Cherokee Nation Public Health

COVID-19 Case Investigation and Contact Tracing Process

This document is informed by current knowledge of the COVID-19 outbreak and similar considerations for other respiratory pathogens, including MERS-CoV and influenza viruses from the World Health Organization (WHO). WHO will continue to update these recommendations as new information becomes available. The table below serves as operational guidance for time-sensitive (within first few days of notification) priority actions for a positive or probable COVID-19 case.

Purpose:	The purpose of case investigation of a confirmed or probable COVID-19 case is to:
	- Mitigate spread via identification of persons potentially exposed to COVID-19 via investigation of positive or probable cases (case investigation) - Contact and quarantine persons potentially exposed - Reduce transmission among contacts of positive or probable cases - Prevent outbreaks and delay the spread of disease in communities
Authority:	**DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES** [*45 CFR 164.512(b)*]
	The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.
	The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See *45 CFR 164.512(b)(1)(i)*. Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See *45 CFR 164.512(b)(2).*
	A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. *See 45 CFR 164.501*. entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual's authorization, or for disclosures that are required by other law. See *45 CFR 164.502(b).*

Case Investigation Team:	Cherokee Nation Public Health personnel (case investigator): • Capacity, knowledge, and training to interview persons with suspected COVID-19 and conduct contact tracing. • Specific licensure or credentials are not required however access to and experience with Cerner Electronic Health Record is preferred. • Strong patient interview and communication skills are essential to successful investigation and are required. • Number of case investigators assigned will be consistent with case load to ensure cases are investigated within 24-48 hours. Contact trace callers may be added upon increased case load to ensure investigations are completed. Preferred method is case investigator also manages calls to contacts.
Definitions:	• **Isolation** is for cases (patients) who are sick. Isolation is the process in which people who are known to be ill with a dangerous, contagious disease are treated to prevent the disease from spreading. • **Quarantine** is for people who are not sick but must stay at home. Quarantine is the process in which people who have been exposed to an infectious disease, but are not yet known to be ill, are kept separate from others and monitored. • **Case**: Patients either diagnosed positive or are "Probable Positive" • **Probable Positive:** Patient that has been tested and diagnosed via clinical criteria as probable* • **Contact**: Individuals who have been in close contact with someone suspected of having COVID-19. *Clinical criteria was established by Cherokee Nation Health Services Executive Medical Director and this definition is used when testing turnaround exceeds a time frame consistent with mitigation of disease spread. That time frame is when the system testing turnaround exceeds 2 days.
Case Investigation:	Cherokee Nation Public Health lead case investigator: • Utilizes COVID-19 Case Investigation and Contact Tracing Form and case investigation call script (Attachments A and B) • Receives notification of positive or probable COVID-19 cases after patient has been counseled by provider and instructed by provider to isolate • Lead case investigator assigns cases to case investigators: • Case investigator contacts patient to begin investigation to identify individuals (social, household, work, church, and health care workers) to determine who the patient has been in close contact with two days before the onset of symptoms. Cherokee Nation Public Health compiles a

	list of the contacts and their phone numbers. • When the above is completed the process moves to contact tracing.
Contact Tracing:	Case investigator or contact tracer: • Utilizes Contact Tracing Call Script (Attachment C) • Contacts the individual (contact) to verify the account given initially by the patient to determine if the contact did meet the criteria for possible exposure (within 6 foot for more than 10 minutes, within 6 foot of coughing, sneezing, or other droplet expiration also asks about PPE if in healthcare setting) • If possible exposure is verified the contact is informed of the possibility of COVID-19 exposure and asked about any COVID-19 symptoms. • Contact is instructed to quarantine for 14 days. Quarantine process explained verbally as well as resource numbers for further information. This process is supplemented with written instruction when possible. Information including COVID-19 facts, guidance for quarantine, and important phone numbers are included in written follow-up Attachment E). • The 14-day quarantine starts from the last day the contact had close contact with the patient (case). If it is a probable case and the COVID-19 test results are negative, the contacts are released from quarantine. If the test returns positive, the contacts are informed to continue the 14- day quarantine.
Management of case(s) and contacts:	**COVID-19 case(s)** • All positive or probable patients with COVID-19 are managed via Cherokee Nation Health Services providers or COVID-19 clinic **Contacts** • Utilizes Cherokee Nation COVID-19 Contact Grid form (Attachment D) • Cherokee Nation Public Health calls the contact every day for the first 5-6 days. If the contact is doing well, then Cherokee Nation Public Health will decrease the frequency of calls to every 2-3 days until the time of quarantine is over. • If any of the contacts become symptomatic during the 14-day quarantine they are referred to their primary care provider and if tested for COVID-19 the contact becomes a case and the process repeats.
Reference:	*Considerations in the investigation of cases and clusters of COVID-19* *Interim guidance, World Health Organization, 13 March 2020* https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/surveillance-and-case-definitions

