, GNWT communications regarding COVID-19 prevention and guidance in this document, OCPHO believes the following measures and considerations remain important.

Immunizations

- At this time there is no vaccine for COVID-19
- Health centres, public health teams, and HCPs should prioritize [routine immunizations](#) for those in the NWT and identify priority populations who especially benefit from [seasonal influenza vaccine](#) and [pneumococcal vaccines](#) as indicated

Screening Measures for high risk environments

- Organizations/HSSAs/HCPs must implement active and passive screening measures for those who live, work, train, volunteer or visit in all [closed facilities](#). Active screening means asking individuals questions regarding travel and other [COVID exposures](#), [symptoms of COVID-19](#), and whether they must be [isolating](#). Passive screening means posting signage eliciting the same information.

Workplace Health and Safety

- NWT's *Safety Act* and *Occupational Health and Safety Regulations* are key measures to protect workers in NWT. Employers must have an exposure control plan to outline how employers, supervisors, and employees will eliminate or control the risk of COVID-19 exposure at work. Workers' Safety and Compensation Commission (WSCC) collaborates closely with employers to create safe working environments. Health centres, public health teams, HCPs, GNWT departments, and HSSAs should follow [WSCC guidance](#), and advocate for safe workplaces for their clients.



Social Determinants of Health and Unintended Consequences of Public Health Actions to Prevent COVID-19

The social determinants of health (SDOH) are the conditions in which we live, learn and grow and include income and socioeconomic status (SES), employment and working conditions, education, housing conditions, and health services. Early analysis demonstrates that the SDOH modify the impact the of COVID-19 infection, with worse outcomes in lower SES groups. SDOH also modify the effectiveness of public health actions meant to protect populations.

COVID-19 and the widespread societal and public health actions, while intended to reduce the impact of COVID-19, have complex social, legal/ethical, economic, environmental, and political implications. Unintended consequences of COVID-19 are any adverse impacts on health or wellbeing. Potential unintended consequences include:

- Increases in substance use and harms from substance use
- Increases in interpersonal violence or family violence
- Increases in child maltreatment
- Worsening mental health outcomes including anxiety and depression, especially in elderly.
- Increases in shelter use
- Reduction in workable hours or employment resulting in income inequities and increased poverty
- Reduced food security (e.g. through reduced access to food programs in schools or through non-government organizations)
- Disruption in essential supply chains leading to increase costs and expenses

Addressing the SDOH will improve NWT's COVID-19 outcomes, and improve the effectiveness and safety of public health measures. Addressing the SDOH requires a societal, pan-government approach, and long-term horizon. Specific COVID-19 objectives include:

- Protecting under housed individuals
- Addressing smoking rates
- Maintaining school and day care services while addressing COVID-19 risks
- Preventing problematic substance use
- Maintaining food security
- Addressing systemic racism and impacts of colonial policies and intergenerational trauma
- Maintaining job security and safe working condition
- Addressing overcrowding living conditions



Efforts to protect high risk individuals

During times of community transmission or when exposures are occurring in the community, those at higher risk of exposure should avoid close contact with individuals at higher risk of severe illness, as possible. For example, health care workers who are assessing people with COVID-19, even though they are not deemed a contact, should avoid close contact with the elderly outside of work.



6. EDUCATION and RESOURCES

For more information about COVID-19:

