POLICY IFC-59: COVID-19 Outbreak Management

Infection Control

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Triggering a COVID-19 Outbreak Assessment (Residents)

As soon as 1 Resident presents with new symptoms compatible with COVID-19, the home should immediately conduct an outbreak assessment, notify the Physician, Infection Control and take the following steps:

When a Resident is Symptomatic:

- Place the symptomatic Resident in isolation under Droplet/Contact Precautions.
- Place the symptomatic Resident in a private room, if possible.
- Place roommate of the symptomatic Resident (co Resident) on Droplet/Contact Precautions as well.
- Symptomatic Resident will have their temperature taken daily.
- Roommate will be placed on enhanced symptom monitoring with twice daily temperatures.
- All staff entering the symptomatic Resident room are required to wear an N95 mask- this includes nursing care, housekeeping/laundry, maintenance and support workers.
- Perform COVID-19 PCR swab and send to local lab for COVID-19 testing on the symptomatic Resident. Perform RAT for COVID-19.
- All symptomatic Residents with acute respiratory symptoms are eligible for testing of other respiratory viruses for prospective surveillance, using a multiplex respiratory virus PCR panel (MRVP) test.
- Notify Physician/NP to have the Resident assessed.
- Keep curtains closed between basic rooms to maintain 2 meter separation.
- Co-horting of staff and Residents based on exposure status to limit potential spread of COVID-19.
- Monitor all Residents for any new COVID-19 typical and atypical symptoms.
- Quickly identify and isolate any Resident with symptoms compatible with COVID-19.

- Ensure EMS and hospital are informed of “outbreak assessment” if Residents are to be transferred.
- If the LTC home receives negative test results on the “source” Resident who was tested, the LTC home can close the outbreak assessment.
- IPAC will notify the local Public Health Unit of all confirmed and probable cases of COVID-19 as soon as possible.

If the COVID-19 molecular test and MRVP test are negative:

The Resident may discontinue additional precautions if there has not been an exposure to COVID-19 and they are afebrile and symptoms are improving for at least 24 hours (48 hours for gastrointestinal symptoms). Continue to monitor the symptomatic Resident closely for worsening symptoms.

If the COVID-19 test results are positive: see Case Management below.

Staff and/or Visitor Experiencing Symptoms Compatible with COVID-19

Staff:

- Symptomatic staff should not be permitted entry into the home.
- Staff who become symptomatic while at the home should leave immediately and be directed to self-isolate at their own home and seek medical assessment as required.
- Staff who fail the screening process are to stay home or go home if symptoms begin while at work and report to the Supervisor of Infection Prevention and Control and/or their department Supervisor to discuss next steps re: testing/work restrictions.

Visitor:

- Visitors who fail passive screening should not enter the home when ill and should leave the home immediately and self isolate at their own home and follow Public Health guidance.
- Visitors who test positive for COVID-19 and/or have symptoms compatible with COVID-19 should self-isolate at their own home until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever is present.
- Visitors should notify the home of their recent illness/positive test.

Additional IPAC Measures during an “Outbreak Assessment”

- Co-horting of staff to the RHA that is experiencing an outbreak assessment.
- Enhance screening/monitor of symptoms for Residents and staff.
- Staff will follow the Droplet/Contact Precautions for COVID-19 Compatible Symptoms Checklist for IPAC controls/measures.
- Increased cleaning and disinfection practices twice a day of symptomatic Residents

Outbreak Case Definition

A Confirmed Outbreak in the home is defined as:

- Two or more residents/patients who are epidemiologically linked (e.g., within a specified area/unit/floor/ward), both with positive results from a polymerase chain reaction (PCR) test OR rapid molecular test OR rapid antigen test within a 7-day period where both cases have reasonably acquired their infection in the setting.

A Suspect Outbreak in the home is defined as:

- One positive PCR OR rapid molecular test OR rapid antigen test in a Resident who has reasonably acquired their infection within the home.

Declaring the outbreak over

- In consultation with the outbreak management team and the local public health unit, the outbreak may be declared over when no new cases, which were reasonably acquired in the setting, have occurred for 7 days, and there is no evidence of ongoing transmission.

Role of Public Health in Outbreaks

- Only the local public health unit can declare an outbreak and declare when it is over.
- The IPAC Lead and/or delegate will follow the direction of the public health unit in the event of a suspect or confirmed COVID-19 outbreak.
- The IPAC Lead and/or delegate will follow any guidance provided by the local public health unit with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission.
- The local public health unit is responsible for managing the outbreak response.
- Local public health units have the authority and discretion as set out in the Health Protection and Promotion Act to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures.

