Decision making guide around personnel management: COVID-19 in autumn 2020

Decision making around personnel management during the COVID-19 pandemic will be one of the key challenges across DND/CAF in the months ahead. Modelling by the Public Health Agency of Canada includes consideration of a reasonable worst case scenario wherein an autumn peak will be 3 to 5 times higher than that seen in the spring: up to 8,000 cases per day across the country.

Based on the demographics of the CAF, this translates to around 12 cases per day amongst military members, and around 140 CAF cases in isolation at peak. However, the operational impact of COVID-19 will far exceed these projected peaks: both civilian and uniformed members of the Defence Team will be asked to quarantine or isolate or because of high risk contacts, other infections that mimic COVID-19 symptoms, or upon the request of local public health departments. When the families of DT members must be excluded from school or work, operations will also likely be affected.

This guide addresses likely scenarios decision makers could face regarding personnel management during the pandemic, and provides general overviews of factors that could influence risk assessment and acceptance. Your supporting Health Services Centre is your primary source for advice and this guide does not replace consultation with, for example, your supporting Base/Wing Surgeon or other local resources. Your supporting medical personnel track the local prevalence of COVID-19, are in regular consultation with the CAF's subject matter experts in Force Health Protection, and have ready access to analysis from Health Services, from Defence Research and Development Canada, as well as the broader civilian public health community. While civilian Defence Team members will receive their care and individual guidance from their civilian providers, Health Services retains responsibility for guidance to units as to the employment and management of their personnel, uniformed or not. Do not hesitate to reach out for advice and guidance.

In any case, please note the following key points:

1. Distinct from public health guidance are public health orders, which are generally released by civilian public health authorities under the legal framework of a provincial emergency act or health protection act. While CAF members may use a federal legal exemption to the 14 days of quarantine after travel abroad – with strategic level approval and a risk mitigation plan, such as a shortened quarantine and operational testing – there is no such exemption to local public health orders.

2. All units should, **at a minimum**, follow local civilian public health guidance, such as the definition of contacts requiring quarantine, advice around limits on gatherings, and the use of sports and recreational facilities. This will vary from location to location and will be adjusted according to current conditions. Your supporting Health Services Centre is the best source for specific guidance. In some circumstances, Health Services will recommend more restrictive measures in consideration of local context and protection of operational readiness.

3. Across society, organisations and workplaces including daycares and schools will all be making decisions around attendance/exclusions based on their own understanding of risk. It is quite possible that individuals will have family members who have been excluded from their workplace/school despite not meeting public health criteria. Again, only those who meet public health criteria for being a case or high risk contact are actually required to isolate/quarantine based on the medical and scientific evidence around the realistic potential for disease transmission.

Selected situations:

1. Member has symptoms and is being tested for COVID-19

When a member has symptoms and is being tested for COVID-19, they must be sent home pending their assessment. At this point, the member is **not** a confirmed case and contact tracing is not yet warranted. However, depending on the local situation, a unit might not accept the risk of waiting for a test result before taking further action. This could include:

- Identifying persons who would be high-risk contacts of the ill member: this is not contact tracing, but simply identifying those who could have been within 2 m for more than 15 min in the 2 days prior to the member being ill. At this point, these persons do **not** meet federal public health criteria for actually being high-risk contacts; neither they nor their households are required to take any additional action under public health guidance. However, depending on the unit's level of risk acceptance, they might presumptively exclude them from the workplace for 14 days pending the symptomatic member's test result, as if they were high-risk contacts. Factors to consider could include: adherence to PHMs in the workplace; ability to enhance control measures, such as distancing and use of NMMs; operational impact if outbreak were to occur. Formal contact tracing, if necessary, will be conducted by the local public health authority or supporting Health Services Centre, not the unit.

- Initiating disinfection of the ill members work area

If the test is positive:

- They must isolate at home for at least 10 days, and up to 14 days depending on the province. This period corresponds to the period in which they could pass on the infection to others

- The local public health authority or supporting Health Services Centre will conduct contact tracing, not the unit. However, the unit might be asked to provide a list of co-workers who could have been within 2 m for more than 15 min of the case, in the 2 days prior to their having symptoms. Persons who meet this criteria will be called by the contact tracers, and will generally be required to quarantine for 14 days since their last contact with the case

- The unit should complete disinfection of the ill members work area

If the test is negative:

- They should not return to the workplace until their symptoms have resolved for at least 24 h. This will reduce the likelihood of transmitting an illness other than COVID-19 (such as influenza), which would trigger evaluation/testing of others for COVID-19 in the workplace

- There is a potential for false negative test results: i.e., the member actually has COVID-19 but the test failed to detect it. This can occur if they were tested too early, and there was not yet enough virus produced by the infection to be detected by the test, for example. Younger people might also be more likely to have a negative test, because they tend to have less severe symptoms. If there are additional risk factors, the supporting Health Services Centre or local public health authority might advise ignoring the negative result, and advise the member to isolate anyway. Depending on the unit's acceptance of

risk, they could also direct ill members who test negative to remain away from the workplace as if the test was positive.