- **Government of the NWT Public:** [GNWT/COVID-19](https://www.gov.nt.ca/covid-19)
 - › Public Resources:
<https://www.gov.nt.ca/covid-19/en/resources>
 - › Public Health Orders:
<https://www.gov.nt.ca/covid-19/en/public-health-orders>
 - › Care in the home for people with COVID-19:
<https://www.gov.nt.ca/covid-19/en/services/health-and-well-being/care-home-people-covid-19-advice-caregivers>
 - › Emerging Wisely:
<https://www.gov.nt.ca/covid-19/en/services/public-health-orders/emerging-wisely>
- **Government of the NWT Healthcare Professional:** [GNWT HCP/COVID-19](https://www.gov.nt.ca/covid-19/en/services/public-health-orders/emerging-wisely)
 - › Emergency Response Documents
 - › Reporting Documents
 - › Department Resources (Public Health Management of Case & Contacts, Outbreak management documents)
- **Northwest Territories Health & Social Services Authority Resources:** [NTHSSA/COVID-19](https://www.gov.nt.ca/covid-19/en/services/public-health-orders/emerging-wisely)
- **Call the 8-1-1 Information Line or email covid-19@gov.nt.ca if you:**
 - › Need assistance to navigate the [HSS website for COVID-19](https://www.gov.nt.ca/covid-19/en/services/public-health-orders/emerging-wisely) related information.
 - › Have questions related to COVID-19 as it relates to the NWT
 - › Need to advise callers about next steps based on the completion of the [NWT COVID-19 Self-Assessment Tool](https://www.gov.nt.ca/covid-19/en/services/public-health-orders/emerging-wisely)
 - › Need access to HSS Navigator (support to isolation centres and HCP)
 - › Contact ProtectNWT (also by protectnwt@gov.nt.ca) to:
 - Assist with all travel related inquiries into the NWT including self-isolation plans.
 - Request for entry exceptions
 - Report a complaint
 - › To coordinate with Municipal and Community Affairs to:
 - Arrange isolation accommodations.
 - Facilitate access to services within communities.
 - Assist with “at home on the land” initiative
- **The Government of Canada:** [Canada/COVID-19](https://www.gov.nt.ca/covid-19/en/services/public-health-orders/emerging-wisely)



- *Health Canada Quarantine Act* and Information: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html#f>
- **Centers for Disease Control and Prevention (CDC):** [CDC/COVID-19](#)
- **World Health Organization (WHO):** [WHO/COVID-19](#)

7. EPIDEMIOLOGY

For current epidemiology of COVID-19 in the Northwest Territories (NWT) see: [COVID-19 Dashboard](#)



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<https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>

Appendix A: Isolation Orders

1. *Federal Quarantine Act*: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html#f>
 - › **Mandatory Isolation**: means that as a person enters Canada, if they have symptoms of COVID-19, they:
 - › **Must go directly to their place of isolation**
 - › **Must not take public transportation**
 - › **Should contact a health care provider**

Because NWT does not receive international travelers directly through commercial flights, mandatory isolation under the federal Quarantine Act will typically occur in other centres.

- › **Mandatory Quarantine** Mandatory quarantine means that as you enter Canada, if you don't have COVID-19 symptoms, you must:
 - › Provide contact information
 - › Monitor yourself for symptoms
 - › Ensure you have a suitable place of quarantine that has necessitates for living
 - › Go directly to your place of quarantine
 - › Wear a mask or face covering while in transit
 - › Practise physical distancing
 - › Use private transportation in transit if possible
 - › Not leave your place of quarantine unless it is to seek medical assistance
 - › Not have any guests even if you are outside
 - › Only use private outdoor spaces or shared spaces in your place of quarantine provided you avoid contact with others who didn't travel with you, disinfect spaces after use, and wear a non-medical mask or face covering if you can't maintain 2 m of distance.

Note: guidance changes frequently for these orders so please visit the links for the most up to date requirements.

2. *Isolation (NWT Public Health Act Reportable Disease Control Regulations)*:
<https://www.justice.gov.nt.ca/en/files/legislation/public-health/public-health.r10.pdf>

Isolation: Under NWT's Reportable Disease Control Regulations, the CPHO may direct a person who is, or probably is infected with, or who has or may have been exposed to a reportable disease, to isolate himself or herself in an isolation facility or conduct himself or herself in a manner that will not expose another person to infection.

Under the [NWT Public Health Act](#), the following people must isolate at home or alternate isolation centre:

- Confirmed, probable, or suspect cases of COVID
- Those who are close contacts of someone who has been diagnosed with COVID-19,
- Household members of contacts of COVID-19 who cannot isolate at home” from the exposed individual (e.g. parent of a child exposed at school)

3. “Self-Isolation” COVID-19 Public Health Orders: <https://www.gov.nt.ca/covid-19/sites/covid/files/resources/public-health-order-covid-19-travel-restrictions-self-isolation-protocol-amended-july-16-2020.pdf>
 - › Self-isolation: a person who has arrived into the NWT from another province or territory in Canada shall self-isolate for 14 days immediately following entry into the NWT in one of Yellowknife, Inuvik, Hay River, or Fort Smith.

