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**Policy Title: COVID-19 OUTBREAK MANAGEMENT POLICY**

**Category:** Infection Control

**Document Owner:** Director of Care

**Date of Issue:** April 20, 2021

**Revision Dates:** July '2023, January 18, 2023, October 14, 2022, July '2022, Sept. 12, 2021

**Distribution:** All Departments

**Last Reviewed: October 1, 2023**

**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**

Coronaviruses are a large family of viruses that usually cause mild to moderate upper-respiratory tract illnesses in humans. However, three coronaviruses have caused more serious and fatal disease in people: SARS-CoV-2, which emerged in 2019 and causes coronavirus disease 2019 (COVID-19);

SARS coronavirus (SARS-CoV), which emerged in November 2002 and causes severe acute respiratory syndrome (SARS); and MERS coronavirus (MERS-CoV), which emerged in 2012 and causes Middle East respiratory syndrome (MERS). Additionally, new novel coronaviruses may emerge in the future. This document provides case definitions and disease-specific information for COVID-19, SARS, and MERS, as well as novel coronaviruses generally.

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>.*

*Coronavirus Case Definitions and Disease-Specific Information, [www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_case\\_definition.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf). Accessed 1 Oct. 2023.*

**NOTE: MINISTRY UPDATES AS OF JUNE 23, 2023:**

Copernicus Lodge adheres to policies established by the Ministry of Long-Term Care including but not limited to:

- The Minister of Long-Term Care: COVID-19 Guidance Document for Long Term Care Home in Ontario (Update June 26, 2023)
- Ministry of Health: COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings (Version 11 – June 23, 2023)
- Ministry of Long-Term Care COVID-19 Response Measures - Frequently Asked Questions (FAQs) (updated June 23, 2023)
- Ministry of Ontario Public Health Standards: Requirements for Programs, Services and Accountability Infectious Disease Protocol - Appendix 1: Case Definitions and Disease-Specific Information; Disease: Diseases caused by a novel coronavirus, including

## PROCEDURE

### 1.0 GENERAL INFORMATION

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

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. Other people can breathe in these droplets and particles, or these droplets and particles can land on their eyes, nose, or mouth. In some circumstances, these droplets may contaminate surfaces they touch.

Anyone infected with COVID-19 can spread it, even if they do NOT have symptoms.

The risk of animals spreading the virus that causes COVID-19 to people is low. The virus can spread from people to animals during close contact. People with suspected or confirmed COVID-19 should avoid contact with animals.

Ref: "About Covid-19." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, [www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html](http://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html). Accessed 1 Oct. 2023.

#### **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 Case Definitions and Disease-Specific Information*,  
[www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_case\\_definition.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf). Accessed 1 Oct. 2023.

### **Current Non-Outbreak Masking Requirements:**

For staff, students, support workers and volunteers:

- Masks are required based on a point of care risk assessment (PCRA), consistent with Routine Practices, and based on the return-to-work protocol following COVID-19 infection.
- A Point of Care Risk Assessment (PCRA) must be completed by every health care worker before every resident interaction and task to determine whether there is a risk to the health care worker or other individuals of being exposed to an infectious agent, including COVID-19, and determine the appropriate IPAC measures to be taken.
- Staff may consider wearing a mask during prolonged direct resident care (both indoors and outdoors).
- Masks are not required in administrative and staff only areas (e.g., lunchrooms, offices, gyms).
- Copernicus Lodge maintains a “mask friendly” policy, including accommodating staff who prefer to continue to wear a mask beyond minimum requirements, and residents (or substitute decision-makers) who request that a staff member wear a mask when providing care, in alignment with the Residents’ Bill of Rights.

For caregivers and visitors:

- Masks are recommended, but not required, when indoors in all areas of the home

## **2.0 OUTBREAK MANAGEMENT**

### **OUTBREAK CASE DEFINITION:**

#### ***Declaring a confirmed outbreak:***

- Two or more residents/patients who are epidemiologically linked (e.g., within a specified area/unit/floor/ward), both with positive results from a polymerase chain reaction (PCR) test OR rapid molecular test OR rapid antigen test **within a**

**7-day period where both cases have reasonably acquired their infection in the setting.**

***Suspect outbreak:***

- One positive PCR OR Rapid molecular test OR Rapid Antigen test (RAT) in a resident who lives in the setting who has reasonably acquired their infection in the setting.

