

# Apotex 6GS Metapneumovirus Outbreak

## Final Control Measures

### CASE DEFINITION

Any client / staff with symptoms compatible with metapneumovirus (e.g., cough, hoarse voice, sore throat, etc.)

### SURVEILLANCE

1. Test new clients presenting with any one symptom compatible with metapneumovirus;
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 procedure masks for staff, essential visitors and contractors on the outbreak unit;
7. Use N95 masks and face shields for direct care of 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. Suspend community leaves of absence for the duration of outbreak;

15. Provide all clients who leave the home with a mask and inform them of the risk of transmission;
16. Organize recreational group activities for 4-5 well clients at a time only in the TV lounge and/or dining room;
17. Schedule recreational group activities at end of day and after activities for non-outbreak units;
18. Restrict clients from the outbreak unit from participating in any communal recreational group activities taking place outside the unit;
19. Communal dining can continue for well residents/patients (1 client per table);

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

20. Permit new admissions to the affected unit only in consultation with IPAC;
21. Permit early client discharges and repatriations to homes in the community;
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. Communicate outbreak control measures to essential caregivers and general visitors (huddle, copy of control measures posted at the nursing station, etc.);
25. Permit healthy staff to work between affected and unaffected units;
26. Permit students to work on the affected unit and with confirmed/suspected cases;
27. Restrict volunteers from working on the affected unit;
28. Permit essential caregivers on the unit, including for confirmed/suspected client cases;
29. Permit healthy essential caregivers and general visitors, including for active client cases, and leave immediately after visit;
30. Permit healthy essential caregivers and general visitors to visit multiple clients provided that suspected/confirmed cases are visited last and proper PPE is used;
31. Restrict essential caregivers from working on other unaffected units;

### **ENVIRONMENTAL SERVICES**

32. Perform daily enhanced cleaning/disinfection in the rooms of confirmed/suspected cases;
33. Perform a 2-stage terminal cleaning upon discontinuation of precautions;