Appendix B: Isolation Requirements for Individuals and their Household Members with COVID-19 Symptoms or Exposures

| COVID-19 status of client | | Type of Isolation Required | Actions for Client |
|---------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> | Case of COVID-19 | Isolation (NWT Public Health Act) | <ul style="list-style-type: none"> Monitor for symptoms and report if they develop or worsen Isolate at home, isolate at hospital, or isolate at alternate site depending on condition and circumstance Follow routine public health prevention measures At home, case should safely isolate at home from household members during their communicable period |
| | Household member of case of COVID-19 | Isolation (NWT Public Health Act) if they are contacts | <ul style="list-style-type: none"> Household members of case unable to safely isolate at home are contacts and must continue to isolate for 14 days from their last exposure to the cases' communicable period |
| <input type="checkbox"/> | Contact of case of COVID-19 | Isolation (NWT Public Health Act) | <ul style="list-style-type: none"> Monitor for symptoms and report if develop or worsen Contacts must isolate for 14 days from their last exposure to the case during their communicable period. Safely isolate at home or isolate at alternate site, depending on circumstance, for 14 days from last exposure to the case. Follow routine public health prevention measures |
| <input type="checkbox"/> | Household members of contact of case | Isolation (NWT Public Health Act) IF unable to safely isolate at home for contact's incubation period, OCPHO will perform risk assessment to determine if longer isolation required for household members of contacts | <ul style="list-style-type: none"> Monitor for symptoms, even beyond duration of isolation of contact, and isolate and notify HCP if symptoms develop Safely isolate at home from the close contact during their incubation period, or at an alternate site, depending on condition and circumstance, for 14 days from last exposure to the case. Follow routine public health prevention measures If unable to safely isolate at home from the contact, household member must follow the same isolation recommendations as the contact during the contact's incubation period Depending on risk assessment, household members of contacts who are unable to isolate safely in the home may have to isolate beyond the contact's incubation period. OCPHO recommends that essential service workers who must work and cannot home-isolate from the contact should inform employer of situation and follow guidance in their exposure control plan |
| <input type="checkbox"/> | Suspect case: | Isolation/Self-Isolation (NWT Public Health Act and Public Health Order Travel Restrictions and Self-Isolation Protocol) <i>depending on circumstances</i> | <ul style="list-style-type: none"> Monitor for symptoms and report if symptoms worsen Safely isolate at home or isolate at alternate site, depending on condition and circumstance, for 14 days from last exposure (e.g. from entry into NWT) and until deemed not a case, whichever is longer Follow routine public health prevention measures |
| <input type="checkbox"/> | All Household members of suspect case | Isolation (NWT Public Health Act) IF unable to "home-isolate from suspect case during their isolation | <ul style="list-style-type: none"> Monitor for symptoms, even beyond duration of isolation of contact, and isolate and notify HCP if symptoms develop The individual isolating, and their household, should review the risks and benefits of attempting to isolate safely at home. Follow regular public health prevention measures If household members are unable to safely isolate at home from the suspect case, or have been in contact they must follow the same isolation recommendations as the suspect case Essential service workers who must work and cannot safely home-isolate from a suspect case should inform employer of situation and follow guidance in their exposure control plan |

*Please follow all advice provided by a Public Health Official or Health Care Professional. This guidance is generalized and situations may require further risk assessment considerations.