	Disclosures for Public Health Activities 45 CFR 164.512(b) **https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html**

Cherokee Nation Public Health
Human Infection with Novel Coronavirus (SARS-CoV-2)
Case Investigation

ID: _____

I.	Interview Information

Confirmed/Suspect Case Name   Last: _____   First: _____

Date of Test: _____

Phone Number: _____

Notes:

Date of interview:

Interviewer Name   Last: _____   First: _____

State/Local Health Department: _____

Who is providing information for this form?
    Confirmed case
    Other, specify person (Last, First): _____

    Relationship to confirmed case: _____

II.	ACTIVITY HISTORY BEGINNING ON THE DAY OF SYMPTOM ONSET

Please list all activities, places visited, and travel you participated in starting the day of your first symptom FROM: MM / DD / YYYY   THROUGH: today's date :   MM / DD / YYYY.

Date MM/DD/YYYY	AM Events/Locations	PM Events/Locations	Notes
2 day prior illness onset			

Cherokee Nation Public Health
Human Infection with Novel Coronavirus (SARS-CoV-2)
Case Investigation

ID: _____

Date MM/DD/YYYY	AM Events/Locations	PM Events/Locations	Notes
1day prior illness onset			
Date of illness onset:			
1day after illness onset			
2 days after illness onset			
3 days after illness onset			
4 days after illness onset			
5 days after illness onset			
6 days after illness onset			
7 days after illness onset			

Cherokee Nation Public Health
Human Infection with Novel Coronavirus (SARS-CoV-2)
Case Investigation

ID: _____

Date MM/DD/YYYY	AM Events/Locations	PM Events/Locations	Notes
8 days after illness onset			
9 days after illness onset			
10 days after illness onset			
11 days after illness onset			
12 days after illness onset			
13 days after illness onset			
14 days after illness onset*			

* If today is >14 days after symptom onset, please add additional rows to assess case's activities for entirety of symptomatic period.

Cherokee Nation Public Health
Human Infection with Novel Coronavirus (SARS-CoV-2)
Case Investigation

ID: _____

III.	Household Contacts

Please complete the questions below for all household contacts from the date of illness onset through today's date. A household contact is anyone who stayed overnight for at least one night in a household with the confirmed case during the period of exposure.

Name	Phone Number	Relationship to case-patient	Sex (M/F/O/U)	Age	Date of last exposure to the case (MM/DD/YYYY)

Confirmed Case ID: _____

IV.	Close Contacts						

Please complete the table below for all non-household close contacts the confirmed case has had contact with from the date of illness onset through today's date. A close contact is defined as anyone besides a household contact who was in physical contact in the same indoor environment with the confirmed case.

Name	Location of Contact	Description of Contact	Phone Number (if known)	Sex (M/F/O/U)	Age	Date of last exposure to the case (MM/DD/YYYY)

Confirmed Case ID: _____

January 2020						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2020						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

calendar2020i.com

Cherokee Nation Public Health
Human Infection with Novel Coronavirus (SARS-CoV-2)
<u>Case Investigation</u> Protocol and Call Script

<u>Call Protocol</u>

Before calling review:
- Review and use the current Cherokee Nation Public Health **<u>Case Investigation</u>** Report Form.
- Calls to be conducted between 9am – 4pm, or as time permits.
- SEND case investigation form immediately upon completion of the case investigation, or no later than 5pm each day to Melissa-foreman@cherokee.org.

General Suggestions on making initial contact with the Case:
- The <u>primary goal</u> of leaving voicemail is to get the case on the phone with you.
- Leaving a voicemail after the first call attempt is good practice – it allows the case to associate your number with a name and Cherokee Nation Public Health, rather than as a spam caller *(see script for leaving voicemail message)*
- It is okay to call the case more than once in the same day; this may help to indicate the urgency of your call

Missed Calls:
- ❑ 1ˢᵗ Attempt: Leave a voicemail and document in comments of the log (ie. "*left msg @ <u>time</u>*")
- ❑ 2ⁿᵈ Attempt: Wait 2 hours and try again, leaving a second voicemail and document in the comments.
- ❑ 3ʳᵈ Attempt: Recall the following day.

