

Ministry of Health

# COVID-19 Guidance: School Case, Contact, and Outbreak Management

Updated May 26, 2021

## Summary Of Key Updates

The following updates have been made to provide further clarity and to promote alignment with new provincial guidance relating to variants of concern:

- The guidance supports PHU investigation associated with child care and before/after school programs, in addition to schools.
- PHUs may ask that school principals, or their designates, dismiss individuals or cohorts while awaiting the results of a public health investigation.
- All household contacts of an ill individual must isolate while test results of the ill individual are pending, or for 14 days from break in contact with the ill individual if the ill individual is not tested.
- Household contacts of asymptomatic individuals identified as high-risk contacts should be advised to stay home except for essential reasons, which may include attending other work, school, or child care settings.
- Cohorts of probable (in addition to confirmed) cases should be dismissed and directed to isolate.
- Rather than conducting individual-level risk assessments within classroom and before/after care cohorts, it is recommended that whole student cohorts of confirmed/probable cases be considered high-risk close contacts who should be dismissed and directed to quarantine (regardless of where cohort contacts were seated/positioned in relation to the case).
- High-risk contacts who develop symptoms are to be considered probable cases, and their cohort(s) (if not already identified as high-risk close contacts) and other high-risk close contacts should be dismissed and directed to quarantine.
- Testing of high-risk school contacts is generally recommended on or after day 7.

- Additional scenarios have been identified for when to consider recommending whole school testing and/or whole school dismissal, as part of a PHU investigation and based on an assessment of risk.
- In the event of a whole school dismissal, staff and students not identified as high-risk close contacts of a known case should be advised to stay home except for essential reasons, which may include attending other work, school, or child care settings.

## Introduction

This guidance document provides information for local public health units (PHUs) investigating cases, outbreaks, and suspected outbreaks associated with elementary or secondary (K-12) school settings. It is intended to supplement existing public health guidance on the [Management of Cases and Contacts of COVID-19 in Ontario](#). In the event of a discrepancy between this Guidance and a Directive of the Chief Medical Officer of Health, the Directive prevails. PHUs may also implement additional measures that are not outlined in this guidance, based on local circumstances and/or PHU investigation and risk assessment.

Please check the [Ministry of Health \(MOH\) COVID-19 Guidance for the Health Sector website](#) regularly for updates to this document, the case definition, reference document for symptoms, testing guidance, guidance documents, and other COVID-19 related information. Please see [COVID-19 School and Child Care Screening](#) for the most current version of the COVID-19 Screening Tool for Children in School and Child Care which outlines screening questions and provides recommendations to support decision making by students/children, parents (on behalf of students/children), employees, and visitors about whether they or the student/child can attend school/child care and/or need to be tested for COVID-19.

Sector-specific guidance documents provide additional information about reopening Ontario's schools, child care, and before/after school programs, including:

- [Guide to Reopening Ontario's Schools](#)
- [Operational Guidance: COVID-19 Management in Schools](#)
- [Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#)

- [Before and After School Programs Kindergarten – Grade 6: Policies and Guidelines for School Boards for the 2020-2021 School Year](#)

This guidance applies to PHU investigations associated with all schools as that term is defined in the [Health Protection and Promotion Act](#) (HPPA), which includes private schools and schools as defined in the [Education Act](#). This guidance also supports PHU investigations associated with child care and before/after school programs.

## Roles & Responsibilities

### Role of Public Health Unit (PHU)

#### PREVENTION AND PREPAREDNESS

- Advise school administrators and school boards on COVID-19 prevention (including hierarchy of controls) and preparedness for managing COVID-19 cases, contacts, and outbreaks, in conjunction with advice, if any, provided through the Ministry of Education (EDU) and Ministry of Health (MOH).

#### CASE AND CONTACT MANAGEMENT

- Receive, investigate, and manage reports of cases and contacts of COVID-19, including decisions on case and contact management, in accordance with public health guidance on the [Management of Cases and Contacts of COVID-19 in Ontario](#), the HPPA, and any other relevant [MOH guidance](#).
- Consider notifying the school's principal or designate and the Director of Education or designate if a case of COVID-19 is identified in a staff, student, or essential visitor associated with an elementary or secondary school setting.
- Have a dedicated communication process to allow for timely notification, which may include, at minimum, a dedicated email address for school reporting.
- Provide recommendations on cohort dismissal and isolation<sup>1</sup> in response to a case (cohorts may include classroom, bus, extracurricular activities, before/after school programs attended by the case, recess cohorts, etc.).

