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**Approved by:**



Chief Executive Officer

Director of Care

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## **POLICY**

Copernicus Lodge has an organized outbreak management plan in place that is followed in the event that a suspected or confirmed outbreak situation has been identified in the home for COVID-19.

*Note: Any federal, provincial or jurisdictional directives or resources, including Public Health directives, will supersede the content of this policy.*

## **PURPOSE**

1. To prevent the spread of the COVID-19 infection at Copernicus Lodge.
2. To maintain the health and welfare of our residents, staff, and volunteers of the home.
3. To detect, manage and control the spread of COVID-19.
4. To establish guidelines for all staff during an outbreak.

## **PREAMBLE**

COVID-19 is the infectious disease caused by the SARS-CoV-2 (coronavirus). This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally.

SARS-CoV-2, the virus that causes COVID-19, spreads from an infected person to others through respiratory droplets and aerosols when an infected person breathes, coughs, sneezes, sings, shouts, or talks. The droplets vary in size, from large droplets that fall to the ground rapidly (within seconds or minutes) near the infected person, to smaller droplets, sometimes called aerosols, which linger in the air, especially in indoor spaces.

The relative infectiousness of droplets of different sizes is not clear. Infectious droplets or aerosols may come into direct contact with the mucous membranes of another person's nose, mouth or eyes, or they may be inhaled into their nose, mouth, airways and lungs. The virus may also spread when a person touches another person (i.e., a handshake) or a surface or an object (also referred to as a fomite) that has the virus on it, and then touches their mouth, nose or eyes with unwashed hands.

Ref: Canada, Public Health Agency of. "Government of Canada." *Canada.ca*, / Gouvernement Du Canada, 29 June 2021, <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>.

**NOTE: As of June 11, 2022:**

The Minister of Long-Term Care issued the [Minister's Directive: COVID-19 19 Response Measures for Long-Term Care Homes](#) under the [Fixing Long-Term Care Act, 2021](#), effective April 27, 2022 ("the Minister's Directive"). The [Minister's Directive](#) requires that licensees comply with provisions contained within this guidance document, as set out in the [Minister's Directive](#).

## PROCEDURE

### 1.0 GENERAL INFORMATION

#### ***What are Coronaviruses?***

Coronaviruses are a large family of viruses that originate in animals but are known to cause mild to severe respiratory infections in humans. Novel (new) coronaviruses include Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS-CoV) and coronavirus disease 2019 (COVID-19).

Ref: "About Coronavirus (COVID-19) | Public Health Ontario." *Public Health Ontario*, 2019, [www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/about-covid-19](http://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/about-covid-19). Accessed 7 Dec. 2021.

### **What is COVID-19?**

COVID-19 is a coronavirus that was first identified in Wuhan, China in late 2019. The World Health Organization (WHO) classified COVID-19 as a global pandemic on March 11, 2020.

COVID-19 is a disease caused by a virus called SARS-CoV-2. Most people with COVID-19 have mild symptoms, but some people can become severely ill. Although most people with COVID-19 get better within weeks of illness, some people experience post-COVID conditions.

### **Post-COVID conditions**

The World Health Organization (WHO) defines post COVID-19 condition as:

“[...] occurring in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.”

Ref: “Coronavirus (Covid-19) Frequently Asked Questions.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Spread>.

### **How is COVID-19 spread?**

COVID-19 spreads through respiratory droplets of someone who is infected with the virus (e.g., when they cough, talk, or sneeze). Though not as significant, it is also possible for a person to get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes with unwashed hands. A person can spread COVID-19 before showing or developing symptoms.

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

### ***What is Community Spread?***

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected. Each health department determines community spread differently based on local conditions.

Ref: “Coronavirus (Covid-19) Frequently Asked Questions.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention,  
<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Spread>.