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| | | | |
|--------------------------|---|--|--|
| <input type="checkbox"/> | Exposure (travel), no symptoms | Self-Isolation (Public Health Order Travel Restrictions and Self-Isolation Protocol) | <ul style="list-style-type: none"> • Monitor for symptoms and report if symptoms develop • Safely isolate at home or isolate at alternate site, depending on condition and circumstance, for 14 days from last exposure (i.e. from entry into NWT) • Follow routine public health prevention measures |
| <input type="checkbox"/> | Household members of someone whom travel into the NWT from Canada and no symptoms | Isolation (NWT Public Health Act) IF unable to safely home isolate from returning traveler during their isolation | <ul style="list-style-type: none"> • Monitor for symptoms, even beyond duration of isolation of traveler , and isolate and notify HCP if symptoms develop • Safely isolate at home or live at alternate site, depending on condition and circumstance for duration of household members' isolation • It is recommended that the household member of traveller should attempt to isolate at a different location if unable to physically distance within the household • Follow regular public health prevention measures • If household members must have ongoing exposure to the traveller then household members should follow the same recommendations as the traveller • Household members that are essential service workers who cannot home-isolate from traveler should inform employer of situation and follow guidance in the employer's exposure control plan |
| <input type="checkbox"/> | Symptomatic, no exposure | Self-Isolation (NWT Public Health Act - someone suspected to have COVID-19) | <ul style="list-style-type: none"> • Monitor for symptoms and report if symptoms worsen • Stay home from work or school until direction from the health care provider has been received • Follow routine public health prevention measures • Practice physical distancing in the home – 2 meters distance from other family members, enhanced environmental cleaning, separate bedroom. |
| <input type="checkbox"/> | Household of someone symptomatic, no exposed | No isolation requirement | <ul style="list-style-type: none"> • Monitor for symptoms, even beyond duration of symptomatic person, and notify HCP if symptoms develop • Follow regular public health prevention measures • Should attempt to isolate safely in the home from symptomatic individual if feasible and acceptable to partake in day to day activities. |
| <input type="checkbox"/> | International traveller no symptoms | Mandatory Quarantine (Federal Quarantine Act) | <ul style="list-style-type: none"> • Monitor for symptoms and notify HCP if symptoms develop • Mandatory Quarantine as per the Mandatory Federal Quarantine (Quarantine Act) • see above |
| <input type="checkbox"/> | International traveller with symptoms | Mandatory isolation (Federal Quarantine Act) | <ul style="list-style-type: none"> • Monitor for symptoms and report if symptoms worsen • Mandatory isolate as per the Federal Quarantine (Quarantine Act) • see above |
| <input type="checkbox"/> | Household of international traveller | Isolation (NWT Public Health Act) IF unable to safely home isolate from the returning traveler during their isolation | <ul style="list-style-type: none"> • Monitor for symptoms, even beyond duration of isolation of traveler, and isolate and notify HCP if symptoms develop • Safely isolate at home or live at alternate site, depending on condition and circumstance for duration of household members' isolation • It is recommended that the household member or traveller should attempt to isolate at a different location if unable to physically distance within the household • Follow regular public health prevention measures • If household members must have ongoing exposure to the traveller then household members should follow the same recommendations as the traveller • Household members that are essential service workers who cannot isolate at home from traveler should inform employer of situation and follow guidance in the employer's exposure control plan |