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<sup>1</sup> While the isolation of asymptomatic contacts is technically termed "quarantine," the common use of "isolation" is used to refer to both symptomatic/infected and exposed individuals. Therefore we have adopted the language of "isolation" for asymptomatic close contacts who are COVID-19 negative or not tested for ease of understanding, in addition to those who are symptomatic and/or infected.

- The PHU may ask that school principals, or their designates, dismiss individuals or cohorts while awaiting the results of a public health investigation.
- Provide appropriate resources and supports to principals (e.g., decision guides, instructions for reporting potential or suspected onsite exposure to the PHU and/or when to seek urgent PHU direction).

### **OUTBREAK ASSESSMENT AND MANAGEMENT**

- Investigate cases and clusters of cases associated with school locations (e.g., school transportation, in-person attendance or work at a physical school location, other facilities shared with schools), child care settings, and before/after school programs.
- Determine if an outbreak exists and declare an outbreak.
- Provide guidance and recommendations to the school on outbreak control measures, in conjunction with advice, if any, provided by EDU and MOH.
- Provide recommendations on isolation of cohorts, and the potential need for full or partial school dismissal based on the scope of the outbreak.
- Make recommendations on who to test as part of a case or outbreak investigation, in alignment with the province's broader testing strategy; where recommended, facilitate a coordinated, equitable, and accessible approach to testing (e.g., on site, walkable, drop-in, approved take-home kits), with consideration for acceptability of specimen type for optimizing uptake, in collaboration with Ontario Health/local testing partners, including provision of an investigation or outbreak number.
- Conduct an on-site investigation as part of the outbreak investigation, where necessary, in accordance with the HPPA and in coordination with school administrators and school boards, and other relevant stakeholders (e.g., Ministry of Labour, Training and Skills Development - MLTSD).
- Issue orders by the medical officer of health in accordance with the HPPA, if necessary.
- Declare the outbreak over.

### **SURVEILLANCE**

- Monitor and assess local epidemiology related to the burden of COVID-19 cases, transmission risks in the local community, and absenteeism in schools.

- Enter cases, outbreaks, and school exposures in the provincial surveillance system, in accordance with data entry guidance provided by Public Health Ontario (PHO).

### **COORDINATION AND COMMUNICATION**

- In the event that a case or contact resides in a PHU that is different than that of the school, discussions between the respective PHUs should take place to coordinate contact follow-up.
  - The PHU of the school is typically the lead PHU for school follow-up.
  - Request support from the Ministry of Health's Emergency Operations Centre (MEOC) if coordination between multiple PHUs is required for outbreak management.
- Notify the MEOC of:
  - Potential for significant media coverage or if media releases are planned by the PHU and/or school.
  - Any orders issued by the PHU's medical officer of health to the school, and share a copy.
- Engage and/or communicate with relevant partners, stakeholders, and ministries, as necessary.
- Assist school administrators and school board with development of key messages and communication tools that can be provided to members of the school community in the event of a COVID-19 case, COVID-19 outbreak, or suspected COVID-19 outbreak.
- Confirmed cases associated with before/after care should be reported as a child care setting, not as a school setting.
- Coordinate public communications, including media, regarding school outbreaks with school administrators and school board partners, and the MOH, as needed. Identifying a spokesperson in each organization should occur prior to an outbreak being publicly declared.

### **Role of Ministry of Health (MOH)**

- Provide legislative and policy oversight to Boards of Health.
- Issue provincial guidance to PHUs on the management of COVID-19 cases, contacts, and outbreaks.
- Advise on regional and provincial school interventions.

- Provide ongoing support to PHUs with partner agencies, ministries, health care professionals, and the public, as necessary.
- Support PHUs during investigations, through the MEOC and/or Office of the Chief Medical Officer of Health (OCMOH), with respect to coordination, communications, etc., if requested and as appropriate.
- Support and coordinate teleconferences, as needed (e.g., if multiple PHUs are involved) via the MEOC.
- Receive notification through the MEOC:
  - If the PHU believes there is potential for significant media coverage or if media releases are planned by the PHU and/or school.
  - If orders are issued by the PHU's medical officer of health to the school.

### **Role of Ontario Health (OH)**

- Coordinate local planning among health system partners for testing to ensure the availability of testing resources.
- Work with PHUs, schools/school boards and local testing partners (e.g., designated assessment centres / hospitals) to develop plans for timely, accessible, local testing options (e.g., on site, walkable, drop in, take home kit) for students, with consideration to the acceptability of specimen type, their families (as appropriate) and staff, to support uptake of testing when testing is recommended by the local PHU (e.g., as part of testing in response to a case or outbreak investigation).
- Identify and support addressing equity considerations related to testing, e.g., minimize barriers to accessing timely testing and results, and coordinate with testing initiatives for High Priority Communities.
- Coordinate the deployment of testing resources and modalities to meet the priority testing needs identified by the PHU.
- Collaborate with PHU, school boards and schools to monitor testing demands and access.
- Work with [testing centres](#) to optimize sample collection and distribution to reduce turnaround times.

