

Initial Exposure/Outbreak Information Package

Initial Exposure/Outbreak Control Measures

The purpose of the *Initial Exposure/Outbreak Control Measures* is to guide facilities in the minimum initial control measures to implement when there is a new confirmed case or cluster of cases. TPH staff may give you additional instructions that are different from the information below, based on the specific situation.

1. Contact TPH about your new case or cluster of cases.
 - **Monday – Friday 9 a.m. to 5 p.m.:**
 - Call the facility liaison [AND](#)
 - Email the situation to LRCT@toronto.ca
 - **Saturday, Sunday and Statutory Holidays from 9:00 a.m. to 5:00 p.m.:**
 - Email the situation to LRCT@toronto.ca
 - **After hours - 5 p.m. to 9 a.m. 7 days a week (including statutory holidays):**
 - Call 3-1-1 or 416-392-CITY (2489)
2. Post notification signage
 - Exposure: [Exposure Alert](#) notification signage (facility discretion).
 - Outbreak: Post [OB Alert](#) signage.
3. Place the following residents in Droplet/Contact Precautions:
 - Positive and/or ill residents
 - Roommates (regardless of COVID-19 vaccination status)
 - Residents with a high risk exposure who do not have at least 3 doses OR are not up-to-date for their COVID-19 vaccine
4. Ensure positive and/or ill staff are not working
5. Testing
 - Respiratory
 - PCR test all ill residents with respiratory symptoms for COVID-19 and MRVP
 - PCR test all ill staff with respiratory symptoms for COVID-19
 - Enteric
 - PCR test all ill residents for COVID-19
 - Collect a stool sample for residents with enteric symptoms
6. Long-term care homes (LTCHs)
 - Exposure: Cohort exposed residents to the affected area. Cohort direct care staff to the affected area.
 - Outbreak: Cohort all staff and residents to the affected area.
7. For new *admissions and transfers* and *absences*, refer to the [Minister's Directive: COVID-19 response measures for long-term care homes.](#)
8. Reinforce hand hygiene, [PPE use](#), and active symptom surveillance (including temperature checks for residents), and [environmental cleaning](#).
9. Reinforce *physical distancing* and *masking*. Refer to [COVID-19 guidance document for long-term care homes in Ontario](#) for more information.

Key Initial Contact Tracing Information

This is the core information that your TPH Liaison will need when you first report a new case or outbreak. It would be useful to have this information on hand when speaking with your Liaison, however you should not delay reporting a case or outbreak if you do not have all the information.

Case information needed to do contact tracing

- The case's test date (type of test – e.g., PCR, RAT)
- The case's symptom onset date (if symptomatic) and symptom details
- The case's incubation period (used to identify a potential source)*
 - 10 days prior to symptom onset or positive specimen collection date if never symptomatic*
- The case's period of communicability (POC) (used to identify potential transmission)
 - 48 hours prior to symptom onset or specimen collection date (if never symptomatic) to when the case began self-isolating (or was cleared from isolation if never self-isolated).

Information needed if the case is a staff or visitor:

- What is the staff's position?
- Where does the staff work within the facility (e.g., floor, unit)?
- What date(s) did the case work or visit within the last 10 days (including the last date worked/visited)?
- Has the staff had a known exposure within or outside the facility within the last 10 days?*
- Have there been any low risk* or high risk exposures for residents during the case's POC? If yes:
 - Which residents (provide room numbers and vaccination status and if previously positive)?*
- Have there been any low risk* or high risk exposures for other staff or visitors during the case's POC? If yes:
 - Which staff/visitors (provide position, names, vaccination status, and if previously positive)?

Information needed if the case is a resident:

- Where is the resident's room located (e.g., floor, unit, memory unit)?
- Is the resident's room a single room or do they have roommates (e.g., semi-private, ward)?
- Has the resident had any absences from facility within the last 10 days (including dates)?
- Has the resident had a known exposure to a confirmed case / anyone that had respiratory symptoms (including but not limited to: other residents, staff, visitors)?
- Are there any other symptomatic residents in the affected area?
- Does the resident wander?*
- Has there been any low risk* or high risk exposures for other residents within the case's POC (e.g., roommates, dining, group activities, smoking)? If yes:
 - Which residents (provide room numbers, vaccination status and if previously positive)?
- Have there been any low risk* or high risk exposures for other staff or visitors within the case's POC? If yes:
 - Which staff/visitors (provide position, names, vaccination status, and if previously positive)?

Facility Information*

- Vaccination status of the affected area(s) (in numbers)*
- Vaccination status of the entire facility (in numbers)*
- Total # of residents and staff in the affected area*
- Total # of residents and staff in the entire facility*

Risk Exposure Chart

- Please review the chart below for the classification of COVID-19 Exposure Risk Levels. Your TPH Liaison can help you work through the table and classify exposures as high, low, or no risk.

