Ontario

Ministry of Health

COVID-19 Guidance: School Case, Contact, and Outbreak Management

Updated August 11, 2021

Summary of key updates

- Asymptomatic contacts of confirmed or probable cases are not required to isolate if they are fully immunized, or if they were previously positive within the past 90 days and have since been cleared, unless otherwise specified by the health unit.
- Asymptomatic household members of symptomatic individuals are not required to isolate if they are fully immunized, or if they were previously positive within the past 90 days and have since been cleared.
- High-risk contacts of a case are to isolate for 10 days, unless they are fully immunized or if they were previously positive within the past 90 days and have since been cleared, unless otherwise specified by the health unit.
- If there is a known source of exposure, isolation period and testing dates should generally be counted from the day of last known exposure to the confirmed case. If the source of exposure is unknown, the isolation period should begin from the last exposure to the cohort.
- For asymptomatic high-risk contacts who are not fully immunized or previously positive within the past 90 days and have since been cleared, testing is to be recommended on or after day 7 of their isolation period. If a test is collected before day 7, a repeat test on or after day 7 is recommended.
- For high-risk contacts who are fully immunized or were previously positive within the past 90 days, testing is to be recommended as soon as possible upon notification of exposure.
- A range of options are outlined for more stringent approaches to case/contact and outbreak management depending on outbreak situations (e.g., if symptomatic cases are identified among fully immunized individuals).

Introduction

This guidance document provides information for local public health units (PHUs) investigating cases, outbreaks, and suspected outbreaks associated with elementary or secondary (K-12) school settings. It is intended to supplement existing public health guidance on the Management of Cases and Contacts of COVID-19 in Ontario and COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance. In the event of a discrepancy between this Guidance and a Directive of the Chief Medical Officer of Health, the Directive prevails. **PHUs may also implement additional measures that are not outlined in this guidance, based on local circumstances and/or PHU investigation and risk assessment.**

Please check the Ministry of Health (MOH)'s COVID-19 Guidance for the Health Sector website regularly for updates to this document, the case definition, reference document for symptoms, testing guidance, and other guidance documents and information. In addition, the COVID-19 Screening tool outlines screening questions and provides recommendations to support decision making by students/children, parents (on behalf of students/children), employees, and visitors about whether they or the student/child can attend school/child care.

This guidance applies to PHU investigations associated with all schools as that term is defined in the *Health Protection and Promotion Act* (HPPA), which includes private schools, and schools as defined in the *Education Act*. This guidance also supports PHU investigations associated with child care and before/after school programs.

Sector-specific guidance documents provide additional information and guidance for the operation of schools, child care, and before/after school programs, including:

- COVID-19: Health, safety and operational guidance for schools (2021-2022)
- Operational Guidance for Child Care During COVID-19 Outbreak
- Before and After School Programs Kindergarten – Grade 6: Policies and Guidelines for School Boards

Roles & Responsibilities

Role of Public Health Units (PHUs)

PREVENTION AND PREPAREDNESS

- Advise school administrators and school boards on COVID-19 prevention (including hierarchy of controls) and preparedness for managing COVID-19 cases, contacts, and outbreaks, in conjunction with any advice provided through the Ministry of Education (EDU) and Ministry of Health (MOH).
- Provide local school administrators and staff with public health resources.
    - Examples of resources include:
        - How to wash your hands (fact sheet)
        - How to Self-Isolate (fact sheet)
        - Self-isolation: Guide for caregivers, household members and close contacts (fact sheet)
        - How to put on and take off PPE (videos)
        - Putting on and taking off PPE (poster)
        - Non-medical Masks and Face Coverings (fact sheet)
        - Cleaning and Disinfection for Public Settings (fact sheet)
        - When and where to get tested for Covid-19
        - You were tested for COVID-19: What you should know
        - How to Protect Yourself from COVID-19 (fact sheet)
        - When to Self-isolate for Household Members (fact sheet)
        - Additional School and COVID-19 resources

CASE AND CONTACT MANAGEMENT

- Receive, investigate, and manage reports of cases and contacts of COVID-19, including decisions on case and contact management, in accordance with public health guidance on the Management of Cases and Contacts of COVID-19 in Ontario and COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance, the HPPA, and any other relevant MOH guidance.
- Consider notifying the school's principal or designate and the Director of Education or designate if a case of COVID-19 is identified in a staff, student, or

visitor associated with an elementary or secondary school setting.

- Have a dedicated communication process to allow for timely notification, such as a dedicated email address for school reporting.
- Provide recommendations on cohort dismissal and isolation[1] in response to a case.
    - The PHU may ask that school principals, or their designates, dismiss individuals or cohorts while awaiting the results of a public health investigation.
- Provide appropriate resources and supports to principals (e.g., decision guides, instructions for reporting potential or suspected onsite exposure to the PHU and/or when to seek urgent PHU direction).

OUTBREAK ASSESSMENT AND MANAGEMENT

- Investigate cases and clusters of cases associated with school locations (e.g., school transportation, in-person attendance or work at a physical school location, other facilities shared with schools), child care settings, and before/after school programs.
- Determine if an outbreak exists and declare an outbreak.
- Provide guidance and recommendations to the school on outbreak control measures, in conjunction with any advice provided by EDU, MOH, and PHO.
- Provide recommendations on isolation of cohorts and the potential need for full or partial school dismissal based on the scope of the outbreak.
- Make recommendations on who to test and frequency of testing as part of a case or outbreak investigation, in alignment with the province's broader testing strategy; facilitate a coordinated, equitable, and accessible approach to testing (e.g., on site, walkable, drop-in, approved take-home kits), with consideration for acceptability of specimen type for optimizing uptake, in collaboration with Ontario Health/local testing partners, including provision of an investigation or outbreak number.

