

Institutional/Facility Outbreak Management Protocol, 2023

Ministry of Health

Effective: October 2023

ISBN 978-1-4868-7354-8 [PDF]

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Citation: Ontario. Ministry of Health.
Institutional/facility outbreak management protocol,
2023. Toronto, ON: King's Printer for Ontario; 2023.

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

The purpose of this protocol is to provide the minimum direction to boards of health with respect to the prevention, detection, and management of outbreaks of Diseases of Public Health Significance (DOPHS) and/or outbreaks covered under the *Infectious Diseases Protocol, 2018* (or as current)³ in Institutions (as defined in section 21(1) of the HPPA).² The Operational Roles and Responsibilities outlined for institutions *may* also be applied to facilities that are not defined as institutions under the HPPA, such as shelters and other congregate living settings, based on the risk of the population and setting, to prevent and manage outbreaks.

Should an outbreak be severe in virulence or otherwise unusual, it is expected further actions are taken by the Board of Health to assist both institutions and facilities in providing outbreak management support to address the escalating situation as outlined in the *Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, 2018* (or as current).⁴

With respect to retirement homes, the Ministry for Seniors and Accessibility (MSAA) does not regulate retirement homes; they are regulated by the Retirement Homes Regulatory Authority. A retirement home is not expressly listed as an “institution” for purposes of section 21(1) of the HPPA,² however, both Ministry of Health and MSAA do consider retirement homes to fall under the definition of an institution, as “any other place of a similar nature” under section 21(1) of the HPPA.² Premises that meet the definition of retirement home in the *Retirement Homes Act, 2010* are required to

consult on an ongoing basis and at least once a year with the medical officer of health or designate on how to reduce outbreaks and develop their surveillance protocol,⁵ and to report outbreaks under that Act's regulation (O. Reg.166/11, section 27).⁶

If required, the Retirement Homes Regulatory Authority should be consulted or, where applicable, legal counsel.

Reference to the Standards

This section identifies the standard and requirements to which this protocol relates.

Infectious and Communicable Diseases Prevention and Control Standard

Requirement 11. The board of health shall provide public health management of cases, contacts, and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2018* (or as current); the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current); the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); the *Rabies Prevention and Control Protocol, 2018* (or as current); the *Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current).

Requirement 17. The board of health shall participate on committees, advisory bodies, or networks that address infection prevention and control practices⁷ and policies of, but not limited to, hospitals and long-term care homes in accordance with the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current).

Requirement 21. The board of health shall ensure 24/7 availability to receive reports of and respond to:

- a) Infectious diseases of public health significance in accordance with the *Health Protection and Promotion Act*; the *Mandatory Blood Testing Act, 2006*; the

⁷Infection prevention and control practices that may be addressed could include having current evidence-informed infection prevention and control policies and conducting regular staff education sessions to communicate and enhance awareness about the content of the policies.

Infectious Diseases Protocol, 2018 (or as current); and the Institutional/ Facility Outbreak Management Protocol, 2018 (or as current).

Operational Roles and Responsibilities

General

1. The board of health shall develop and maintain written policies and procedures in preparation for responding to outbreaks of DOPHS in institutional settings, including, but not limited to, respiratory infection and gastroenteritis outbreaks.
2. The board of health shall assist institutions in developing their own policies and procedures for outbreak prevention and management, that shall include:
 - a) A surveillance mechanism for determining baseline data;
 - b) How to identify signs and symptoms for early identification of cases and potential outbreaks;
 - c) Education as needed for preventing and managing an outbreak;
 - d) Outbreak management measures, including how to activate an Outbreak Management Team for information sharing;
 - e) Communication pathways within and outside the institution, including with the public or regulatory colleges as needed;
 - f) Staff exclusion policy and staffing contingencies;
 - g) Management and supply chains of personal protective equipment (PPE);
 - h) Processes for laboratory services, including ordering and transportation of specimens, as applicable; and
 - i) Auditing of infection prevention and control processes.
3. The board of health shall direct institutions to infection, prevention, and control (IPAC) best practices and provincial resources.
4. The board of health shall ensure that institutions have reviewed their written policies and procedures for outbreak prevention and response, that incorporate any recommendations from prior outbreaks and/or infection prevention and control audits, at a minimum of every year.

Detection, Investigation, and Identification

1. At minimum, the board of health shall ensure institutions are able to identify signs and symptoms of respiratory and gastrointestinal infections in staff and residents and have a communication pathway to report suspect outbreaks to the local public health unit within their jurisdiction as per their duty to report under the HPPA.² Facilities not covered under the HPPA should also have a communication pathway to report suspected outbreaks.
2. The board of health shall provide to institutions current epidemiological information on local occurrences of infectious diseases, outbreaks or food recalls that may impact an institution.