An epidemiological link is defined as:

Reasonable evidence of transmission between Residents/staff/other visitors AND there is a risk of transmission of COVID-19 to Residents within the home.

Use of Rapid/PCR tests

All positive molecular tests or RAT results in residents, staff, or visitors associated with a suspect or confirmed outbreak in the home must be reported to the PHU and Outbreak Management Team.

Negative RAT results should not be used independently to rule out COVID-19 in an outbreak situation due to its limited sensitivity and the increased pre-test probability of COVID-19.

If a RAT is used for a staff or resident with symptoms or high-risk exposure (e.g., in extraordinary circumstances when access to timely PCR testing is not available), molecular testing should also be performed in parallel.

Case Management

Residents with COVID-19 Positive Results

Residents who test positive for COVID-19 should be assessed as soon as possible to determine if COVID-19 therapeutics are within their goals of care, and if so, to determine eligibility.

Residents who are identified as a confirmed or a probable COVID-19 case and **are unable to wear a mask**, should:

- Self-isolate on Additional Precautions for at least 10 days from symptom onset or date of specimen collection, if asymptomatic (whichever is earlier/applicable) and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present.
- Residents are able to leave their room for walks in the immediate area with a staff person wearing appropriate PPE, to support overall physical and mental well-being.

Residents who are identified as a confirmed or a probable COVID-19 case **and are able to independently and consistently wear a mask**, should:

- Self-isolate on Additional Precautions for at least 10 days from symptom onset or date of specimen collection, if asymptomatic (whichever is earlier/applicable).
- Residents may leave their room to participate in activities and join others in communal areas provided they meet the following criteria:
    - It has been a minimum of 5 days from symptom onset or positive test (whichever is earlier/applicable);
    - They are asymptomatic or their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present; and
    - They wear a well-fitted mask at all times outside of their room
    - They do not join in communal activities where they would need to remove their mask within the setting (e.g., group dining)
    - They continue to follow additional precautions for 10 days after their symptom onset or positive test.

Roommates Close Contacts of COVID-19 Positive Cases

- Room mate close contacts should be placed on Additional Precautions.
- Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days (based on 5 days from when the case became symptomatic or tested positive)

Individuals requiring self-isolation must be placed in a single room if possible and placed on additional precautions. Where this is not possible, individuals may be placed in a room with no more than one (1) other resident who must also be placed in self-isolation on additional precautions. If a resident is not in a private room, the use of partitions/barriers for separation between beds is recommended.

Asymptomatic Residents living in the same room as the case should be placed on additional precautions immediately (along with the infected resident, when break of contact is not possible) under the direction of the local PHU (see Contact Management below).

Residents on additional precautions should:

- Stay in their room during their self-isolation period but may be allowed outdoors or in the hallway (e.g., walking, with one-on-one supervision) while wearing a well-fitted medical mask, if tolerated, and minimizing any interaction with others.
- Be encouraged to wear a well-fitted mask, if tolerated, when receiving direct care in their room.

When a staff or a visitor test positive for COVID-19:

Staff and visitors who receive a positive COVID-19 test result while they are at the LTCH should leave the facility immediately and be directed to self-isolate at their own home until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever present.

Visitors:

- For a total of 10 days after the date of specimen collection or symptom onset, whichever is earlier/applicable, visitors should avoid nonessential visits to anyone who is immunocompromised or at higher risk of illness (e.g., seniors) and avoid non-essential visits to highest-risk settings such as hospitals and long-term care homes. Where visits cannot be avoided (e.g., essential caregiver visits)
- Visitors should wear a medical mask, maintain physical distancing, and notify the setting of their recent illness/positive test. If the individual being visited can also wear a mask, it is recommended they do so.

Staff:

For a total of 10 days after the date of specimen collection or symptom onset, whichever is earlier/applicable, staff should adhere to workplace measures for reducing risk of transmission (e.g., masking for source control, not removing their mask unless eating or drinking, distancing from others as much as possible) and avoid caring for patients/residents at highest risk of severe COVID-19 infection, where possible.

Contact Management

Close Contact Definition: A close contact is defined as an individual who has a high-risk exposure to a confirmed positive COVID-19 case, an individual with COVID-19 symptoms, or an individual with a positive rapid antigen test result

Close contacts would include a roommate as well as other resident contacts who, following a risk assessment, are deemed to have had significant exposures to the case (for example, contacts who have spent significant time together in close proximity without masking during the case's period of communicability. This may include dining table mates).