## Role of Public Health Ontario (PHO)

- Provide scientific and technical advice and support to PHUs for case and contact management, outbreak investigations, and data entry.
- Advise on and support laboratory testing, as needed.
- Provide scientific and technical support to MOH and PHUs, including during multi-jurisdictional teleconferences.
- Produce provincial epidemiological and surveillance reports related to COVID-19 in schools to support PHUs and provincial ministries, and evidence-informed resources and learning opportunities relevant to schools and school boards.

## Role of Ministry of Education (EDU)

- Provide legislative and policy oversight to school boards.
- Communicate expectations and provincial guidance on COVID-19-related policies, measures, and practices for schools and school boards.
- Ensure that school boards are aware of their duties as employers under the [Occupational Health and Safety Act](#) (OHSA) and its regulations, including to report occupational illness to the MLTSD.
- Provide ongoing support and communication to school boards with partner agencies, ministries, and the public, as necessary.
- Support the procurement of supplies of personal protective equipment (PPE).

## Role of School Administrators and School Boards

- All schools are required to report a communicable disease to their local PHU, as per [s.28 of the HPPA](#).
- Employers have a general duty under OHSA to take every precaution reasonable in the circumstances for the protection of a worker, including with respect to infectious disease.
- Under OHSA, an employer must provide written notice to MLTSD within four days of being advised that a worker has an occupational illness and must report to WSIB within 72 hours of receiving notification of said illness.
- Implement prevention (e.g., infection prevention and control) measures found in guidance or as directed by the EDU, MOH, MLTSD, and the local PHU.

- Coordinate with the local PHU and other stakeholders as appropriate, as part of the investigation of cases, contacts, and outbreaks.
- Maintain accurate records of staff and student attendance, for all common school locations attended by staff and students (e.g., school transportation, in-person attendance or work at a physical school location, before/after school programs located at a school, or other facilities shared with the school) for the last 30 days, as well as up to date contact information for staff and students. This information should be available to be accessed and shared with the local PHU in a timely manner (within 24 hours) for investigations and communications.
  - Facilitate access for PHUs to staff lists for staff not directly employed by the school board (e.g., transportation staff, before/after school program staff). Keep a log of all visitors (e.g., essential volunteers, contractors, parents/guardians, etc.) who enter the school, location(s) visited and dates/times of visit to facilitate contact follow-up if needed.
- Provide PHU with the name(s) and contact information of a designated point of contact for use during and after business hours, to ensure timely investigation and follow up cases, contacts, and outbreaks.
- In collaboration with the PHU, communicate proactively with the school community about COVID-19 prevention measures and about how ill individuals, cases, and outbreaks will be handled.
  - Develop a communication plan, in collaboration with the local PHU, for managing concerns in the school setting, and use this proactively and responsively as needed in schools.
- Provide training to school staff with respect to outbreak prevention and control measures, including IPAC measures and the use of PPE.
- Make masks available to students, as needed.
- If asked by the PHU, school principals may dismiss individuals and/or cohorts while awaiting the results of the public health investigation.

### **Role of Ministry of Labour, Training and Skills Development (MLTSD)**

- Proactively inspects workplaces to monitor compliance with OHSA and its regulations.



- Investigates occupational illness notifications under s. 52(2) of the OHS Act to determine if the employer is in compliance with the Act and that appropriate measures have been taken to prevent further illnesses.
- Investigates unsafe work practices, critical injuries, fatalities, work refusals, and occupational illness as related to worker health and safety. This may include investigation of reports of COVID-19 by employers to MLTSD.
- Issues orders under the OHS Act.
- Operates the MLTSD Health and Safety Contact Centre (1-877-202-0008), available for anyone to report health and safety concerns, complaints or to provide notices of occupational illnesses.

While this document focuses in part on the role of the MLTSD's health and safety program, the ministry also administers the [Employment Standards Act](#). If workplace parties request information regarding employment standards, they can be referred to the [Employment Standards Information Centre](#): 1-800-531- 5551.

