

INDUSTRIAL WORK SITE /CAMP FACILITY- COVID-19 CASE INVESTIGATION QUESTIONNAIRE

Adapted for BC from the Public Health Agency of Canada (PHAC), Centre for Immunization and Respiratory Infectious Diseases, Outbreak Response Unit (CIRID ORU) resource
Version: February 2021

ADMINISTRATIVE

Case ID:	Case Status: <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable/Epi-linked
Date of interview:	Onset date (yyyy-mm-dd):
Interview conducted by:	Swab date for asymptomatic cases (yyyy-mm-dd):
Organization of interviewer:	

INTRODUCTION

Hello this is [name] calling on behalf of [organization]. Am I speaking with [case]?

I am calling to follow up with some information regarding your positive COVID diagnosis. Is now a good time to talk?
(if no, when would be a better time for a call back)?

I would like to ask you a series of questions about your most recent work rotation and social activities prior to onset of your symptoms on [onset date/work rotation/date as applicable], or the date a swab [swab date] was taken if you were identified as an asymptomatic case.

We are asking these questions to identify where on site you worked and who you may have had contact with, in order to try to figure out both where you might have acquired illness from, as well as who you may have potentially passed illness on to, so that we can prevent more people from becoming sick. I realize that public health staff at your worksite, as well as local public health, has previously contacted you and I have the information you provided during those interviews. I have a few more questions for you, which will help us to try and figure out both where you might have acquired illness from, as well as who you may have potentially passed illness on to, so that we can prevent more people from becoming sick. I have a few questions that pertain to [case's worksite]; however I also have some questions about you activities at home and in the community [if off worksite and applicable] prior to you becoming ill.

I will be asking questions about the time period 14 days prior to your onset of symptoms: from [date] to [date]. It may be helpful to have a calendar or other items to help jog your memory of what you did and where you went during this time period. Other useful tools you can use include receipts, bank or credit card records, agendas and your smartphone (texts, social media activity).

To start can I confirm the dates you were at work during this 14 day period?

Start date (yyyy-mm-dd):

End date (yyyy-mm-dd):

For the next series of questions, please answer to the best of your ability based on the your most recent work rotation between _____ (yyyy-mm-dd) and _____ (yyyy-mm-dd):

PART 1 – Case Identification

Q1. Please provide your name, date of birth and PHN.

First Name:

Last Name:

Middle Name:

Date of Birth (yyyy-mm-dd):

PHN:

Q2. Please provide your phone number.

Work phone number (xxx-xxx-xxxx):

Personal phone number (xxx-xxx-xxxx):

Q3. Please provide your next scheduled rotation date.

Start date (yyyy-mm-dd):

End date (yyyy-mm-dd):

PART 2 - WORK AND LODGING

Q4. What is the name of your employer (i.e. contractor/company name)? and worksite (if multiple site locations)

Q5.1 Please select the option that best describes your role/job during your rotation. NOTE: Can be adapted for specific worksite.

- Mining
- Ore preparation plant
- Power house
- Control rooms
- Maintenance facilities
- Primary extraction and tailings
- Secondary extraction
- Froth processing
- Bitumen processing
- Construction
- Cleaning/Housekeeping
- Cook/Kitchen
- Firefighter/First Responder
- Deliveries
- Other, specify

Q5.2 If Other or if the above does not capture your role/job please provide **your job title** and **any additional**

details.

Q6.1 Please select the option that best describes where you spent most (75%) of your work day on your rotation.
NOTE: Can be adapted for specific worksite.

- Mining
- Bitumen Production
- Upgrading & Utilities
- Facilities & Services
- Major Projects
- Supply Management
- Lodging
- Dining services
- Other, specify

Q6.2 Please provide any additional description of where on site you worked or travelled during your rotation, including where you may have taken your lunch and other breaks. And if you have a change/locker room location (“dry”) before and after shift.

Q7. Please list your work group(s) during your rotation. Do you have a specific work rotation (e.g. specific number of days on/off, specific group of co-workers/cohort)? Does it change between work rotations?

1st Shift:

2nd Shift:

3rd Shift:

4th Shift:

OR

Please indicate your work rotation:

Q8. Please list the name of your accommodation, floor, wing, and room, check-in and check-out dates while you were on your rotation. If a local resident, please list home address and city.

