

# Apotex 6GS COVID-19 Outbreak

## Preliminary Control Measures

### CASE DEFINITION

Any client or staff with lab confirmation of COVID-19.

### SURVEILLANCE

1. Test new clients presenting with any one symptom compatible with COVID-19;
2. Initiate daily active surveillance for clients (IPAC) and staff (OHS) on the affected unit;

### SIGNAGE AND ADDITIONAL PRECAUTIONS

3. Place suspected/confirmed cases on Special Droplet/Contact Precautions with signage on the doors;
4. Post outbreak signage on unit entrance doors & keep them shut for the duration of the outbreak;
5. Post a printed copy of the Control Measures at the nursing station;
6. Implement universal use of masking for staff, visitors, and contractors on the outbreak unit;
7. Implement use of N95 respirators for any clients on Special Droplet/Contact precautions;

### ACCOMMODATION, COHORTING & ROOM RESTRICTIONS

8. Restrict suspected/confirmed cases to their rooms for the duration of Special Precautions;
9. Use dedicated mobile equipment in the rooms of confirmed/suspected 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 MRPs;
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. Provide all clients who leave the home with a mask and inform them of the risk of transmission;
15. Organize recreational group activities for 4-5 well clients at a time only in the TV lounge and/or dining room;
16. Schedule recreational group activities at end of day and after activities for non-outbreak units;
17. Restrict clients from the outbreak unit from participating in any communal recreational group activities taking place outside the unit;

18. Communal dining can continue for well residents (1 client per table if feasible);

### **ADMISSIONS, RE-ADMISSIONS AND TRANSFERS**

19. Permit new admissions to the affected unit only in consultation with IPAC;
20. Permit early client discharges and repatriations to homes in the community;
21. Permit transfers between affected and unaffected units only in consultation with IPAC;
22. Coordinate inter-facility transfers with Toronto Public Health. Notify the receiving facility;

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

23. Restrict confirmed/suspected staff/caregiver/etc. cases from the unit until cleared by OHS/TPH;
24. Permit healthy essential caregivers and general visitors, including for active client cases, ensuring proper PPE use and leave immediately after visit;
25. Permit healthy staff to work between affected and unaffected units, if feasible;
26. Permit students to work on unaffected units before moving to affected units and with confirmed/suspected cases;
27. Restrict volunteers from working on the affected unit;
28. Restrict essential caregivers from working on other unaffected units;

### **ENVIRONMENTAL SERVICES**

29. Perform daily enhanced cleaning/disinfection in the rooms of confirmed/suspected cases;
30. Perform a terminal cleaning upon discontinuation of precautions;