Apotex 2RF COVID-19 Outbreak
Final Control Measures

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

SURVEILLANCE
1. Test new clients presenting with any 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;
8. Implement universal eye protection for staff and essential visitors when within <2m of any client;
9. Use ‘clustered care’ and keep entries into the rooms of suspected/confirmed cases to a minimum;

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

APPOINTMENTS, LEAVES OF ABSENCE & GROUP ACTIVITIES
15. Determine whether clients’ medical appointments should be kept, at the discretion of MRPs;
16. Schedule appointments end of day, if possible. Notify transport personnel and the receiving facility;
17. Suspend community leaves of absence for the duration of outbreak;
18. Cohort clients for recreational group activities and close client gathering spaces (e.g. TV lounge);
19. Communal dining can continue for well residents (1 client per table if feasible);

**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. Permit transfers between affected and unaffected units only in consultation with IPAC;
23. Coordinate inter-facility transfers with Toronto Public Health. Notify the receiving facility;

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

24. Restrict confirmed/suspected staff/caregiver/etc. cases from the unit until cleared by OHS/TPH;
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 general visitors on the unit, for well clients only and leave immediately after visit;
29. Permit essential caregivers on the unit, including for confirmed/suspected client cases;
30. Restrict essential caregivers from working on other unaffected units;

**ENVIRONMENTAL SERVICES**

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