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| <input type="checkbox"/> Guidance for the General Public and Emerging Wisely | <input type="checkbox"/> Public Health Orders: | <input type="checkbox"/> NWT Public Health Act | <input type="checkbox"/> Federal Quarantine Act |
|--|--|--|--|
| <p>It is recommended that everyone in the NWT follow all routine public health prevention measures such as:</p> <ul style="list-style-type: none"> ➤ Stay home when sick ➤ Keep at least 2-metres between yourself and others ➤ Social (physical) distance from those isolating in your home (if applicable) ➤ When running errands respect store limits and shop off-peak hours ➤ Wear a non-medical mask (NNM) while in public OR if you cannot keep 2-metres between yourself and others ➤ Follow Healthy respiratory practices ➤ Preform regular hand hygiene ➤ Enhance your cleaning routine <p>Public Health Order (Emerging Wisely)</p> <ul style="list-style-type: none"> ➤ For more details go to the guidance document: Emerging Wisely ➤ An overview of Emerging Wisely includes: <ul style="list-style-type: none"> ✘ You can go on the land with groups of 10 or less ✘ You can have 5 non-household visitors inside your home, cabin or tent, but no more than 10 in the house at one time ✘ You can do activities with others if you can keep 2-metres distance between everyone (see Emerging Wisely Sortable Table for more information) | <p>Under the COVID-19 Travel Restrictions and Self-Isolation Protocol: To decrease or eliminate the risk to public health in relation to COVID-19, residents and new residents entering the NWT from across an inter-jurisdictional boarder must: Self-Isolate for a minimum of 14 days upon entry into the NWT:</p> <ul style="list-style-type: none"> ➤ Remain in your home, or alternate isolation location in one of the 4 hub cities (Yellowknife, Hay River, Fort Smith or Inuvik) for 14 days upon entry into the NWT. ➤ If you must get essential items have someone else pick them up. Try to contact a care group in your local area (or ProtectNWT if you are in an isolation Centre) for support and only if there are no other options wear a non-medical mask to run the errand. ➤ If you can't find someone then wear a non-medical mask while in public OR if you cannot keep 2-metres between yourself and others. ➤ Keep at least 2-metres between yourself and others even in your home: <ul style="list-style-type: none"> ○ Keep 2 metres away from household members ○ Stay in a separate room ○ Use a separate bathroom or bathroom schedule with enhanced cleaning between uses ➤ If you cannot maintain distance from household members then your whole household or certain members of your household (e.g., care giver) will need to follow the same recommendations as you ➤ No visitors (non-household members) inside your home ➤ If you do not have symptoms: <ul style="list-style-type: none"> ○ Monitor yourself for symptoms ○ You can go outside for a walk if you are alone or with members of your household that are also self-isolating ➤ Contact a health care professional immediately if you develop symptoms ➤ If you do develop symptoms than follow direction under the <i>NWT Public Health Act</i> in the next column <p>For information related to other Public Health Orders such as those for mineral and petroleum workers or to see who</p> | <p>Under the <i>NWT Public Health Act</i>: The Chief Public Health Officer can require a person who is or probably is infected with, or who has or may have been exposed to a reportable disease to isolate from other persons and conduct themselves in a manner that will not expose another person to infection.</p> <p>The following people must isolate as per the <i>NWT Public Health Act</i> to limit the spread of COVID-19. Those:</p> <ul style="list-style-type: none"> ➤ Who have tested positive for COVID-19 ➤ With symptoms of COVID-19 ➤ Who have been named as a close contact of someone with COVID-19 ➤ Who have been asked to isolate by a health care professional due to a possible exposure in a mass gathering, closed facility, community gathering or family gathering <p>Isolation under the <i>Public Health Act</i> means:</p> <ul style="list-style-type: none"> ➤ Remain in hospital, home, or alternate isolation location <ul style="list-style-type: none"> ○ For those diagnosed with COVID-19 you must stay isolated for a minimum of 10 days and cannot stop isolating until you have received direction from a health care professional and no longer have any symptoms of COVID-19 ○ For those who have been named as a close contact of COVID-19 you must remain in isolation for a minimum of 14 days since your last exposure while you are still at risk of developing symptoms during the incubation period ○ For those who have COVID-19 symptoms but have had no exposure to COVID-19 and have not been diagnosed with COVID-19 you must remain isolated for a minimum of 10 days and resolution of your symptoms or until a health care provider has given you other direction ➤ If you must get essential items have someone else pick them up or contact your local community health centre or public health unit for assistance. ➤ Keep at least 2-metres between yourself and others even in your home: <ul style="list-style-type: none"> ○ Keep 2 metres away from household members ○ Stay in a separate room ○ Use a separate bathroom or bathroom schedule with enhanced cleaning between uses ➤ If you cannot maintain distance from household members then your whole household or certain members of your household (e.g., care giver) will need to follow the same recommendations as you ➤ No visitors (non-household members) inside your home | <p>The Governor General In Council has stated that due to the declaration of a COVID-19 pandemic by the World Health Organization, and the severe risk to the Canadian public if COVID-19 is introduced into Canada the following must occur by all persons entering into Canada: Those who have had international travel in the last 14-days (Quarantine Act) must:</p> <ul style="list-style-type: none"> ➤ Quarantine (mandatory quarantine): if you have no symptoms of COVID-19 you must stay at home or in an appropriate facility for 14 days upon entry into Canada while you are still at risk of developing symptoms and could infect others ➤ Isolate (mandatory isolation) at home or in an appropriate facility if you have symptoms of COVID-19 or develop symptoms during the quarantine period ➤ If the symptoms develop during the quarantine period, then the 14 day period will begin anew and the person must isolate then for 14 days from onset of symptoms <p>Mandatory Quarantine (self-isolate) under the Federal Quarantine Act means you have no symptoms and travelled in the last 14 days from outside of Canada and must:</p> <ul style="list-style-type: none"> ➤ Remain in your home and on your property, or in an alternate isolation location in one of the 4 hub cities (Yellowknife, Hay River, Fort Smith or Inuvik) for 14 days upon entry into the NWT ➤ Keep at least 2-metres between yourself and others even in your home: <ul style="list-style-type: none"> ○ Keep 2 metres away from household members ○ Stay in a separate room ○ Use a separate bathroom or bathroom schedule with enhanced cleaning between uses ➤ If you cannot maintain distance from household members then your whole household or certain members of your household (e.g., care giver) will need to follow the same recommendations as you ➤ No visitors (non-household members) inside your home ➤ Monitor yourself for symptoms ➤ Contact a health care professional immediately if you develop symptoms and notify them you are being monitored for COVID-19 <p>Mandatory isolation under the Federal Quarantine Act means that you are symptomatic AND have travelled from outside of Canada in the last 14 days and must:</p> |

