

**Apotex 5EI Enteric Outbreak****Preliminary Control Measures****CASE DEFINITION**

Any client or staff with 2+ episodes of diarrhea AND/OR vomiting, with or without lab confirmation, within a 24-hour period;

**SURVEILLANCE**

1. Daily monitoring of clients for signs and symptoms of gastrointestinal illness;
2. Initiate daily active surveillance for clients (IPAC) and staff (OHS) on the affected unit);

**SIGNAGE AND ADDITIONAL PRECAUTIONS**

3. Place suspected cases on Special Droplet/Contact Precautions with signage on the doors until COVID is ruled out;
4. If negative for COVID-19, transition to contact precautions until further consultation by IPAC;
5. Post outbreak signage on entrance doors & keep them shut for the duration of the outbreak;
6. Post a printed copy of the Control Measures at the nursing station;
7. Maintain universal use on procedure masks for staff/physicians/caregivers/etc. on the outbreak unit;

**ACCOMMODATION, COHORTING & ROOM RESTRICTIONS**

8. Restrict active cases to their rooms for the duration of precautions;
9. Use dedicated mobile equipment in the rooms of active cases, when possible;
10. Disinfect mobile equipment that cannot be dedicated, using disinfectant wipes;

**APPOINTMENTS, LEAVES OF ABSENCE & GROUP ACTIVITIES**

11. Determine whether clients' medical appointments should be kept, at the discretion of the care team;
12. Schedule appointments end of day, if possible. Notify transport personnel and the receiving facility;
13. Reschedule non-urgent medical appointments and absences. Urgent appointments may continue with precautions;
14. Restrict clients from the affected unit from participating in any communal recreational group activities taking place outside the unit;

15. Suspend recreational group activities for the duration of outbreak;

### **ADMISSIONS, RE-ADMISSIONS, TRANSFERS, DISCHARGES**

16. Determine whether new admissions can proceed, in consultation with IPAC;

17. Coordinate inter-facility transfers with Toronto Public Health. Notify the receiving facility;

18. Permit early client discharges and repatriations to homes in the community;

### **STAFF AND PHYSICIANS**

19. Restrict active staff/physician cases from the unit until cleared by OHS;

20. Permit healthy staff to work between affected and unaffected units;

### **PRIVATE & ESSENTIAL CAREGIVERS, STUDENTS, VOLUNTEERS, AND VISITORS**

21. Restrict confirmed/suspected caregiver/visitor cases until clear of symptoms;

22. Communicate outbreak control measures to essential caregivers/visitors (huddle, copy of control measures posted at the nursing station, etc.);

23. Permit essential caregivers/visitors, including for confirmed/suspected client cases;

24. Restrict essential caregivers/visitors from working with more than one client. Ensure essential caregivers/visitors leave immediately after visit;

25. Permit students to work with confirmed/suspected cases;

26. Restrict volunteers from working for the duration of the outbreak;

### **ENVIRONMENTAL SERVICES**

27. Perform daily enhanced cleaning/disinfection in the rooms of active cases;

28. Perform a terminal cleaning upon discontinuation of precautions.