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RESPIRATORY OUTBREAK MANAGEMENT PROTOCOL

INTRODUCTION

The purpose of this protocol is to provide direction for the prevention, detection, and management of respiratory infectious disease outbreaks, including but not limited to, those caused by the SARS CoV2 known as COVID-19. An outbreak can be described as an increase in occurrences of an infectious respiratory disease linked by exposure, time and location. It may affect a small and localized group or impact many people across multiple locations. Different respiratory viruses often cause similar acute respiratory symptoms. Each respiratory infection outbreak requires its own case definition. <u>Case definitions are determined in consultation with Public Health and Occupational Health and Safety.</u> The case definition for COVID-19 is available on the Ministry of Health website at
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf

The CLTO Response Guide for COVID-19 provides details on the identification and management of a resident/staff who present with symptoms that are consistent with COVID-19. Step-by-step instructions are provided in the Guide including links to relevant public health documents. The outbreak management protocol provides details on the steps necessary to rapidly identify, investigate and manage multiple cases with any common epidemiological link in a home and/or congregate living setting to prevent further spread of an infectious respiratory disease such as COVID-19. Each type of infectious disease may present slightly different and the treatment and/or approach to managing the disease will be dependent on the situation. Always engage the primary health care provider of individuals impacted, the CLTO health team and Occupational Health for guidance.

Please refer to the CLTO Communicable Diseases Policy for how to report infectious diseases to the local Public Health Authority. A list of Communicable Diseases is available by clicking this link [(Communicable Diseases Policy)](Communicable Diseases Policy)

For an Individual Supported who becomes ill (symptomatic):
1. Isolate the ill (symptomatic) resident in a single room, with a dedicated washroom, if possible
2. Staff to use additional precautions (contact/droplet for COVID-19) when providing support for ill (symptomatic) residents
3. Testing should be conducted on residents who are symptomatic to confirm a diagnosis. For residents suspected to have COVID-19 follow the Testing and Clearance Guidance available through Public Health Ontario and CLTO's [(Testing and Clearance Guidance)](Testing and Clearance Guidance)
4. Conduct contact tracing and identify all residents who require testing, self-monitoring and/or self-isolation based on exposure details. Consider testing all residents and/or staff who had close contact with the ill (symptomatic) resident following the Public Health Guidance related to the infectious agent suspected.
5. Follow the CLTO Response Guide and Tip Sheets (for TPH and SORs) for Infectious Diseases including COVID-19 Guidance for management of an ill (symptomatic) resident including testing instructions and reporting obligations
6. Follow the Ministry of Health and Public Health investigator's instructions on testing and clearance guidance for when precautions and isolation can be discontinued or if an outbreak is declared, follow the Outbreak Management Protocol steps for discontinuing isolation.

For a Staff who becomes ill (symptomatic):
1. All ill (symptomatic) staff members should be sent home immediately
2. All staff that do not pass screening will not be permitted into a CLTO location
3. Any staff who tests positive as part of Rapid Antigen Testing will need to be sent home and cleared by

Public Health before resuming work

4. Advise the ill (symptomatic) staff member to notify their supervisor and complete the Ministry of Health online self-assessment and follow the instructions
5. Follow the CLTO Response Guide for COVID-19 (Testing and Clearance Guidance) for management of an ill (symptomatic) staff including testing instructions and reporting obligations
6. Follow the Ministry of Health and Public Health investigator's instructions on testing and clearance guidance for when precautions and isolation can be discontinued or if an outbreak is declared, follow the Outbreak Management Protocol steps for discontinuing isolation.

