OUTBREAK CONTROL MEASURES FOR INSTITUTIONS, CONGREGATE LIVING SETTINGS, CHILD CARE CENTRES AND SCHOOLS

Infection Prevention and Control
Ottawa Public Health
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Long-Term Care and Retirement Home

Reporting

When an outbreak is suspected, notify Ottawa Public Health (OPH) using the online Notification of Increase in Illness Form and implement the following outbreak control measures in the outbreak area.

For outbreak definitions, refer to

Appendix 1: Case Definitions and Disease Specific Information (Respiratory Infections)

Appendix 1: Case Definitions and Disease Specific Information (COVID-19)

Case and Contact Management (refer to chart below)

As per Ministry of Health guidance:

COVID-19		
COVID-19 Scenario	**Isolation Period**	**Additional Instructions**
Resident Covid-19 Case	Cases should stay in their room on contact-droplet precautions until **5 days** after onset of symptoms AND symptoms have been improving for 24 hours (48 hours if gastrointestinal) and no fever is present. If not able to wear a mask, cases should remain on contact-droplet precautions for **10 days** from symptom onset. All residents in isolation should be supported to leave their room for walks in the immediate area or outdoors with staff wearing appropriate PPE, to support overall physical and mental well-being.	Cases should wear a mask, if tolerated, when receiving care & when outside of their room until **day 10** from symptom onset. Note: this INCLUDES avoiding attending group dining & group activities that involve unexposed residents where masking cannot be maintained by the case.
Staff Covid-19 Case	Staff may return to work if they are afebrile (without fever reducing medication), and their symptoms have been improving for **24 hours** (48 hours if vomiting/diarrhea). For more information related to isolation guidance in the community, refer to Isolation instructions for COVID-19.	For a total of **10 days** after date of specimen collection or symptom onset (whichever is earlier/applicable), staff should: • Strictly adhere to workplace measures for reducing risk of transmission (e.g., masking for source control, not removing their mask unless eating or drinking,

		distancing from others as much as possible). • Avoid caring for residents at highest risk of severe COVID-19 infection, where possible.
Resident Roommate Close Contacts	Roommate close contacts should be placed in a separate room to isolate away from the case if possible. When this is not possible, the use of a physical barrier (e.g. curtains or a cleanable barrier) is recommended to create separation between the case and the roommate. Roommate close contacts that remain in the same room: • Monitored once daily for symptoms. • Placed on contact-droplet precautions for **5 days**. Roommate close contacts that can move rooms: • Monitored once daily for symptoms. • Placed on contact-droplet precautions for 1 incubation period OR **5 days** if pathogen is unknown.	Roommate close contacts that remain in the same room: • Mask, if tolerated, during care & when outside room until **10 days** from roommates onset date. Roommate close contacts that can move rooms: • Mask, if tolerated, during care & when outside room until **7 days** from roommates onset date. Note: This may include avoiding group dining & group activities where masking cannot be maintained.
Resident Non-Roommate Close Contact	• Isolation not required if asymptomatic. • Monitor once daily for symptoms.	• Mask, if tolerated, during care & when outside of their room for **7 days** if in outbreak area, or **5 days** if not in outbreak area following last exposure. Note: This may include avoiding group dining & group activities where masking cannot be maintained.
Staff Asymptomatic Close Contact of a Covid-19 Case	Does not need to self-isolate if asymptomatic.	Where feasible, additional workplace measures for individuals who are self-monitoring for **10 days** from last exposure may include: • Active screening for symptoms ahead of each shift. • Individuals should not remove their mask when in the presence of other staff to reduce exposure to co-workers (i.e., not eating meals/drinking in a shared space such as conference room or lunchroom). • Working in only one facility, where possible. • Ensuring well-fitting medical mask for the staff to reduce the risk of transmission.

