

Ministry of Health

# COVID-19 Guidance: Workplace Outbreaks

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This guidance document provides information for local public health units (PHUs) investigating cases associated with non-health care workplace settings. It is intended to supplement existing guidance documents on Public Health Case and Contact Management. In the event of a conflict between this Guidance and a Directive of the Chief Medical Officer of Health, the Directive prevails.

- Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document, the case definition, reference document for symptoms, testing guidance, guidance documents, and other COVID-19 related information.

## Prevention of COVID-19

- Please check the Ontario [Resources to Prevent COVID-19 in the Workplace](#)
- Additional resources for workplaces are available:
  - [Ontario COVID-19 Guidance: Essential Workplaces](#)
  - [Public Health Agency of Canada](#)
    - [Risk Informed Decision-Making Guidelines for Workplaces and Businesses](#)

## Roles and Responsibilities

### Role of Public Health Unit (PHU)

- Receive and investigate reports of cases and contacts of COVID-19 in accordance with the [Public Health Management of Cases and Contacts of COVID-19 in Ontario](#) and the [Health Protection and Promotion Act](#) (HPPA).
- Investigate clusters of cases associated with common workplace locations.

- Determine if an outbreak exists, provide guidance and recommendations to workplace on outbreak measures, and determine when the outbreak is over.
- Issuance of orders by the medical officer of health or their designate under the HPPA, if necessary.
- In accordance with data entry guidance provided by Public Health Ontario, enter workplace exposures and outbreaks in iPHIS.
- Make recommendations on and facilitate outbreak testing, and provide an investigation or outbreak number to coordinate testing.
- Issue a Public Health Alert to notify other PHUs that the workplace exposure and outbreak have been created in iPHIS (as per iPHIS guidance). Broader Public Health Alerts to other public health agencies may be considered depending on the nature of the outbreak.
- Refer and/or communicate with relevant stakeholders and ministries, as necessary.
- May provide information to employers regarding their duty to report occupational illness to the Ministry of Labour, Training and Skills Development (MLTSD) if they have not been notified.
- May share recommendations/orders issued to the employer with MLTSD for their awareness and provide a referral to MLTSD if concerns of issues under [the Occupational Health and Safety Act](#) (OHSA). PHUs may request inspection reports from MLTSD through Regional Directors. PHUs must enforce their own recommendations/orders under their own legislative authority.
- Conduct an on-site investigation as part of the outbreak investigation, where necessary. Coordination of on-site inspections with other relevant agencies (e.g., MLTSD, Canadian Food Inspection Agency (CFIA), Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA)) is recommended where possible.

### **Role of Ministry of Health (MOH)**

- No direct role (i.e., would not inspect/investigate workplace).
- Provides legislative and policy oversight to Boards of Health.
- May be consulted during the investigation for coordination, policy interpretation, communications coordination, etc.
- Provide ongoing support to PHUs with partner agencies, ministries, health care professionals, and the public, as necessary.

- Support and coordinate teleconferences if needed, and particularly if multiple PHUs are involved via the MOH's Emergency Operations Centre (MEOC).
- Receive notification through the MEOC:
  - if the PHU believes there is potential for significant media coverage of/during the investigation, or known media releases by the PHU or workplace
  - if the workplace outbreak involves multiple PHUs

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

- Receive notice of an occupational illness from employers under subsection 52(2) of the OSHA. An occupational illness includes any condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that normal physiological mechanisms are affected, and the health of the worker is impaired; and includes an illness caused by an infection from an exposure at the workplace.
- MLTSD investigates occupational illness notifications to determine if the employer is in compliance with the OSHA and that appropriate measures have been taken to prevent further illnesses.
- Proactively inspect workplaces to monitor compliance with the OSHA and its regulations.
- Investigate unsafe work practices, critical injuries, fatalities, work refusals and occupational illness, all as related to worker health and safety. This includes investigation of reports of COVID-19 by employers to MLTSD.
- Issue orders under the OSHA.
- The MLTSD Health and Safety Contact Centre (1-877-202-0008) is 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.

## Role of Public Health Ontario (PHO)

- Provide scientific and technical advice to support PHU case and outbreak investigations, management and data entry.
- Support laboratory testing, if needed.
- Provide scientific and technical advice during multi-jurisdictional teleconferences.