For residents who had close contact with an ill (symptomatic) resident/staff member:

1. Residents who had close contact with the ill (symptomatic) resident/staff 2 days prior to symptom onset should be asked to self-isolate or placed in isolation and monitor for symptom development and document accordingly
2. Follow the guidance for management of the infectious disease and testing of contacts based on Public Health and/or guidance from Occupational health and safety
3. Staff to use additional precautions (contact/droplet for COVID-19) when providing support for all residents in isolation
4. Follow the CLTO Response Guide for COVID-19 (Appendix H Testing and Clearance Document) for management of an ill (symptomatic) residents/staff which includes details of COVID-19 symptoms, testing instructions and reporting obligations

Asymptomatic residents who had close contact with a confirmed case should undergo investigation including testing to rule out the infectious disease.   (Exposure flowchart for COVID-19)

For staff who had close contact with an ill (symptomatic) resident/staff member:
1. Any staff member who had close contact with the ill (symptomatic) resident/staff member prior to symptom onset should be investigated according to Public Health Guidance and/or Occupational Health and Safety to determine whether testing, isolation and work restrictions are required. Follow the CLTO Response Guide for COVID-19 [(Testing and Clearance Guidance)](#) reference new document for management of an ill (symptomatic) residents/staff which includes details of what is close contact, how to self-isolate, testing instructions and reporting obligations

Outbreak Management

Once an infectious disease is confirmed in either a resident or staff member, active monitoring for further spread of the virus begins. Contact tracing is a process that identifies anyone who had close contact with the person who is ill (symptomatic). The current recommendation from Public Health for COVID-19 is to identify anyone who had close contact with an ill (symptomatic) person 2 days prior to symptom onset. **Outbreak assessment should be considered when more than one staff or resident develops symptoms, who had close contact with the initial case, and resides in the same location (or if staff, worked in the same location) or within the period of incubation which for COVID-19 is 14 days and when an exposure has been previously identified.** The local Public Health Unit should be notified followed by notification to the Health and COVID-19 Team via **Notice of Occurrence Form.**

Public Health Ontario released, on May 31, 2021, a checklist for Managing COVID-19 Outbreaks in Congregate Living Settings. In this document, an outbreak is defined as one or more cases of COVID-19 in a resident or staff associated with the location. An outbreak is a cluster of ill residents, staff, and/or visitors.

Further updates will be posted through the Response Guide that pertain to COVID-19 posted on the and

on the COVID 19 Teams site and the Staff Resources webpage for COVID-19. The contact

information for the local Public Health units is the following:

- Toronto Public Health (TPH): 311, or (416) 338 – 7600
- Communicable Diseases Surveillance Unit (Toronto): (416) 392-7411 or email: cdsu@toronto.ca

Public Health Guidance and CLTO internal policies related to the management infectious diseases including the COVID-19 Response Guide provides information on the initial response required when a suspected or confirmed case of an infectious disease is reported and further monitors the registry of occurrences with a view to identifying a potential outbreak. Where a potential outbreak is identified, in consultation with the Health/COVID19 Team and leadership of the location, a determination is made as to whether the criterion for an outbreak is met. In consultation with Public Health and/or Occupational Health an outbreak will be declared. The Outbreak Management Team will determine whether to declare an outbreak for the entire location or confined to a unit/apartment.
When an outbreak is declared, Public Health will assign an 11-digit outbreak number.

A communications strategy is recommended during an outbreak that includes dissemination of timely information and to provide outbreak status updates both internally and externally to key stakeholders.

OUTBREAK MANAGEMENT TEAM

Upon declaration of an outbreak, the site Program Manager will establish and lead an Outbreak Management Team (OMT) to assist with outbreak management and to address the following components at a minimum:

a) Determine the case definition for the outbreak.
b) Contact the Infection, Prevention and Control Team (IPAC Team) to request and assessment
c) In consultation with the IPAC Team, review infection prevention and control measures and provide education as needed.
d) Establish a surveillance mechanism (using the Outbreak Line List) for determining baseline data related to the infectious disease.
e) Determine notification of any additional persons/institutions as required (e.g. families, staffing agencies, primary health professionals).
f) Discuss internal and external communication plan which includes daily updates on outbreak status.
g) Report to regulatory bodies where required including but not limited to the Ministry of Labour (Occupational Illness), Ministry of Children, Community and Social Services (MCCSS) Serious Occurrence, WSIB (Form 7), and Public Health (Outbreak Line List).
h) Provide interagency cooperation and timely information sharing with all who need to know about the occurrence of an outbreak.
i) Invoke Staff Exclusion policy; and
j) Make decisions in terms of relocating and/or isolation of residents based on an assessment of risk using the CLTO risk assessment tool.