[1] While the isolation of asymptomatic contacts is technically termed "quarantine," the common use of "isolation" or "self-isolation" is used to refer to both symptomatic/infected and exposed individuals. Therefore we have adopted the language of "isolation" for asymptomatic close contacts who are COVID-19 negative or not tested for ease of understanding, in addition to those who are symptomatic and/or infected.

- Conduct an on-site investigation as part of the outbreak investigation, where necessary, in accordance with the HPPA and in coordination with school administrators and school boards, and other relevant stakeholders (e.g., Ministry of Labour, Training and Skills Development - MLTSD).
- Issue orders by the medical officer of health in accordance with the HPPA, if necessary.
- Declare the outbreak over.

SURVEILLANCE

- Monitor and assess local epidemiology related to the burden of COVID-19 cases, transmission risks in the local community, and absenteeism in schools.
- Enter cases, outbreaks, and school exposures in the provincial surveillance system, in accordance with data entry guidance provided by Public Health Ontario (PHO). Confirmed cases associated with before/after care should be reported as a child care setting, not as a school setting.

COORDINATION AND COMMUNICATION

- In the event that a case or contact resides in a PHU that is different than that of the school, discussions between the impacted PHUs should take place to coordinate contact follow-up.
    - The PHU of the school is typically the lead PHU for school follow-up.
    - Request support from the Ministry of Health's Emergency Operations Centre (MEOC) if coordination between multiple PHUs is required for outbreak management.
- Notify the MEOC of:
    - Potential for significant media coverage or if media releases are planned by the PHU and/or school.
    - Any orders issued by the PHU's medical officer of health to the school, and share a copy.
- Engage and/or communicate with relevant partners, stakeholders, and ministries, as necessary.
- Assist school administrators and school boards with development of key messages and communication tools that can be provided to members of the school community in the event of a COVID-19 case, COVID-19 outbreak, or suspected COVID-19 outbreak. Coordinate public communications, including media, regarding school outbreaks with school administrators and school board

partners, and the MOH, as needed. Identifying a spokesperson in each organization should occur prior to an outbreak being publicly declared.

Role of Ministry of Health (MOH)

- Provide legislative and policy oversight to Boards of Health.
- Issue provincial guidance to PHUs on the management of COVID-19 cases, contacts, and outbreaks.
- Advise on regional and provincial school interventions.
- Provide ongoing support to PHUs with partner agencies, ministries, health care professionals, and the public, as necessary.
- Support PHUs during investigations, through the MEOC and/or Office of the Chief Medical Officer of Health (OCMOH), with respect to coordination, communications, etc., if requested and as appropriate.
- Support and coordinate teleconferences, as needed (e.g., if multiple PHUs are involved) via the MEOC.
- Receive notification through the MEOC:
    - If the PHU believes there is potential for significant media coverage or if media releases are planned by the PHU and/or school.
    - If orders are issued by the PHU's medical officer of health to the school.

Role of Ontario Health (OH)

- Coordinate local planning among health system partners for testing to ensure the availability of testing resources.
- Work with PHUs, schools/school boards and local testing partners (e.g., designated assessment centres / hospitals) to develop plans for timely, accessible, local testing options (e.g., on site, walkable, drop in, take home kit) for students, with consideration to the acceptability of specimen type, their families (as appropriate) and staff, to support uptake of testing when testing is recommended by the local PHU (e.g., as part of testing in response to a case or outbreak investigation).
- Identify and support addressing equity considerations related to testing, e.g., minimize barriers to accessing timely testing and results, and coordinate with testing initiatives for High Priority Communities.
- Coordinate the deployment of testing resources and modalities to meet the priority testing needs identified by the PHU.

- Collaborate with PHU, school boards, and schools to monitor testing demands and access.
- Work with testing centres and partners to optimize sample collection and distribution to reduce turnaround times.

Role of Public Health Ontario (PHO)

- Provide scientific and technical advice and support to PHUs for case and contact management, outbreak investigations (including IPAC measures), and data entry.
- Advise on and support laboratory testing, as needed.
- Provide scientific and technical support to MOH and PHUs, including during multi-jurisdictional teleconferences.
- Produce provincial epidemiological and surveillance reports related to COVID-19 in schools to support PHUs and provincial ministries, and evidence-informed resources and learning opportunities relevant to schools and school boards.

Role of Ministry of Education (EDU)

- Provide legislative and policy oversight to school boards.
- Communicate expectations and provincial guidance on COVID-19-related policies, measures, and practices for schools and school boards.
- Ensure that school boards are aware of their duties as employers under the *Occupational Health and Safety Act* (OHSA) and its regulations, including to report occupational illness to the MLTSD.
- Provide ongoing support and communication to school boards with partner agencies, ministries, and the public, as necessary.
- Support the procurement of supplies of personal protective equipment (PPE).