Notification: Reporting from Source to Boards of Health

1. Once notified, the board of health shall attempt to contact the institution within 24 hours to understand the type and epidemiological scope of outbreak, and to assess whether any assistance is needed at that time.
2. The board of health shall determine the frequency and method of receiving updates as part of the ongoing risk assessment of the outbreak which would influence the level of involvement by the board of health in the management of the outbreak.

Management

1. The board of health shall assist, as necessary, in confirming the existence of an outbreak and with declaring an outbreak. An outbreak can be declared by the institution or by the medical officer of health or designate.
 - a) Depending on the scope, severity, population at-risk and ability for the institution to manage the outbreak, the board of health shall provide outbreak support as needed as outlined in the *Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, 2018* (or a current) and *Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018* (or as current) reference documents.^{4,7}

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2. The board of health shall direct institutions to infection, prevention, and control (IPAC) best practices and provincial resources. The board of health shall define its participation on the Outbreak Management Team.
3. The board of health shall assist in ensuring the collection of any environmental, clinical or other samples as appropriate to assess, evaluate, confirm and control an outbreak.
4. The board of health shall ensure prophylaxis and/or vaccines are recommended and offered, which may include directing contacts to local health care providers, in outbreaks where prophylaxis and/or vaccines are considered a public health intervention.
5. The board of health shall declare whether an outbreak is over, in consultation with the institution using the available epidemiological data and provincial guidance, if applicable.
 - a) The medical officer of health or designate retains the final authority to determine if an outbreak is over.
6. The board of health shall investigate institutions as follows:
 - a) For respiratory infection outbreaks, the board of health shall assess and, where epidemiological evidence supports it, review and evaluate infection prevention and control practices at the institution.
 - i) If a *Legionella* outbreak or nosocomial legionellosis case is suspected, further investigation shall be carried out to identify the potential environmental sources, and appropriate mitigating strategies shall be implemented by the institution based on current provincial or national assessment guidelines.
 - b) For gastroenteritis outbreaks, the board of health shall assess the need for an additional inspection of food preparation and handling within the institution.
 - i) If meals are prepared in a food premises outside of the institution, the food premises shall be inspected by the board of health;
 - ii) If meals are prepared in a food premises located outside the health unit where the outbreak has occurred, the board of health in which the premises is located shall be contacted and shall inspect the premises and report back to the originating board of health in a timely manner; and

- iii) If it is suspected that the spread is primarily person-to-person, inspection of food preparation premises may not be required.
- c) For *Clostridioides difficile* infection (CDI) outbreaks, the board of health shall assess and, where epidemiological evidence supports it, inspect and evaluate infection prevention and control practices at the institution, including antimicrobial stewardship programs.
 - i) For further information on c), please refer to the *Roles and Responsibilities of Hospitals and Public Health Units for Clostridium difficile Infection Reporting and Outbreak Management, 2014* (or as current) and the *PIDAC Annex C: Testing, Surveillance and Management of Clostridium difficile, 2013* (or as current).^{8,9}
 - ii) For outbreaks other than respiratory infection or gastroenteritis, including hospital acquired infections (HAI), the board of health shall assess the benefit of inspection based on collaboration with the institution, and local epidemiological and surveillance data.
- 7. The board of health shall respond to food safety and environmental issues in outbreak settings in accordance with the requirements of the *Food Safety Protocol, 2018* (or as current) and the *Health Hazard Response Protocol, 2018* (or as current).^{10,11}

For further information on infection prevention and control best practices for outbreak management refer to the relevant PIDAC-IPC Best Practices documents.^{12,13,14}

Data Collection, Reporting, and Information Transfer: Boards of Health to Ministry of Health and Other Stakeholders

1. The board of health shall report outbreak data on DOPHS to the ministry and to Public Health Ontario (PHO), using the integrated Public Health Information System (iPHIS), Case and Contact Management System (CCM) or any other method specified by the ministry, within one business day of receiving notification

of an outbreak or of assessing that an outbreak is occurring but has not been reported by the institution.

- a) The board of health shall update the outbreak file and enter data as required using iPHIS, CCM or any other method specified by the ministry.
- b) The board of health shall communicate as soon as possible with the ministry and PHO about any occurrences involving evidence of increased virulence based on unusual clinical presentation or outcomes and/or the possibility of multi-jurisdiction involvement, or suspicion of a novel or emerging infectious disease as per national and or international health alerts. Associated data shall also be entered using iPHIS, CCM or any other method specified by the ministry.
- c) The board of health shall enter final summary outbreak data using iPHIS, CCM or any other method specified by the ministry, as per established timelines in iPHIS Bulletin #17, and/or other PHO data entry guidance.
- d) The board of health shall share any media releases regarding an outbreak with the OCMOH, PH.
- e) Where boards of health have applied this protocol to facilities, data entry for those facility outbreaks shall follow same timelines and expectations as for institutions.

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Document History

Revision Date	Document Section	Description of Revisions
October 2023	Entire Document	New template and significant updates.

