

# Employee Under Investigation and Case Summary Template (EUICS) Guideline

December 2021



This guideline accompanies the EUICS Template, which is the Excel spreadsheet to be used for the documentation of suspected and confirmed workplace COVID-19 cases and contacts. This EUICS Template will be used with various companies and Public Health to optimize case and contact investigation and ensure consistency of information.

Once completed, please save your document according to the following instructions:

- Name of company
- Date of reporting (MM DD YY)
- Organization filling out report [Employer or RHA (WRHA, NRHA, PMH, SH, IERHA)]
- Final title example: "ABC Ltd 01 26 21 WRHA"

Please submit the completed document to Dr. Denise Koh, Chief Occupational Medical Officer (COMO) and Medical Officer of Health (MOH), at [COMO@gov.mb.ca](mailto:COMO@gov.mb.ca). Agrifood companies and Temporary Foreign Worker groups associated with Agriculture Resource Development programs should submit the completed document to [AgrifoodCovid19@gov.mb.ca](mailto:AgrifoodCovid19@gov.mb.ca).

Updated templates can be submitted if there is any change in status; no more than weekly updated template submission should be adequate, unless there are cases occurring daily, such as for ongoing clusters/outbreaks.

There are three tabs which represent spreadsheets to enter information into:

- 1) **Workplace Case Summary:** summarizes the current case/cluster status of the workplace, including Public Health's actions to date; changes when new information added from Line Listing.
- 2) **Employees Under Investigation:** this is a cumulative listing of employees who are contacts/cases who are under investigation. This would include all employees who got tested for COVID-19 through the public system and should include all the entries listed in the Case Line Listing
- 3) **Line Listing of Cases:** these are confirmed positive cases who are employees of the workplace. Each case should have an entry in tab 2.

Please ensure ALL fillable fields are completed with as much information as possible, with emphasis on reporting worker's date of birth, PHIN and MHSC numbers. This information is required for result follow up and will greatly assist Public Health in its investigations.

## 1) Workplace Case Summary:

This is a summary of the cases/cluster to date, with some fields auto-calculated based on information in the Line Listing of Cases. There is also a summary of Action Plan as well as Workplace Information and Risk Factors.

### Cluster

- Acquisition Categories: This table will be auto populated based on the information given in the Line Listing of Cases (tab 3). **DO NOT enter anything directly into this summary table. Enter the case information in the tab 3 spreadsheet, and this summary table will automatically calculate the totals and relative percentages from tab 3 data.** It will give the # of cases per the following seven categories/total cases for facility and their relative percentages.
  - contact with Confirmed Case Outside Workplace
  - contact with Confirmed Case Inside Workplace
  - travel-related
  - attendance at mass gathering/group event
  - Known Outbreak
  - Unknown
  - Pending

## Case Status

- This table will be auto populated based on the information given in the Line Listing of Cases (tab 3). **DO NOT enter anything directly into this summary table. Enter the case information in the tab 3 spreadsheet, and this summary table will automatically calculate the totals and relative percentages from tab 3 data.** It will give the number of cases per the following four status categories/total cases for facility and their relative percentages. Please note that "recovered" refers to whether case is considered infectious and NOT whether case is still having symptoms.
  - Active (Infectious and Away from Work)
  - Recovered (No longer Infectious) and RTW (Returned to Work)
  - Recovered (No longer Infectious) - No RTW d/t COVID illness: Has not yet returned to work due to COVID illness
  - Deceased or No Longer an Employee

## Vaccine Status

- This table will be auto populated based on the information given in the Line Listing of Cases (tab 3). **DO NOT enter anything directly into this summary table. Enter the case information in the tab 3 spreadsheet, and this summary table will automatically calculate the totals and relative percentages from tab 3 data.** It will give the number of cases per the following five vaccine status categories/total cases for facility and their relative percentages.
  - fully vaccinated
  - partially vaccinated
  - unvaccinated
  - unknown
  - vaccine exemption

