All students are asked to monitor their health for COVID-19 symptoms daily and complete a self-assessment before coming to campus or leaving their residence room. There are two ways to complete the required health screening: by using UCheck or by completing a paper-based or offline assessment log. Students who receive a red status after completing a self-assessment should follow the directions provided via UCheck or on the offline or paper-based log.

Students who think they may have COVID-19 symptoms (e.g., fever, cough, difficulty breathing, etc.) should stay home, self-isolate, and complete the province’s self-assessment tool to determine if they should go to a COVID-19 assessment centre to get tested.

If students are experiencing COVID-19 symptoms, they are to contact Campus Health and Wellness or Health and Counselling Centre:

If students receive a positive test result, they are to immediately contact the Occupational Health Nurse (OHN) at ehs.occhealth@utoronto.ca

Instructors or staff who are notified by a student that the student has tested positive should ask them to report this to U of T’s OHN.

Students who live in residence should follow the direction provided to them by the residence and OHN will connect with them.

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Oct 29, 2020
All members of our community are asked to monitor their health for COVID-19 symptoms daily and complete a self-assessment before coming to campus. There are two ways to complete the required health screening: by using UCheck or by completing a paper-based or offline assessment log. Staff, faculty, and librarians who think they may have COVID-19 symptoms (e.g., fever, cough, difficulty breathing, etc.) should stay home, self-isolate, and complete the province’s self-assessment tool to determine if they should go to a COVID-19 assessment centre to get tested. Employees who receive a red status after completing a self-assessment should follow the directions provided via UCheck or on the offline or paper-based log.

If they have symptoms or receive a positive test result, immediately contact the Occupational Health Nurse (OHN) at ehs.occhealth@utoronto.ca. As a supervisor, if you are notified by a member of your team that they are experiencing COVID-19 symptoms or have tested positive, ask the employee to report this directly to U of T’s Occupational Health Nurse.

OHN provides guidance to index case.

OHN identifies close contacts and provides notification and further guidance.

EHS informs VP-HRE, VP-FAL, LR (employee confirmed cases), employee supervisor and will confirm other leadership to be notified.

EHS notifies tri-campus facilities and services (F&S).

F&S sends disinfection closure notification, schedule for disinfection, and final notice when disinfection is completed and spaces are re-opened.

Lab Spaces: PI to secure lab and confirm with EHS prior to caretaking entering the lab. EHS conducts risk assessment and modifies disinfection if needed.

EHS provides advice for broader communication as required and provides template.

Approvals may be required for broader message. (see page 3)

EHS sends notice to Joint Health and Safety Committee/union only for employee related occupational incidences.

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Oct 29, 2020
Definitions and Requirements

Positive – defined as confirmed positive test
- Individual required to self-isolate and will receive guidance from OHN
- Contact tracing conducted, close contacts identified, and disinfection areas identified

Symptomatic – defined as those who have COVID-19 symptoms requiring action per the provincial screening tool.
- Individual is required to self-isolate and will receive guidance
- OHN completes risk stratification, and contact tracing is conducted, close contacts identified, and disinfection areas identified.

Individuals with symptoms NOT on the provincial screening tool do not trigger further action.

If someone is self-isolating due to COVID-19 symptoms, close contact identification, contact tracing and risk stratification is completed so if test is positive no further action is required.

Even if the symptomatic person receives a negative result, the University has been proactive in completing contact tracing and disinfection. This mitigates potential delays in cleaning and exposure risk (perceived/actual) that would occur if we waited to disinfect until we were informed of a positive result. This approach assuages concerns and reduces the interest of others in testing results, thereby protecting medical confidentiality.

Information to identify close contacts of positive/symptomatic individuals

Close Contact (High Risk) is defined as
- Had direct contact with infectious body fluids of the case (e.g., coughed or sneezed on)
- Had close (<2m) prolonged, unprotected contact


Those who are identified as close contacts are required to self-isolate (high-risk exposure) will receive guidance, contact tracing conducted, close contacts identified, and disinfection areas identified.

Close contacts of close contacts are advised to self-monitor for symptoms only. They are considered persons who have had transient interactions (see below).

Those identified as having transient contact with a positive/symptomatic individual

EHS provides “broader” info to those identified as having transient contact with a positive/symptomatic individual.

Transient Contact (low-risk exposure) is defined as:
- Had prolonged unprotected contact but only while the case was consistently physically distancing (e.g., attendees at a gathering, co-workers in a common work area).
- Only transient interactions (e.g., walking by the case or being briefly in the same room)

Those who are identified as having had transient contact are required to self-monitor (low-risk exposure), will receive general notice only. No further action.

Additional considerations assessed when determining whether an individual is high risk (close contact) or low risk (transient interaction)

As part of the individual risk assessment, consider:
- The duration and nature of the contact’s exposure (e.g., a longer exposure time/cumulative time of exposures likely increases the risk, an outdoor only exposure likely decreases the risk, whereas exposure in a small, closed, or poorly ventilated space may increase the risk)
- The case’s symptoms (coughing, severe illness likely increases exposure risk) and if personal protective equipment (e.g., procedure/surgical mask) was used.

To aid contact follow-up prioritization, prolonged exposure duration may be defined as more than 15 minutes; however, data are insufficient to precisely define the time that constitutes a prolonged exposure, and exposures of <15 minutes may be considered high risk exposures depending on the context of the exposure.

Oct 16. 2020

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