

Hospital 7 East 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 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, 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 the outbreak;
17. Cohort clients for recreational group activities and permit well clients in gathering spaces (e.g. TV lounge) with physical distancing;
18. Postpone communal dining for clients from the unit for the duration of the outbreak;
19. Permit therapy/rehabilitation services to continue for clients, at the discretion of the care team;

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 essential caregivers and visitors on the unit, including for confirmed/suspected client cases;
29. Restrict essential caregivers from working on other unaffected units;

ENVIRONMENTAL SERVICES

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