Role of school administrators and school boards

- Report a communicable disease to their local PHU, as per s.28 of the HPPA.
- Follow duties and processes under OHSA and its regulations.
- Implement prevention (e.g., infection prevention and control) measures found in guidance or as directed by the EDU, MOH, MLTSD, and the local PHU.
- Coordinate with the local PHU and other stakeholders as appropriate, as part of the investigation of cases, contacts, and outbreaks.
- Maintain accurate records of staff and student attendance, for all common school locations attended by staff and students (e.g., school transportation, in-

person attendance or work at a physical school location, before/after school programs located at a school, or other facilities shared with the school) for the last 30 days, as well as up to date contact information for staff and students. This information should be available to be accessed and shared with the local PHU in a timely manner (within 24 hours) for investigations and communications.
    - Facilitate access for PHUs to staff lists for staff not directly employed by the school board (e.g., transportation staff, before/after school program staff). Keep a log of all visitors (e.g., essential volunteers, contractors, parents/guardians, etc.) who enter the school, location(s) visited and dates/times of visit to facilitate contact follow-up if needed.
- Provide PHU with the name(s) and contact information of a designated point of contact for use during and after business hours, to ensure timely investigation and follow up cases, contacts, and outbreaks.
- In collaboration with the PHU, communicate proactively with the school community about COVID-19 prevention measures and about how symptomatic/ asymptomatic individuals, cases, and outbreaks will be handled.
    - Develop a communication plan, in collaboration with the local PHU, for managing concerns in the school setting, and use this proactively and responsively as needed in schools.
- Provide training to school staff with respect to outbreak prevention and control measures, including IPAC measures and the use of PPE.
- Make masks available to students, as needed.
- If requested by the PHU, school principals may dismiss individuals and/or cohorts while awaiting the results of the public health investigation.
- In general, schools should not report all instances of ill or symptomatic individuals in the school setting to the PHU, as these are frequent occurrences and typically students have non-specific symptoms.
    - In accordance with the reporting obligations under s.28 of the HPPA, school principals are required to report to the medical officer of health of the health unit in which the school is located if they are of the opinion that a pupil has or may have a communicable disease, which includes but is not limited to COVID-19 (e.g., mumps, chicken pox).
- Where there is sufficient concern that an individual may have COVID-19 (e.g., school is informed by a parent/guardian that a student has been diagnosed with

COVID-19, or informed by a staff member that they have been diagnosed with COVID-19), or there are concerns about multiple symptomatic/asymptomatic individuals in a cohort, the school should report this to the PHU, or follow pre-established protocols from the local PHU. Cases that occur in itinerant workers and occasional staff should be flagged to the PHU.

Role of Ministry of Labour, Training and Skills Development (MLTSD)

- Proactively inspects workplaces to monitor compliance with OHSA and its regulations.
- Investigates occupational illness notifications under s. 52(2) of the OHSA to determine if the employer is in compliance with the Act and that appropriate measures have been taken to prevent further illnesses.
- Investigates unsafe work practices, critical injuries, fatalities, work refusals, and occupational illness as related to worker health and safety. This may include investigation of reports of COVID-19 by employers to MLTSD.
- Issues orders under the OHSA.
- Operates the MLTSD Health and Safety Contact Centre (1-877-202-0008), available for anyone to report health and safety concerns, complaints or to provide notices of occupational illnesses.

While this document focuses in part on the role of the MLTSD's health and safety program, the ministry also administers the *Employment Standards Act*. If workplace parties request information regarding employment standards, they can be referred to the Employment Standards Information Centre: 1-800-531- 5551.

Management of symptomatic individuals in the school setting and their household contacts

- The information below is intended to complement the following guidance:
    - Management of Cases and Contacts of COVID-19 in Ontario
    - COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance
    - Quick Reference Guidance on Testing and Clearance

Management of a symptomatic individual who has NOT had a high-risk exposure and/or been identified as a high-risk contact

NOTE: PHUs do not need to be notified of every symptomatic student/staff; there are some instances where they may become aware of symptomatic individuals with pending results, such as through investigations of cases and clusters of illness.

- Staff and students with symptoms compatible with COVID-19 (as listed in the screening tool) should get tested and isolate while test results are pending or not available, unless there is a known alternative diagnosis provided by a health care provider.
    - Household contacts of the symptomatic individual (e.g., siblings, parents, roommates and other individuals who live with the symptomatic individual) who are not fully immunized[2] or previously positive[3] are to isolate, in accordance with Management of Cases and Contacts of COVID-19 in Ontario.
- Unless the symptomatic individual is being managed as a probable case or tests positive, dismissal and isolation of asymptomatic contacts in the school is not generally recommended.

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[2] For the purposes of case/contact/outbreak management, an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

[3] For the purposes of case/contact/outbreak management, an individual is defined as previously positive if they were a confirmed case of COVID-19 where their initial positive result was ≤ 90 days ago AND they have been cleared from their initial infection. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance

- If the individual tests negative or has a known alternative diagnosis provided by a health care provider, and there is no known high-risk exposure and they were not advised by the PHU or health care provider to quarantine or isolate, the individual can return to school if afebrile and symptoms have improved for at least 24 hours.
    - If the individual is experiencing gastrointestinal (GI) (nausea/vomiting, diarrhea) symptoms, these symptoms should be resolved for at least 48 hours before the individual can return to school.
    - If symptoms compatible with COVID-19 are persisting/worsening, the symptomatic individual is to continue to stay home from school/work and seek medical attention. A repeat COVID-19 testing should be considered.
    - Medical notes or proof of negative tests should not be required for staff or students to return to school.
- If the symptomatic individual is not tested/does not seek testing and there is no known alternative diagnosis, the individual must isolate for 10 days from symptom onset, in accordance with Quick Reference Guidance on Testing and Clearance.
    - Household contacts of the symptomatic individual must isolate for 10 days from break in contact (i.e., last contact) from the symptomatic individual, unless fully immunized or previously positive. If there is no break in contact, this would start at the end of the symptomatic individual's isolation period.
- In general, all sick individuals with any symptoms of illness – including those with symptoms not included on the screening tool – should stay home from school and child care, as per usual school/child care policy, and seek assessment from their regular healthcare provider if required.