**Notes on outbreaks considerations:**

- A confirmed outbreak is based on **two or more residents** who have reasonably acquired their infection in the setting, such as those admitted for more than four days before symptom onset or positive COVID-19 test result.
- In the situation where the second case is a current or former roommate of a known case, and the second case has been appropriately maintained on Droplet and Contact Precautions since identification of the first case, **and** there is no other evidence of uncontrolled transmission or risks of exposures in the affected area, this would generally **not** trigger the declaration of an outbreak.
- At the discretion of the facility and the public health unit, an outbreak may be declared based on cases amongst staff when there is evidence of uncontrolled transmission in the facility.
- One positive patient who could reasonably have acquired their infection in the setting would **not** trigger the declaration of an outbreak. However, if the setting confirms a single nosocomial case, this should prompt a thorough investigation to obtain additional information and enhanced surveillance. Based on the case investigation, additional control measures may be warranted. \
- Based on discussion with the facility and the public health unit, other similar situations where there is evidence to support a low likelihood of ongoing transmission beyond the initial two cases may also not trigger the declaration of an outbreak.
- Effective **October 14<sup>th</sup>, 2022**, homes are **NOT** required to report positive (RAT or PCR) COVID-19 staff, visitor, or ECG case exposures to TPH that are **NOT outbreak-related** (according to new OB definitions).
  - Due to this change, TPH will NOT be declaring Facility COVID-19 Exposures (FCEs) or high risk exposures for single non-outbreak related staff/visitor/ECG cases as these situations are not to be communicated to TPH by the facility. These situations will be managed by the facility and are only to be reported to TPH if an outbreak definition is met.
  - Homes should follow the directions as outlined in [Management of Cases and Contacts of COVID-19 in Ontario](#) as it pertains to individual staff case management and should continue to connect with their Occupational Health and Safety team.

**How to Contact TPH to declare an outbreak:**

- If there is a suspect or confirmed outbreak declared, any staff, visitor, ECG cases **related to the outbreak** must reported to TPH via the line list.
- Toronto Public Health's standard hours of work will shift to match that of the rest of our City services, from 08:30 to 16:30, Monday to Friday
- Toronto Public Health maintains after-hours availability by calling 3-1-1 and requesting the CDC on-call manager and for reporting via line-lists to [LRCT@toronto.ca](mailto:LRCT@toronto.ca)

## PROCEDURE

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:
  - Director of Care
  - IPAC Lead / designate
  - Chief Executive Officer
  - Assistant Director of Care(s)
  - Nursing Supervisors
  - Manager of Dietary Services / Dietary Supervisor / Dietician
  - Manager of Programs and Services
  - Environmental Services Manager / EVS Supervisor
  - Medical Director
  - Human Resources Manager
  - 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

### **3.0 ACTIVE AND PASSIVE SCREENING**

Copernicus Lodge will complete screening 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.

**Active screening** means there is some form of attestation/confirmation of screening. This is completed in-person on arrival to the home at the security desk.

**Passive screening** means that those entering the setting review screening questions themselves, and there is no verification of screening (for example, signage at entrances as a visual reminder not to enter if symptomatic). Currently only staff members are permitted to complete passive screening.

#### **Passive Screening for Staff / Students/ Volunteers and Visitors:**

As per the Ministry Directives, staff, students, volunteers and visitors to the home are required to self-monitor for symptoms of COVID-19 and complete passive screening when entering the home.

All staff/students/volunteers and visitors should refer to the posted screening questions at the entrance to the LTC home and monitor their health at home for COVID-19 symptoms. Anyone who is feeling unwell or would otherwise fail screening should refrain from entering the home.

### **4.0 SURVEILLANCE AND TESTING:**

Copernicus Lodge will complete testing of symptomatic residents, staff, students, volunteers and other healthcare workers 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.

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



## **5.0 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.

## **6.0 DROPLET AND CONTACT PRECAUTIONS**

In outbreak situations, or if a resident is on [Additional Precautions](#), all individuals are required to comply with masking and other personal protective equipment requirements as directed by the outbreak management team and the local public health unit.