## Management of ill individuals in the school setting

### Providing schools with appropriate public health and IPAC resources:

- Local school administrators and staff should be aware of public health resources to enable them to safely manage individuals (e.g., students, staff, and essential visitors) with signs or symptoms of COVID-19 in the school setting.
  - Examples of resources include:
    - [How to wash your hands \(fact sheet\)](#)
    - [How to Self-Isolate \(fact sheet\)](#)
    - [Self-isolation: Guide for caregivers, household members and close contacts \(fact sheet\)](#)
    - How to [put on](#) and [take off](#) PPE (videos)
    - [Putting on and taking off PPE](#) (poster)
    - [Non-medical Masks and Face Coverings \(fact sheet\)](#)
    - [Cleaning and Disinfection for Public Settings](#) (fact sheet)
    - [When and where](#) to get tested for Covid-19
    - [You were tested for COVID-19: What you should know](#)

- Additional [School and COVID-19 resources](#)

### **Direct PHU involvement, in select circumstances:**

- In general, schools should not report all instances of ill individuals in the school setting to the PHU, as these are frequent occurrences and typically students have non-specific symptoms.
  - However, this guidance document is not intended to affect or replace reporting obligations under the HPPA or other legislation. For instance, [Section 28 of the HPPA](#) requires school principals to report to the medical officer of health of the health unit in which the school is located if they are of the opinion that a pupil has or may have a communicable disease, which includes COVID-19.
- Where there is sufficient concern that an individual may have COVID-19 (e.g., school is informed by a parent/guardian that a student has been diagnosed with COVID-19, or informed by a staff member that they have been diagnosed with COVID-19), or there are concerns about multiple ill individuals in a cohort, the school should report this to the PHU, or follow pre-established protocols from the local PHU.
  - The PHU will make the determination based on information available, about whether the individual(s) will be managed as case(s) or probable case(s) and provide advice to the school regarding any required next steps, including identification of potential contacts.

### **Management of a single ill or symptomatic individual known to the PHU, when test results are pending:**

Note: PHUs do not need to be notified of every ill student/staff; there are some instances they may become aware of ill persons with pending results, such as through investigations of cases and clusters of illness.

- If PHUs are aware of an ill or symptomatic individual (e.g., student/staff at a school) with test results pending or not available:
  - Ensure that the ill individual knows to isolate while [test result is pending](#) and when to seek further assessment or medical care.
    - Ensure that household contacts (e.g., siblings, parents, roommates and other individuals who live with the ill individual) know to isolate.

- Unless the symptomatic individual is being managed as a probable case, dismissal and isolation of asymptomatic contacts in the school while test results are pending is not generally recommended.
- Where the risk (as determined by the PHU) of the symptomatic person being an infectious COVID-19 case is not low (such as an individual who has a known exposure with a case during their infectious period), the individual should be treated as a [Probable Case](#) while test results are pending. In this circumstance, it is recommended that contacts in the ill individual's cohort(s) be dismissed and directed to isolate while test results are pending.
- The PHU should request that the school collect/prepare information on the cohorts and contacts of the ill individual, for sharing with the PHU, if required, to facilitate timely follow up.

### **Management of return to school for ill or symptomatic individuals who test negative or who are not tested:**

- Staff and students with symptoms compatible with COVID-19 should be directed to get tested, as per the [COVID-19 school and child care screening tool](#) (or a locally developed screening tool).
  - In some circumstances, special efforts may be needed to facilitate access to COVID-19 testing to meet the needs of some staff or students/families, in collaboration with local testing partners.

- Medical notes or proof of negative tests should not be required for staff or students to return to school.

### **MANAGEMENT OF ILL OR SYMPTOMATIC INDIVIDUALS WITH A NEGATIVE PCR TEST FOR SARS-COV2:**

- If quarantining after a high-risk exposure (e.g., close contact of a known COVID-19 case or travel out of country):
  - Return to school only at end of their full isolation period, as directed by the PHU in accordance with current [MOH guidance](#) (or as per federal quarantine order, if applicable, in a returning traveler), as they may be incubating up until then.

- If no known high-risk exposure and not advised by the PHU or health care provider to quarantine or isolate, individual can return to school if they do not have a fever (without using medication) and it has been at least 24 hours since the symptoms started improving.
  - If symptoms compatible with COVID-19 are persisting/worsening, advise ill individual to continue to stay home from school/work and seek medical attention; consider repeat testing.
- If there is any concern that the test result was a false negative, [MOH guidance](#) on this scenario should be followed (see Management of Cases and Contacts of COVID-19 in Ontario).