The OMT will consist of:

- Public Health Investigator (if assigned)
- Site Program Supervisor
- Site Program Manager
- Regional Executive Director/Director
- Administrative Assistant
- Communication Liaison
- Information Technology (reporting)
- HR Business Partner (if a staff member is affected)
- Health and Safety Representative
- COVID Health Team Representative
- Infection Control Professional and/or Subject Matter Expert
- Primary care/consulting physician
- Others as required

ROLES AND RESPONSIBILITIES

Public Health Investigator

- In consultation with Outbreak Management Team representatives, confirms the existence of an outbreak
- Reviews and establishes a case definition in collaboration with the OMT.
- Assists in active case finding and assesses the status of the outbreak daily, and reviews and discusses outbreak line listings provided by the OMT.

- Provides guidance with the testing, implementation of appropriate infection prevention and control practices, with a focus on routine practices and appropriate additional precautions (contact/droplet/airborne), as required.
- In consultation with the TPH declares when the outbreak is over.
- Reviews the outbreak summary with the OMT and highlights areas to prevent future outbreaks and to improve/enhance organizational response.

Site Program Supervisor*

- Ensures staff at the location understand how to identify new cases (residents/staff) and monitors the status of ill and other residents.
- Ensure residents have access to key services and supports, such as: medical care, routine medications (e.g. prescription medications, acetaminophen, ibuprofen), mental health supports/counselling, harm reduction and behavioural supports. If a staff reports symptoms consistent with the case definition, advise the ill staff member to stay off work. Follow the testing and clearance guidance for when a staff can return to work.
- Complete and/or update the risk assessment for each resident and the location based on the CLTO risk assessment tool. Results should be used to inform decisions regarding relocating and/or isolation of residents. This will include how to separate residents exposed and symptomatic from those who are not impacted. This should be done in consultation with Public Health and the OMT.
- In consultation with OHS, assess the immunization status of those who provide service and individuals supported in the environment, the risk level (vaccination status of staff) the environment using the Infectious Disease Risk Assessment Tool and the Risk Identified for the Individuals who reside at the location.. Ensures adherence to infection prevention and control measures including additional precautions and enhanced environmental cleaning of the affected areas as specified in the Cleaning, Waste Disposal and Laundry Protocol.
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- In collaboration with the site Program Manager and HR Business Partner, ensures that a plan is in place for redeployment of staff to the outbreak site, if necessary. Contacts the appropriate Staffing Support Group representative and staffingsupport@cltoronto.ca to identify any urgent staffing requests.
- Submits WSIB form 7 using e-Claims for all staff who are listed on the Outbreak line list and are tested because of the Outbreak.
- Completes, submits, and updates Serious Occurrence reports, as required. (Add supplementary information as a resource)
- Maintains regular communication with individuals in service, staff, and families as to the status of the outbreak and control measures in place.
- As an added measure of protection, encourage those residents who can tolerate wearing a mask to do so.

Site Program Manager*

- In consultation with TPH, completes the **Initial Respiratory Outbreak Notification Form** and submits it to Public Health.
- In consultation with the COVID-19 Team, convenes an OMT meeting.
  Provides daily updated information including new cases of illness among the staff and residents using the **Respiratory Outbreak Line List** and forwards a copy to TPH/Case Investigator, the OMT, and Occupational Health and Safety Department
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- Provide the following information to Public Health: the total number of residents and staff at the location. This may include people who have accessed the location in the 2 days prior to the index case symptom onset based on Public Health recommendations.
- Document on the outbreak line list all residents, staff and visitors who are ill (symptomatic), the date symptoms began, if they were tested and results (if known), when they were last at the location, and if they reside at the location or were transferred to hospital. Include on the line list all those who had direct or close contact with the index case. Follow Public Health Guidance as it relates to the infectious disease and/or the CLTO Guide for COVID-19. Reviews the updated information and consults with subject matter experts to examine issues of ongoing transmission and to assess the effectiveness of infection prevention and control measures in place.
- Conduct site IPAC audits with the support of IPAC best practice champions and/or OHS to identify and address any gaps in practice.
- Ensures timely updates and reporting obligations are met including communication to families, other staff, residents and the OMT, and takes any required action as identified at the OMT daily meeting, as appropriate.
- In collaboration with the site Program Supervisor and HR Business Partner, ensures that a plan is in place for redeployment of staff to the outbreak site, if necessary.
- Supports regular communication with individuals in service, staff and families as to the status of the outbreak and control measures in place.