2. Someone in the member's household (e.g., a child of a member) has symptoms and is under investigation for COVID-19

Units should exclude the member from the workplace until the investigation of the household member is complete. This is a higher level of vigilance than civilian public health guidance in most locations, but assures tighter control over potential spread in the workplace. Even if it turns out to be something other than COVID-19, this will reduce the likelihood of transmitting an illness, which would trigger evaluation/testing of others in the workplace.

If the test is positive, or is not done despite local public health guidance to get tested:

- the member will generally be considered a high-risk contact of the case and must quarantine for 14 days from their last contact with the case during the period the infection could be transmitted. This could be up to 28 days: 10-14 days (depending on the province) during the case's infectious period, plus 14 days after that (the period during which symptoms could appear in the contact). If the member is able to establish they do not meet high-risk contact criteria, i.e., they have not been within 2 m of the case, quarantine might be reduced. Public health will determine the necessary measures. If the member is considered essential, a unit could consider an early return to work in consultation with their supporting Health Services Centre, if this is not otherwise prohibited by a civilian public health order

If the test is negative, or if the person does not otherwise warrant further investigation:

- the member is not a high-risk contact of a case and no further action is required

3. A member is a contact of someone, who is a contact of a confirmed case (e.g., a school has informed a member that a classmate of the member's child is a confirmed case)

Contacts of contacts are not defined by general federal public health guidance for any particular action. Unless local public health directs otherwise, the member is thus not required to quarantine.

Most people who catch COVID-19 will develop symptoms within 5 days (range 1-14 days), and the period of concern where people are considered high-risk contacts begins the 2 days before a case develops symptoms. If appropriate public health precautions were in place, the likelihood that a complete chain of transmission from the case, to the person in the member's household, to the member themselves, is low.

General public health measures, such as distancing, the use of non-medical masks and hand hygiene would further mitigate the risk of transmission, including asymptomatic transmission, if the member remains in the workplace. Self-monitoring for 14 days is a common sense precaution in this context. In exceptionally high-risk settings, such as locations where PHMs are not possible, overcrowded settings or critical operations, the workplace could consider exclusion of the member until the high-risk contact in the member’s household completes their quarantine.

4. A member is a contact of someone, who is a contact of a someone under investigation for COVID-19 (e.g., a school has informed a member that a classmate of the member's child is being tested)

Until the person under investigation actually has a positive test, they are not a case; the person in the member's household is not a high-risk contact, and therefore nor is the member themselves. Unless local public health directs otherwise, the member is thus not required to quarantine.

If the test is positive:

- see 3 above

If the test is negative:

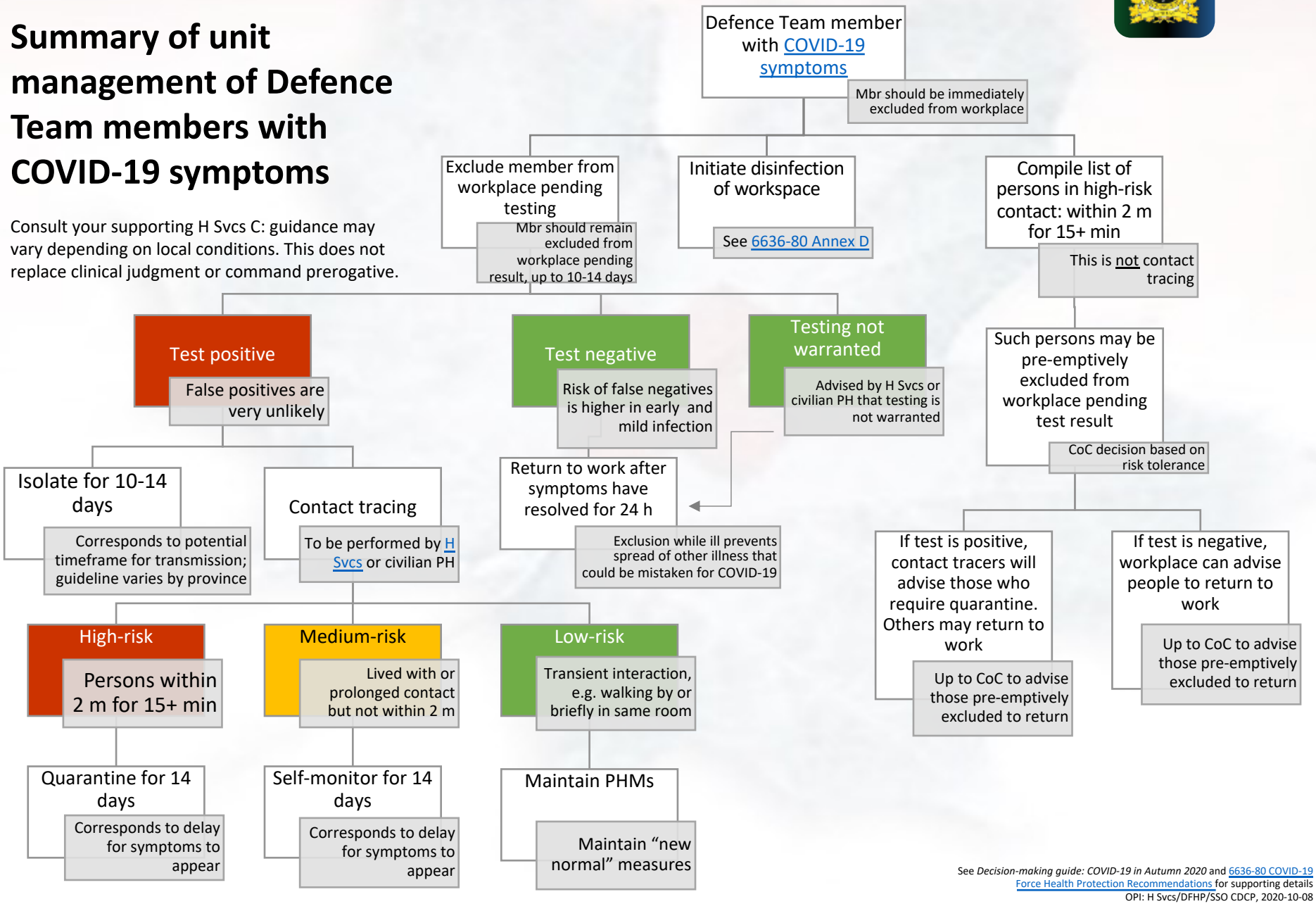
- without a confirmed case, there are no defined contacts and therefore no additional measures are recommended