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| | <p>may be exempted from certain Public Health Orders go to https://www.gov.nt.ca/covid-19/en/public-health-orders</p> | <ul style="list-style-type: none"> ➤ If you do not have symptoms: <ul style="list-style-type: none"> ○ Monitor yourself for symptoms ➤ Contact a health care professional immediately if you develop symptoms or your symptoms worsen and notify them you are being monitored for COVID-19 | <ul style="list-style-type: none"> ➤ Remain in your home or in an alternate isolation location in one of the 4 hub cities (Yellowknife, Hay River, Fort Smith or Inuvik) for 14 days upon entry into the NWT ➤ You must not leave your home or alternate isolation location including you cannot go in private outdoor spaces, backyards, or balconies. ➤ Keep at least 2-metres between yourself and others (even inside your home) <ul style="list-style-type: none"> ○ Stay in separate room ○ Use separate bathroom or bathroom schedule with enhanced cleaning between uses ➤ If you cannot maintain physical distance of 2 metres from household members then your whole household or certain members of your household (e.g., care giver) will need to follow the same recommendations as you ➤ No visitors (non-household members) inside your home ➤ No errands or leaving your property unless it is to see a health care provider. ➤ Monitor yourself for symptoms ➤ If you must seek medical attention, wear a non-medical mask. ➤ Contact a health care professional immediately if your symptoms worsen and notify them you are being monitored for COVID-19 |
|--|--|---|--|

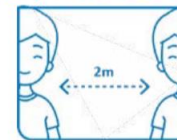
If you have [symptoms of COVID-19](#) self-isolate and call your local health care provider to arrange for an assessment.

If you have severe symptoms (i.e. shortness of breath) call 9-1-1

Healthy Respiratory Practices Everyone Can Use to Protect Yourself & Your Community



Stay home if you are sick



Avoid close contact with others



Turn and cover your mouth and nose



Throw used tissues in the garbage



Wash your hands



Clean/Disinfect

[SELF-MONITORING](#) means:

- Monitoring yourself for [symptoms of COVID-19](#) and reporting to a health care provider if you experience:
 - 1 or more of the following:**
 - Fever,
 - New or worsening cough,
 - shortness of breath
 - AND/OR 2 or more of the following**
 - Muscle aches, runny nose, sore throat, nausea/vomiting, chills, diarrhea, headache, loss of sense of smell/taste, generally feeling unwell.

Updated: September 16, 2020

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Appendix C: Version Table

| Version Date | Summary of Updates |
|--------------------|---|
| September 16, 2020 | Version 1 |
| October 14, 2020 | Version 2 <ul style="list-style-type: none">• Formatting changes |
| October 22, 2020 | Version 3 <ul style="list-style-type: none">• Guidance on Post Immunization Side effects and Management |

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