### **MANAGEMENT OF ILL OR SYMPTOMATIC INDIVIDUAL WITH NO LABORATORY TEST RESULT:**

- If quarantining after a high-risk exposure (e.g., close contact of a known COVID-19 case or travel out of country):
  - The individual meets case definition for a [Probable Case](#). Manage as per public health [case and contact management](#) guidance. Return to school is based on [clearance from isolation](#).
- If the ill individual does not meet [Probable Case](#) definition:
  - Directions from the [COVID-19 school and child care screening tool](#) (or a locally developed tool that meets or exceeds the minimum criteria set out in the provincial tool) for whether the individual can attend school should be followed.
  - If there is a known alternative diagnosis provided by a health care provider, return to school can occur when symptoms are improving for at least 24 hours and afebrile without anti-fever medication.
  - If there is no known alternative diagnosis, and the ill individual has [symptoms](#) compatible with being recommended for testing for COVID-19, the individual must isolate for 10 days from symptom onset, based on [guidance on clearance from isolation](#).
    - Household contacts must isolate for 14 days from break in contact (i.e., last contact) from the symptomatic individual.

# Management of Cases, Contacts, and Outbreaks

Refer to [Management of Cases and Contacts of COVID-19 in Ontario](#) as the primary sources of case and contact management guidance. This guidance provides additional, school-specific advice on the management of cases, contacts, and outbreaks.

## Case Acquisition Assessment

- Ensure relevant acquisition exposures in the 14 days prior to symptom onset (or 14 days prior to positive specimen collection date if never symptomatic) are captured for cases in accordance with PHO data entry guidance, including:
  - Household
  - Family
  - School (classroom cohort, recess cohort, etc.)
  - School transportation
  - Before/after school programs
  - School extra-curricular activities
  - Staff break rooms/staff meetings
  - Staff/student social interactions during breaks/carpooling
  - Child care settings
  - Other potential acquisition exposures outside of school (in the community), including work exposures

It is important to determine if the student or staff member likely acquired their infection outside of the school. For example, if a student or staff has known exposure to a case in the household or in their community or attended a recent social gathering, this will influence the management of the case in the school.

## School Case and Contact Assessment & Management

- PHUs will need to work closely with the school to determine whom a case was in contact with in the school environment during their period of communicability.

- Consider the current [MOH Public Health Management of Cases and Contacts of COVID-19 in Ontario guidance](#) in determining the case's period of communicability for contact follow up, including direction on the start and end of the contact tracing period when a case is asymptomatic at/around the time of testing.
- PHUs should request, and schools should be able to produce, information regarding the students and staff members in the case's cohort(s) (e.g., classroom, bus, before/after school programs, recess). This includes information on itinerant workers and occasional staff (e.g., teachers/staff who regularly interact with multiple cohorts), and cases that occur in itinerant workers and occasional staff should be flagged to the PHU without delay.
  - This information should include up-to-date attendance records and contact information for those groups and should be provided to the PHU within 24 hours to ensure timely follow-up.
  - Contact information should also include after hours contacts.
  - Records should be kept by schools for 30 days.
- Information on any other known potential contacts, e.g., recess cohorts (cohorts who only mix outdoors), itinerant staff, or low-risk contacts that a case may have in the school or school transportation environment, should also be requested.
- Students in the case's classroom and before/after school cohort(s) are to be considered high-risk contacts of the case.
- Whether to consider individuals in the case's bus and outdoor-only recess cohorts to be high-risk contacts is at the discretion of the PHU, based on their risk assessment. See below for additional considerations.

### **Approach to case and contact management when there is one case or more in the school**

This section provides advice on a general approach to case, contact, and cohort management when there is one case or more in the school.

**SINGLE PROBABLE OR CONFIRMED CASE, AND CASE WAS NOT AT SCHOOL IN PERSON DURING THEIR PERIOD OF COMMUNICABILITY.**

If acquisition for a case was known to have occurred outside the school and the student or staff did not attend while communicable, no isolation or testing should be required for the cohort. Any additional high-risk contacts of the case (outside of school) should be identified and advised to isolate according to provincial guidance. For additional considerations see: [Risk Assessment Approach for COVID-19 Contact Tracing](#). There may also be situations when the PHU recommends more expansive testing.

**SINGLE PROBABLE OR CONFIRMED CASE, AND CASE WAS IN SCHOOL IN PERSON DURING THEIR PERIOD OF COMMUNICABILITY.****DISMISSAL OF INDIVIDUALS WITH HIGH RISK EXPOSURE:**