### **What are the signs and symptoms of COVID-19?**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. Older patients and those with chronic medical conditions are at higher risk of severe illness from COVID-19. Some of the symptoms of COVID-19 include (but is not limited to):

- Fever or chills
- New or worsening cough
- Shortness of breath or difficulty breathing
- Fatigue / tiredness
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose (without other known cause)
- Nausea or vomiting
- Diarrhea
- Abdominal Pain
- Conjunctivitis (pink eye)
- For those over 70 years of age, they may experience symptoms of delirium, unexplained falls, acute functional decline or worsening of chronic conditions.
- Children are more likely to have abdominal symptoms and changes to the skin or rashes

Ref: “Coronavirus (Covid-19) Frequently Asked Questions.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention,  
<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Spread>.

## **For how long is someone with COVID-19 infectious?**

The length of time someone is infectious with COVID-19 is not known for certain. Some studies suggest that people are no longer infectious after 7 or 8 days from the start of their symptoms. However, after that time it is still possible to find parts of the virus in the nose and throat of some individuals. Ontario guidelines indicate that infected people with symptoms should generally remain separate from others (isolated) for 10 days after they first developed symptoms. After that time period they are considered no longer infectious, as long as they have no fever and their symptoms have been improving for at least 72 hours.

## **How long can COVID-19 survive on different surfaces?**

COVID-19 can survive for up to about 72 hours on some surfaces, but this does not mean there is enough virus on the surface to infect someone. A person may be exposed to COVID-19 if they touch a surface or object that the virus has landed on and then touches their mouth, nose or eyes without cleaning their hands. Your best protection is to wash your hands frequently and avoiding touching your face. Keep things clean, especially frequently touched surfaces.

## **Variant of Concern**

As per the Centers of Disease Control and Prevention:

Viruses like SARS-CoV-2 continuously evolve as changes in the genetic code (genetic mutations) occur during replication of the genome. A lineage is a genetically closely related group of virus variants derived from a common ancestor.

A variant has one or more mutations that differentiate it from other variants of the SARS-CoV-2 viruses.

### ***Variant of Concern Definition:***

A variant for which there is evidence of an increase in transmissibility, more severe disease (for example, increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures.

Possible attributes of a variant of concern:

*In addition to the possible attributes of a variant of interest*

- Evidence of impact on diagnostics, treatments, or vaccines
  - Widespread interference with diagnostic test targets

- Evidence of substantially decreased susceptibility to one or more class of therapies
- Evidence of significantly decreased neutralization by antibodies generated during previous infection or vaccination
- Evidence of reduced vaccine-induced protection from severe disease
- Evidence of increased transmissibility
- Evidence of increased disease severity

Variants of concern might require one or more appropriate public health actions, such as notification to WHO under the International Health Regulations, reporting to CDC, local or regional efforts to control spread, increased testing, or research to determine the effectiveness of vaccines and treatments against the variant. Based on the characteristics of the variant, additional considerations may include the development of new diagnostics or the modification of vaccines or treatments.

Ref: CDC. "Coronavirus Disease 2019 (COVID-19)." *Centers for Disease Control and Prevention*, 11 Feb. 2020, [www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html#concern](http://www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html#concern). Accessed 10 Dec. 2021.

### **Difference between COVID-19 & Flu**

Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2), and flu is caused by infection with influenza viruses.

COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing is needed to help confirm a diagnosis.

Ref: Centers for Disease Control and Prevention. "Coronavirus Disease 2019 (COVID-19) – Symptoms." *Centers for Disease Control and Prevention*, CDC, 22 Feb. 2021, [www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

## **2.0 OUTBREAK MANAGEMENT**

1. In the event of a suspected or confirmed case of COVID-19 in the home, the IPAC Lead/DOC or designate will notify the CEO, Toronto Public Health and other members of the outbreak management team.