Management of a symptomatic individual who HAS had a high risk exposure and/or been identified as a high risk contact

- If isolating after a high-risk exposure (e.g., close contact of a known COVID-19 case or travel out of country) and does not have a known alternative diagnosis, the individual meets case definition for a probable case, until they test negative. Manage as per Management of Cases and Contacts of COVID-19 in Ontario and

the COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

- Household contacts of the symptomatic individual must isolate for 10 days from break in contact (i.e., last contact) from the symptomatic individual, unless fully immunized or previously positive. If there is no break in contact, this would start at the end of the symptomatic individual's isolation period.

- If the individual tests negative, they must complete their isolation period as a high risk contact of a known case, unless they are fully immunized or previously positive .
    - If fully immunized or previously positive, the individual can return to school if afebrile and symptoms have improved for at least 24 hours, and gastrointestinal (GI) (nausea/vomiting, diarrhea) symptoms resolved for at least 48 hours. If symptoms compatible with COVID-19 are persisting/worsening, the symptomatic individual is to continue to stay home from school/work and seek medical attention; consider repeat testing.

Management of Cases and Contacts of Cases

- The information below is intended to complement the following guidance:
    - Management of Cases and Contacts of COVID-19 in Ontario
    - COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance
    - Quick Reference Guidance on Testing and Clearance
- Please see Appendix A for a flow chart on the isolation and testing of high-risk contacts, adapted from Appendix 11 of Management of Cases and Contacts of COVID-19 in Ontario
- Please see Appendix B for a flow chart on the isolation and testing of household members of high-risk contacts, adapted from Appendix 11 of Management of Cases and Contacts of COVID-19 in Ontario

Case management

- Cases should be tested and isolated as per Management of Cases and Contacts of COVID-19 in Ontario.

Case acquisition assessment

- Ensure relevant acquisition exposures in the 14 days prior to symptom onset (or 14 days prior to positive specimen collection date if never symptomatic) are captured for cases, in accordance with the COVID-19 CCM Case Investigation Data Entry Guide, including:
    - Household
    - Family
    - School (classroom cohort, recess cohort, etc.)
    - School transportation
    - Before/after school programs
    - School extra-curricular activities
    - Staff break rooms/staff meetings
    - Staff/student social interactions during breaks/carpooling
    - Child care settings
    - Other potential acquisition exposures outside of school (in the community), including non-school extracurricular activities, work, and recreational activities
- It is important to determine if the student or staff member likely acquired their infection outside of the school. For example, if a student or staff has known exposure to a case in the household or in their community.
- If acquisition for a case was known to have occurred outside the school and the student or staff did not attend while communicable, no isolation or testing should be required for the cohort. Any additional high-risk contacts of the case (outside of school) should be identified and advised to isolate according to provincial guidance. For additional considerations, see Risk Assessment Approach for COVID-19 Contact Tracing. There may also be situations when the PHU recommends more expansive testing.

Assessment of high-risk contacts in schools

- Work closely with the school to determine with whom a case was in contact in the school environment during their period of communicability. Consider Management of Cases and Contacts of COVID-19 in Ontario in determining the case's period of communicability for contact follow up, including direction on the

start and end of the contact tracing period when a case is asymptomatic at/around the time of testing.

- Students in the case's classroom cohort(s) and before/after school cohort(s) are to be considered high-risk contacts of the case, regardless of where they were seated/positioned in relation to the case, to facilitate timely contact management. PHUs may ask principals to initiate timely dismissals of these cohorts.
- Consider whether other cohorts (or partial cohorts, or specific individuals in other cohorts) are to be deemed high-risk contacts, including those that only mix outdoors or indoors with distancing and/or masking. For student cohorts that only interact outdoors (e.g., recess cohorts sharing outdoor space and times), exposure risk would generally be considered lower than for indoor interactions. However, PHUs may assess some outdoor-only exposures as high risk.
    - Bus cohorts: Given indoor, enclosed bus environment, and potential for students from multiple cohorts to share a bus, PHUs should have a low threshold for identifying high risk exposures in bus cohorts based on their risk assessment. Generally, this may be limited to those seated within two metres of the case (provided consistent non-medical mask wearing on the bus), and any other close contacts associated with the bus.
- For staff and essential visitors, follow Management of Cases and Contacts of COVID-19 in Ontario for exposure risk assessment.
- PHUs should request that schools provide information regarding the students and staff members in the case's cohort(s), as well as information on any other known potential contacts that a case may have been in contact with in the school setting or school transportation environment, including itinerant workers and occasional staff (e.g., teachers/staff who regularly interact with multiple cohorts).