Accommodation	Floor	Wing/Building	Room #	Check-in Date (yyyy-mm-dd)	Check-out Date (yyyy-mm-dd)

Q9. Please describe where and when you generally pick up/eat your lunch during your rotation.

Q9.1 Please describe where and when you generally pick up/eat your dinner during your rotation.

Q9.2 Are there any other locations you might take a coffee/snack break while on rotation?

PART 3 - TRANSPORTATION

Q10. Please describe any off-site or on-site transportation you used to go from your accommodation to work site or between site locations during your rotation.

Mode of transport	Route name	Seat #	Route start point	Route endpoint

Q10.1 Do you wear any personal protective gear while on this transportation? Please describe type, and if it was worn by everyone, all the time or only sporadically.

Q11.1 How did you make your way from your home city/province to the work site? Please select **all** that applies.

- Flight
- Ground transportation
- Other, specify

Q11.2 If you took a plane for **any part** of your in-bound travel (i.e. from your home city/province to the worksite), please provide details for each flight.

Origin	Destination	Flight date (yyyy-mm-dd)	Airline/Charter Flight Company	Flight time (hh:mm)	Flight number	Seat number

Q11.3 If you took ground transportation for **any part** of your in-bound travel (i.e. from your home city/province to the worksite) please provide details for each leg of your travel.

Origin	Destination	Travel date	Mode: bus, drive, other	Alone or With others	Details

Q12.1 How did you make your way from the work site back to your home city/province? Please select **all** that applies.

- Flight
- Ground transportation
- Other, specify

Q12.2 If you took a plane for **any part** of your return travel (i.e. from your worksite to your home city/province), please provide details for each flight.

Origin	Destination	Flight date (yyyy-mm-dd)	Airline/Charter Flight Company	Flight time (hh:mm)	Flight number	Seat number

Q12.3 If you took a ground transportation for **any part** of your return travel (i.e. from your worksite to your home city/province), please provide details for each flight.

Origin	Destination	Travel date	Mode: bus, drive, other	Alone or With others	Details

PART 4 - EXPOSURE AND ACQUISITION

Q13.0 PLEASE COMPLETE 14 DAY INCUBATION ACTIVITY LOG – see attached

Q13.1 During your most recent rotation, in the 14 days prior to your onset of symptoms or the date of your swab did you have contact with a confirmed or probable case(s) of COVID-19? The case(s) may not have been known to be positive at the time of the contact.

- Yes
- No

Q13.2 If Yes, provide the following details (i.e. date, name, workgroup, whether PPE was used during contact, frequency of contact, etc.)

Name of case	Date(s) of contact	Workgroup/Work Relationship	Was PPE used during contact	Frequency of Contact

Q14.1 During your work rotation, in the 14 days prior to your onset of symptoms or the date of your swab did you have contact with any symptomatic (i.e. cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell) individual(s) who were not known cases of COVID-19 at [work site name]?

- Yes
- No

Q14.2 If Yes, please provide details of the contact (i.e. date, name, workgroup, whether PPE was used during contact, frequency of contact, etc.)

Name of case	Date(s) of contact	Workgroup/Work Relationship	Was PPE used during contact	Frequency of Contact

Q15. During your work rotation, in the 14 days prior to your onset of symptoms or the date of your swab (if you were asymptomatic) please provide the name(s) of any additional workgroups or common spaces (i.e. workplace, lobby, cafeteria, car, shuttle bus, planes, airport) where you came into close contact with others (spent 15 minutes or more and 2 meters or less) which you have not already described.

Dates (yyyy-mm-dd)	Close contact workgroup/location

PART 5 – CLOSE CONTACT INFORMATION

Q17. During your work rotation, from 2 days prior to your onset of symptoms or the date of your swab (if you were asymptomatic) until 10 days later or when you started isolation please provide the name(s) of all individuals in which you came into close contact (spent 15 minutes or more and 2 meters or less)?

Name of contact	Contact Phone Number	Contact Location/ Work site	Relationship (Close contact/Workplace Contact)	Date(s) of Contact	PPE or other distancing precautions taken?