<u>SCRIPT for Leaving a Voicemail Message:</u>

"Hi this is "**YOUR NAME**" with Cherokee Nation Public Health, calling for "**CASE NAME**". I am part of a team that is following up on your positive COVID-19 test and it is important that I talk with you. Please return my call at your earliest convenience at "**YOUR PHONE#**". If I don't answer, please leave a voicemail and I'll get back to you as soon as possible."

<u>CALL SCRIPT for COVID-19 Case Investigation:</u>

I.   Case Interview Information

 "Hi this is "**YOUR NAME**" with Cherokee Nation Public Health. May I speak with [**CASE name**]? I am part of a team that is following up your positive COVID-19 test. You should have been contacted and informed by your healthcare provider that you have tested positive for COVID-19. We are calling to check on you and follow up with some Public Health recommendations that will help to keep you and your family safe & protected. We also need to gather some additional information from you about your activities before and after you became ill to help in our understanding of this disease and to prevent future cases. **IF THE CONTACT IS A LESS THAN 18 YEARS OLD, ASK TO SPEAK TO THE PARENT OR GUARDIAN OF THE MINOR FIRST**.

"Ask the Case if you can proceed with the following questions and public health recommendations**."** For the following questions, complete each section of the Case Investigation Report Form titled (*Cherokee Nation Public Health Human Infection with Novel Coronavirus SARS-CoV-2 Case Investigation*)

I.   Interview Information

❑ **Confirm Demographics Information:**

First I am going to ask you a few questions to make sure the information we received is correct." (Confirm and complete demographics section of report form.) "Can you confirm the following demographic information?" Gender, Date of Birth, and verify that the phone number is the most convenient number to use. "Next, we have a few questions we are asking everyone to help us contain this outbreak."

II. Activity History Beginning Two Days Before Symptom Onset

❑ **Confirm Activity History:**

Next I have a few questions about your daily usual activities and any potential exposures, such as travel or contact with someone who was sick in the 14 days before the onset of your symptoms, this time period would be Please list all activities, places visited, and travel you participated in starting two days before your first symptom FROM: <mark>MM / DD / YYYY</mark> THROUGH: today's date: <mark>MM / DD / YYYY</mark>.

III. Household Contacts

❑ **Confirm Household Contacts:**

Now I'd like to talk about household contacts. Please complete the questions below for all household contacts from two days before illness onset through today's date. A household contact is anyone who stayed overnight for at least one night in a household with the confirmed case during the period of exposure. For your household contacts I will need to record their name, phone number, Relationship to you (Case-patient), Sex (M/F), Age, Date of last exposure to you(Case-patient). (Re-affirm provider instructions to isolate from household contacts including separate sleeping, bathing, eating, etc. – while this should have been already provided to patient we can reinforce the information)

IV. Close Contacts

❑ **Confirm Close Contacts:**

Now I'd like to talk about close contacts that do not live in your household. Please complete the following questions for close contacts. A close contact is defined as anyone besides a household contact who was in physical contact in the same indoor environment with you the confirmed case. For your non-household close contacts, I will need to record their Name, Location of contact, Description of contact, Phone number, Sex (M/F), Age, Date of last exposure to you(Case-patient). (Don't forget to ask about any PPE in use, length of time of contact, and distance in feet from contact)

Ending the call:

❑   "That completes the questionnaire, thank you so much for your time and for assisting us with this important information."

❑ *"Do you have any questions for me? If you come up with any questions later on,* I would like to provide you with my phone number and also the following Cherokee Nation COVID-19 resource phone numbers:

  ▪ **Cherokee Nation COVID-19 Call Center:** (833) 528-0063(M-F 8am-8pm)
  ▪ **WW Hastings:** (918) 458-3100(anytime call center is closed)

Cherokee Nation Public Health COVID-19 Case Investigation Call Script: (Adapted from WA DOH: 4-3-2020)

- **EPI 24HR Hotline:** (918) 316-5735(Dr. Ashley Comiford General Questions)

❏ " *Is it okay to contact you again if we have further questions?"*

❏ " *Thank you again and have a great day."*

Call Protocol

Before calling review:
- Calls to be conducted between 9am – 4pm, or **as time permits**.
- Upon receipt of the "*Daily Contact Tracing Calls (PHI)*" or "*Initial Tracing Calls (PHI)*" email from Melissa Foreman (melissa-foreman@cherokee.org), simply click reply to begin filling-in and completing the contact log.
- SEND immediately upon completion of the call log, or no later than 5pm each day.