All roommate close contacts should be placed on Additional Precautions. Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days of isolation (based on 5 days from when the case became symptomatic or tested positive if asymptomatic).

Roommate close contacts should then wear a well-fitting mask, if tolerated, when receiving care and outside of their room, and physically distance from others when outside of their room until day 7 from last exposure to the case.

Ideally, roommate close contacts are placed in a separate room to isolate away from the case. When this is not possible, the use of physical barriers (e.g., curtains or a cleanable barrier) to create separation between the case and the roommate is recommended.

In general, other non-roommate resident close contacts within the unit and facility who remain asymptomatic should not be self-isolated/placed on Additional Precautions.

However, the following risk reduction measures should be considered for non-roommate resident close contacts to reduce the risk of transmission to other residents, while balancing the resident's mental and social well-being:

- Monitoring twice daily for symptoms
- Strongly encouraging the resident to wear a well-fitting mask, if tolerated, and physically distance from others when outside of their room for 7 days following their last exposure to the individual with COVID-19. - This may include avoiding attending group dining and group activities that involve unexposed residents where masking and physical distancing cannot be maintained by the close contact.
- Encouraging the resident to wear a well-fitted mask, if tolerated, when receiving care.

The local PHU has the discretion to recommend COVID-19 molecular testing of asymptomatic resident close contacts.

This may be considered when:

- There is a rapid increase in cases among residents; and/or
- The outbreak is not responding to usual IPAC measures; and
- The use of asymptomatic testing of close contacts is considered to have higher overall benefit (the identification of asymptomatic positive cases leading to reduced transmission, potentially reducing the duration and extent of the outbreak) than risk (harms associated with the isolation of asymptomatic residents).
- Should this be recommended, testing is advised to occur no sooner than 24 hours following exposure, and, if negative, testing may be repeated 48 hours after the first negative test (i.e., on Day 3 following exposure). Isolation is not required while awaiting test results. Rather, the close contact should be strongly encouraged to follow the risk reduction measures outlined above.
- Due to challenges in interpreting the result, testing is not recommended for asymptomatic residents who have recovered from COVID-19 in the last 90 days.
- If a close contact develops symptoms, promptly isolate under Additional Precautions and test for COVID-19 and other respiratory pathogens (i.e., MRVP or FLUVID).
- An asymptomatic contact who tests positive for COVID-19 should also be promptly isolated under Additional Precautions and managed as per Case Management.

Positive Staff Member Close Contact

If the staff member had contact with the Residents during the 72 hour period of communicability; then the RHA will be placed on enhanced monitoring for 10 days after last exposure to the staff member.

Asymptomatic Residents do not need to be self-isolated/placed on additional precautions. Please see the Instructions for Cases and Close Contacts Associated with LTCH's Chart below.

- In limited circumstances, the local PHU has the discretion to recommend COVID-19 molecular testing of asymptomatic Resident contacts who have had significant exposures to the case.
- If a close contact develops symptoms, promptly isolate under additional precautions and test for COVID-19 using molecular testing.

COVID-19 Outbreak Management

The local PHU will direct testing and public health management of all those impacted (staff, residents, and visitors) using a risk-based approach. It is important to consider both the risk to residents and the potential harm of resident isolation and testing when implementing public health measures.

Required Steps in an Outbreak: When local Public Health declares a Confirmed outbreak in the home, the following measures must be taken:

1. Outbreak Management Team (OMT) is activated.
2. Defining the outbreak area of the home and cohorting based on COVID-19 status (ie. Infected or exposed and potentially incubating)
3. Assessing risk of exposure to residents/staff based on cases' interactions
4. Initiating Additional Precautions for all symptomatic residents and those with suspect or confirmed COVID-19. Post appropriate signage outside the resident's room
5. Facilitate assessment of IPAC and outbreak control measures, as needed
6. Resident close contacts who remain asymptomatic do not need to be placed on Additional Precautions, however, the following risk reduction measures should be recommended by the PHU for the duration of the outbreak
    - Even if not under Additional Precautions, exposed residents within the outbreak area of the home should be cohorted separately from non-exposed residents
    - Group activities and communal dining should be conducted such that the outbreak unit is cohorted separately from unexposed residents and units. At the discretion of the PHU/OMT, group activities and communal dining for cohorts (exposed separated from unexposed) may resume. Wherever possible, continuing group activities for exposed cohorts is recommended to support resident mental health and wellbeing. Different cohorts are not to be mixed, and residents from different cohorts should not visit one another
    - Staff should remain in a single cohort per shift, wherever possible. If staff must work with more than one cohort during a single shift, it is recommended that staff work with unexposed residents first