## Action Plan

- Inspection Date: Enter the most recent inspection date. If there was more than one inspection, you may add these dates
- Inspector: Select from the drop-down menu:
  - HPU/Public Health Inspector
  - WSH/Safety Health Officer
  - Federal Inspector for OSH
  - Joint Inspection
- Date of Initial Collaborative Meeting:
- Outbreak Declaration Date:
- Date of Declaration that Outbreak Has Ended:
- Workplace Status/Risk Level: Select from the below options the closest description of risk:
  - Low Risk: Normal to Slightly Reduced Operations, Adequate Controls
  - Medium Risk: Significant potential reduction in operations, controls not yet assessed, suspect workplace transmission
  - High Risk: site closure, non-compliance with controls, evidence of workplace transmission, many cases

- Current/Upcoming Action: **This is for the COMO/PH to fill in. Employers please leave blank or "Pending review by COMO/PH"**
  - For Public Health/COMO: This is to assist in determining upcoming government actions and urgency. Please select the most likely next action.
    - o Pending review by COMO/PH
    - o 1) Monitor for Cases and Continue Case Investigations
    - o 2) Arrange for Inspection/Review of Control Measures
    - o 3) Declare an Outbreak with Immediate Measures
    - o 4) Plan Initial Collaborative Meeting
    - o 5) Reassess Control Measures/Inspection Order Compliance
    - o 6) Declare End of Outbreak
  - If the workplace is not currently experiencing an outbreak and the other steps have been completed or are not applicable/necessary, select 1) Monitor for Cases and Continue Case Investigations. Please note items two through six require input from the COMO.

## **Workplace**

- Company Name:
- Outbreak or Special Investigation Code (if applicable):
- Industry/Sector: Choose from drop-down menu.
- Number of Employees:
- Occupational Health Nurse or Physician: Enter Health Care Provider(s) Name(s)
- OHN/OHP Contact Information:
- Number of Employees:
- High Risk Factors: Place a checkmark beside any of the following high risk factors that apply to this workplace:
  - location/reach (fn/remote, communal living)
  - public facing
  - congregate setting
  - high proportion vulnerable workers (age  $\geq 60$ , chronic health conditions/immune compromise, unvaccinated/partially vaccinated, BIPOC, racialized, marginalized, temporary foreign workers, English as an additional language, high contact with others outside the workplace, low income/socioeconomic status)
  - vulnerable clientele (age  $\geq 60$ , chronic health conditions/immune compromise, unvaccinated, low income/socioeconomic status)
  - high contact frequency with clientele/other workers
  - high proportion essential workers/critical service providers
  - work camp
  - high travel frequency in workers (includes those from outside Manitoba)

## 2) Employees Under Investigation

This is a cumulative list to ensure employees aren't missed. Date of birth, PHIN, and MHSC numbers are required to assist in result follow up. Fill out the following:

- Case # (This column will be empty unless there are cases associated with the workplace. When the line listing in worksheet 3 has an entry, a number should be assigned and the corresponding data for that worker be included in the worksheet 2. Enter in the Case number as the cases are confirmed. This sheet should include entries/rows for each of the cases outlined in tab/worksheet 3, Line Listing of Cases.
- PHIMS Investigation ID #: Enter this number if known
- First and last name of employee
- MHSC: 6-digit Manitoba Health Service Commission/Family Registration Number
- PHIN: 9-digit Personal Health Information Number
- Date of Birth
- Sex
- Regional Health Authority of Residence (Choose from drop down options: Prairie Mountain Health, Southern Health, Interlake, WRHA, NRHA, other province, other country)
- Address
- Phone number(s) and other contact information
- Testing Site Location and date the test was performed
- Test result
- Dates that the employee and company were notified of test result
- Consent to identify to company: Choose from drop-down options. It is important to get this consent from the worker, as it determines whether PH will give any identifying data of the case to the employer.
- In "Vaccination Status" section, select the appropriate vaccine given from the drop-down menu (AstraZeneca, Johnson & Johnson, Moderna, Pfizer, Other, Unknown) for 1st, 2nd, and 3rd dose and enter the dates for the corresponding doses.
- In the "Unvaccinated" column, select from the drop-down menu (did not provide proof of vaccination or unvaccinated).
- In the "Vaccine Exemption" column, enter "Yes" if vaccine exempt and provide a reason if it is known; leave blank if there is no Vaccine Exemption.
- In the "Fully Vaccinated" column, select from the drop-down menu (Yes, No, Unknown).
- Additional comments relevant to case: This may include circumstances of contact, known COVID-19 status of family members and potential places of employment, places contact recently visited and any details of vaccination status.

