

# Institutional/Facility Outbreak Management Protocol, 2018

Population and Public Health Division,  
Ministry of Health and Long-Term Care

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## Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care 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.<sup>1,2</sup> 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 direction to boards of health with respect to the prevention, detection, and management of infectious disease outbreaks of public health importance, including but not limited to respiratory infection and gastroenteritis outbreaks in institutions (as defined in section 21(1) of the HPPA)<sup>2</sup> and facilities, such as hospitals, long-term care homes, child care settings and other institutional/facility settings.

With respect to retirement homes, the Ministry of Health and Long-Term Care (the “ministry”) does not regulate retirement homes. A retirement home is not expressly listed as an “institution” for purposes of section 21(1) of the HPPA.<sup>2</sup> Boards of health, however, often 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 and is a reasonable interpretation of this definition.<sup>2</sup> Premises that meet the definition of retirement home in the *Retirement Homes Act, 2010* are required to consult at least once a year with the medical officer of health or designate on how to reduce outbreaks and develop their surveillance protocol,<sup>3</sup> and to report outbreaks under that Act’s regulation (O. Reg. 166/11, section 27.)<sup>4</sup>

If required, further confirmation that the board of health’s activities for preventing and managing outbreaks in this protocol may be applied in retirement homes, the Retirement Homes Regulatory Authority should be consulted or, where applicable, legal counsel. Under the *Infectious Diseases Protocol, 2018* (or as current), boards of health shall provide public health investigation and management of confirmed or suspected local outbreaks of public health importance, which may include the management of outbreaks in retirement homes.<sup>5</sup>

## 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);<sup>5</sup> the *Institutional/Facility Outbreak Management Protocol, 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 16.** The board of health shall participate on committees, advisory bodies, or networks that address infection prevention and control practices\* 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 20.** The board of health shall ensure 24/7 availability to receive reports of and respond to:

- a) Infectious diseases of public health importance in accordance with the *Health Protection and Promotion Act*;<sup>2</sup> the *Mandatory Blood Testing Act, 2006*; the *Infectious Diseases Protocol, 2018* (or as current);<sup>5</sup> 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 infectious disease outbreaks in institutional/facility settings, including, but not limited to, respiratory infection and gastroenteritis outbreaks. This shall include coordination and assistance in the management of such outbreaks in single or multiple institutions/facilities.
- 2) The board of health shall assist institutions/facilities with outbreak management preparation, addressing the following components at a minimum:
  - a) Establishing a surveillance mechanism for determining baseline data for infectious diseases;
  - b) Early identification of outbreaks;
  - c) Education as needed for preventing and managing an outbreak;

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\*Infection 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.

- d) Outbreak management measures;
  - e) Communication within and outside institutions/facilities when appropriate;
  - f) Communication with regulatory bodies and the public when appropriate;
  - g) Interagency cooperation and timely information sharing with all who need to know about the occurrence of an outbreak; and
  - h) Staff exclusion policy.
- 3) The board of health shall apply current communicable disease policies and procedures as outlined in the *Infectious Diseases Protocol, 2018* (or as current).<sup>5</sup>
  - 4) The board of health shall assist, as appropriate, institutions/facilities in the review and revision, as needed, of their existing infection prevention and control policies and procedures and shall provide public health recommendations for outbreak prevention, detection and management.
  - 5) The board of health shall assist institutions in establishing and reviewing written outbreak response plans at a minimum of every two years.

### Detection, Investigation, and Identification

- 1) The board of health shall inform institutions/facilities that they should notify the medical officer of health of all infectious diseases of public health importance. Note: there is no duty to report infectious diseases unless they are diseases of public health significance<sup>†</sup> under the HPPA.<sup>2</sup>
- 2) The board of health shall inform institutions/facilities regarding their duty to report to the medical officer of health upon forming the opinion that a respiratory infection or gastroenteritis outbreak exists that is a disease of public health significance<sup>†</sup> under the HPPA.<sup>2</sup>
- 3) The board of health shall work with, as appropriate, institutions/facilities in developing a mutually agreed-upon early outbreak detection surveillance system that includes establishing baseline data in order to accurately assess a probable or confirmed outbreak.
- 4) The board of health shall assist institutions/facilities in developing an effective communication plan between the board of health and institutions/facilities to ensure the board of health receives outbreak notification and outbreak information from institutions/facilities.
- 5) The board of health shall provide to institutions/facilities current epidemiological information on local occurrences of infectious diseases of public health significance<sup>†</sup>, as it becomes available, to assist in the prevention, detection, control, and management of outbreaks.