- **Dismiss the case's classroom cohort(s) and before/after school program cohort(s):** Dismiss all other students in the case's classroom and before/after school program cohort(s) for self-isolation, regardless of where they were seated/positioned in relation to the case. This enables timely dismissal of groups with potential high-risk exposures.
  - PHUs may ask principals to initiate timely dismissals.
  - In some instances, the PHU may update initial dismissal recommendations for a whole cohort (e.g., the PHU may recommend the return of a cohort, or part of a cohort, if on further investigation they are assessed as not having high risk exposures) based on the PHU investigation.
  - For staff and essential visitors, follow the relevant MOH case and contact management guidance for exposure risk assessment.
- **Consider other cohorts, including bus cohorts and those that only mix outdoors:** For student cohorts that only interact outdoors (e.g., recess cohorts sharing outdoor space and times), exposure risk would generally be considered lower than for indoor interactions. However, PHUs may assess some outdoor-only exposures as high risk.
  - Factors to consider include: cumulative duration, space for distancing, activities where distancing may not be maintained for more than transient interactions, inability to determine if the case(s) had close/prolonged interactions with specific individuals in another cohort, and the number of cases.

- Given indoor, enclosed bus environment, and potential for students from multiple cohorts to share a bus, PHUs should have a low threshold for identifying high risk exposures in bus cohorts based on their risk assessment. Factors to consider include duration of the bus ride(s), and distancing/crowding.
- **Dismiss other high-risk contacts:** Dismiss for isolation any additional persons not part of the case's cohorts who have been identified as having high-risk exposures to the case when the case was infectious, including siblings and individuals who had close contact with the case in the community (e.g., at social gatherings, extracurricular activities).
- **Isolation period** is to be in alignment with the current [MOH public health management guidance](#).
- **If an individual dismissed as a high-risk contact develops symptoms**, they are considered a probable case, and their household members and other high-risk contacts, including any cohorts or contacts at school who have not yet been dismissed, should be managed as high-risk contacts of a case, and should be dismissed and directed to isolate.

#### TESTING:

- **Recommend and coordinate/facilitate testing for all who have been dismissed due to high-risk exposure**, working with local testing partners to optimize uptake by offering accessible, timely testing and results.
  - If feasible, recommend testing 7 days or more after last exposure to the case, to minimize risk of false negatives and need for repeat testing in children.
  - Immediate and/or repeat testing may be recommended to facilitate identification of cases when acquisition is unknown and/or when whole school testing has been recommended as part of a PHU investigation (see 'whole school testing and dismissal' below).
  - For any updates to MOH guidance relevant to testing of contacts, see [Case and Contact Management Resources](#).

#### DISMISSED ASYMPTOMATIC CONTACTS' HOUSEHOLD MEMBERS

- Household contacts/members (e.g., those who live in the same house or unit) of asymptomatic individuals identified as high-risk contacts should be advised to stay home except for essential reasons, which may include attending other work, school, or child care settings.



- If an individual dismissed as a high-risk close contact develops symptoms, they are considered a probable case, and their household members should be managed as high-risk contacts of a case.

### **CASE'S SIBLING(S)/HOUSEHOLD CONTACTS AND THEIR COHORTS**

**Where a case has siblings/other household members** who also attend the school, or another school or child care centre:

- If the sibling/household member of the case tests positive or becomes symptomatic (i.e., a probable case), they should be managed as a case, including follow-up and immediate dismissal of their cohort(s) and their other high-risk contacts.
  - Given the risk of household transmission and time to case detection, it is possible that a case's asymptomatic, untested sibling(s)/household member(s) who also attend school/child care may have been infectious at school/child care before being advised to isolate.

### **Management if Secondary Cases are identified from a Known Case at School**

- Manage the secondary case as outlined above, including dismissal of affected cohort(s) (which may result in additional cohorts being dismissed for isolation and recommended to be tested) and any additional high-risk contacts of the secondary cases.
- Recommend testing for all dismissed students 7 days or more after last exposure to the case.
- Return to school for cohorts and high-risk contacts directed to isolate and recommended for testing will be determined by the PHU depending on if/when additional cases are identified and dates of last exposure.
- Determine if an outbreak should be declared (see 'Outbreaks') and consider if testing and/or dismissals need to be expanded beyond implicated cohort(s).
- See below for whole school testing and dismissal considerations.

### **General Testing Recommendations:**

- The PHU may, in collaboration with Ontario Health, help facilitate a coordinated approach to testing, including provision of an investigation or outbreak number, requisitions, and potentially on-site testing at the school.

- Advise anyone associated with the school who requires testing to provide the investigation or outbreak number, or use the provided requisition, so that they are captured as part of the investigation.
- Testing is voluntary. Symptomatic high-risk contacts should be strongly encouraged to get tested, and managed as probable cases if testing does not occur.
- A negative test does not reduce the isolation period for high-risk contacts.
- High-risk contacts should be re-tested if they develop symptoms compatible with COVID-19 during their isolation period.
- Mechanisms should be established to ensure that the PHU is aware of all probable cases and positive laboratory results (e.g., investigation number); PHUs are not responsible for tracking negative results.
- For any updates to MOH guidance relevant to testing of contacts, see [Case and Contact Management Resources](#).