2. A meeting of the Outbreak Management team will be arranged as soon as possible when there is a confirmed COVID-19 outbreak declared..
3. Outbreak Management team members include, but are not limited to:
  - IPAC Lead / Director of Care / designate
  - Chief Executive Officer
  - Assistant Director of Care(s)
  - Nursing Supervisors
  - Manager of Dietary Services / Dietician
  - Director of Programs and Services
  - Environmental Services Manager / EVS Supervisor
  - Medical Director
  - Human Resources Manager
  - Director of Finance
  - Communications Specialist
  - Attending Physicians
  - Procurement Specialist
  - Social Worker / Placement Coordinator
  - Toronto Public Health Liaison
  - Ministry of Long-Term Care - Compliance
  - Ministry of Long-Term Care – Placement Coordinator
  - Associate Medical Officer of Health or designate
  - Community Partner – Unity Health Representative

IPAC Lead Roles and Responsibilities include, but not limited to:

- a) Advising on IPAC practices to manage the outbreak and minimize risk(s) to residents and staff;
  - b) Assisting with securing IPAC-related resources needed to support the outbreak management response. This may also include working in collaboration with the licensee and the OMT to secure needed PPE and other supplies as required;
  - c) Ensuring that accurate disease-related information is tracked and documented;
  - d) Engaging with the local board of health on the outbreak response (when relevant) including when an outbreak has been declared;
  - e) Implementing changes to IPAC practices as needed to support the outbreak response; and
  - f) Providing IPAC-related education and training to staff and others to support the outbreak response.
4. Refer to current COVID-19 resource guidelines, documents and tools.

5. Implement and follow Public Health guidelines related to the management of COVID-19 outbreaks.
6. Complete the Outbreak checklist with the outbreak management team.
7. Director of Care or designate to complete a Critical Incident through the Ministry Reporting website
8. Actions to be taken including preventative measures when a COVID-19 outbreak is declared. This includes but is not limited to:
  - Post signage at entry doors advising of the outbreak
  - Post signage in visible areas of the home for staff, including elevators, doors to units, etc.
  - Conduct Active Screening measures for anyone entering the home
  - Send out communications to staff and families/SDM's
  - Ensure COVID-19 testing kits are available and plans are in place for taking specimens
  - Ensure sufficient PPE supplies are available
  - Ensure that staff are using required personal protective equipment (PPE) appropriately; re-educate staff, students and volunteers on IPAC policies and procedures including the proper use of PPE
  - Ensure increased PPE audits are completed
  - Ensure Infection control caddy's are stocked properly
  - Enhanced cleaning of high touch areas
  - Monitor soap dispensers and alcohol based hand rub (ACHR) stations to ensure they are kept full and operational
  - Post appropriate signage such as proper hand hygiene techniques, donning and doffing, physical distancing, etc.
  - Review PPE supplies and equipment in the home to confirm sufficient supply
  - Precaution Signs to be posted outside of affected resident rooms to alert staff of need for increased IPAC procedures
  - Check nasopharyngeal swab kits to ensure that they are not expired;
  - Follow public health guidelines and direction regarding cohorting of staff and residents

#### **9. ACTIVE SCREENING**

Active screening is completed for all individuals entering the home. Anyone who does not pass the active screening process will not be permitted to enter the home.

#### **10. TESTING RESIDENTS, STAFF, STUDENTS, VOLUNTEERS, OTHER HEALTHCARE WORKERS AND VISITORS:**

Copernicus Lodge will complete testing of residents, staff, students, volunteers other



healthcare workers and visitors in accordance with the Ministry's directive and guidance for testing and any further recommendations by Toronto Public Health or the Associate Medical Officer of Health.

#### **11. SURVEILLANCE:**

Copernicus Lodge will continue to monitor all staff, volunteers, other healthcare workers, students, residents and visitors to the home for new symptoms. Surveillance will include screening for typical and atypical symptoms of COVID-19.

During an outbreak, Line listings will be maintained for residents and staff and submitted to TPH as required on a daily basis.

Identification of residents, staff, volunteers and essential visitors with new symptoms compatible with COVID-19 requires an outbreak assessment by the local public health unit as per current outbreak definitions.