Missed Calls:
- ❑ 1st Attempt: Leave a voicemail and document in comments of the log (ie. "*left msg @ time*")
- ❑ 2nd Attempt: Wait 2 hours and try again, leaving a second voicemail and document in the comments.
- ❑ 3rd Attempt: Recall the following day.

SCRIPT for Leaving a Voicemail Message:

"Hi this is "**YOUR NAME**" with Cherokee Nation Public Health, calling for "**CONTACT NAME**". I am part of a team that is following up on community exposures to COVID-19 and it is important that I talk with you. Please return my call at your earliest convenience at "**YOUR PHONE#**". If I don't answer, please leave a voicemail and I'll get back to you as soon as possible."

INITIAL CALLS: For Positive and/or Probable Positive Cases

CALL PROTOCOL

- Identify yourself (ie. *"Your Name"*) and identify as with Cherokee Nation Public Health

- Identify and confirm you are speaking with the appropriate contact or parent/guardian of appropriate contact if under age.

- Advise contact that: "*You have been identified as coming into contact with someone that **has tested positive for COVID-19 or has been diagnosed as a probable positive by their provider. This depends on the specific case so make sure you have the correct information regarding test status.** Their name is [INSERT CASE NAME]."*

- Complete the "*Contact Tracing Form/Contact Grid*" to collect the following data:

- Collect Demographics

- Ask about symptoms and identify severity of any symptoms- **follow CDC guidelines**

- Provide the contact with Cherokee Nation COVID-19 specific call numbers for any questions or concerns.

SCRIPT FOR INITIAL CALLS: Positive and/or Suspected Cases

Hi, this is **["YOUR NAME"]** calling from **[Cherokee Nation Public Health]**. May I speak with **["CONTACT NAME"]**? *IF THE CONTACT IS LESS THAN 18 YEARS OLD, ASK TO SPEAK TO THE PARENT OR GUARDIAN OF THE MINOR FIRST*. Advise the contact that: "You have been identified as coming into contact with someone that **has tested positive for COVID-19 OR has been diagnosed as a probable positive by their provider.** Their name is **[INSERT CASE NAME]** *(This depends on the specific case so make sure you have the correct information regarding test status.)* We are following up with individuals who may have had contact with this person while they were possibly contagious. We are calling to check on you and discuss some Public Health recommendations with you." Ask contact if you can proceed with the following questions and recommendations.

Interview questions for all <u>confirmed</u> contacts:

- ❑ **Confirm exposure:** *"The case* **[INSERT CASE NAME]** *let me know that they were in contact with you while they were possibly contagious."* Ask contact to describe the last date they had contact with the case and their relationship to the case (ie. Parent/Guardian, and the level of contact with the case ,ie. Workplace, school, household) and don't forget to confirm specifics regarding contact including any PPE, length of time with case, and distance from case.

- ❑ **Confirm demographic information**: *"Can you confirm the following demographic information?"* Gender, Date of Birth, Email Address and verify that the phone number is the most convenient number to use. *"Next, we have a few questions we are asking everyone to help us contain this outbreak*."

- ❑ **Ask about any symptoms**. Complete the ***"Contact Tracing Form/Contact Grid"*** to collect the following data:

Symptoms: Ask contact *"Have you experienced any of the following symptoms?"* Document responses to the following symptoms and also document any feedback in the comments (ie. Cough due to allergies) (if contact is experiencing symptoms, document date of onset)

  - ❑ Temperature/Fever (Document temperature in comments)
  - ❑ Cough
  - ❑ Shortness of Breath
  - ❑ Sore throat

If symptoms are identified:

NON-SEVERE SYPMTOMS

- ❑ **Provide self-isolate and self-monitor guidance:**
We need you to self-isolate and self-monitor by following the CDC Guidelines beginning immediately and ending on the "Date of Completion of Exposure Timeline." ie. "Since you were in contact with someone who tested positive or has been diagnosed as a probable positive for COVID-19 by a provider, we need you to stay in your home (self-isolate) and do the following activities in order to reduce exposing others to the

virus". You may be likely to spread the disease a few days before experiencing symptoms. You may begin to experience symptoms up to 14 days after you were in contact with the person who tested positive for COVID-19:

- Check temperature twice a day and keep track of these temperatures."
- Monitor for other symptoms (cough, shortness of breath, or sore throat)
- Have no visitors.
- Do not leave the house. If you need something, have a family or friend get this for you. If someone outside of your household brings it, have them leave it on the porch. Only people living with you should be coming into your home.
- Try to maintain distance from those living in your household
- If possible, use a separate bathroom and sleep in a separate bed.
- Do not share eating utensils, food, drinks, etc.

If members of your household did not have physical contact with **[INSERT CASE NAME],** they do not have to stay home. However, they should watch out for symptoms (cough, fever, shortness of breath, or sore throat).
At this point, you do not need to come in to be tested

Advise contact that a member of the Cherokee Nation Public Health team will call (positive or provider diagnosed probable positive contacts daily) to follow-up until **[Release Date].** After that date, as long as no symptoms arise, they will be released from staying at home.

- ❏ **Provide each case the following Cherokee Nation COVID-19 resource phone numbers:**
    - **Cherokee Nation COVID-19 Call Center:** (833) 528-0063(M-F 8am-8pm)
    - **WW Hastings:** (918) 458-3100(anytime call center is closed)
    - **EPI 24HR Hotline:** (918) 316-5735(Dr. Ashley Comiford General Questions)

SEVERE SYMPTOMS:

In the event that you develop symptoms or your current symptoms change or worsen, direct the case to the Tahlequah Outpatient Clinic and have them ask to be directed to the COVID-19 Screening Center or WW Hastings ER, if after hours. Advise contact to communicate to the facility that they have had direct contact with a positive/provider diagnosed probable positive COVID-19 case and put a mask on prior to or as they enter the healthcare facility.

- ❏ **Request for Doctors Note -Work Exclusion:** If a Doctor's note is requested by the case, please collect the following information and return it to the Case Manager:

    - Employer name_____

    - Employer contact number_____

    - Supervisor's name_____

ATTACHMENT C

- Supervisor's contact number_____

- Employer email or fax number (if available) _____

CALL PROTOCOL

- Identify yourself (ie. *"Your Name" with Cherokee Nation Public Health*)

- Identify and confirm you are speaking with the appropriate contact or parent/guardian of appropriate contact if under age.

- **Complete the "*Contact Tracing Form/Contact Grid*"** to collect the following data while confirming contact is continuing to self-monitor and self-isolate:
    - **Symptoms:** Ask contact and document responses to the following symptoms and documents any feedback in the comments (ie. Cough due to allergies) (if contact is experiencing symptoms, document date of onset)
        - Temperature/Fever (Document temperature in comments)
        - Cough
        - Shortness of Breath
        - Sore throat

- **If symptoms are identified**: Direct contact to go to the Cherokee Nation Outpatient Health Center and ask to be directed to the Cherokee Nation COVID-19 Screening Center. If after hours, go to WW Hastings Emergency Room or Urgent Care. Advise contact to communicate to the facility that they have had direct contact with a positive/suspected positive COVID-19 case and put a mask on prior to or as they enter the care facility.

- Cherokee Nation Public Health calls the contact every day for the first 5-6 days. If the contact is doing well, then Cherokee Nation Public Health will decrease the frequency of calls to every 2-3 days until the time of quarantine is over.

- If any of the contacts become symptomatic during the 14-day quarantine they are referred to their primary care provider and if tested for COVID-19 the contact becomes a case and the process repeats.

CHEROKEE NATION COVID-19 CASE CONTACT GRID

Please list *all individuals* that would be considered a *close contact* (being within approximately 6 feet of a COVID-19 case for a prolonged period of time *>10 minutes* while caring for, living with, visiting, or sharing a healthcare waiting area/room with a COVID-19 case —OR- having direct contact with infectious secretions (being coughed on by a COVID-19 case) *48 hours prior to onset* and *continued for 14 days after* symptom onset of a confirmed COVID-19 case.