## Outbreaks

### Outbreak definition:

- An outbreak in a school or child care setting, including before/after school programs, is defined as **two or more lab-confirmed COVID-19 cases in children/students and/or staff or other visitors, with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the school or child care setting (including transportation and before/after school care).**

Examples of reasonably having acquired infection in school include:

- No known source of infection outside of the school setting (i.e., no known contact with a probable or confirmed case/outbreak outside school); OR
- Known exposure in the school setting.

Please see the current CCM Data Entry Scenarios resource from PHO for detailed instructions about linking cases to school outbreaks for surveillance purposes. Of note, household and other high-risk contacts of cases linked to outbreaks in schools should not be linked to these outbreaks unless they themselves are directly part of the outbreak (e.g., transmitted to others in the school or acquired in the school).

However, they may be linked to an outbreak-related case via an exposure Location in CCM to indicate the total exposures in a school.

## Application of Outbreak Measures

- Outbreak measures may be scaled up/down based on the transmission risk and outbreak epidemiology in the school and the assessment of outbreak control measures, e.g., from dismissal of a single cohort through to consideration of whole school dismissal.
- Review the [PHO school prevention and preparedness checklist](#) (or PHU equivalent) to identify IPAC practices/prevention measures requiring immediate improvement. This includes reviewing practices related to staff interactions (e.g., avoid in-person staff meetings, review IPAC practices for minimizing risk associated with staff break areas).
- Outbreak measures that could be recommended to the school, particularly if the school remains open, may include:
  - Outbreak signage at entrances and affected area(s).
  - Informing outside agencies that use the school/child care centre of the outbreak.
  - Further restricting essential visitors to the school.
  - Further minimizing the movement of staff between cohorts.
  - Limiting student activities to their required cohorts and discontinuing extra-curricular activities, as much as possible.
  - Restricting all staff (including school, transportation, and staff from home care agencies or others that provide medical services to those in school) from working in other school or child care locations.
  - For settings outside of the school, recommending to staff, students, and their families/household contacts to strictly avoid close contact/interactions with other households for non-essential reasons (e.g., no visiting, no playdates, no carpooling).
  - Reinforcing masking of students for source control based on requirements for their age, mask and eye protection for staff members, hand hygiene for all, and maintaining physical distancing. Ensure availability of masks for students who may require them (i.e., do not have sufficient supply of their

- own masks) and encourage those who can supply their own to bring multiple masks per day.
- Reinforcing the daily symptom screening process for all staff/essential visitors and students, and enhance screening procedures if needed.
  - Reviewing environmental cleaning and disinfection, enhancing cleaning and disinfection for the outbreak area(s), and ensuring that products are being used as per manufacturers' instructions.
  - Ensuring families, including of any new enrolments, are aware of the outbreak.

### **Declare the outbreak over:**

- At least 14 days have passed with no evidence of ongoing transmission that could reasonably be related to exposures in the school.

AND

- No further ill or symptomatic individuals have been reported by the school who are associated with the initial exposed cohorts.

## **Whole school testing and dismissal**

### **Whole school testing considerations**

*Note: The considerations outlined in this section do not apply to indications for whole school testing unrelated to case/outbreak investigation (e.g., surveillance testing).*

- The aim of offering timely, readily accessible whole school testing is to assess the extent of transmission in a school (i.e., case finding), and to inform whether additional cohort dismissals or whole school dismissal are needed to interrupt transmission at school.
- Some scenarios where this may be considered as part of a PHU investigation, based on an assessment of risk, may include the following.
  - Multiple cohorts (e.g., 10-25%) have been dismissed within a 14-day period due to high-risk exposures to case(s).
  - A high percentage (e.g., 5-10%) of staff and students detected as probable or confirmed COVID-19 cases within a 14-day period.
  - A high attack rate in a single cohort.