** Dementia Isolation toolkit and Guidance for supporting clients who wander and require physical isolation.*

RESPIRATORY (NON COVID-19)		
Respiratory (Non Covid-19) Scenario	**Isolation Period**	**Additional Instructions**
Resident Respiratory Case	Cases should be encouraged to stay in their room and be on contact-droplet precautions until **5 days** after the onset of acute illness or until symptoms have resolved (whichever is shorter). Note: Influenza is **5 full days** of isolation. All residents in isolation should be supported to leave their room for walks in the immediate area or outdoors with staff wearing appropriate PPE, to support overall physical and mental well-being. Cases may leave their room while on contact-droplet precautions if they are able to perform hand hygiene and consistently wear a well-fitted medical mask.	Cases should wear a mask, if tolerated, when receiving care & when outside of their room until **day 10** from symptom onset. Note: This may include avoiding attending group dining & group activities that involve unexposed residents where masking cannot be maintained by the case.
Resident Roommate Close Contacts	Roommate close contacts should be placed in a separate room to isolate away from the case if possible. When this is not possible, the use of a physical barrier (e.g. curtains or a cleanable barrier) is recommended to create separation between the case and the roommate. Roommate close contacts that remain in the same room: • Monitored once daily for symptoms. • Placed on contact-droplet precautions for **5 days**. Roommate close contacts that can move rooms: • Monitored once daily for symptoms.	Roommate close contacts that remain in the same room: • Mask, if tolerated, during care & when outside room until **10 days** from roommates onset date. Roommate close contacts that can move rooms: • Mask, if tolerated, during care & when outside room until **7 days** from roommates onset date. Note: This may include avoiding group dining & group activities where masking cannot be maintained.

	• Placed on contact-droplet precautions for 1 incubation period OR **5 days** if pathogen is unknown.	
Resident Non-Roommate Close Contact	• Isolation not required if asymptomatic. • Monitor once daily for symptoms.	• Mask, if tolerated, during care & when outside of their room for **7 days** if in outbreak area, or **5 days** if not in outbreak area following last exposure. Note: This may include avoiding group dining & group activities where masking cannot be maintained.
Staff Respiratory Case	Symptomatic staff should be excluded from the institution until afebrile without the use of fever-reducing medication and symptoms have been resolving for at least **24 hours** (48 hours if GI symptoms).	Staff who develop **respiratory symptoms** at work are recommended to perform respiratory hygiene practices (wear mask, cough into sleeve/elbow) and leave work as soon as possible. Staff should adhere to workplace measures for reducing risk of transmission: • Mask until **day 10** from symptom onset or date of specimen collection, whichever is earlier, • Avoid caring for residents at highest risk of severe respiratory illness, where possible.

ENTERIC		
Enteric Scenario	**Isolation Period**	**Additional Instructions**
Resident Case	Isolate resident cases until 48 hours symptom-free or based on organism identified.	Implement appropriate contact precautions (gown and gloves). Use mask and eye protection if there's a risk for splash back.
Staff Case	Staff can return to work after 48 hours if symptom-free.	Staff who develop gastrointestinal symptoms at work are recommended to perform hand hygiene and leave work as soon as possible.
Resident Roommate Close Contact	Does not need to isolate if asymptomatic.	Ideally, place in a separate room to isolate away from the case. When this is not possible, the use of physical barriers (e.g., curtains or a cleanable barrier) to create separation is recommended. Monitor once daily for symptoms and remind resident to report symptom onset as soon as possible.

A food safety or kitchen inspection may be conducted if circumstances indicate that food may be a potential source. Food samples may also be taken. **Surveillance and Screening**

- Ensure ongoing monitoring and surveillance to identify new symptomatic residents, staff, and volunteers. Institutions should conduct active screening (minimum once daily) of all residents in the outbreak area to facilitate early identification and management of ill residents.
- Isolate ill residents and exclude ill staff, students, or volunteers.
- Report all new cases to your OPH investigator and add them to the line list.
- Encourage all those needing to access the facility to self-screen for symptoms daily and not enter while ill; a self-assessment tool is available on the Ontario Health website.
- General visitors should postpone non-essential visits to residents who are symptomatic and/or self-isolating, or when the facility is in outbreak.

Testing

- During respiratory outbreaks, collect nasopharyngeal (NP) swabs from ill residents and staff. For instructions on how to collect an NP swab refer to Public Health Ontario's: COVID-19 and Respiratory Viruses PCR Nasopharyngeal Collection Instructions.
- Ensure facility has adequate supplies of NP swabs. Please access the Ministry of Health portal to order specimen collection kits & PPE.
- During enteric outbreaks, collect three (3) stool specimens from residents with the most recent onset of symptoms or who are the most ill, ideally within the last 48-72 hours. For instructions on how to collect stool specimens, refer to Public Health Ontario's: Gastroenteritis –Stool Viruses page.

