

# Hospital 4 East 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) 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, in addition to 4-point PPE, for any clients on Special Droplet/Contact precautions;
8. Use 'clustered care' and keep entries into the rooms of suspected/confirmed cases to a minimum;

### ACCOMMODATION, COHORTING & ROOM RESTRICTIONS

9. Place confirmed cases into private rooms, whenever available/practical/feasible;
10. Cohort confirmed cases, when necessary/practical/feasible;
11. Restrict suspected/confirmed cases to their rooms for the duration of Special Precautions;
12. Use dedicated mobile equipment in the rooms of confirmed/suspected cases, when possible;
13. Disinfect mobile equipment that cannot be dedicated, using disinfectant wipes;

### APPOINTMENTS, LEAVES OF ABSENCE & GROUP ACTIVITIES

14. Determine whether clients' medical appointments should be kept, at the discretion of MRPs;
15. Schedule appointments end of day, if possible. Notify transport personnel and the receiving facility;
16. Suspend community leaves of absence for the duration of outbreak;
17. Cohort clients for recreational group activities and close client gathering spaces (e.g. TV lounge);
18. Permit therapy/rehabilitation services to continue for clients, at the discretion of the care team;

### **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 staff to work between affected and unaffected units;
25. Permit students to work on the affected unit and with confirmed/suspected cases;
26. Restrict volunteers from working on the affected unit;
27. Permit essential caregivers and visitors on the unit, including for confirmed/suspected client cases;
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;