

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.

COVID-19 Exposure Risk Level in LTCHs/RHs

Please review the chart below for the classification of COVID-19 Exposure Risk Levels. Your TPH Liaison can help you work through the table and classify exposures as high, low, or no risk if needed.

Description	Example(s)
High Risk ("Close Contact" per Appendix 1)	
Resident received direct care from HCW case who did not have appropriate masking ³ .	<ul style="list-style-type: none"> PSW case provided care (e.g., bathing, feeding, dressing) to resident without wearing an appropriate mask³.
Resident received personal care for an extended period of time from a HCW (regardless of appropriate PPE ² /mask use ³). <ul style="list-style-type: none"> Resident or HCW could be the case. 	<ul style="list-style-type: none"> Sitter (1:1 care) in the same room as the resident Resident requiring total care in the staff's assignment (i.e., needing several hours of direct care per shift).
Individuals who were in close proximity (less than 2 metres) for at least 15 minutes, or had multiple short periods of time with the case without IPAC measures (masking, distancing, PPE).	<ul style="list-style-type: none"> Resident case's roommate, table mate, smoking partner. Known social visits between a resident case and another resident (indoors, within 2 metres, and without masks). ECG/Visitor case visiting within 2 metres of a resident without the consistent and appropriate use of PPE². Staff case who is smoking, carpooling, eating, or other activities within 2 meters of another staff without masks. Healthcare worker and/or staff who provided direct care for a resident case or had similar close physical contacts (less than 2 metres from the patient for more than a transient duration of time) without consistent use of PPE²
Direct contact with a symptomatic person or respiratory fluids of a positive case (e.g., cough or sneeze) without the consistent and appropriate use of PPE ² .	<ul style="list-style-type: none"> Resident case coughs or sneezes while they were within 2 metres of a staff and the staff was not wearing facial protection.
Low Risk	
Resident received prolonged care from a staff case who had appropriate masking ³ .	<ul style="list-style-type: none"> PSW case provided care (e.g., bathing, feeding, dressing) to resident while wearing an appropriate mask³ for source control.
Staff provided prolonged care to resident case with consistent and appropriate PPE ² use.	<ul style="list-style-type: none"> Staff wore an appropriate mask³, gloves, gown, and eye protection while providing care (e.g., bathing, feeding, dressing) to a resident case.
Was in a shared indoor space with a case or in a setting where interactions occur but with public health measures in place. <p>Note: Some interactions with the description above may be considered "no risk" depending on the specific circumstances. See No Risk Category (Transient Exposures) for further information.</p>	<ul style="list-style-type: none"> Interaction occurred between case and contact and physical distancing was in place. Individuals in the same dining room/break room, sitting at any table next to the cases (but not at the same table). Residents participating in a higher risk physically distanced program/activity (e.g., singing, dancing, physical activity – group exercise). Brief, physically distanced visit from an ECG/visitor case with a resident (in resident room or common area). Residents with a shared bathroom (semi-private), but not shared room.
All co-workers with consistent and appropriate PPE ² use during close contact with the HCW case (e.g., within 2 metres in an enclosed common area).	<ul style="list-style-type: none"> HCW case and contact both wore appropriate mask³ while taking a break together and not maintaining a 2 metre in the same breakroom.
No Risk (does not apply to memory units)	
Transient exposures	<ul style="list-style-type: none"> Walking past someone in the hallway (regardless of mask use). Dietary staff dropping off a tray or serving food in the dining room. Screeners screening individuals upon entry to the home. Elevator ride with another individual (regardless of mask use).

Description	Example(s)
	<ul style="list-style-type: none"> Brief interaction, where masking and physical distancing is in place.
Brief care provided to a resident where universal masking for staff is in place. <ul style="list-style-type: none"> This could be a resident or staff case. 	<ul style="list-style-type: none"> Brief interactions with residents such as med pass, vital signs, blood sugar.
New Arrivals	<ul style="list-style-type: none"> Case is a new admission who has been on DCP the entire time while at the facility. Staff who started working at the home after a staff case had already been excluded.
No direct care	<ul style="list-style-type: none"> A resident who never received direct care from a HCW case (e.g., cleaning staff). HCW who did not provide direct care to a resident case.

Footnotes

¹**Close Contact:** The [OPHS Appendix 1](#) outlines the following as a close contact:

- An individual who has a high-risk exposure to a case, an individual with COVID-19 symptoms, or an individual with a positive RAT, during their infectious period (i.e., within the 48 hours prior to the case's symptom onset if symptomatic or specimen collection date (whichever is earlier/applicable) and until the case has completed their self-isolation period

² **Appropriate and consistent use of PPE:** Workers should organizational policies on the use of PPE for patients with suspected and confirmed COVID-19. However for public health follow-up purposes, if the exposed worker had consistent medical masking, this would generally not be considered a high-risk exposure. See the Public Health Ontario [Technical Brief on IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) for more information.

³ **Appropriate Masking:** Well-fitting medical mask or N95 respirator. Masks must securely cover your nose and mouth.