




Contact Tracing and Maintaining Privacy


June 2020


What is contact tracing?


Contact tracing is an infection control measure employed by Public Health Units to understand exposure to contagious diseases such as COVID-19. Contact tracing aims to interrupt the spread of disease between an infected person and the 'ring of close contacts' around them.


HOW CONTACT TRACING HELPS STOP COVID-19


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When a person is tested for COVID-19, it is sent to a lab. The lab sends the result to the physician who ordered the test.
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As part of the doctor-patient relationship, the physician is obligated to notify their patient of the result.
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Under the Health Protection & Promotion Act, the physician & lab are required to report the result to public health.
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Missing information can create delays. When public health has the complete report, case & contact tracing begins right away.
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A public health investigator contacts the person to confirm they are self-isolating. They will call the person daily to check on their well-being as they recover.
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They investigate where the person got COVID-19 & ask about their activities 2 weeks before symptoms started. They try to help them remember everywhere they went.
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They also try to find out who the person may have spread it to making a list of people they had contact within 2 days before symptoms started. Conversations can be long depending on how many contacts they had.
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The investigator will call the contacts of the person & have them self-monitor or quarantine based on if they had close or casual contact.
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As the City reopens & with more people leaving their homes, case & contact tracing will become more complicated. We continue to prepare by scaling up our efforts.
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We started our response with 50 case & contact tracing staff. We have now trained over 550 staff & many other volunteers; a team larger than the total number of staff at many public health units.
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We have also partnered with the Registered Nurses' Association of Ontario & University of Toronto to mobilize 170 nurses to help with our response.
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Finally, we are actively working with the province, local labs, hospitals & assessment centres to streamline the process from testing to contacting the patient.

TORONTO.CA/COVID19 

A helpful video from York Public Health explaining contact tracing can be found [here](#).

What if a member of staff tests positive? If they provide the name of the client they met during the 'exposure window' could they be breaching Part X of the CYFSA?

No. Public Health do not need the details of the relationships when taking a history for the purpose of contact tracing. They limit the amount of information they collect to what is necessary. Someone could provide the names of individuals they had contact with without disclosing the relationship.

What does the Information and Privacy Commissioner of Ontario say about this?

Part X allows disclosure of personal information with consent. It also permits disclosure without consent in certain circumstances that are outlined in section 292 of the *CYFSA*. For example, this includes s. 292(1)(g), which permits disclosure without consent "if the service provider believes on reasonable grounds that the disclosure is necessary to assess, reduce or eliminate a risk of serious harm to a person or group of persons".

Even if the CAS satisfies itself that Part X permits the disclosure, either with or without consent, it still must keep in mind the requirement (s. 287(2)) not to disclose more personal information than is reasonably necessary. So in this case the **CAS should release only the information that is necessary to fulfil the purpose of the contact tracing, which may include the name of an individual who was in contact with the staff member who tested positive for COVID, but not other information** such as whether the individual is a CAS client versus another staff member, volunteer, etc.

Anything else?

Public Health provided the following 'stepped' explanations for different audiences that you may find helpful.

1. When contact tracing is being performed, any information collected from a case is treated as the case's personal health information as it is collected from the person as part of providing them health care. The biggest part of contact tracing is determining a person's close contacts and following up with them. This would apply whether the person is a factory worker or a family doctor.
2. Public Health Units are mandated to perform contact tracing as per section 5(2) of the Health Protection and Promotion Act (HPPA) and carries them out as per the Ontario Public Health Standards.
3. This information is collected, used and disclosed in compliance with the Personal Health Information Protection Act (PHIPA).

4. Section 39(2)(a) of PHIPA allows a health information custodian to disclose personal health information about an individual to a medical officer of health if it is done so for a purpose of the HPPA.
5. In addition to circle of care, PHIPA allows for disclosures of personal health information for the purposes of the HPPA (such as contact tracing, s. 43 of PHIPA) or for the purposes of eliminating risk (s. 40 of PHIPA). So, while it is highly unlikely that we would disclose personal health information to a non-Health Information Custodian (HIC) during contact tracing, it is not-necessarily impossible, but would be done in compliance with PHIPA.