Personal Protective Equipment (PPE) and Hand Hygiene

- Complete a point of care risk assessment (PCRA) for each interaction or task, and wear appropriate PPE - gown, gloves, mask (N95 or medical mask), & eye protection.
- Staff should wear a fit tested N95 mask when providing care to symptomatic or confirmed resident cases receiving aerosolized generating medical procedures (AGMP).
- Ensure a donning bin is placed outside the ill residents' room with PPE signage on the door; a doffing bin or trash can should be placed inside the room if possible.
- Facilities should have more than one week supply of PPE on hand and PPE bins are adequately stocked with surgical masks, eye protection, gloves, N95 masks, gowns, ABHR and disinfectant wipes.
- Educate visitors on the use of PPE when visiting ill residents.

- Masking is recommended in the outbreak area(s) during respiratory outbreaks or seasonal increases in respiratory illness.
- Ensure adequate and frequent hand hygiene; review and promote hand hygiene with staff, residents, students, volunteers, and visitors as needed:
    - Hand hygiene (ABHR min. 70% for 15 seconds or soap and water when hands are visibly soiled or when handling food – cooking, preparation and serving)
- Ensure alcohol-based hand rub (ABHR) is available throughout the facility but most importantly at points of care and in all common areas. Products must be verified to ensure they are not expired.
- Liquid products (hand soap and/or ABHR) should be dispensed in disposable pump dispensers that are discarded when empty; they should never be “topped up” or refilled.
- Assigned staff should conduct weekly IPAC audits for the duration of the outbreak for hand hygiene and PPE. Corrections in real time, as well as feedback loops, (i.e., reports) should be shared with staff for continuous quality improvement.

Cleaning and Disinfection

- When an outbreak is declared, institute enhanced environmental cleaning and disinfection of all high touch surfaces, including horizontal surfaces (e.g. chair rails), ill residents’ rooms and common areas (such as hallways and lounges), at least twice per day.
- Dining room tables and chairs should be cleaned and disinfected before and after sittings.
- Clean and disinfect shared items between uses such as blood pressure cuffs, mechanical lifts, and bathtubs etc.
- Only use Health Canada-approved cleaners and disinfectants. Routinely check expiry dates and ensure disinfectants have a drug identification number (DIN) or natural products number (NPN). Follow the label and manufacturer's instructions for use. Products with a shorter contact time are preferred (i.e.,1-3 minutes). ***Never mix chemicals together.***
- Do not apply cleaning chemicals by aerosol or trigger sprays (spray guns).
- Ensure the product is effective against the agent circulating in the facility; accelerated hydrogen peroxide disinfectants will often cover a large spectrum of pathogens frequently identified in healthcare institutions.
- Ensure disinfectant is available in common areas (e.g. nursing station) and on shared equipment such as medication carts.
- Regular laundry detergent followed by use of a dryer on hot cycle are sufficient for soiled laundry.
- Reduce clutter and remove shared items that are difficult to clean and disinfect from common areas such as table linens, salt/pepper shakers (provide individual

packets), table water jugs, newspapers, magazines, fruit bowls, games, puzzles etc.

- Reusable (regular) dishware and utensils may be used during a respiratory outbreak provided there is an appropriate wash-rinse-sanitize process in place. Isolated cases presenting with enteric symptoms should receive single-use, disposable cutlery, and plates.
- Assigned staff should conduct weekly IPAC audits for the duration of the outbreak for cleaning and disinfection and report rates to staff.
- Access the Public Health Ontario website for additional resources on environmental cleaning and disinfection best practices.

Communication and Signage

- Notify all staff, residents, and families as soon as an outbreak is suspected or confirmed.
- Notify internal and external partners of the outbreak (paramedics, physiotherapy, foot care, volunteers, patient transport services etc.) as required.
- Post signage (outbreak signage, list of signs/symptoms of infection, hand hygiene, PPE, additional precautions) at entrance to facility, affected unit(s) and affected resident(s) room.
- Discuss any concerns regarding transfers or new admissions of residents with the OPH investigator as required.

Cohorting and Activities

- Cohort staff/students/volunteers and residents to an outbreak unit as much as possible.
- Limit movement on and off the units, between cohorts, and between residents' rooms as much as possible during an outbreak.
- Limit non-essential visitors, non-essential outings, and day programming during the outbreak period.
- Group activities should be conducted such that the outbreak unit is cohorted separately from unexposed individuals and units.
- Wherever possible, continuing group activities for exposed cohorts is recommended to support mental health and wellbeing.
- Symptomatic residents or those on Additional Precautions are not recommended to participate in group activities or communal dining with other residents, however, they may continue to interact with essential caregivers and visitors. This includes going outdoors and participating in 1:1 activities if Additional Precautions are followed (e.g., enhanced hand hygiene, masking, physical distancing).
- Maintain assigned seating and physical distancing in communal areas/dining areas, where possible.