Dismissal of asymptomatic high-risk contacts of a case

- In accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance, asymptomatic fully immunized individuals and previously positive individuals are generally not required to isolate following a high-risk exposure to a case, and therefore do not need to be dismissed.
    - If immunization coverage is unknown, or in a cohort with unimmunized students, PHUs may consider dismissal of the entire cohort, regardless of

immunization status, to facilitate timely exclusion of potentially exposed individuals from the setting. Return of partial cohorts may be permitted as per the Interim Guidance on Fully Immunized and Previously Positive individuals.
    - In cohorts with a known high proportion of immunized individuals (i.e., immunization information is available), immediate dismissal of the entire cohort may not be necessary. Dismissal of a smaller number of specific contacts who are not fully immunized or previously positive may be sufficient.
    - Fully immunized and previously positive individuals permitted to return must continue to maintain all infection prevention and control measures in the school setting.
- Isolation period for high-risk contacts who are not fully immunized or previously positive is 10 days, in accordance with Management of Cases and Contacts of COVID-19 in Ontario.
    - For school exposures, if there is a known source of exposure, isolation period should generally be counted from the day of last known exposure to the confirmed case. If the source of exposure is unknown, the isolation period should begin from the last exposure to the cohort.
- Dismiss any individuals who have been identified as having high-risk exposure to the case when the case was infectious, including cohort(s), siblings, and individuals who had close contact with the case in the community (e.g., at social gatherings, extracurricular activities), unless the contacts are fully immunized or previously positive.
    - If the household contacts (e.g., those who live in the same house or unit) of asymptomatic individuals identified as high-risk contacts are not fully immunized or previously positive, they should be advised to stay at home except for essential reasons, which may include attending work, school, or child care settings.
- If an individual dismissed as a high-risk contact develops symptoms, they are considered a probable case.
    - Their household members and other high-risk contacts, including any cohorts or contacts at school who have not yet been dismissed, should be managed as high-risk contacts of a case, dismissed, tested and directed to isolate in accordance with Management of Cases and Contacts of COVID-19 in Ontario.

Management of asymptomatic household contacts of a case and their cohorts

- Where a case has siblings/other household members who also attend school or child care, the cohort(s) of asymptomatic household members of a case (e.g., sibling of a case) do not need to be dismissed.
- If the sibling/household member of a case becomes symptomatic, they should be managed as a probable case, with immediate dismissal of their high-risk contacts who are not fully immunized or previously positive, including their cohort(s).

Testing of high-risk contacts of a case

- Recommend and coordinate/facilitate testing (in collaboration with testing partners) for all individuals who have been identified as having had a high-risk exposure in the school setting regardless of immunization status as below.
  - PHUs should work with local testing partners to optimize uptake by offering accessible, timely testing and results.
  - The PHU may, in collaboration with Ontario Health, help facilitate a coordinated approach to testing, including provision of an investigation or outbreak number, requisitions, and potentially on-site testing at the school.
    - Advise anyone associated with the school who requires testing to provide the investigation or outbreak number, or use the provided requisition, so that they are captured as part of the investigation.
    - Mechanisms should be established to ensure that the PHU is aware of all probable cases and positive laboratory results (e.g., investigation number).
    - PHUs are not responsible for trackng negative results.
    - PHUs should follow PHO Laboratory Test Information Sheet information on inclusion of non-covid respiratory virus testing, if applicable to the situation of a potential respiratory outbreak.
- All asymptomatic high-risk contacts who are NOT fully immunized or previously positive should be recommended for testing on or after day 7 of their isolation period.
    - If an initial test was collected prior to day 7 of their isolation period, repeat testing on or after day 7 is recommended.
    - A negative test does not change the requirement to complete 10 days of isolation.

    - Negative test results are not required to end isolation. PHUs to follow-up with contacts to verify testing results as capacity allows.
    - Repeat testing is also recommended if the contact becomes symptomatic.
- Asymptomatic high-risk contacts who ARE fully immunized or previously positive individuals should be recommended for testing as soon as possible upon notification of the exposure. These individuals are not required to isolate while awaiting test results, unless otherwise instructed by the PHU.
    - Repeat testing is recommended if the contact becomes symptomatic.
- Symptomatic high-risk contacts should be strongly encouraged to get tested, and managed as probable cases if testing does not occur.

Outbreaks

- An outbreak in a school, child care setting, or before/after school program is defined as **two or more lab-confirmed COVID-19 cases in children/students and/or staff or other visitors, with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the school, child care setting, or before/after school program (including transportation**).
- Examples of reasonably having acquired infection in school include:
    - No known source of infection outside of the school setting (i.e., no known contact with a probable or confirmed case/outbreak outside school).
    - Known exposure in the school setting.
- Please see the CCM Data Entry Scenarios resource from PHO for detailed instructions about linking cases to school outbreaks for surveillance purposes.
    - Household and other high-risk contacts of cases linked to outbreaks in schools should not be linked to these outbreaks unless they themselves are directly part of the outbreak (e.g., transmitted to others in the school or acquired in the school). However, they may be linked to an outbreak-related case via an exposure Location in CCM to indicate the total exposures in a school.

Outbreak Measures

- Outbreak measures may be scaled up/down based on the transmission risk and outbreak epidemiology in the school and the assessment of outbreak control

measures, from dismissal of a single cohort through to consideration of whole school dismissal.
    - PHUs may wish to consult PHO to consider the potential role of genomic sequencing to help interpret school transmission patterns where epidemiological links are not clear.
- Review COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance for additional guidance on Fully Immunized and Previously Positive Individuals who are Part of an Outbreak of SARS-CoV-2, including when to consider more stringent approaches to outbreak management when there is evidence of an ongoing or uncontrolled outbreak or symptomatic/severe illness among fully immunized individuals.
- Review the COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools checklist (or PHU equivalent) to identify IPAC practices/prevention measures requiring immediate improvement, such as reviewing practices related to staff interactions (e.g., avoid in-person staff meetings, review IPAC practices for minimizing risk associated with staff break areas).
- Outbreak measures that could be recommended to the school, particularly if the school remains open, may include:
    - Outbreak signage at entrances and affected area(s).
    - Informing outside agencies that use the school/child care centre of the outbreak.
    - Further restricting visitors to the school.
    - Further minimizing the movement of staff between cohorts.
    - Limiting student activities to their required cohorts and discontinuing extra-curricular activities, as much as possible.
    - Considering additional measures for immunized and previously positive high-risk contacts who are not dismissed, such as restricting mixing between cohorts.
    - Considering inclusion of fully immunized and previously positive high-risk contacts in dismissals to facilitate timely exclusion of potentially exposed individuals from the setting.