For further information on 1-5, please refer to *Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, 2018* (or as current), the

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<sup>†</sup> Replaces reportable diseases, subject to approval

*Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practice Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infections in all Health Care Settings, and Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018 (or as current).*<sup>6-8</sup>

## Notification: Reporting from Source to Boards of Health

- 1) The board of health shall have an on-call system for receiving and responding to notifications of infectious disease outbreaks of public health importance including, but not limited to, respiratory infection and/or gastroenteritis outbreaks, on a 24 hours per day, 7 days per week (24/7) basis.
- 2) The board of health shall provide assistance regarding infectious disease outbreak assessment within 24 hours of receiving notification of an outbreak. Refer to the *Infectious Diseases Protocol, 2018* (or as current) for additional information.<sup>5</sup>
- 3) The board of health shall obtain the epidemiological information necessary to assess, evaluate, and control the outbreak.
- 4) 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.

## Management

- 1) The board of health shall assist institutions/facilities in the management of infectious disease outbreaks of public health importance, including but not limited to respiratory infection and gastroenteritis outbreaks. However, it is ultimately the responsibility of the institution/facility to manage the outbreak.
- 2) 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/facility or by the medical officer of health or designate.
- 3) The board of health shall perform the following actions when assisting in the management of outbreaks:
  - a) Review and/or establish a case definition in collaboration with the institution/facility, utilize standardized case definitions from best-practice guidelines if available and appropriate;
  - b) Determine the population at risk;
  - c) Assist in active case finding through consultation;
  - d) Assess the status of the outbreak daily, or as previously arranged; and
  - e) Review and discuss line listings provided by the institution/facility, including populations at risk and number of cases.

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- 4) The board of health shall recommend and assist as needed with the implementation of appropriate infection prevention and control practices, with a focus on Routine Practices and applicable/appropriate Additional Precautions, as required.<sup>9</sup>
- 5) The board of health shall participate in outbreak management team meetings with appropriate representatives from the institution/facility when appropriate.
- 6) The board of health shall assist institutions/facilities with developing and implementing a risk communications plan to address stakeholders affected by an outbreak.
- 7) The board of health, while monitoring outbreaks on an ongoing basis, shall suggest modification(s) of outbreak control measures as required, including ongoing surveillance of populations at risk. For further direction regarding the surveillance of outbreaks please refer to the *Infectious Diseases Protocol, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).<sup>5,10</sup>
- 8) The board of health shall declare whether an outbreak is over, in consultation with the institution/facility.
  - a) The board of health shall use the most current available epidemiological data and best practices/guidance documents to determine when an outbreak can be declared over; and
  - b) The medical officer of health or designate retains the final authority to determine if an outbreak is over.
- 9) The board of health shall review the response to outbreaks with institutions/facilities after they have been declared over. The board of health shall evaluate the management and impact of outbreaks and assist in identifying strategies for improvement in their management and in formulating preventive measures going forward.
- 10) The board of health shall inspect institutions as follows:
  - a) For respiratory infection outbreaks, the board of health shall assess and, where epidemiological evidence supports it, inspect and evaluate infection prevention and control practices at the institution.
    - i) If a legionella outbreak is suspected, further investigations should be carried out to identify the potential sources and appropriate mitigating strategies 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) In the case of a gastroenteritis disease outbreak, if it is suspected that the spread is primarily person-to-person, inspection of food preparation premises may not be required.
  - c) For *Clostridium 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/facility, including antimicrobial stewardship programs. Provincial assistance, such as the Ontario Agency for Health Protection and Promotion's (Public Health Ontario [PHO]) Infection Control Resource Team (ICRT), may be requested when local resources for outbreak control are exhausted.
    - 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).<sup>11,12</sup>
    - 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 facility, and local epidemiological and surveillance data.
- 11) 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).<sup>13,14</sup>

For further information on infection prevention and control best practices for outbreak management refer to the relevant PIDAC Best Practices documents.<sup>15</sup>

## Data Collection, Reporting, and Information Transfer: Boards of Health to Ministry of Health and Long-Term Care and Other Stakeholders

- 1) The board of health shall report outbreak data on diseases of public health significance<sup>‡</sup> to the ministry and to PHO, using the integrated Public Health Information System (iPHIS), 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/facility.
  - a) The board of health shall update the outbreak file and enter data as required using iPHIS 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

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<sup>‡</sup> Replaces reportable diseases, subject to approval

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 or any other method specified by the ministry.

- c) The board of health shall enter final summary outbreak data using iPHIS, or any other method specified by the ministry, no later than 15 business days after the outbreak is declared over.
- d) The board of health shall assist the institution/facility to summarize the outbreak and highlight areas for improved/enhanced response activities in the future.

## References

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2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
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