- Remove shared items that are difficult to clean/disinfect such as books, puzzles, newspapers, fruit bowls etc.
- Please see Activities in Long-term Care Homes and Retirement Homes during Outbreaks FAQs for additional information.

Please visit OPH Long-term Care Facilities and Retirement Homes website for outbreak information and resources.

Congregate Living Settings

The following Pubic Health Ontario Tool can be utilized to support with outbreak management practices: Outbreak Preparedness, Prevention and Management in Congregate Living Settings.

Reporting

When an outbreak is suspected, notify Ottawa Public Health (OPH) using the online Notification of Increase in Illness Form and implement the following outbreak control measures in the outbreak area.

For outbreak definitions, refer to

Appendix 1: Case Definitions and Disease Specific Information (Respiratory Infections)

Appendix 1: Case Definitions and Disease Specific Information (COVID-19)

Case and Contact Management (refer to chart below)

As per Ministry of Health guidance:

COVID-19		
COVID-19 Scenario	**Isolation Period**	**Additional Instructions**
Resident Covid-19 Case	Cases should stay in their room on contact-droplet precautions until **5 days** after onset of symptoms AND symptoms have been improving for 24 hours (48 hours if gastrointestinal) and no fever is present.	Cases should wear a mask, if tolerated, when receiving care & when outside of their room until **day 10** from symptom onset. Note: this INCLUDES avoiding attending group dining & group activities that involve unexposed residents where masking cannot be maintained by the case
Staff Covid-19 Case	Staff may return to work if they are afebrile (without fever reducing medication), and their symptoms have been improving for **24 hours** (48 hours if vomiting/diarrhea). For more information related to isolation guidance in the community, refer to Isolation instructions for COVID-19.	For a total of **10 days** after date of specimen collection or symptom onset (whichever is earlier/applicable), staff should: Strictly adhere to workplace measures for educing risk of transmission (e.g., masking or source control, not removing their mask nless eating or drinking, distancing from thers as much as possible) Avoid caring for residents at highest risk of evere COVID-19 infection, where possible
Resident Roommate Close Contacts	Roommate close contacts should be placed in a separate room to isolate away from the case if possible. When this is not possible, the use of a	Roommate close contacts that remain in the same room:

	physical barrier (e.g. curtains or a cleanable barrier) is recommended to create separation between the case and the roommate. Roommate close contacts that remain in the same room: • Monitored once daily for symptoms. • Placed on contact-droplet precautions for 5 days. Roommate close contacts that can move rooms: • Monitored once daily for symptoms. • Placed on contact-droplet precautions for 1 incubation period OR 5 days if pathogen is unknown.	• Mask, if tolerated, during care & when outside room until **10 days** from roommates onset date. Roommate close contacts that can move rooms: • Mask, if tolerated, during care & when outside room until **7 days** from roommates onset date. Note: This may include avoiding group dining & group activities where masking cannot be maintained.
Resident Non-Roommate Close Contact	• Isolation not required if asymptomatic. • Monitor once daily for symptoms.	• Mask, if tolerated, during care & when outside of their room for **7 days** if in outbreak area, or **5 days** if not in outbreak area following last exposure. Note: This may include avoiding group dining & group activities where masking cannot be maintained.
Staff Asymptomatic Close Contact of a Covid-19 Case	Does not need to self-isolate if asymptomatic.	Where feasible, additional workplace measures for individuals who are self-monitoring for **10 days** from last exposure may include: • Active screening for symptoms ahead of each shift • Individuals should not remove their mask when in the presence of other staff to reduce exposure to co-workers (i.e., not eating meals/drinking in a shared space such as conference room or lunchroom) • Working in only one facility, where possible • Ensuring well-fitting source control masking for the staff to reduce the risk of transmission (e.g., a well-fitting medical mask or fit or non-fit tested N95 respirator or KN95)

RESPIRATORY (NON COVID-19)