- Restricting all staff (including school, transportation, and staff from home care agencies or others that provide medical services to those in school) from working in other school or child care locations.
- Recommending to staff, students, and their families/household contacts to strictly avoid close contact/interactions with other households for non-essential reasons (e.g., no visiting, no playdates, no carpooling).
- Reinforcing masking of students for source control based on requirements for their age, use of masks and eye protection for staff members, hand hygiene for all, and maintaining physical distancing. Ensure availability of masks for students who may require them (i.e., do not have sufficient supply of their own masks) and encourage those who can supply their own to bring multiple masks per day.
- Reinforcing the daily symptom screening process for all staff/essential visitors and students, and enhance screening procedures if needed (e.g., on site confirmation).
- Reviewing environmental cleaning and disinfection protocols, enhancing cleaning and disinfection for the outbreak area(s), and ensuring that products are being used as per manufacturers' instructions.
- Ensuring families are aware of the outbreak.
- Increasing availability and accessibility of testing for the broader school community impacted by outbreak for additional case finding.
- Increasing availability and accessibility of COVID-19 vaccination for the broader school community impacted by the outbreak.

When to declare the outbreak over

- At least 14 days have passed with no evidence of ongoing transmission that could reasonably be related to exposures in the school.

AND

- No further symptomatic individuals have been reported by the school who are associated with the initial exposed cohorts.

Whole school testing

Note: The considerations outlined in this section do not apply to indications for whole school testing unrelated to case/outbreak investigation (e.g., surveillance testing).

- The aim of offering timely, accessible whole school testing is to assess the extent of transmission in a school (i.e., case finding), and to inform whether additional cohort dismissals or whole school dismissal are needed to interrupt transmission at school.
- Some scenarios where this may be considered as part of a PHU investigation, based on an assessment of risk, may include the following.
    - Multiple cohorts (e.g., 2 or more and/or 10-25%) have been dismissed within a 14-day period due to high-risk exposures to case(s).
    - A high percentage (e.g., 5-10%) of staff and students detected as probable or confirmed COVID-19 cases within a 14-day period.
    - A high attack rate in a single cohort.
    - Multiple cases with unknown acquisition.
    - Concern about potential vaccine escape.
- Individuals dismissed due to high-risk exposures must complete their 10 day isolation period, regardless of their testing result, unless otherwise specified by the PHU (e.g., based on their COVID-19 immunization status).
- Asymptomatic individuals without a known high-risk exposure (e.g., not from a dismissed cohort exposed to a case), and who have not otherwise been advised to quarantine or isolate, can continue attending school while awaiting test results.
- PHUs should advise the school administration and community of the potential for the results of whole school testing to lead to additional cohort dismissals, up to and including whole school dismissal, to enable school administrators, staff and parents/guardians and students to prepare (e.g., to transition to virtual learning, to arrange child care). PHUs should communicate in a timely manner with the school community regarding public health actions following whole school testing (e.g., additional cohort dismissals, decision regarding whole school dismissal).
- Testing offered to individual students/staff/others (e.g., household members) should be guided by current MOH Testing Guidance.
- Coordinate with Ontario Health to plan broader testing and ensure timely access and accessibility of testing options (e.g., testing at school site, take home kits,

access to drop in hours at an assessment centre within walking distance, outreach supports with partners such as paramedics).

Whole school dismissal

Note: The considerations outlined in this section do not apply to situations in which a whole school may be closed for in-person instruction due to operational reasons alone (e.g., related to staffing).

- It is anticipated that the likelihood of whole school dismissal will be exceptionally low in schools with high immunization coverage among students.
    - For example, whole school dismissal should be considered in the event a vaccine escape variant is identified among the cases.
- Based on the results of the PHU investigation, including results of any whole school testing, PHUs may consider whole school dismissal if there is evidence suggestive of widespread or very rapid transmission at school outside of previously identified cohorts, which may include:
    - At least one of the considerations for whole school testing (see above), or other similar consideration, is observed
      AND
    - >1 cohort in the school is affected
      AND
    - There are cases reasonably likely to have been acquired at school (e.g., no known exposure to a probable/confirmed case outside school) for whom NO epidemiological link (acquisition source) at school has been identified.
- Examples that would typically not be considered evidence of widespread transmission within a school may include:
    - Cases in multiple cohorts, each with likely acquisition via known exposures to cases outside school;
    - Multiple cases in students in one cohort only;
    - Single introduction of epidemiologically linked cases in multiple cohorts (e.g., siblings in different classes) and effective implementation of outbreak/IPAC measures;
    - The PHU determines that the identified cases in multiple cohorts without epidemiological links at school reflects independent introductions into the school compatible with widespread community transmission and does not indicate transmission occurring within the school.

- The decision to recommend a whole school dismissal for public health purposes is at the discretion of the PHU. In addition to the considerations above, there may be additional, context-specific considerations related to specific PHU investigations of school cases/outbreaks and particular school settings/populations that inform PHU decisions to recommend whole school dismissal.
- If whole school testing has not already been offered prior to initiating a whole school dismissal, PHUs should work with relevant partners to offer testing to all school attendees.
- During a whole school dismissal, staff and students who are not fully immunized or previously positive and who are not identified as high-risk close contacts of a known case should be advised to stay home except for essential reasons, which may include attending other work, school, or child care settings.
- The outbreak does not necessarily need to be declared over to recommend that the school reopen to some/all cohorts. Based on advice from the PHU, cohorts without evidence of transmission can be gradually brought back to school as additional information and test results become available. Consideration should be given to implementing additional preventive measures and active surveillance as part of reopening.