- At the discretion of the PHU/OMT, communal dining and group activities may be paused completely in the case of a facility-wide outbreak where transmission is uncontrolled, the rate of increase in cases or severity of illness is significant or unexpected and the benefits of closure of communal activities are deemed to be greater than the harms caused to resident wellbeing. This decision should be revisited as the outbreak progresses.
- At the discretion of the home, in consultation with the PHU, resumption of day programming may occur during an outbreak. However, all staff and residents who are part of the outbreak should be cohorted so as to be kept separate from participants and staff of day programs.
- The home will conduct enhanced symptom assessment (minimum twice daily) of all residents in the outbreak area to facilitate early identification and management of ill residents.
- The home will conduct weekly IPAC audits for the duration of the outbreak. The results of these audits should be reviewed by the OMT
- Increased cleaning and disinfection practices (e.g., at least two times a day and when visibly dirty for high touch surfaces)
- General visitors should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak
- Caregivers, support workers, or individuals visiting a resident receiving end of life care, are allowed when a resident is isolating or resides in a home or area of the home in an outbreak, provided they are able to comply with the PPE recommendations

7. For admissions or transfers, refer to Admissions and Transfers policy and procedure.
8. When a Resident who is self-isolating on additional precautions is required to leave the home for a medical absence, the home will notify the health care facility so that care can be provided to the resident with the appropriate additional precautions in place.
9. Residents who are in isolation on additional precautions may not participate in essential, social or temporary absences. The home shall seek the advice of the local public health unit if self-isolation must be broken for these reasons.
10. The COVID-19 outbreak form will be utilized for additional IPAC measures.

- The need for staff to follow additional precautions for all Resident interactions in the outbreak areas

Specimen Collection and Testing for Outbreak Management

Testing/Retesting:

- All symptomatic residents and staff should be tested for COVID-19 and other respiratory pathogens as soon as symptoms present (within 48 hours)
- In general, it is recommended that outbreak testing be guided by clinical and epidemiological risk factors for the purposes of active case finding. Point prevalence testing may be done at the discretion of the PHU to guide assessment and management in the context of a new (sub)variant or an especially challenging/prolonged outbreak, however, if done, it is recommended that asymptomatic individuals not be required to remain in isolation pending test results.
- PH assigns the home an outbreak number.

Notify Public Health regarding visitors who were potentially exposed, check daily log book.

*To ensure homes in outbreak are prioritized, all requisitions will be submitted on green paper with outbreak number included.

Considerations for Management of Mixed Outbreaks in LTCHs

In the context of one or more residents testing positive for COVID-19 and one or more residents testing positive for influenza, a cautious approach is warranted. The following recommendations may be considered, at the discretion of the PHU:

- All additional symptomatic residents and staff may be considered for FLUVID testing (beyond the first 4 MRVP+). PHUs are to contact PHOL.
- Influenza antiviral prophylaxis should be initiated for all asymptomatic residents and residents who are COVID+/influenza negative until the influenza outbreak is declared over.
- For COVID-19 positive residents, both Tamiflu and Paxlovid can be given at the same time; however, given potential drug-drug interactions, the decision to initiate treatment is at the discretion of the treating physician

Diagnostic Testing for ARI/Mixed Outbreaks in LTCHs

- All symptomatic residents and staff should be tested for COVID-19 and other respiratory pathogens as soon as symptoms present.
- PHO's laboratory has expanded the eligibility for outbreak-related respiratory virus FLUVID (influenza A, influenza B, RSV, and SARS-CoV-2) PCR testing to all specimens from symptomatic residents and staff.
- In general, it is recommended that outbreak testing be guided by clinical and epidemiological risk factors for the purposes of active case finding. Point prevalence testing may be done at the discretion of the PHU to guide assessment and management in the context of a new (sub)variant or an especially challenging/prolonged outbreak, however, if done, it is recommended that asymptomatic individuals not be required to remain in isolation pending test results.
- PHUs are responsible for following usual outbreak notification steps to PHO's laboratory to coordinate/facilitate outbreak testing and ensuring an outbreak number is assigned. See PHO's Respiratory Outbreak Testing Prioritization protocol for details.

Reporting to the Public Health/Ministry of Health and Long-Term Care

- A suspect/confirmed COVID-19 outbreak immediately using the CIS during regular working hours or;
- Ministry of Health and Long-Term Care will be notified via on-call inspection after hours 1-888-999-6973 after hours and on weekends.