5. A member is identified as a potential contact of a case through the COVID Alert App

The member should quarantine and contact public health for guidance. While the App aims to identify all potential high-risk contacts of a case, notification does not necessarily mean that one is actually a high-risk contact. Public health will review the circumstances and provide guidance. For example, if it is possible to determine that the only potential contact leading to the notification occurred outside the high-risk criteria, quarantine might not be required

Summary of unit management of Defence Team members with COVID-19 symptoms

Consult your supporting H Svcs C: guidance may vary depending on local conditions. This does not replace clinical judgment or command prerogative.



See *Decision-making guide: COVID-19 in Autumn 2020* and 6636-80 COVID-19 Force Health Protection Recommendations for supporting details

OPI: H Svcs/DFHP/SSO CDCP, 2020-10-08

Summary of unit management of Defence Team members with symptomatic person in household under investigation for COVID-19

Consult your supporting H Svcs C: guidance may vary depending on local conditions. This does not replace clinical judgment or command prerogative.

Symptomatic person in member's household under investigation for COVID-19

Criteria for investigation will vary by jurisdiction: consult H Svcs C or local PH

Member should not go to workplace pending *person*'s further investigation

DND/CAF specific measure only; they are otherwise not officially a high-risk contact yet, no other PH restrictions necessarily apply

Person does not meet local PH criteria for further investigation

Person's test negative: *person* isolates until symptoms are resolved 24 h

Isolation while ill prevents spread of other illness that could be mistaken for COVID-19

Member does not quarantine and may return to work

Maintain PHMs to prevent catching other illness

Person's test positive: person isolates for 10-14 days

Person not tested despite local PH guidance to do so: person isolates for 10-14 days

Corresponds to potential timeframe for transmission; guideline varies by province

Member is a high-risk contact: quarantine for 14 days after last contact

Could be up to 28 days total: H Svcs or local PH will advise

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OPI: H Svcs/DFHP/SSO CDCP, 2020-10-08

Summary of unit management of Defence Team members based on contact status

Consult your supporting H Svcs C: guidance may vary depending on local conditions. This does not replace clinical judgment or command prerogative.

Confirmed case

Isolate for 10-14 days depending on province

	High-risk contact: within 2 m of a case for 15+ min	Medium-risk contact: lived with or prolonged contact with a case but not within 2 m	Low-risk contact: transient interaction only
	Quarantine for 14 days	Self-monitor for 14 days	Maintain PHMs
If member is a…	Close contact* of a high-risk contact	Close contact* of a medium-risk contact	Close contact* of a low-risk contact
	Not defined by federal PH guidance	Not defined by federal PH guidance	Not defined by federal PH guidance
… then:	Consider self-monitoring for 14 days; in exceptionally high risk settings (e.g., PHMs not possible, crowding, critical operations) unit may consider exclusion from workplace	Maintain PHMs	Maintain PHMs
	Consult H Svcs C for guidance		

- High-risk contact above develops symptoms or tests positive → Quarantine for 14 days from last contact
- High-risk contact above does not develop symptoms during quarantine → No further action required

* Close contact = within 2 m for more than 15 min

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