### 3) Line Listing of Cases

This is a cumulative list of cases. For each confirmed case, fill out the following sections:

#### CASE IDENTIFICATION

- Case number: assists in linking the data for tabs 2 and 3. (e.g. First case encountered would then be identified as employee case #1 in both worksheets/tabs, etc)
- PHIMS Investigation ID #: Enter this number if known.
- First name of employee
- Last name of employee (as from first tab)
- Case Status: Select from drop-down options. This drop-down gets tallied and populates the second table in tab 1/Workplace Case Summary. In situations where multiple entries are made per case, only select a Case Status for that Case once, otherwise the case will be counted multiple times. Note Recovered is defined as no longer considered infectious. This is normally after 10 days of self isolation from date of first symptom (collection of positive test sample if no symptoms):
  - Active (considered infectious and away from work)
  - Recovered (no longer considered infectious) and Has Returned to Work
  - Recovered (no longer considered infectious) and is Away from Work due to COVID symptoms
  - Death or No Longer an Employee

#### WORKER INFORMATION

This section is aimed at determining the specific work area of the affected employee and potential close contacts.

- Cohort Name: Cohort is a grouping of the smallest number of workers that can predictably be grouped together during shifts and meals at work. This would mean that there is extremely low to no chance workers had close contact with others in a different cohort at work. Public health always recommends the smallest cohorts as possible, as this limits the number of contacts if a case were identified.
  - This could be a production line, worker team, group on a specific shift, etc.
  - If a worker belongs to more than one cohort:
    - o A separate entry per cohort can be entered, however, ensure each entry has the respective Case Number attached to it. Also ensure that Case Status and Acquisition Type are only entered once per case.
- Number of Employees in Cohort
- Shift (As defined by the company. e.g. AM or PM, nights, casual, etc.)
- Last Day Worked (LDW); enter the date for the last day that the case was in the workplace
- Symptom Onset Date: Please identify as closely as possible the date to which the employee first reported symptoms.
  - If the worker did not have any symptoms, enter the date of collection of positive COVID test
- Preferred Language spoken: you may list all languages spoken but the first one should be the preferred language.
- Smoker Select from drop-down (Yes, No, Unknown)
- Select vaccine status from the drop-down menu (Fully Vaccinated, Partially Vaccinated, Unknown, Unvaccinated, Vaccine Exemption). A minimum of two weeks must have passed after the last dose of the series of a Canadian-approved vaccine to be considered fully vaccinated (eg. at least two weeks have passed after the second dose of Pfizer or Moderna). If the employee hasn't completed the series or it is less than two weeks after the last dose of the series, select partially vaccinated.

## CLOSE CONTACTS

This section is aimed to identify all potential close contacts the case had during their period of infectiousness.