Occupational Health & Safety

- Employers have obligations under the *Occupational Health and Safety Act* (OHSA) to protect the health and safety of their workers, including from the transmission of infectious disease in the workplace.
- If COVID-19 is suspected or diagnosed in staff, return to work should be determined by the individual in consultation with their health care provider and the local PHU, whose advice should be based on provincial guidance.
- Occupational health and safety guidance for COVID-19 is available on the MOH COVID-19 website and the Ministry of Labour, Training and Skills Development's website on resources to prevent COVID-19 in the workplace.

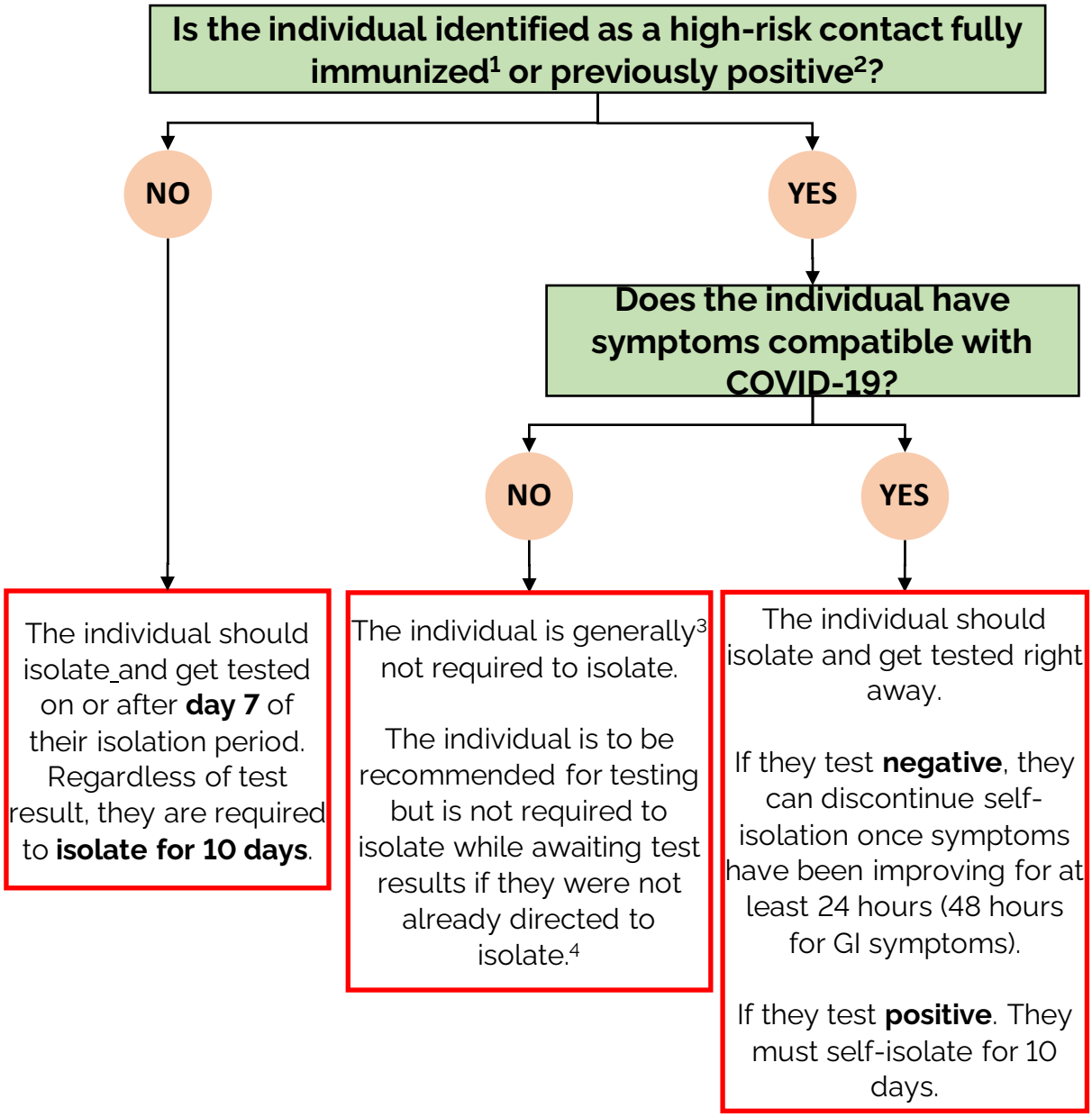
Reporting staff illness

- Workers who are unwell should not attend at a workplace. They should report their illness-related absence to their supervisor or employer.

