

Initial Control Measures Information Package

Initial Control Measures

The purpose of the *Initial Control Measures* is to guide facilities in the minimum initial control measures to implement when there is a new confirmed case or cluster of cases. TPH staff may give you additional instructions that are different from the information below, based on the specific situation.

1. Contact TPH about your new resident case, outbreak related staff or cluster of cases:

- Long-term Care & Retirement Homes
 - **Monday – Friday 8:30 a.m. to 4:30 p.m.:**
 - Email the situation to LRCT@toronto.ca
 - **After Hours: Monday to Friday evenings from 4:30 pm – 8:30 am, Weekends and Statutory Holidays**
 - Call 3-1-1 or 416-392-CITY (2489) and ask to speak to the on-call Communicable Disease Manager.
- Please have the following initial outbreak information ready to provide to your CDI upon request:
 - Total # of residents and staff in the institution
 - Total # of residents and staff in affected area(s)/unit(s)
 - Total # of residents and staff cases
 - # of residents and staff cases admitted to hospital
 - # of residents and staff cases with pneumonia (CXR confirm)
 - # of residents and staff Deaths among cases
 - Symptoms of cases from the most to the least prevalent (if known)
 - Earliest exposure date (aka onset date of the first case)
 - Date of most recent case

2. Post notification signage:

- Confirmed Outbreak: Post [OB Alert](#) signage.

3. Initiate Droplet/Contact Precautions (DCP):

- Positive and/or ill residents.
- Roommates of ill residents who are pending a MRVP or COVID-19 PCR result.
 - Roommates of a confirmed influenza resident case do not need to be placed on DCP.
- Roommates of positive COVID-19 cases.
 - Roommates who were previously positive within the last 90 days do not need to be placed on DCP or tested unless symptomatic.
 - Non-roommate resident/patient close contacts who remain asymptomatic do not need to be on DCP but should be monitored twice daily, wear a mask, and physically distance from others for 7 days post-exposure.

4. Management of Staff:

- Ensure positive and/or ill staff are not working while symptomatic. Please refer to [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Living Settings for Public Health Units.](#)

5. Contact Tracing:

- Initiate contact tracing related to all positive patient and staff cases.
- Initiate cohorting of staff and residents as required. For example, clusters of cases.

6. Testing:

- Respiratory
 - PCR test all ill residents/patients with respiratory symptoms for COVID-19 and MRVP
 - Symptomatic staff are encouraged to get COVID-19 testing. Refer to [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes and Other Congregate Living Settings for Public Health Units](#) document.
- Enteric
 - PCR test all ill residents/patients for COVID-19
 - Collect a stool sample for residents/patients with enteric symptoms

7. New admissions, transfers, and absences:

- Refer to the [Minister's Directive: COVID-19 response measures for long-term care homes.](#)

8. Visitors and Essential Caregivers:

- Refer to the [Minister's Directive: COVID-19 response measures for long-term care homes.](#)

9. Reinforce IPAC measures such as diligent hand hygiene, appropriate [PPE use](#), masking, physical distancing, active symptom surveillance and [environmental cleaning](#).

10. The facility will schedule an OMT meeting and invite the TPH liaison.