## Role of Employer

- General duty under the OHSA to take all precautions reasonable in the circumstances for the protection of a worker.
- Implement prevention measures found in guidance issued by the Ontario government and any specific prevention measures recommended by public health agencies.
- Comply with OHSA and other applicable legislation and regulations, and any orders issued by MLTSD.
- Provide notices of an occupational illness to the MLTSD under ss 52(2) of the OHSA.
- Cooperate with public health investigations and MLTSD OHSA inspectors.
- Comply with recommendations and/or orders issued by the PHU and OHSA inspectors.
- It is recommended to maintain accurate shift records and up-to-date contact information for employees.
- Communicate with staff and other stakeholders, as needed, when there is an outbreak.

# Outbreak Identification and Management

## Outbreak Identification

Potential outbreaks may be identified to the PHU through various means, such as:

- Identification of a case or cases associated with a workplace
- Complaints of illness at a workplace from employees
- Request for assistance from an employer

- Information received through the MLTSD, such as a referral from a workplace complainant
- Notification through other ministries, provincial, or federal partners

The **purpose** of PHUs identifying an outbreak in a workplace is based on the Ontario [Infectious Diseases Protocol](#), and [Appendix A: Diseases caused by a novel coronavirus including Severe Acute Respiratory Syndrome \(SARS\) and Middle East Respiratory Syndrome \(MERS\)](#). The **goal** of outbreak management is to identify the source of illness, control the outbreak, and limit secondary transmission.

As COVID-19 is a sustained human viral infection and global pandemic, there will be cases in workers and workplaces where infection may have occurred in the workplace or in the community.

Notification of a case or cases associated with a workplace should prompt initial investigation by the PHU to determine if an outbreak may exist, and to implement communicable disease control measures.

PHUs are not required to necessarily make a determination for every individual case that their acquisition is attributed to exposure/transmission within the workplace as the goal is communicable disease control broadly for the workers and their contacts. However, for public health declaration and management of an outbreak at the workplace, there should be reasonable likelihood that cases have acquired their infection due to exposures in the workplace versus outside of the workplace.

## Outbreak Definition

As per the *Infectious Diseases Protocol*, the outbreak case definition varies with the outbreak under investigation and should be established by the PHU.

### Consideration of criteria for whether an outbreak exists in a workplace:

- Two or more laboratory-confirmed COVID-19 cases with an epidemiological link in the workplace (e.g., same work area, same shift) within a 14-day period where both cases could have reasonably\* acquired their infection in the workplace.

\*Examples of reasonably having acquired infection in workplace include:

- No obvious source of infection outside of the workplace; OR
- Known exposure in the workplace.

When cases have common exposures outside of the workplace (e.g., two COVID-19 positive employees who carpool to work together), additional evidence of transmission risk in the workplace may be required to establish whether an outbreak exists.

## Application of Outbreak Measures

- All cases of COVID-19 should be investigated and managed according to the [Public Health Management of Cases and Contacts of COVID-19 in Ontario](#).
- The level of PHU involvement in workplace outbreaks, beyond case and contact management, will depend on a number of factors, such as: the epidemiology of the outbreak, number of cases and size of the workplace, IPAC practices in the workplace, evidence of ongoing transmission, transmission risk in the workplace and into the community, and resources of the workplace/employer to address the outbreak.
- When an outbreak is identified, the following considerations should be applied to enhance the PHU investigation and management in the workplace:
  - **Re-assessing risk of transmission** to a broader set of contacts than those identified through individual level case management based on the increased risk associated with an outbreak scenario. For example:
    - Assessing potential exposures in the workplace related to shared work area/break areas/common areas/washroom facilities/staffing schedules with the known case(s) in their period of communicability.
    - Assessing potential exposures to clients/customers/visitors in the workplace from known case(s) in their period of communicability.
    - Investigating other potential sources of infection in the workplace that were not identified during individual case follow-up.
    - Reassessing risk of exposure of potential contacts in the workplace, defining an 'outbreak area' in the workplace and identifying those at risk. A broad and inclusive approach should be applied when identifying an outbreak area and may include the entire workplace.
    - Working with the employer to develop a list of employees, and where applicable, clients/customers/visitors, at risk of exposure.
    - Assessing context of workplace and whether others outside of the workplace are at risk due to shared building/common spaces with the workplace (e.g., shared elevators, washrooms).