*This information that may not be required **after hours, on weekends or on statutory holidays.**

COVID-19 Exposure Risk Level in LTCHs/RHs

| Exposure Risk Level | Description | Example(s) |
|---------------------|---|---|
| High Risk | Resident received direct care from HCW case who did not have appropriate masking ⁴ . | <ul style="list-style-type: none"> • PSW case provided care (e.g., bathing, feeding, dressing) to resident without wearing an appropriate mask⁴ for source control. |
| | Resident received personal care for an extended period of time from a HCW case (regardless of appropriate PPE ³ /mask use ⁴). <ul style="list-style-type: none"> • Resident or HCW could be the case. | <ul style="list-style-type: none"> • Sitter (1:1 care) in the same room as the resident • Resident requiring total care in the staff's assignment (i.e., needing several hours of direct care per shift). |
| | Close ¹ , very intense prolonged ² contact with case (including other residents, essential caregivers, visitors or staff coworkers). | <ul style="list-style-type: none"> • Resident case's roommate, table mate, smoking partner. • Known social visits between a resident case and another resident (indoors and within 2 metres, and without masks). • ECG/Visitor case visiting within 2 metres of a resident. • Staff case who is smoking, carpooling, eating, or other activities within 2 meters of another staff without masks. |
| | Direct contact with a symptomatic person or respiratory fluids of a positive case (e.g., cough or sneeze) without the consistent and appropriate use of PPE ³ . | <ul style="list-style-type: none"> • Resident case coughs or sneezes while they were within 2 metres of a staff and the staff was not wearing eye protection. |
| Low Risk | Resident received prolonged care from a staff case who had appropriate masking ⁴ . | <ul style="list-style-type: none"> • PSW case provided care (e.g., bathing, feeding, dressing) to resident while wearing an appropriate mask⁴ for source control. |
| | Staff provided prolonged care to resident case with consistent and appropriate PPE ³ use. | <ul style="list-style-type: none"> • Staff wore an appropriate mask⁴, gloves, gown, and eye protection while providing care (e.g., bathing, feeding, dressing) to a resident case. |
| | Was in a shared indoor space with a case or in a setting where interactions occur but with public health measures in place. Note: Some interactions with the description above may be considered "no risk" depending on the specific circumstances. See No Risk Category (Transient Exposures) for further information. | <ul style="list-style-type: none"> • Interaction occurred between case and contact and physical distancing was in place. • Individuals in the same dining/break room, sitting at any table next to the cases (but not at the same table). • Residents participating in a higher risk physically distanced program/activity (e.g., singing, dancing, physical activity – group exercise). • Brief, physically distanced visit from an ECG/visitor case with a resident (in resident room or common area). • Residents with a shared bathroom (semi-private), but not shared room. |

| Exposure Risk Level | Description | Example(s) |
|--|--|---|
| Low Risk | All co-workers with consistent and appropriate PPE ³ use during close ¹ or prolonged ² contact with the HCW case (e.g., within 2 metres in an enclosed common area). | <ul style="list-style-type: none"> • HCW case and contact both wore appropriate mask⁴ while taking a break together and not maintaining a 2 metre in the same breakroom. |
| No Risk Exposure (does not apply to memory units) | Transient exposures | <ul style="list-style-type: none"> • Walking past someone in the hallway (regardless of mask use). • Dietary staff dropping off a tray or serving food in the dining room. • Screeners screening individuals upon entry to the home. • Elevator ride with another individual (regardless of mask use). • Brief interaction, where masking and physical distancing is in place. |
| | Brief care provided to a resident where universal masking for staff is in place. <ul style="list-style-type: none"> • This could be a resident or staff case. | <ul style="list-style-type: none"> • Brief interactions with residents such as med pass, vital signs, blood sugar. |
| | New Arrivals | <ul style="list-style-type: none"> • Case is a new admission who has been on DCP the entire time while at the facility. • Staff who started working at the home after a staff case had already been excluded. |
| | No direct care | <ul style="list-style-type: none"> • A resident who never received direct care from a HCW case (e.g., cleaning staff). • HCW who did not provide direct care to a resident case |

Footnotes

¹ **Close Contact:** Not maintaining physical distancing (within 2 metres). Maintenance of physical distancing measures (> 2 metres) for the entire duration of exposure decreases the risk of transmission. However, physical distancing of 2 metres does not eliminate the risk of transmission, particularly in confined indoor and poorly ventilated spaces and during exercise, talking loudly, yelling or singing activities.

² **Prolonged Contact:** Prolonged exposure duration may be defined as lasting cumulatively more than 15 minutes; however, data are insufficient to precisely define the duration of time that constitutes a prolonged exposure, and exposures of <15 minutes may still be considered high risk exposures depending on the context of the contact/exposure.

³ **Appropriate and consistent use of PPE:** Use of PPE, if worn consistently and appropriately for the nature of the interaction and for the entire duration of exposure, is generally considered a lower risk exposure for the contact. See the Public Health Ontario [Technical Brief on IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) for more information.

⁴ **Appropriate Masking:** Well-fitting medical mask or N95 mask. Masks must securely cover your nose and mouth.