Date: __/__/____

• Name of Investigator:

Case ID #:
Case Name:
Contact Dates of Concern:

NAME	Demographics							Symptoms					Referral								Comments: "If noted to be a workplace exposure please list employer"
	Gender (Male (M)/Female (F))	Date of Birth	Phone Number	Email Address	Description of Level of Contact:	Date of Last Contact w/Case Contact	Contact type: CCS = Child Care Setting; HH = Household member (non-intimate); HS = Household member (Intimate); HL = Household-like; S = School; SX = Sexual; IN = Institutional, W = Workplace*comment	Fever? (Y/N/Unk)	Cough? (Y/N/Unk)	Shortness of breath? (Y/N/Unk)	Sore throat? (Y/N/Unk)	Date of symptom onset? (Date or NA)	Referred to ER or Clinic (Y/N)	Describe quarantine? (Y/N)	Describe symptoms and when to call? (Y/N)	Tell them someone will call daily (Y/N)	Give them your phone number? (Y/N)	Give them ER number? (Y/N)	Give them call center number? (Y/N)	Email information sheet ? (Y/N)	Date of Completion of Exposure Timeline	Other symptoms or additional information
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						

Please see the following pages for:
- COVID-19 Contact Investigation Risk Level Characterization and Controlled Movement Guidance" to assist in defining contact categories and management of asymptomatic/symptomatic individuals.
- Exposure timeline to aid in identifying movements and possible groups/settings to investigate further.

EPI Call-back #:   (918) 316-5735
CN Covid-19 Hotline# :   (833) 528-0063   (Mon-Fri: 8am-8pm)
WW Hastings: (918) 458-3100

GWY.ə DБP
CHEROKEE NATION®
P.O. Box 948 • Tahlequah, OK 74465-0948
918-453-5000 • www.cherokee.org

REQUEST FOR QUARANTINE

Dear Patient:

We are asking you to quarantine yourself because we have determined that you have been in contact with a person with COVID-19.

Quarantine means that you should not come into contact with other people. It protects your health and the health of others. Please go home if not already there and remain at home until we notify you that it is safe for you to return to your normal activities. We will be checking in on you daily for the first 5 days and every other day after that depending on your reported health status.

Additional information and fact sheets about this disease and the steps you should take to protect yourself and others are included with this letter. Please take these steps to reduce the risk to yourself and others with whom you may have contact. **It is very important that you comply with this request for quarantine. Your health and the health of others depends on it.**

This crisis takes each and every person doing their part to protect our Cherokee communities. We thank you for doing your part in this public health emergency. Your willingness to help is appreciated and you are making a difference for us all.

Sincerely,

Dr. David Gahn, MD, MPH
Medical Director, Cherokee Nation Public Health
Cherokee Nation Health Services

GWY.9 DBP
CHEROKEE NATION®
Health Services

During your 14-day quarantine you will be required to take your temperature twice daily. Please use this log to track your morning and evening temperatures. Tracking your temperature will allow our Public Health and Nursing staff to better evaluate your health status. Please be honest and diligent about this process. Stay home during this time. With your help we could slow and even eliminate further spread of COVID-19.

Patient Name		
Start Date		End Date

Day	Morning Temperature	Evening Temperature
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Day 8		
Day 9		
Day 10		
Day 11		
Day 12		
Day 13		
Day 14		

CORONAVIRUS (COVID-19)
WHAT TO DO IF YOU FEEL ILL
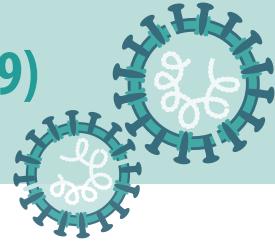
Those most at risk of serious illness from COVID-19 include older adults and people with serious chronic medical conditions including heart disease, diabetes and lung disease.

If you are at serious risk of complications from COVID-19:

- Avoid close contact (within 6 feet for several minutes or coughed on directly) with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean/disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

SYMPTOMS OF COVID-19 (*Symptoms may appear 2-14 days after exposure.)

FEVER   COUGH   SHORTNESS OF BREATH   SORE THROAT   HEADACHE

If I get sick, what should I do? Should I come in?
Who do I call? Should I go to the ER?

Call the health center you normally visit first and ask to speak to the nurse manager.
Visit **health.cherokee.org/contact-us** for all health center phone numbers or call:

OR call Cherokee Nation Coronavirus (COVID-19) Call Center
1-833-528-0063 (Monday - Friday • Noon - 8 p.m.)