#### **12. OCCUPATIONAL HEALTH & SAFETY:**

All staff is to self-monitor while at work or at home. Staff, other healthcare workers, volunteers, students and essential visitors who become ill or symptomatic are to immediately self-isolate, inform their department manager and if at work, return home. They must be tested via a PCR test.

During an outbreak single-site employer directives are in place.

#### **13. DROPLET AND CONTACT PRECAUTIONS**

Immediately place a symptomatic resident on Droplet /Contact Precautions, as well as any close contacts. Residents in shared accommodations should be separated whenever possible. If it is not possible to transfer the ill resident to a private room, then pull the privacy curtain and maintain a 2m (6 ft.) spatial separation between adjacent beds.

Droplet/Contact precaution signage must immediately be placed outside the resident's door.

Staff must wear full PPE's including: gloves, gowns, masks and face shields when entering the room.

Bins for garbage and linen must be placed inside the resident's room.

Residents on isolation must have all meals provided on disposable trays.

Staff to ensure enhanced hand hygiene abiding by the 4 Moments of Hand Hygiene.

Resources:

Control of Respiratory Infection Outbreaks in Long Term Care Homes, 2018  
PHO – Droplet and Contact Precautions Non-Acute Care Facilities

**14. ENHANCED IPAC PROCEDURES DURING AN OUTBREAK:**

- a) Perform hand hygiene following best practices.
- b) Follow single-site employer directives, if applicable.
- c) Enhanced cleaning of all high-touch tools, equipment and surfaces.
- d) Maintain a distance of at least 2 metres from others, as much as possible.
- e) Limit the number of individuals on elevators, in medication room, utility rooms and closets, nursing stations, washrooms and avoid crowding in stairwells.
- f) Use required Personal Protective Equipment appropriately.
- g) Schedule breaks at different times and always maintain a 2-metre distance from others.
- h) Remain on your unit and do not socialize or eat on other units
- i) Stay home if feeling sick.
- j) Call in to report any symptoms of illness.
- k) Report symptoms for line listing purposes.
- l) Do not rotate to other areas of the home if in contact with a resident who is identified as suspected or confirmed COVID-19 positive.
- m) Remain off work as directed by your Public Health Authority.
- n) Change clothes and shoes between workplace and personal home.

**15. RESIDENT AND HEALTH CARE WORKER COHORTING:**

Copernicus Lodge will strive to cohort staff and residents, whenever possible and feasible for the safe operation of the home, to prevent the spread of COVID-19.

**16. ADMISSIONS AND RE-ADMISSIONS**

All admissions or re-admissions to the home are organized as per the most current Ministry guidance.

Requirements for residents to be tested and for isolation (Contact/Droplet Precautions) on arrival to the home will follow current Ministry guidance.

**17. IPAC PROCEDURES**

As per the Ministry Directive and COVID-19 Guidance Document requirements, everyone in a long-term care home, whether staff, student, volunteer, caregiver, support worker, general visitor or resident, has a responsibility to ensure the ongoing health and safety of all by practicing these measures at all times.

**Hand Hygiene:**

The best ways to protect against COVID-19 is to:

- Practice proper hand hygiene regularly (use alcohol based hand rub for a minimum 15 seconds);

**Masking:**

Wear your surgical mask properly at all times

**Respiratory Etiquette:**

- Practice respiratory etiquette which includes:
  - I. Wash your hands frequently
  - II. Cover your coughs and sneezes – sneeze into your elbow
  - III. Clean high-touch surfaces regularly.

**Social Distancing:** Maintain at least a 2-metre distance between yourself and others whenever possible.

**18. ENVIRONMENTAL CLEANING**

Frequent cleaning and disinfection of high touch surfaces at a minimum of once daily and twice daily in an outbreak areas. Examples of these surfaces include doorknobs, call bells, bedrails, light switches, toilet handles, hand rails, and keypads.