Additional Reporting

- Occupational Health and Safety.
- Ministry of Labour within 4 days.
- WSIB in 72 hours.
- Unions.

Declaring the Outbreak Over

In consultation with Public Health, the outbreak may be declared over when 10 days have passed after the last potential exposure to a resident case in the home.

The home will conduct an Outbreak Management Meeting to review the outbreak once it has been declared over by the local public health unit.

Instructions for Cases and Close Contacts Associated with LTCH's Chart

	Self-Isolation Period	**Additional Instructions**
Resident Case-tests positive for COVID-19 **Is able to independently and consistently wear a mask**	At least 10 days after the date of specimen collection or symptom onset (whichever is applicable/earlier), and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present	After day 5, if the resident is asymptomatic or their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present, the resident: • May routinely participate in communal areas/activities but must wear a well-fitted mask at all times when outside of their room; and • May not participate in communal activities where they would need to remove their mask within the setting (e.g., group dining)
Resident Case-tests positive for COVID-19 **Is unable to mask**	At least 10 days after the date of specimen collection or symptom onset (whichever is applicable/earlier), and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present.	Residents are able to leave their room for walks in the immediate area with a staff person wearing appropriate PPE, to support overall physical and mental well-being.
Resident asymptomatic close contact (Roommate)	Roommate close contacts: isolate and place on Additional Precautions. Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days of isolation (based on 5 days from when the case became symptomatic or tested positive if asymptomatic). All other close contacts do not need to self-isolate if asymptomatic, but should	For a total of 7 days after last exposure to the COVID-19 case (or individual with symptoms): • Daily monitoring for symptoms; • Wear a well-fitted mask, if tolerated, and physically distance from others as much as possible when outside of their rooms; and • Not visit other (unaffected) areas of the home or interact with residents who have not been exposed.

	Self-Isolation Period	**Additional Instructions**
	follow Additional Instructions for risk reduction measures. All other close contacts do not need to self-isolate is asymptomatic	
Resident-Co-Residents on RHA	Does not need to self-isolate if asymptomatic.	Monitoring twice daily for symptoms Strongly encouraging the resident to wear a well-fitting mask, if tolerated, and physically distance from others when outside of their room for 7 days following their last exposure to the individual with COVID-19. - This may include avoiding attending group dining and group activities that involve unexposed residents where masking and physical distancing cannot be maintained by the close contact. Encouraging the resident to wear a well-fitted mask, if tolerated, when receiving care.
Staff positive case	Follow community guidance when community settings outside of the LTCH	Staff may return to work if they are afebrile and their symptoms have been improving for 24 hours (48 hours if vomiting/diarrhea). For a total of 10 days after date of specimen collection or symptom onset (whichever is earlier/applicable), staff should: • Strictly adhere to workplace measures for reducing risk of transmission (e.g., masking for source control, not removing their mask unless eating or drinking, distancing from others as much as possible); and • Avoid caring for patients/residents at highest risk of severe COVID-19 infection, where possible.
Visitor positive case	Does not need to self-isolate if asymptomatic.	For a total of 10 days after the date of specimen collection or symptom onset, whichever is earlier/applicable, visitors should avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (e.g., seniors) and avoid non-essential visits to highest-risk

	Self-Isolation Period	**Additional Instructions**
		settings such as hospitals and long-term care homes. • Where visits cannot be avoided, visitors should wear a medical mask, maintain physical distancing, and notify the setting of their recent illness/positive test. If the individual being visited can also wear a mask, it is recommended they do so
LTCH staff and essential visitor/caregiver asymptomatic close contact	Does not need to self-isolate if asymptomatic.	Where feasible, additional workplace measures for individuals who are self-monitoring for 10 days from last exposure may include: • Active screening for symptoms ahead of each shift, where possible • Individuals should not remove their mask when in the presence of other staff to reduce exposure to co-workers (i.e., not eating meals/drinking in a shared space such as conference room or lunch room.) • Working in only one facility, where possible; • Ensuring well-fitting source control masking for the staff to reduce the risk of transmission (e.g., a well-fitting medical mask or fit or non-fit tested N95 respirator or KN95)

References:

- Ministry of Health COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Living Settings for Public Health Units;
- Ministry of Long-Term Care COVID-19 guidance document for long-term care homes in Ontario

Attachments:

Droplet/Contact Precautions for COVID-19 Compatible Symptoms Checklist
COVID-19 Outbreak Form
Personal Protective Equipment Required

Intranet/Infection Control Policies/COVID-19 Outbreak Management