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

## **7.0 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.

*Other important information:*

Resident close contacts who remain asymptomatic do not need to be placed on Additional Precautions, however, the following risk reduction measures should be recommended by the PHU for the duration of the outbreak:

- Even if not under Additional Precautions, exposed residents within the outbreak area of the home should be cohorted separately from non-exposed residents.
- Group activities and communal dining should be conducted such that the outbreak unit is cohorted separately from unexposed residents and units. At the discretion of the PHU/OMT, group activities and communal dining for cohorts (exposed separated from unexposed) may resume. Wherever possible, continuing group activities for exposed cohorts is recommended to support resident mental health and wellbeing.
- Staff should remain in a single cohort per shift, wherever possible. If staff must work with more than one cohort during a single shift, it is recommended that staff work with unexposed residents first.
- At the discretion of the PHU/OMT, communal dining and group activities may be paused completely in the case of a facility-wide outbreak where transmission is uncontrolled, the rate of increase in cases or severity of illness is significant or unexpected and the benefits of closure of communal activities are deemed to be greater than the harms caused to resident wellbeing. This decision should be revisited as the outbreak progresses.
- At the discretion of the home, in consultation with the PHU, resumption of day programming may occur during an outbreak. However, all staff and residents who are part of the outbreak should be cohorted so as to be kept separate from participants and staff of day programs.

## **8.0 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.

## **9.0 ACTIVITIES**

Group activities/gatherings within an outbreak area of the home (e.g., floors/units) may continue/resume for all residents who are not in isolation/under Additional Precautions; however, residents within the outbreak area of the home should be cohorted separately from residents who are not in the outbreak area of the home.

#### **10.0 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.

#### **11.0 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.

#### **12.0 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.

#### **13.0 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.

#### **14.0 MINISTRY OF LABOUR REPORTING**

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

#### **15.0 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:

- 15.1 the Ministry of Long-Term Care
- 15.2 public health units
- 15.3 local public hospitals
- 15.4 Ontario Health and Home and Community Care Support Services

## **16.0 ABSENCES**

It is important for residents to be able to engage in physical activity and take part in activities that bring them joy, comfort, and dignity while remaining safe. Residents who are not under isolation requirements or symptomatic can leave the home to take a walk in the immediate area to support overall physical and mental well-being, even if the home is in outbreak.

For residents who are in isolation, at the discretion of the public health unit and where operationally feasible, some activities may continue such as one-on-one walks in an empty hallway, with appropriate use of PPE.

Upon return from an absence, residents are not required to be actively screened for signs and symptoms of COVID-19, tested or isolated unless they have symptoms or have tested positive for COVID-19 as per the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units or public health unit direction.

## **17.0 VISITATION**

Copernicus Lodge will follow the direction of our local public health unit during an outbreak, which may include advising general visitors to postpone all non-essential visits, per the COVID 19 Guidance: Long-Term Care Homes, Retirement Homes, and other Congregate Living Settings for Public Health Units (PDF). If only a portion of the home is in outbreak, residents unaffected by that outbreak may still have visitors.

Essential visitors are permitted when there is an outbreak in a home or area of a home or when a resident is symptomatic or in isolation. Essential visitors include caregivers, support workers and people visiting very ill residents or residents receiving end of life care, and government inspectors with a statutory right of entry. For clarity, individuals such as maintenance workers, contractors, or engineers, who provide support to the critical operations of the home, including performing critical maintenance services necessary to comply with applicable laws, are considered support workers and permitted to enter a home during an outbreak.

**End of Life:**

Copernicus Lodge will not restrict visitors who are attending the home to visit a resident receiving end of life care. In the event that the visitor(s) fail the home's screening process, or may not meet an individual home's vaccination or asymptomatic screen testing policy, the visitor(s) is to wear appropriate and applicable personal protective equipment as recommended by the organization's IPAC guidelines or best practice guidance for their sector.

## **18.0 RETURN TO WORK: STAFF**

Per the Ministry of Health's COVID-19 Guidance for Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units, individuals working in long-term care homes who have COVID-19 symptoms should self-isolate and are encouraged to get tested for COVID-19.

Staff with COVID-19 may return to work;

- once their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) **and**
- they have no fever
- Upon return to work, they should follow measures to reduce the risk of transmission for 10 days from their symptom onset/positive test, including wearing a mask and distancing from others before they remove their mask (for example, to eat or drink).

## **19.0 DECLARING THE OUTBREAK OVER**

In consultation with the outbreak management team and the local public health unit, the outbreak may be declared over when there are no new cases, which were reasonably acquired in the setting, have occurred for 7 days, and there is no evidence of ongoing transmission.

- 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 following outbreak
- Communicate that the outbreak is over to all stakeholders

## **20.0 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.

Copernicus Lodge may implement measures above and beyond minimum requirements.

## REFERENCES:

- The Minister of Long-Term Care: COVID-19 Guidance Document for Long Term Care Home in Ontario (Update June 26, 2023)
- Ministry of Health: COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings (Version 11 – June 23, 2023)
- Ministry of Long-Term Care COVID-19 Response Measures - Frequently Asked Questions (FAQs) (updated June 23, 2023)
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- 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*