Respiratory (Non Covid-19) Scenario	Isolation Period	Additional Instructions
Resident Respiratory Case	Place on additional precautions until **5 days** after the onset of acute respiratory illness and symptoms improving for at least 24 hours and no fever without fever reducing medication.	Cases may leave their room while on Droplet and Contact Precautions if they are able to perform hand hygiene and consistently wear a well-fitted medical mask. However, this strategy may not work with all populations and its application is left to the discretion of the institution in consultation with the PHU. All clients/patients/residents in isolation should be supported to leave their room for walks in the immediate area with staff wearing appropriate PPE, to support overall physical and mental well-being.
Resident Roommate Close Contacts	Roommate close contacts should be placed in a separate room to isolate away from the case if possible. When this is not possible, the use of a physical barrier (e.g. curtains or a cleanable barrier) is recommended to create separation between the case and the roommate. Roommate close contacts that remain in the same room: • Monitored once daily for symptoms. • Placed on contact-droplet precautions for **5 days**. Roommate close contacts that can move rooms: • Monitored once daily for symptoms. • Placed on contact-droplet precautions for 1 incubation period OR **5 days** if pathogen is unknown.	Roommate close contacts that remain in the same room: • Mask, if tolerated, during care & when outside room until **10 days** from roommates onset date. Roommate close contacts that can move rooms: • Mask, if tolerated, during care & when outside room until **7 days** from roommates onset date. Note: This may include avoiding group dining & group activities where masking cannot be maintained.
Resident Non-Roommate Close Contact	• Isolation not required if asymptomatic. • Monitor once daily for symptoms.	• Mask, if tolerated, during care & when outside of their room for **7 days** if in outbreak area, or **5 days** if not in outbreak area following last exposure. Note: This may include avoiding group dining & group activities where masking cannot be maintained.
Staff Respiratory Case	Symptomatic staff should be excluded from the institution until afebrile without the use of fever-reducing medication	Staff who develop respiratory symptoms at work are recommended to perform respiratory hygiene practices (wear mask,

	and symptoms have been resolving for at least **24 hours** (48 hours if GI symptoms).	cough into sleeve/elbow) and leave work as soon as possible. Staff should adhere to workplace measures for reducing risk of transmission: • mask until **day 10** from symptom onset or date of specimen collection, whichever is earlier. • avoid caring for residents at highest risk of severe respiratory illness, where possible.

ENTERIC		
Enteric Scenario	**Isolation Period**	**Additional Instructions**
Resident Case	Isolate resident cases until 48 hours symptom-free or based on organism identified.	Implement appropriate contact precautions (gown and gloves). Use mask and eye protection if there's a risk for splash back.
Staff Case	Staff can return to work after 48 hours if symptom-free.	Staff who develop gastrointestinal symptoms at work are recommended to perform hand hygiene and leave work as soon as possible.
Resident Roommate Close Contact	Does not need to isolate if asymptomatic.	Ideally, place in a separate room to isolate away from the case. When this is not possible, the use of physical barriers (e.g., curtains or a cleanable barrier) to create separation is recommended. Monitor once daily for symptoms and remind resident to report symptom onset as soon as possible.

A food safety or kitchen inspection may be done if circumstances indicate that food may be a potential source. Food samples may also be taken.

Surveillance and Screening

- Ensure ongoing monitoring and surveillance to identify new symptomatic residents, staff, and volunteers. Institutions should conduct active screening (minimum once daily) of all residents in the outbreak area to facilitate early identification and management of ill residents.
- Isolate ill residents and exclude ill staff, students, or volunteers.
- Report all new cases to your OPH investigator and add them to the line list.
- Encourage all those needing to access the facility to self-screen for symptoms daily and not enter while ill; a self-assessment tool is available on the Ontario Health website.

- General visitors should postpone non-essential visits to residents who are symptomatic and/or self-isolating, or when the facility is in outbreak.