*Program Supervisors/Program Managers responsible for community-based residential supports (e.g., LIGHTS, ISP, SIL, APSW) will support staff in accessing appropriate medical care; medications (e.g.,, PRNs approved by resident's physician; mental health supports/counselling as required.

Regional Executive Director/Director

- Monitors and responds accordingly to Notices of Occurrence as submitted.
- Provides support to program management staff, as appropriate in meeting reporting obligations and responding to direction received from the OMT, including the provision of necessary resources to support managing the outbreak.
- Provides support to the Communication Liaison, as requested.
- Provides ongoing reports to the Chief Executive Officer regarding the status of the outbreak.
- Responds to inquiries from staff and/or families regarding the status of the outbreak and control measures in place, as needed.

Administrative Assistant

- Attends the OMT meetings, takes and distributes minutes.
- Ensures that an action item list is prepared and provided to all members of the team.
- Tracks action items and status.
- Provides administrative support to the OMT to ensure that appropriate resources are available.

Communication Liaison

- Supports site specific communication to stakeholders as required.
- Supports preparation and dissemination of all communication for internal and external stakeholders relevant to the outbreak as appropriate, for the duration of the outbreak.

Information Technology Representative

- Facilitates the collection of pertinent data through the design and update of the Notice of Occurrence CLTO system to support reporting to regulatory bodies as required, including but not limited to, the Ministry of Labour (MOL), Ministry of Children, Community and Social Services (MCCSS) and Public Health.

Human Resources Business Partner

- Consults with program supervisor and/or manager on labour related issues.
- Supports the supervisor and manager with workforce planning in the event of significant staff shortages at a location in collaboration with Talent Acquisition for identifying replacement staff.

Occupational Health and Safety (OHS) Representative

- Ensures that staff are screened for pre-existing medical conditions as identified by their health care practitioner that may pose additional risk, relevance, and status of immunizations.
- Investigates and recommends appropriate actions, including steps for prevention of a repeat occurrence, if a worker has been exposed or potentially exposed or becomes ill because of the infectious agent.
- Ensures reporting through e-Claims according to the Occupational Illness Reporting policy for any staff affected and those who become ill because of an exposure in the workplace (MOL, WSIB).
- Acts as a resource to assess the fitness of a worker for return to work following a leave due to an illness caused by an infectious disease, infection, or an exposure to an infectious agent.
- Reviews and revises policies and procedures related to OHS that have relevance for infection prevention and control, such as routine and additional precautions, use of personal protective equipment, safe handling, and disposal of sharps, enhanced environmental cleaning, waste disposal, screening and immunization programs.

Subject Matter Expert (Infection Control Professional)

- Supports and guides the OMT in ongoing surveillance to identify new cases and monitoring the status of ill residents.

- Provides ongoing monitoring of precautions and control measures, interprets lab results, provides direction, and serves as liaison with Public Health and health care providers.
- Responds to any significant changes in the nature of the outbreak.

OUTBREAK MANAGEMENT PROCEDURES

When one or more residents, staff and/or visitor at the location is identified to have symptoms consistent with COVID-19 and/or Acute Respiratory Illness, the site Program Supervisor will complete a Notice of Occurrence and notify the Program Manager. The site Program Manager will contact the COVID-19 response team (647) 729-3657 and TPH at 311 or (416) 338-7600.