- **Testing and identifying additional cases.** PHUs are responsible for making recommendations on and facilitating outbreak testing to identify additional cases associated with the outbreak, as per [Provincial Testing Guidelines](#). By declaring an outbreak, an exposure identification number and outbreak number can be used to identify and track additional cases, as per iPHIS entry guidance. In addition, PHUs should alert other PHUs of the creation of these numbers (and any other relevant outbreak details) in a Public Health Alert to inform other PHUs (as per iPHIS guidance). Additional testing related to the outbreak should be under the direction of the local PHU, and conducted under the outbreak number (e.g., by providing a pre-populated test requisition form with the outbreak number to staff/others who need to be tested). Testing for workplace surveillance purposes extending beyond outbreak testing may be conducted outside of the outbreak number. The PHU should ensure timely communication on testing recommendations has been provided to all employees and others at risk associated with the workplace as part of the outbreak investigation:
  - Prioritize testing of any symptomatic individuals associated with the workplace, and any symptomatic close contacts of individuals associated with the workplace.
  - Testing is also recommended for all asymptomatic individuals who are close contacts of confirmed cases associated with the workplace outbreak area (or as directed by the PHU) once an outbreak is declared.
    - Any individual may refuse testing, and should be managed based on their risk of exposure regardless of testing, as per [Public Health Management of Cases and Contact of COVID-19 in Ontario](#).
    - A negative result also does not change public health management as the individual may still be incubating.
    - Positive results, including positive results for asymptomatic individuals, should be managed in accordance with the [Public Health Management of Cases and Contact of COVID-19 in Ontario](#) and the [Quick Reference Guidance on Testing and Clearance](#).

- Individuals who are not required to self-isolate due to exposure risk to known cases at time of mass testing may remain at work while testing is pending. Where it is challenging to determine level of exposure, assigning a broader cohort of individuals as high risk may be necessary until additional work schedule and testing information can be gathered.
- Recommendations for testing should address any barriers employees or others at risk may have to accessing testing, such as transportation to testing centres, time available to get tested, and misperceptions about testing:
  - The PHU should ensure accessible options are available in their community for outbreak testing of the workplace and others at risk. This may include specific assessment centres, occupational health services, or mobile testing units at the workplace.
  - The PHU should work with the employer to identify options and recommendations for addressing other barriers to testing.
- **On-site inspections**
  - Focus of MLTSD inspections is enforcement of the OHSA and protection of workers, and inspecting for compliance with requirements that all precautions reasonable in the circumstances to protect the workers are in place, including those to prevent risk of occupational illness.
  - MLTSD inspectors involved in workplace outbreak investigations may also have an interest in how a workplace implements these controls as many of the items listed above may be related to compliance with provisions of the OHSA and regulations.
  - Focus of PHUs is communicable disease control associated with the outbreak, which includes risk within the workplace, as well as risk to others in the workplace, and associated risks outside of the workplace that may be contributing to the outbreak.



- On-site inspections may or may not be necessary for the PHU's outbreak investigation and management. On-site attendance may be coordinated with other regulatory agencies (e.g., MLTSD, OMAFRA, CFIA) if possible; however, each agency must make their own determination regarding need for inspection to fulfil their regulatory duties/and determination of any enforcement action that is necessary.
- **Assessing existing prevention measures** in the workplace, and any additional measures implemented in response to the case(s) identified.
- **Assessing control measures** to reduce the risk of transmission in the workplace, and staff training on, and adherence to those measures. The PHU may make recommendations or issue orders in respect to communicable disease control in the workplace. Some aspects of the PHU assessing control measures in respect to issuing orders or providing education on the implementation of additional measures, may overlap with OHS requirements, and MLTSD enforcement of those requirements, as appropriate to their mandate under OHS. PHUs should consider the application of the hierarchy of controls within the workplace to prevent transmission:

**Engineering Controls:**

- Use of engineering controls to reduce transmission (e.g., barriers, adjustments to workstations).

**Administrative Controls:**

- Use of [physical distancing](#) and other administrative controls to limit congregation of people (e.g., staggered shifts and breaks, adjustments to production schedules, staff screening on entry to the workplace, staggering of entry and break times, instituting uni-directional flows in common areas, policies for managing staff who develop symptoms in the workplace).
- Use of administrative policies, which are employee-level factors that may impact adherence to control measures. Administrative controls include adjusting procedures, policies, and providing enhanced education and training.
- Use of administrative policies aimed at reducing the number of physical locations employees work at, particularly when working in settings where physical distancing is difficult to maintain.