Personal Protective Equipment (PPE) and Hand Hygiene

- Complete a point of care risk assessment (PCRA) for each interaction or task, and wear appropriate PPE - gown, gloves, mask (N95 or medical mask), & eye protection.
- Staff should wear a fit tested N95 mask when providing care to symptomatic or confirmed resident cases receiving aerosolized generating medical procedures (AGMP).
- Ensure a donning bin is placed outside the ill residents' room with PPE signage on the door; a doffing bin or trash can should be placed inside the room if possible.
- Facilities should have more than one week supply of PPE on hand and PPE bins are adequately stocked with surgical masks, eye protection, gloves, N95 masks, gowns, ABHR and disinfectant wipes.
- Educate visitors on the use of PPE when visiting ill residents.
- Masking is recommended in the outbreak area(s) during respiratory outbreaks or seasonal increases in respiratory illness.
- Ensure adequate and frequent hand hygiene; review and promote hand hygiene with staff, residents, students, volunteers, and visitors as needed:
    - Hand hygiene (ABHR min. 70% for 15 seconds or soap and water when hands are visibly soiled or when handling food – cooking, preparation and serving)
- Ensure alcohol-based hand rub (ABHR) is available throughout the facility but most importantly at points of care and in all common areas. Products must be verified to ensure they are not expired.
- Liquid products (hand soap and/or ABHR) should be dispensed in disposable pump dispensers that are discarded when empty; they should never be "topped up" or refilled.
- Assigned staff should conduct weekly IPAC audits for the duration of the outbreak for hand hygiene and PPE. Corrections in real time, as well as feedback loops, (i.e., reports) should be shared with staff for continuous quality improvement.

Cleaning and Disinfection

- When an outbreak is declared, institute enhanced environmental cleaning and disinfection of all high touch surfaces, including horizontal surfaces (e.g. chair rails), ill residents' rooms and common areas (such as hallways and lounges), at least twice per day.

- Dining room tables and chairs should be cleaned and disinfected before and after sittings.
- Clean and disinfect shared items between uses such as blood pressure cuffs, mechanical lifts, and bathtubs etc.
- Only use Health Canada-approved cleaners and disinfectants. Routinely check expiry dates and ensure disinfectants have a drug identification number (DIN) or natural products number (NPN). Follow the label and manufacturer's instructions for use. Products with a shorter contact time are preferred (i.e.,1-3 minutes). ***Never mix chemicals together.***
- Do not apply cleaning chemicals by aerosol or trigger sprays (spray guns).
- Ensure the product is effective against the agent circulating in the facility; accelerated hydrogen peroxide disinfectants will often cover a large spectrum of pathogens frequently identified in healthcare institutions.
- Ensure disinfectant is available in common areas (e.g. nursing station) and on shared equipment such as medication carts.
- Regular laundry detergent followed by use of a dryer on hot cycle are sufficient for soiled laundry.
- Reduce clutter and remove shared items that are difficult to clean and disinfect from common areas such as table linens, salt/pepper shakers (provide individual packets), table water jugs, newspapers, magazines, fruit bowls, games, puzzles etc.
- Reusable (regular) dishware and utensils may be used during a respiratory outbreak provided there is an appropriate wash-rinse-sanitize process in place. Isolated cases presenting with enteric symptoms should receive single-use, disposable cutlery, and plates.
- Assigned staff should conduct weekly IPAC audits for the duration of the outbreak for cleaning and disinfection and report rates to staff.
- Access the Public Health Ontario website for additional resources on environmental cleaning and disinfection best practices.

Communication and Signage

- Notify all staff, residents, and families as soon as an outbreak is suspected or confirmed.
- Notify internal and external partners of the outbreak (paramedics, physiotherapy, foot care, volunteers, patient transport services etc.) as required.
- Post signage (outbreak signage, list of signs/symptoms of infection, hand hygiene, PPE, additional precautions) at entrance to facility, affected unit(s) and affected resident(s) room.
- Discuss any concerns regarding transfers or new admissions of residents with the OPH investigator as required.

Cohorting and Activities

- Cohort staff/students/volunteers and residents to an outbreak unit as much as possible.
- Limit movement on and off the units, between cohorts, and between residents' rooms as much as possible during an outbreak.
- Limit non-essential visitors, non-essential outings, and day programming during the outbreak period.
- Group activities should be conducted such that the outbreak unit is cohorted separately from unexposed individuals and units.
- Wherever possible, continuing group activities for exposed cohorts is recommended to support mental health and wellbeing.
- Symptomatic residents or those on Additional Precautions are not recommended to participate in group activities or communal dining with other residents, however, they may continue to interact with essential caregivers and visitors. This includes going outdoors and participating in 1:1 activities if Additional Precautions are followed (e.g., enhanced hand hygiene, masking, physical distancing).
- Maintain assigned seating and physical distancing in communal areas/dining areas, where possible.
- Remove shared items that are difficult to clean/disinfect such as books, puzzles, newspapers, fruit bowls etc.
- Please see Activities in Long-term Care Homes and Retirement Homes during Outbreaks FAQs for additional information.