- In accordance with the *Occupational Health and Safety Act* and its regulations, if an employer is advised that a worker has an occupational illness or that a claim with respect to an occupational illness has been filed with the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker, the employer must provide written notice within four days to:
    - A Director appointed under the OHSA of the Ministry of Labour, Training and Skills Development;
    - The workplace's joint health and safety committee (or health and safety representative); and
    - The worker's trade union, if any.
- This includes providing notice of an infection that is acquired in the workplace. The employer does not need to determine where the infectionwas acquired, if it is reported as an occupational illness, it must be reported to the MLTSD.
- The employer must also report any instance of an occupationally acquired disease to the WSIB within 72 hours of receiving notification of said illness.
- For more information, please contact the Ministry of Labour, Training and Skills Development:
    - Employment Standards Information Centre: Toll-free: 1-800-531-5551
    - Health and Safety Contact Centre: Toll-free: 1-877-202-0008
- For more information from the Workplace Safety and Insurance Board, please refer to the following:
    - Telephone: 416-344-1000 or Toll-free: 1-800-387-0750

Appendix A: Case and Contact Management in Schools for High-Risk Contact

Adapted from Appendix 11 of Management of Cases and Contacts of COVID-19 in Ontario



[1] For the purposes of case/contact/outbreak management, an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada.

Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

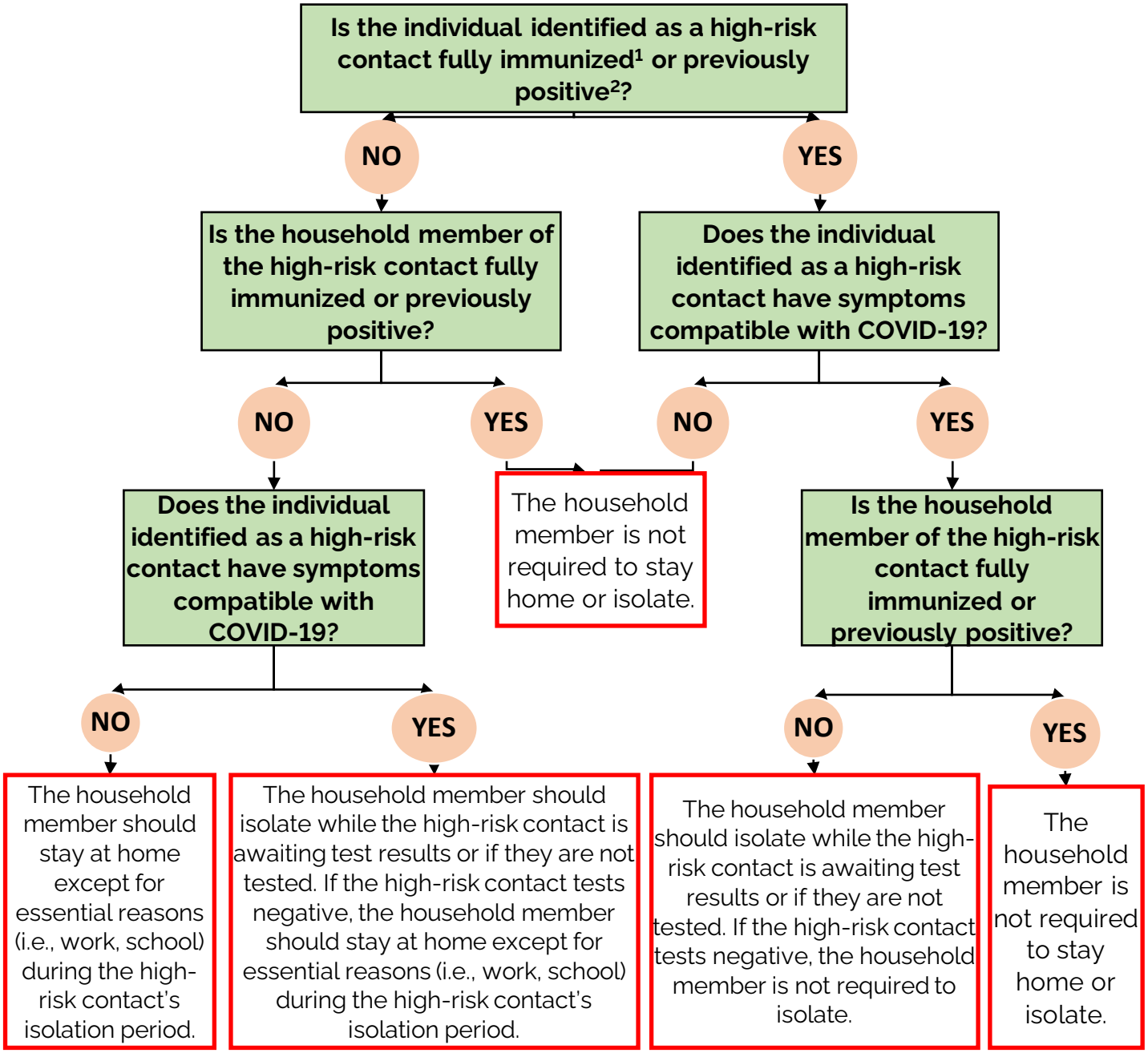
[2] For the purposes of case/contact/outbreak management, an individual is defined as previously positive if they were a confirmed case of COVID-19 where their initial positive result was ≤ 90 days ago AND they have been cleared from their initial infection. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

[3] Self-isolation still may be required at the discretion of the local public health unit. Refer to the COVID-19 Fully Immunized Individuals: Case, Contact and Outbreak Management Interim Guidance for individuals with immunocompromise, and residents of high risk congregate living settings / inpatients.

[4] Refer to Provincial Testing Guidance.

Appendix B: Case and Contact Management in Schools for Household Members of High-Risk Contacts

Adapted from Appendix 11 of Management of Cases and Contacts of COVID-19 in Ontario



[1] For the purposes of case/contact/outbreak management, an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

[2] For the purposes of case/contact/outbreak management, an individual is defined as previously positive if they were a confirmed case of COVID-19 where their initial positive result was ≤ 90 days ago AND they have been cleared from their initial infection. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.