

Institutional/Facility Outbreak Prevention and Control Protocol, 2015

Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1, 2} Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into 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 and gastroenteritis outbreaks in institutional settings and facilities, such as hospitals, long-term care homes, day nurseries and other institutional/facility settings.

The Ministry of Health and Long-Term Care does not regulate Retirement Homes, as a Retirement Home is not expressly listed as an “institution” under the HPPA. To determine if the board of health’s activities for preventing and managing outbreaks in this protocol may be applied in Retirement Homes, the Ontario Seniors’ Secretariat (OSS) should be consulted or, where applicable, legal counsel. Under the *Infectious Diseases Protocol, 2008* (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.³

Reference to the Standards

Table 1: identifies the OPHS standards and requirements to which this protocol relates.

Standard	Requirement
Infectious Diseases Prevention and Control	<p>Requirement #7: The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to infectious diseases of public health importance in accordance with the Health Protection and Promotion Act; the Mandatory Blood Testing Act; the <i>Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008</i> (or as current); the <i>Infectious Diseases Protocol, 2008</i> (or as current); the <i>Institutional/Facility Outbreak Prevention and Control Protocol, 2008</i> (or as current); and the <i>Public Health Emergency Preparedness Protocol, 2008</i> (or as current).</p> <p>Requirement #8: The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the</p>

Standard	Requirement
	<i>Infectious Diseases Protocol, 2008</i> (or as current); the <i>Institutional/Facility Outbreak Prevention and Control Protocol, 2008</i> (or as current); and provincial and national protocols on best practices.

Operational Roles and Responsibilities

1) General

- a) 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 and gastroenteritis outbreaks. This shall include coordination and assistance in the management of such outbreaks in single or multiple institutions/facilities.
- b) The board of health shall assist institutions/facilities with outbreak management preparation, addressing the following components at a minimum:
 - i) Establishing a surveillance mechanism for determining baseline data for infectious diseases;
 - ii) Early identification of outbreaks;
 - iii) Education for preventing and managing an outbreak;
 - iv) Outbreak management measures;
 - v) Communication within and outside institutions;
 - vi) Communication with regulatory bodies and the public when appropriate;
 - vii) Interagency cooperation and timely information sharing with all who need to know about the occurrence of an outbreak; and
 - viii) Staff exclusion policy.
- c) The board of health shall apply current communicable disease policies and procedures as outlined in the *Infectious Diseases Protocol, 2008* (or as current).³
- d) The board of health shall assist 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 and management.
- e) The board of health shall assist institutions in establishing and reviewing written outbreak response plans at a minimum of every two years.

2) Detection, Investigation, and Identification

- a) The board of health shall work with 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.
- b) The board of health shall assist institutions/facilities in developing an effective communication plan between the board of health and institutions/facilities to receive outbreak notification and outbreak information from institutions.

- c) The board of health shall provide current epidemiological information on local reportable infectious disease occurrences to institutions/facilities, as it becomes available, to assist in the prevention, control, and management of outbreaks.
- d) 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 or gastroenteritis outbreak exists that is a reportable disease under the HPPA.²
- e) The board of health shall inform institutions/facilities that they should report to the medical officer of health all infectious diseases of public health importance. Note: there is no duty to report infectious diseases unless they are reportable diseases under the HPPA.²

For further information on a) to e), please refer to the *Control of Gastroenteritis Outbreaks in Long-Term Care Homes: A Guide for Long-Term Care Homes and Public Health Unit Staff, 2013*, the 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 the most current version of *A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2014*.⁴⁻⁶

3) Notification: Reporting from Source to Boards of Health

- a) 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 and/or gastroenteritis outbreaks, on a 24 hours per day, 7 days per week (24/7) basis.
- b) 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, 2008* (or as current) for additional information.³
- c) The board of health shall obtain the epidemiological information necessary to assess, evaluate, and control the outbreak.
- d) The board of health shall arrange for obtaining any environmental, clinical or other samples as appropriate to assess, evaluate, confirm and control an outbreak.

4) Management

- a) 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 and gastroenteritis outbreaks. However, it is ultimately the responsibility of the institution/facility to manage the outbreak.
- b) 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.
- c) The board of health shall perform the following actions when assisting in the management of outbreaks:
 - i) Assess the status of the outbreak;
 - ii) Review and discuss line listings provided by the institution/facility, including populations at risk and number of cases;

- iii) Review and/or establish a case definition in collaboration with the institution/facility; utilize standardized case definitions from best-practice guidelines if available;
 - iv) Determine the population at risk; and
 - v) Assist in active case finding through consultation.
- d) The board of health shall recommend and assist with the implementation of appropriate infection prevention and control practices, with a focus on routine practices and applicable/appropriate additional precautions as required.
- e) The board of health shall participate in outbreak management team meetings with appropriate representatives from the institution/facility when appropriate.
- f) The board of health shall assist institutions/facilities with developing and implementing a risk communications plan to address stakeholders affected by an outbreak.
- g) The board of health shall monitor outbreaks on an ongoing basis and 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, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).^{3, 7}
- h) The board of health shall declare whether an outbreak is over, in consultation with the institution/facility.
- i) 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
 - ii) The medical officer of health retains the final authority to determine if an outbreak is over.
- i) 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 formulating preventive measures going forward.
- j) The board of health shall inspect institutions as follows:
- i) For respiratory outbreaks, the board of health shall assess and, where epidemiological evidence supports it, inspect and evaluate infection prevention and control practices at the institution.
 - 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.
 - ii) For gastroenteritis outbreaks, the board of health shall assess the need for an additional inspection of food preparation and handling within the institution.
 - If meals are prepared in a food premises outside of the institution, the food premises shall be inspected by the board of health;
 - 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;

- 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; and
- 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, including antimicrobial stewardship programs.

For further information on ii), please refer to the Roles and Responsibilities of Hospitals and Public Health Units for *Clostridium difficile* Infection Reporting and Outbreak Management, 2014 and the PIDAC *Annex C: Testing, Surveillance and Management Clostridium difficile, 2013*.^{8,9}

- iii) For outbreaks other than respiratory 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.
- k) 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, 2008* (or as current) and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).^{10, 11}

For further information on infection prevention and control best practices for outbreak management refer to the relevant PIDAC Best Practices documents.¹²

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

- a) The board of health shall report outbreak data on reportable diseases to the Ministry of Health and Long-Term Care (the “ministry”), or as specified by the ministry, to the Ontario Agency for Health Protection and Promotion (herein referred to as Public Health Ontario (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.
- b) The board of health shall update the outbreak file and enter data as required using iPHIS or any other method specified by the ministry.
- c) 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 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 or any other method specified by the ministry.
- d) 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.
- e) 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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