Child Care

Reporting

When an outbreak is suspected, notify Ottawa Public Health (OPH) using the online Notification of Increase in Illness Form and implement the following outbreak control measures in the outbreak area.

Staying Home When Sick

Children and staff should stay home if they:

- Have a fever, chills, sore throat, cough, runny nose, or significant fatigue
- Have vomiting or diarrhea
- Have a rash, red/swollen eyes or ear pain
- Have a known or suspected contagious illness
- Are not feeling well enough to participate in regular activities

Management of Symptomatic Individuals

Child care centers should have a procedure in place for management of children or staff ill with symptoms of a communicable disease:

- Ill children should be separated from others and remain in a supervised area until a parent or guardian can take them home.
- Appropriate PPE should be worn by all staff supervising ill children (medical mask, optional non-fit-tested N-95 mask, eye protection and gloves.

Children and staff may return to care when:

- Respiratory symptoms have been improving for at least 24 hours.
- They have been fever-free for at least 24 hours without the use of fever-reducing medication
- At least 48 hours have passed since the last episode of vomiting or diarrhea, and
- They feel well enough to participate in regular activities.

Refer to the Guidelines for Schools and Child Care Centers on Infectious Diseases and Other Childhood Health Issues for disease-specific recommendations.

Testing

- Stool specimen testing is recommended during enteric outbreaks. Specimen collection kits can be ordered through Ottawa Public Health using the Facility Specimen Collection Request Form when an outbreak has been declared.
- Refer to Specimen Kits and Collection for more details.

Personal Protective Equipment (PPE) and Hand Hygiene

- Review and promote hand hygiene with staff, children, and parents.
- Ensure sufficient stock of PPE (medical masks, gown, gloves, eye protection) is always available for staff.
- PPE donning and doffing training is provided to staff.
- Gloves worn by staff if there is possibility of contact with bodily fluids (e.g., during diaper changes).
- Encourage frequent hand hygiene and respiratory etiquette for all staff, children, and visitors, provide supervision/ assistance to children as needed.
- Soap and water should be used when hands are visibly soiled.
- Alcohol based hand rub (ABHR) with a minimum 70 percent alcohol concentration must be available throughout the facility (including ideally at the entry point to each classroom) and/or plain liquid soap in dispensers, with sinks and paper towels.
- Ensure adequate hand hygiene supplies are available and are not expired.

Cleaning and Disinfection

Refer to Cleaning and Disinfection in Childcare and School Settings for more details.

- Only use Health Canada approved cleaners and disinfectants. Routinely check expiry dates and ensure disinfectants have a drug identification number (DIN) or natural products number (NPN). Follow the label and manufacturer's instructions

for use. Products with a shorter contact time are preferred (i.e., 1-3 minutes). ***Never mix chemicals together***.

- Review the product label to ensure the product is effective against Norovirus if there is gastrointestinal illness.
- Remove sensory play during outbreaks (e.g., water or sand tables).
- Fabric furniture, including rugs, should be removed or have a removable, non-absorbent cover that can be laundered between use. Enhanced cleaning and disinfection of high touch surfaces, washrooms, toys/other shared objects minimum 2x/day; immediate cleaning & disinfection of items used by ill child or as needed (e.g., toys, blankets).
- Clean and disinfect linens, cots, and cribs at least once a week and immediately after use by a symptomatic child.
- Clean and disinfect diaper changing stations immediately after each use.
- Personal items (e.g., sippy cups, soothers, utensils) are not to be shared.
- Reusable (regular) dishware and utensils may be used during an outbreak provided there is an appropriate wash-rinse-sanitize process in place.

Communication and Signage

- Post signage at entrance to facility and affected class(es).
- Communicate outbreak status with parents and staff via letter.

Cohorting

- Cohort staff and children as much as possible.
- Limit movement of staff and children, as well as equipment used between cohorts where possible during outbreaks.

Schools

Reporting and Ottawa Public Health Support

As of the 2026-2027 school year, schools are no longer required to:

- Report on the increases in absenteeism to OPH
- Report on individual cases of common, non-reportable illnesses (e.g. common cold, strep throat, stomach flu)

Schools should follow infection prevention and control (IPAC) measures as part of their daily operations. During periods of increased illness activity some measures may need to be enhanced. The following measures are recommended to help reduce the spread of illness within the school setting:

Staying Home When Sick

Students and staff should stay home if they:

- Have a fever, chills, sore throat, cough, runny nose, or significant fatigue
- Have vomiting or diarrhea
- Have a rash, red/swollen eyes or ear pain
- Have a known or suspected contagious illness
- Are not feeling well enough to participate in regular activities

Management of Symptomatic Individuals

Schools should have a procedure in place for management of students or staff ill with symptoms of a communicable disease.