Upon notification of one or more symptomatic/probable/confirmed cases of an infectious disease the appropriate representatives (Health Team member(s) and site senior leadership, OHS), in consultation with a Public Health investigator where possible, will determine whether to declare and outbreak. When an outbreak is declared the Program Manager shall convene the OMT. In consultation with OHS, the site leadership can declare an outbreak in the absence of Public Health and follow the outbreak management procedures while waiting for Public Health to respond. If an

outbreak is declared, the Program Manager will complete the **Initial Respiratory Outbreak Notification Form in consultation with Toronto Public Health.**

Where an outbreak has been declared, infection prevention and control measures must be implemented, including but not limited to, the recommendations for the Control of Respiratory Infection Outbreaks, and any disease specific recommendations such as policies, procedures and directives for the management and control of cases. The following is a list of suggested control measures to be implemented during an outbreak: ssigned to the IPAC Champion, IPAC Site Lead and Supervisor.

1. Enhanced hand hygiene (follow the 7 steps to Hand Hygiene).
2. Isolation of all ill residents and use of personal protective equipment (PPE) for droplet and contact precautions as per the updated Infection, Prevention and Control (IPAC) measures and the Provincial Infectious Disease Advisory Committee (PIDAC's) Routine Practices.
3. Avoidance of residents and staff interaction, where possible, between affected and unaffected areas.
4. Ensure active screening takes place near or at the entrance of an outbreak affected area. Notification should be provided to all persons seeking entry to the location as part of active screening that the site is in an outbreak situation
5. Entrance to an affected area should be restricted to only essential person(s).
6. Compliance with policy, protocols and directives pertaining to the outbreak, that may include restrictions of visitors, use of PPE and workforce stipulations, and others as specified.
7. Enhanced cleaning and disinfection of the environment and equipment focusing on high touch areas, high traffic areas (e.g. doorknobs, washrooms, handrails, elevator buttons, computer keyboards, tables, etc.) at least twice daily using usual cleaning supplies to reduce the spread of infection and as specified in the Cleaning, Waste Disposal and Laundry Protocol.
8. Follow up on any additional instructions, recommendations and requirements provided by TPH regarding preventative measures.

Note: Refer to the Public Health Ontario Checklist for Managing COVID-19 Outbreaks in Congregate Living Settings

OUTBREAK REPORTING REQUIREMENTS

In addition to the legislated reporting requirements as defined in the Occupational Illness/Disease reporting policy, the following reporting requirements must be initiated and/or maintained:

Initial Respiratory Outbreak Notification Form

Purpose

Respiratory infection outbreaks in institutions are included among the specified diseases of public health significance under Ontario Regulation 135/18 and amendments to the Health Protection and Promotion Act. All respiratory infection outbreaks in institutions, irrespective of the causative organism(s), are reportable, including those of unknown cause. Reporting of all respiratory infection outbreaks in institutions is necessary to assess the complete epidemiology of the various respiratory pathogens that are identified in respiratory infection outbreaks, which is essential for comprehensive and timely control measures.

Responsibility:

The **program manager** will complete the respiratory outbreak notification form in consultation with Public Health and record the 11-digit outbreak management number to be used on all corresponding documentation pertaining to the outbreak.

Be prepared to provide the following information to Public Health:

- Total number of residents and staff who reside/work at the location
- The Outbreak Line list of all ill residents, staff and visitors including when they became ill, if they were tested and results, when they were at the location, and if they reside or continue to work at the location or were transferred to hospital.
- A list of people who had high risk close contact (roommates, dining table mates, others who spend time within 2 meters with those who are symptomatic or test positive for the infectious disease such as COVID-19. Note in some outbreaks this may include the whole location or individual units/rooms.
- All steps taken to prevent spread of the infectious disease. Refer to the outbreak management responsibilities checklist.

Outbreak Line List:

Purpose:

The Outbreak Line List provides a template for data collection and active monitoring of both residents and staff during an outbreak at a location. Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying the locations/units/apartments where cases are occurring.