Continue to use healthcare/hospital disinfectants and follow the instructions for correct contact times.

- Clean surfaces before you disinfect them and use only hospital disinfectants
- Do not use spray or trigger bottles for cleaning products or disinfectants.
- Know the contact time for the disinfectant being used. The surface should remain wet for the required contact time (e.g., for a 1minute contact time, the surface stays wet for 1 minute).
- Let air dry and do not wipe off
- When cleaning with a cloth and a disinfectant solution, soak the cloth in the solution and then clean the surface/equipment from a clean to dirty direction.
- Discard the cloth into a separate container for disposal or laundering and use a fresh cloth to continue.
- Do not repeatedly immerse or dip (“double-dip”) a used cloth back into the clean solution as it will contaminate the solution.

Maintain dedicated housekeeping staff for the outbreak unit or areas, if possible.

Clean and disinfect COVID-19 **negative** rooms **FIRST** before moving to an area with a COVID-19 positive resident.

**Laundry**

- Bag or otherwise contain soiled laundry at the point-of-care.
- Routine practices for handling and laundering are sufficient, regardless of the source of the linen or if it is soiled with blood, body fluids, secretions or excretions.
- Special handling of linen for patients/residents on Additional Precautions is not routinely required.

#### **19. CLEANING AND DISINFECTION:**

Clean and disinfect shared resident care equipment between each resident and according to the manufacturer's instructions and best practices. Clean and disinfect thermometers for temperature checks after each use and discard single use probe covers

Whenever possible, use designated equipment for COVID-19 positive residents.

#### **20. MINISTRY OF LABOUR REPORTING**

As per legislative requirements, work acquired illnesses will be reported to the Ministry of Labour and WSIB.

#### **21. ASSISTANCE FROM IPAC HUB**

As per the Minister's Directive, Copernicus Lodge will permit an IPAC Hub associated organization to complete an IPAC assessment as necessary or directed by the PHU and to share any IPAC report or findings produced by the organization, in accordance with any applicable laws, with any or all of the following, as may be required to respond to COVID-19 at the home:

- a. the Ministry of Long-Term Care
- b. public health units
- c. local public hospitals
- d. Ontario Health and Home and Community Care Support Services

#### **22. DECLARING THE OUTBREAK OVER**

The Medical Officer of Health of designate (from the local Public Health Unit) in collaboration with the home's Outbreak Management Team will determine when to declare an outbreak over. The outbreak may be declared over when there are not new cases in residents or staff after 14 days (maximum incubation period) from the latest of:

- Date of isolation of the last resident case OR
- Date of illness onset of the last resident case OR
- Date of last shift at work for last staff care

Other Considerations:

- Ensure to terminally clean resident environment

- Communicate that the outbreak is over to all stakeholders

### **23. Following the Resolution of an Outbreak**

Copernicus Lodge shall ensure that following the resolution of an outbreak, the OMT and the interdisciplinary IPAC team conduct a debrief session to assess IPAC practices that were effective and ineffective in the management of the outbreak. A summary of findings shall be created that makes recommendations for improvements to outbreak management practices.

#### **NOTE:**

Copernicus Lodge will adhere to all current recommendations and established guidelines as set out by our local Public Health unit or provincial or federal guidelines

#### References:

- Copernicus Lodge abides by all established protocols set by the Ministry of Health, Public Health and the Medical Officer of Health as it relates to the control and management of COVID-19.
- COVID-19 guidance document for long-term care homes in Ontario
- Minister's Directive: COVID-19 response measures for long-term care homes
- COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units
- PHO – *Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes, August 20, 2021*
- PHO presentation– IC-078A- *Preparing for and Managing COVID-19 Outbreaks in Long Term Care and Retirement Home, September 29, 2020*
- Refer to Copernicus Lodge Policy: *IC-079-Required Staff Vaccination Policy*
- Refer to Copernicus Lodge Policy: *IC-014 – A Guide to the Control of Respiratory Outbreaks*