Ill students should be separated from others and remain in a supervised area until a parent or guardian can take them home.

Students and staff may return to school when:

- Respiratory symptoms have been improving for at least 24 hours.
- They have been fever-free for at least 24 hours without the use of fever-reducing medication
- At least 48 hours have passed since the last episode of vomiting or diarrhea, and
- They feel well enough to participate in regular activities.

Refer to the Guidelines for Schools and Child Care Centers on Infectious Diseases and Other Childhood Health Issues for disease-specific recommendations.

Testing

- Any diagnosis of a communicable disease should be made by a health care provider.
- Schools should consult the Guidelines for Schools and Child Care Centers on Infectious Disease and Other Childhood Health Issues when determining public health reporting requirements.
- Schools should contact OPH if they require assistance interpreting communicable disease guidance or have concerns regarding unusual illness activity or suspected food-borne illness.

Personal Protective Equipment (PPE) and Hand Hygiene

- Personal protective equipment (PPE) including gloves, masks, eye protection, and gowns, should be made available, based on school board policies, when there is a possibility of exposure to bodily fluids.
- Alcohol based hand rub (ABHR) containing a minimum of 70% alcohol may be used when hands are visibly clean.
- Review and promote hand hygiene with staff, students, and families.
- Staff should perform hand hygiene before and after assisting students or handling potentially contaminated items.
- Soap and water should be used when hands are visibly soiled.
- Ensure adequate hand hygiene supplies are available and should not be expired.

Respiratory Etiquette

Encourage staff and students to:

- Cover coughs and sneeze with a tissue or elbow.
- Dispose of used tissues immediately
- Clean hands after coughing, sneezing or blowing their nose

Visual reminders and educational materials should be used to reinforce these practices when appropriate.

Cleaning and Disinfection

Routine cleaning and disinfection help reduce the spread of illnesses, particularly on frequently touched surfaces and shared equipment.

- During increased periods of illness, enhanced cleaning and disinfection (minimum twice daily) should be implemented for:
    - High-touch surfaces
    - Washrooms
    - Shared equipment and objects

- Only use Health Canada-approved cleaners and disinfectants. Routinely check expiry dates and ensure disinfectants have a drug identification number (DIN) or natural products number (NPN). Follow the label and manufacturer's instructions for use. Products with a shorter contact time are preferred (i.e., 1-3 minutes). *Never mix chemicals together.
- Ensure the product is effective against Norovirus if there is gastrointestinal illness.
- Remove sensory play during enteric illness activity (e.g., water or sand tables).
- Immediately clean & disinfect items after bodily fluid exposure.
- Clean and disinfect diaper changing stations immediately after each use.
- Personal items (e.g. water bottles, eating utensils) should not be shared.

Refer to Cleaning and Disinfection in Childcare and School Settings for more details.

Communication

Schools are encouraged to communicate with students, families and staff during periods of increased illness activity or when reminders about illness prevention measures are needed.

Key messages should reinforce:

- Staying home when sick
- Hand hygiene
- Respiratory etiquette
- Cleaning and disinfection practices
- Keeping immunizations up to date

Schools should consult the Guidelines for Schools and Child Care Centres on Infectious Diseases and Other Childhood Health Issues regarding communicable disease concerns.

For guidance and resources, please refer to the School Illness Prevention and Response Toolkit.

When Should Schools Contact OPH?

Schools should contact Ottawa Public Health (OPH) for support related to communicable diseases, increased illness activity, infection prevention and control measures or suspected food-borne illness activity.

Contact the Infectious Disease Prevention (IDP) team for:

- Communicable diseases inquiries and reporting
- Questions about exclusion and return to school recommendations
- Support interpreting communicable disease guidance.

Contact the Infection Prevention and Control (IPAC) Team for:

- Concerns about increased illness and activity and/or severe illness.
- Questions about infection prevention and control measures within the school setting
- Concerns about suspected food borne illness activity.

Phone: 613-580-2424

- IDP Team ext 26224
- IPAC Team ext 26325

After hours, please call 3-1-1 and request to speak with a Public Health Inspector.

Last Revised: 2026-08-31