Responsibility:

The program manager will provide daily updated information including new cases of illness among the staff and residents using the **Outbreak Line List** and submit a copy to TPH, the OMT, and Occupational Health and Safety.

Instruction for Completion:

Using this tool will provide the location with a line listing of all people monitored for and meeting the case definition for the outbreak. At the end of each day, when a new person has been added to the line list, submit an updated copy to TPH, the OMT and Occupational Health and Safety.

Each row represents a resident or staff member who may have been affected by the outbreak. The information in the columns of the line list capture data on the case identification, symptoms, laboratory specimens, treatments (if any), complications (if any) and as it relates to staff, their last day worked.

The list is to be updated daily with any new cases and when an individual/resident's condition changes such as symptoms resolve, or their condition deteriorates and results in a transfer to hospital or is deceased.

Outbreak Transfer Notification Form:

Purpose:

If during the outbreak, a resident with a suspected or confirmed respiratory infectious disease (such as COVID-19) is transferred to another facility e.g. hospital, the completed **Outbreak Transfer Notification Form** is submitted. If the individual/resident is deceased immediately notify the Regional Executive Director and the OMT and update the Serious Occurrence Report submitted to report the positive COVID result.

Responsibility:

Program Supervisor

Instruction for Completion:

Follow guidelines as instructed in the form.

Outbreak Management Summary Report

Purpose:

The **Outbreak Management Summary Report** is prepared no later than 15 business days after an outbreak is declared as over. To declare an outbreak is over, the location must not have any new cases of infection in either residents or staff for the period established in consultation with Public Health (for COVID-19 it is usually after 14 days). The Public Health investigator assigned to the team should be consulted before deciding to declare the outbreak is over. The Regional Executive Director must be consulted prior to removing restrictions associated with the outbreak. Once the outbreak is declared over, all parties involved are to be notified that the outbreak is over including families, staffing agencies, and primary healthcare providers of those residents and staff who were identified on the Respiratory Outbreak Line List.

Responsibility:

Upon completion of the outbreak, the **Communication Liaison with the support of the OMT** will complete the **Outbreak Management Summary** Report including background information, details of the investigation, results, and recommendations to prevent and manage future outbreaks. The report will be submitted to the Joint Health and Safety Committee and Emergency Management Committee. Further distribution of the summary report will be determined by OMT.

Additional facility expertise and resources, if required, is obtained from:

- public health units
- formal consultation arrangement with experts in infectious diseases and/or health care epidemiology (e.g., contracted services)
- regional/provincial infection control networks
- academic health sciences centres; and
- linkages with other organizations (e.g., IPAC Canada chapters)

Instruction for Completion:

Following an outbreak, the organization reviews its protocols and procedures and makes improvements as needed to prevent a recurrence of the outbreak. This might include recommendations for additional resources (material and/or human), education, or changes to policies, directives, protocols, or equipment.

SharePoint folder to access outbreak management documents and tools.
http://community.internal.tacl.ca:8088/info_libraries/Policies%20and%20Procedures/Forms/AllItems.aspx?RootFolder=%2Finfo%5Flibraries%2FPolicies%20and%20Procedures%2FDirectives%2FInfectious%20Diseases%20Tools%20and%20Resources&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence

Related Documentation
06-05-04 Level 1 and Level 2 Serious Occurrence Reporting
06-05-05 Manual Serious Occurrence Reporting
11-05-05 Occupational Illness/Disease Reporting
Notice of Occurrence Form
OMT Responsibilities Checklist
Outbreak Management Summary Report
Outbreak Transfer Notification form
IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or
Confirmed COVID-19
PIDAC Routine Practices
Cleaning, Laundry and Waste Disposal Protocol
Public Health Checklist- Managing Outbreaks in Congregate Living Settings
https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/05/managing-covid-19-outbreaks-congregate-living-settings.pdf?la=en
Public Health Checklist- Preparedness and Prevention in Congregate Living Settings
https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/05/covid-19-preparedness-prevention-congregate-living-settings.pdf?la=en
Guidance for Congregate Living Vulnerable Populations
Response Guide