- Multiple cases with unknown acquisition.
- One or more variant of concern cases.
- Cluster(s) of respiratory illness in students in multiple cohorts, if no/insufficient COVID-19 testing results are available and no other identified pathogen.
- Individuals dismissed due to high-risk exposures who are offered testing must complete their isolation period, regardless of their testing result.
- Asymptomatic individuals without a known high-risk exposure (e.g., not from a dismissed cohort exposed to a case), and who have not otherwise been advised to quarantine or isolate, can continue attending school while awaiting test results.
- PHUs should advise the school administration and community of the potential for the results of whole school testing to lead to additional cohort dismissals, up to and including whole school dismissal, to enable school administrators, staff and parents/guardians and students to prepare (e.g., to transition temporarily to virtual learning, to arrange child care). PHUs should communicate in a timely manner with the school community regarding public health actions following whole school testing (e.g., additional cohort dismissals, decision regarding whole school dismissal).
- Testing offered to individual students/staff/others (e.g., household members) should be guided by current MOH [Testing Guidance](#).
- Given the large volume of testing this involves, coordination with Ontario Health will be needed to plan broader testing and ensure timely access and accessibility of testing options (e.g., testing at school site, take home kits, access to drop in hours at an assessment centre within walking distance, outreach supports with partners such as paramedics).

## Whole school dismissal considerations

Note: The considerations outlined in this section do not apply to situations in which a whole school may be closed for in-person instruction due to operational reasons alone (e.g., related to staffing).

- Based on the results of the PHU investigation, including (if available) results of whole school testing, PHUs may consider whole school dismissal if there is evidence suggestive of widespread or very rapid transmission at school, which may include:

- At least one of the considerations for whole school testing (see above), or other similar consideration, is observed  
AND
- >1 cohort in the school is affected  
AND
- There are cases reasonably likely to have been acquired at school (e.g., no known exposure to a probable/confirmed case outside school) for whom NO epidemiological link (i.e., acquisition source) at school has been identified.
- Examples that would typically not be considered evidence of widespread transmission within a school may include:
  - Cases in multiple cohorts, each with likely acquisition via known exposures to a case outside school;
  - Multiple cases in students in one cohort only;
  - Single introduction of epidemiologically linked cases in multiple cohorts (e.g., siblings in different classes) and effective implementation of outbreak / IPAC measures now in place;
  - The PHU determines that the identified cases in multiple cohorts without epidemiological links at school reflects independent introductions into the school compatible with widespread community transmission and does not indicate transmission occurring within the school.
- The decision to recommend a whole school dismissal for public health purposes is at the discretion of the PHU. In addition to the considerations above, there may be additional, context-specific considerations related to specific PHU investigations of school cases/outbreaks and particular school settings/populations that inform PHU decisions to recommend whole school dismissal.
- **Testing during a whole school dismissal:**
  - If whole school testing has not already been offered prior to initiating a whole school dismissal, PHUs should work with relevant partners to offer testing to all school attendees.
- **Isolation for dismissed students during a whole school dismissal:**
  - Cohorts with known high-risk exposure to a case must isolate and be recommended for testing. Their household members should be advised to stay home except for essential reasons, which may include attending other work, school, or child care settings.

- Staff and students not identified as high-risk close contacts of a known case should be advised to stay home except for essential reasons, which may include attending other work, school, or child care settings.
- **Re-opening the school:**
  - The outbreak does not necessarily need to be declared over to recommend that the school reopen to some/all cohorts.
  - Based on advice from the PHU, cohorts without evidence of transmission can be gradually brought back to school as additional information and test results become available. Consideration should be given to implementing additional preventive measures and active surveillance as part of reopening.

## Occupational Health & Safety

- Employers have obligations under the [Occupational Health and Safety Act](#) (OHSA) to protect the health and safety of their workers, including from the transmission of infectious disease in the workplace.
- If COVID-19 is suspected or diagnosed in staff, return to work should be determined by the individual in consultation with their health care provider and the local PHU, whose advice should be based on provincial guidance.
- Occupational health and safety guidance for COVID-19 is available on the [MOH COVID-19 website](#) and the Ministry of Labour, Training and Skills Development's website on [resources to prevent COVID-19 in the workplace](#).

### Reporting staff illness

- Workers who are unwell should not attend at a workplace. They should report their illness-related absence to their supervisor or employer.
- In accordance with the *Occupational Health and Safety Act* and its regulations, if an employer is advised that a worker has an occupational illness (, or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, the employer must provide written notice within four days to:
  - [A Director appointed under the OHSA of the Ministry of Labour, Training and Skills Development;](#)

- The workplace's joint health and safety committee (or health and safety representative); and
  - The worker's trade union, if any
- This may include providing notice for an infection that is acquired in the workplace.
- The employer must also report any instance of an occupationally acquired disease to the WSIB within 72 hours of receiving notification of said illness.
- For more information, please contact the Ministry of Labour, Training and Skills Development:
  - Employment Standards Information Centre: Toll-free: 1-800-531-5551
  - Health and Safety Contact Centre: Toll-free: 1-877-202-0008
- For more information from the Workplace Safety and Insurance Board, please refer to the following:
  - Telephone: 416-344-1000 or Toll-free: 1-800-387-0750