TOGETHER
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GWYⱭ DBP
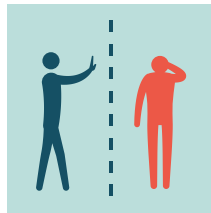CHEROKEE NATION©

CORONAVIRUS (COVID-19)
PREVENTION TIPS

PREVENTION TIPS FOR CORONAVIRUS (COVID-19)

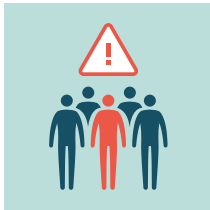**WASH HANDS WITH SOAP AND WATER/SANITIZER, AT LEAST 20 SECONDS**

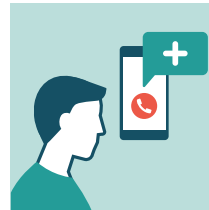**AVOID CONTACT WITH ILL PEOPLE**

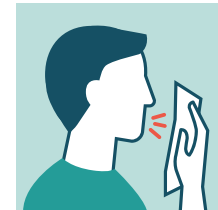**DO NOT TOUCH EYES, NOSE OR MOUTH**

KEEP OBJECTS AND SURFACES CLEAN

AVOID CROWDED PLACES

AVOID TRAVELING TO AFFECTED AREAS

IF YOU BECOME ILL SEEK MEDICAL CARE IMMEDIATELY

COVER YOUR NOSE AND MOUTH WITH TISSUE OR ELBOW WHEN SNEEZING

If I get sick, what should I do? Should I come in? Who do I call? Should I go to the ER?

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CHEROKEE NATION

CORONAVIRUS (COVID-19)
People at Risk for Serious Illness

Do any of the following apply to YOU?

OLDER ADULT   **HEART DISEASE**   **DIABETES**   **LUNG DISEASE**

You may be at higher risk for getting very sick from Coronavirus (COVID-19). Higher risk individuals should:

- **Have supplies (food, medications, household items) on hand.**
- **Keep away from those who are sick, limit close contact and wash hands often.**
- **Avoid crowds as much as possible.**
- **Avoid cruise travel and non-essential air travel.**
- **Should a COVID-19 outbreak happen in your community, stay home.**

Symptoms include fever, cough, shortness of breath, sore throat, headache)

If I get sick, what should I do? Should I come in?
Who do I call? Should I go to the ER?

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SEAL OF THE CHEROKEE NATION
SEPT. 6, 1839

CHEROKEE NATION©
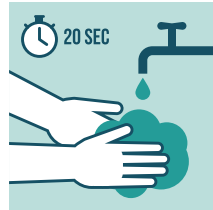
CORONAVIRUS (COVID-19)
Get Your Household Ready
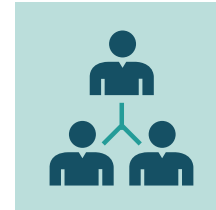
Create a household plan of action

Talk with people who need to be included in your plan

Practice everyday preventive actions now

Practice good personal health habits and plan for home-based actions

Create an emergency contact list

Plan for potential changes at your workplace

Be prepared if your child's school or childcare facility is temporarily dismissed

Plan ways to care for those at higher risk for complications

Stay home if you are sick

If I get sick, what should I do? Should I come in? Who do I call? Should I go to the ER?

**Call the health center you normally visit first and ask to speak to the nurse manager.
Visit health.cherokee.org/contact-us for all health center phone numbers.**

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CHEROKEE NATION®

CORONAVIRUS (COVID-19)
Keeping the school safe
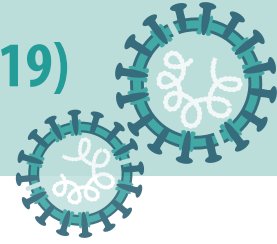
Practice good hygiene
Stop handshaking – use other noncontact methods of greeting
Clean hands at the door and at regular intervals
Avoid touching their faces and cover coughs and sneezes
Disinfect surfaces like doorknobs, tables, desks and handrails regularly
Increase ventilation by opening windows or adjusting air conditioning

Handle food carefully
Limit food sharing
Wash your hands often with soap and water for at least 20 seconds

Be prepared
Be prepared if your child's school or childcare facility is temporarily dismissed
Create an emergency contact list
Talk with people who need to be included in your plan

Stay home if…
You are feeling sick (fever, cough, shortness of breath, sore throat, headache)
You have a sick family member in your home

If I get sick, what should I do? Should I come in?
Who do I call? Should I go to the ER?