- **Period of Communicability/Infectiousness:** from 48 hours prior to the onset of first symptom (or collection date of positive test sample if no symptoms) to when public health deems the case is no longer infectious
  - Usually not considered infectious after 10 days after day of first symptom (or collection date of positive test sample if no symptoms) as long as case is clinically improving and was not hospitalized.
- **Close contacts:** These are contacts who have spent 10 minutes or more, cumulatively, over a day, at less than two metres physical distance from the case without appropriate PPE or masks. A more aggressive approach to identify contacts may be explored at the discretion of Public Health during an outbreak/cluster at a workplace.
  - Public Health: Please see Exposure Assessment Tool for minimum levels of PPE Public Health would consider protective (not considered a close contact).
- For each contact, enter the contact's name with connection/relation to case in brackets afterwards [e.g. Name (Spouse)]
  - This may include family members, such as children, spouses, extended family members, roommates, friends, etc.
- You may use a separate entry/row for each workplace contact or enter all the contacts' names (with connection to case in brackets afterwards) in one cell separated by commas.
- If using separate entries/rows for each contact,
  - you can have multiple entries linked with the same case number, but ONLY select drop-down for Acquisition Type and Case Status ONCE per case, otherwise the Summary Tables will count these cases multiple times.
  - you do not have to re-enter the Case information for each contact if the Case or Case Number is used or all contacts per case are entered below the respective case.

## CARPOOL

Note that a carpool to/from work is not considered part of the workplace, unless the employer has arranged and is providing the transportation.

- **Carpool:** Choose from drop-down whether the case is in a carpool. If this information is pending, leave blank.
  - Ideally all workplaces should continue to keep an updated list of carpools, or at minimum have records of which employees carpool to work
  - If the case is in a number of carpools, put in brackets which carpool the contact is in [Carpooler Name (Carpool 1)]
- **Co-worker:** List the names of carpool contacts (and Carpool #) who work at the same workplace.
  - Each should have an entry in tab 2/Employees Under Investigation.
- **Non Co-worker:** If available, list the names (and Carpool #) of carpool contacts who are not employed by the case's workplace (your company). If the case has more than one employer and carpools with coworkers from that workplace, enter these co-workers in this section with Carpool "Other Employer Name" in brackets.

## HOUSEHOLD

- **Co-worker:** List the names (and relation) of household contacts who live at the same residence.
  - Each should have an entry in tab 2/Employees Under Investigation.
- **Non Co-worker:** If available, list the names of household contacts (and connection) who are not employed by the case's workplace (your company).

## **WORKPLACE**

- List any other close contacts that work at the same facility as the case.
  - Each should have an entry in tab 2/Employees Under Investigation.
  - Connection could be setting of exposure (e.g. Lunchroom, locker room, smoking area, etc.) or cohort department name

## **OTHER IDENTIFIED INTERACTIONS**

- List the names (and corresponding connection or exposure) of any contacts in settings not covered in previous categories. This may include social activities, events, other non-workplace settings, co-workers from a different employer/workplace, etc.
  - If possible, please state their place of work.

## **ACQUISITION INFORMATION**

Acquisition is information related to where the case could have acquired the infection. It would include any close contacts during the 14 days prior to the onset of first symptom (or date of collection of the positive COVID-19 test if no symptoms).

## **POTENTIAL ACQUISITION EVENTS**

- List any interactions or exposures of significance the case had within this two-week time period, such as social events or gatherings, stores visited, religious gatherings, etc.

## **MOST LIKELY ACQUISITION TYPE**

- Please select the most likely acquisition type from one of the seven options on the drop down menu: In cases where there are more than one factor, choose the most likely category at this time. This drop-down gets tallied and populates the first table in tab 1/Workplace Case Summary. In situations where multiple entries are made per case (eg contacts of the same case), only select a Most Likely Acquisition Type for that Case once, otherwise the case will be counted multiple times.
  - **Contact with confirmed case outside the workplace:** If there was exposure to a case that is both a coworker and household or social contact, select the category with the greater likelihood of exposure. For example, if the case lives or carpools with a confirmed case, the exposure is likely greater in the household/carpool (outside the workplace), particularly since PPE/mask use is usually not strictly adhered to in household settings
  - **contact with confirmed case inside the workplace**
  - **travel-related**
  - **attendance at mass gathering/group event**
  - **exposure to known outbreak**
  - **unknown**
  - **pending**

**THANK YOU FOR YOUR ASSISTANCE. PLEASE SUBMIT TO [Dr. Denise Koh at COMO@gov.mb.ca](mailto:Dr. Denise Koh at COMO@gov.mb.ca) ONCE COMPLETE!**