- [Environmental cleaning](#) protocols (e.g., cleaning protocol after cases are identified, frequency of cleaning of high touch surfaces including barriers, and deep cleaning of workplace, use of [Health Canada approved disinfectant](#) or similar product with a Drug Identification Number).
- Availability of [hand hygiene](#) stations and promoting the frequent use of hand hygiene.
- Assessing content and comprehensibility of communications to employees regarding outbreak management measures (e.g., need for translation).

#### **Personal Protective Equipment/Source Controls:**

- Training on and use of personal protective equipment (PPE) and their use as part of usual prevention measures for the workplace versus what may have been introduced as part of COVID-19 prevention or in response to cases detected in the workplace.
- Provision of information on source control measures (e.g., medical or [non-medical masking](#)) to prevent transmission from asymptomatic/pre-symptomatic cases in the workplace. Source control masking for non-health care settings should be considered when physical distancing cannot be achieved with other prevention measures. If source control masking has not been implemented prior to the outbreak, and the outbreak investigation identifies areas where physical distancing cannot be maintained, non-medical masking may be recommended as an additional control measure after ensuring other engineering and administrative controls are implemented.
- Consideration of eye protection use as part of outbreak measures in situations where physical distancing cannot be maintained, and application of source control masking is not universal.
- Assessment of ongoing monitoring of PPE and source control usage.
- Use of PPE and source control measures in the workplace may be considered as modifying exposure risk for contacts based on the appropriateness and consistency of their use.

- Use of non-medical masks for source control does not modify a contact's risk of exposure from a case, based on current evidence regarding non-medical masks.
- **Workplace Restrictions or Closures**
  - Workplace restrictions or temporary closures can facilitate self-isolation of staff, testing of staff, contact tracing assessment, and implementation of additional engineering control measures and environmental cleaning measures. Use of restrictions or temporary closures are most often voluntarily implemented by workplaces and in response to large exposures where staff are now on self-isolation after high-risk exposures. Where outbreak control measures cannot be sufficiently implemented, the PHU can consider communicable disease orders to temporarily close the workplace until appropriate measures are in place.
  - The use of 'work-self isolation' as described in the [Public Health Management of Cases and Contact of COVID-19 in Ontario](#) and the [Quick Reference Guidance on Testing and Clearance](#) is for health care workers in exceptional circumstances where they are critical to operations. Use of work self-isolation in non-health care settings should similarly be applied in exceptional circumstances where staff are critical to operations, and there is adequate ability to apply source control measures (i.e., medical masking). In situations where PHUs permit work self-isolation, an employer has a responsibility to ensure that other workers are not at risk from the worker that was or may have been exposed.
- The PHU's investigation should also assess potential non-workplace factors that may be contributing to transmission/ongoing cases (e.g., employees carpooling to work, multiple employees living in the same household/similar close contact, and household contacts with higher risk of exposure (e.g., healthcare worker)).
- The PHU may make recommendations on the implementation of additional measures as appropriate to reduce the risk of transmission associated with activities outside of the workplace (e.g., limiting carpooling).

## Communications

- PHUs should assess need for communication to those at risk outside of the workplace.

- Declaration of the outbreak for public health and surveillance purposes, including issuing a Public Health Alert to other PHUs, does not necessitate public reporting/communication of the outbreak.
- PHUs should ensure employees are provided information on prevention of COVID-19 in the workplace and in the community (including in other languages, as necessary).

## Declaring the Outbreak Over

- PHUs must monitor for and assess additional cases associated with the workplace outbreak.
- The outbreak may be declared over by the local PHU after the latest of:
  - 14 days have passed with no evidence of ongoing transmission that could reasonably be related to exposures in the workplace; or
  - 14 days after the date when outbreak measures were implemented.

# Occupational Health & Safety

## Infection Prevention and Control

- [Physical distancing](#) (maintaining 2 metre separation) is required to control the spread of COVID-19.
- Workplaces should ensure proper environmental cleaning and workplace sanitation.

## Staff Exposure/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, an employer must provide written notice within four days of being advised that a worker has an occupational illness, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, to:
  - A Director appointed under the OHS Act of the Ministry of Labour, Training and Skills Development;

- Joint Health and Safety Committee (or health and safety representative); and
  - Trade union, if any
- This may include providing notice for an infection that is acquired in the workplace.
- Any instances of an occupational disease shall be reported to 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: 1-877-202-0000
- 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

### **Work Restrictions for Staff**

- For guidance regarding work restrictions and when to return to work, refer to the [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#) document.