Call the health center you normally visit first and ask to speak to the nurse manager.
Visit **health.cherokee.org/contact-us** for all health center phone numbers.

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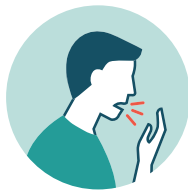CHEROKEE NATION

STOP

DO YOU HAVE ANY OF THE FOLLOWING?

FEVER   COUGH   SHORTNESS OF BREATH   SORE THROAT   HEADACHE

We ask that you think of others.
Help stop the spread of germs.

Call the health center you normally visit first and ask to speak to the nurse manager.
Visit health.cherokee.org/contact-us for all health center phone numbers.

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SEPT. 6, 1839

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Next Steps

- Within 48 hours you will be contacted by the Cherokee Nation COVID-19 Patient Monitoring Team to begin daily telephone monitoring.

- Please remain isolated in your home until released by a Cherokee Nation COVID-19 Patient Monitoring Nurse.

- For new or worsening fever, cough, or shortness of breath you should seek medical care. If you experience difficulty breathing, go to your nearest emergency department. When entering any health facility please wear a mask for the entire duration of your visit. If seeking medical care at a Cherokee Nation Health facility, please call BEFORE arriving to inform the staff of your symptoms and estimated time of arrival.

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10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes.**

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.

10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

CDC

CS 315822-A 03/12/2020

For more information: **www.cdc.gov/COVID19**

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Infection Control Cleaning Tips

Thorough hand washing is considered the most important single factor in preventing the spread of infection. Hand washing should be done:

- After coughing, sneezing, wiping of nose/eyes/mouth, use of restroom
- After contact with unclean equipment, supplies and/or work areas,
- Before and after eating

Clean and Disinfect high-touch areas often:
(e.g., sinks, counters, ledges, window sills, desktops, bedside tabletops, cabinet handles)
- The surfaces should be drenched with the diluted disinfectant and then left wet for the contact time recommended by the manufacturer.
- The surfaces should be wiped dry after the contact time.
- Clean cloths should be used for each room. Cleaning cloth should be rinsed frequently and replaced when soiled.

If the "bucket method" is used, the solution should be changed if the solution becomes visibly soiled.

Waste baskets or containers are clean inside and out and free of dust, litter or stains.

Clean and disinfect walls on a regular basis, spot cleaning as needed

Clean light switches, door knobs, and any other handle including sinks

Clean and disinfect bathrooms often with a focus on high touch areas

Clean Telephones:
Apply a small amount of cleaning solution to a cleaning cloth and clean hand-set, cradle, button or dial area. Clean the telephone ear and mouthpiece. Wipe and dry the cord and untwist if necessary

CHEROKEE NATION®
Health Services

Infection Control Cleaning Tips

Clean and Disinfect Children's Toys:
- Soak toys in disinfectant following manufacturer guidelines. Use a brush to clean crevices.
- Permanent fixture toys can be wiped clean with an approved disinfectant following manufacturer recommendations.
- Remove the toy from the hospital approved disinfectant and rinse well in cool water.
- Air Dry

Hard plastic toys or cloth toys should be washed in the hot water cycle of a washer or dishwasher often, but do not need to be additionally disinfected.

To disinfect:
Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.

Options include:

- **Diluting your household bleach.** To make a bleach solution, mix:
o 5 tablespoons (1/3rd cup) bleach per gallon of water OR

4 teaspoons bleach per quart of water

Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Alcohol solutions. Ensure solution has at least 70% alcohol.

Infection Control Cleaning Tips

Other common EPA-registered household disinfectants. Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Examples:

Clorox Multi-Surface Cleaner + Bleach

Clorox Disinfecting Bleach

Clorox Clean Up Cleaner + Bleach

Clorox Disinfecting Bathroom Cleaner

Clorox Disinfecting Toilet Bowl Cleaner with Bleach

Clorox Disinfecting Wipes

Lysol Heavy Duty Cleaner/Disinfectant

Lysol Power Plus Toilet Bowl Cleaner

Lysol Cling & Fresh Toilet Bowl Cleaner

Lysol Lime & Rust Toilet Bowl Cleaner

Lysol Brand Bleach, Mold & Mildew Remover

Lysol Brand Clean & Fresh Multi-Surface Cleaner

Purell Professional Surface Disinfectant Wipes

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Health Services

#AloneTogether

Staying home saves lives.

CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

ad
COUNCIL

For more information, visit
coronavirus.gov