November 2021

Infection Prevention and Control (IPAC) Champion Toolkit

for Long-term Care Homes, Retirement Homes, and Other Congregate Settings

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Roles & Responsibilities of the IPAC Champion

Infection Prevention and Control (IPAC) measures play a significant role in reducing the transmission of COVID-19 and other microorganisms within Long-Term Care Homes, Retirement Homes and other Congregate Living Settings. To ensure IPAC measures are effective, all staff, visitors, contract workers, and volunteers, must be adequately trained in IPAC as it relates to the facility, and continue to participate in ongoing IPAC education. A designated IPAC champion at each facility, or several IPAC champions throughout the facility (to cover different units or shifts), is strongly recommended to monitor, support, and educate staff, visitors, contract workers and volunteers regarding IPAC measures.

Responsibilities of an IPAC Champion:

- Participate in ongoing IPAC training and education, including PHO IPAC Core Competency modules and WDGPH IPAC Champion training sessions
- Monitor, support and educate staff, visitors, contract workers and volunteers on IPAC measures. This can be achieved by the following but is not limited to:
    - Promoting physical distancing between individuals, especially within designated staff break areas
    - Demonstrating how to properly clean and disinfect eye protection after use
    - Reviewing how and where to store eye protection after use
    - Discussing the importance of universal masking, and reviewing when a mask should be discarded, and a new mask obtained
    - Reinforcing how to appropriately wear a mask
    - Assisting visitors and contract workers in selecting the appropriate PPE
    - Educating visitors and contract workers on how to correctly don and doff PPE
- Provide coaching around proper hand hygiene and PPE techniques. This task is achieved via hand hygiene and PPE auditing, and providing on the spot feedback, education and demonstrations.
- Ensure PPE and hand hygiene supplies are accessible, and a plentiful supply is maintained. This can be achieved by:
    - Checking that the PPE caddies are stocked and ready for use
    - Ensuring that PPE and the appropriate signage is at the point-of-care (POC) for a resident or client on additional precautions
    - Ensuring that ABHR is available at the POC
    - Ensuring that ABHR has a minimum 60-90% alcohol content (for congregate settings) / 70-90% alcohol content for (LTC/RHs)

- Connect with WDGPH (phone, email, weekly virtual drop-in) to ask any IPAC-related questions or to request additional IPAC services or support

Support for IPAC Champions

To be most effective, IPAC champions will require ongoing support from facility leadership. Wellington-Dufferin-Guelph Public Health (WDGPH) can also provide support to IPAC champions through the Guelph-Wellington Satellite IPAC Hub.

Support from Leadership at Facility:

- Secure time for IPAC champions to participate in ongoing IPAC education and trainings and to provide teaching, monitoring, auditing, and coaching of facility staff, visitors, contract workers and volunteers
- Reinforce IPAC education and training by providing demonstrations and reviewing material (best practices, guidance documents, directives, and policies and procedures) as appropriate or needed
- Provide additional facility-specific IPAC education and training, including training on IPAC policies and procedures
- Provide IPAC champions with any tools they may need to fulfill their roles and responsibilities (e.g., documentation system, space to review policies/procedures and complete training). Consider incentivizing the IPAC Champion role.
- Ensure supportive IPAC culture at facility, where IPAC is prioritized and valued

Support available from WDGPH:

- Provide IPAC champion training and ongoing education and training opportunities
- Answer IPAC-related questions and provide additional IPAC services and support to facility based on need (see Guelph-Wellington Satellite IPAC Hub webpage for more information)
- Share appropriate IPAC-related directives, guidance and recommendations with facility administration and/or IPAC champions

How to connect with WDGPH:

- **Call:** 1-800-265-7293 ext. 4752 for outbreak-related questions, reporting, or urgent IPAC questions (After Hours: 1-877-884-8653)
- **Email:** congregatesetting@wdgpublichealth.ca for IPAC or general questions, or to request an IPAC service or support
- **Virtual Drop-In:** Meeting Link (Thursdays, from 2-3 pm) for IPAC related questions

About this Toolkit and Additional Resources

This toolkit was developed to assist IPAC champions in their role, along with our IPAC Champion Trainings. The toolkit contains general IPAC resources, as well as those specific to COVID-19. Topics covered include the roles/responsibilities of an IPAC champion, universal masking, eye protection, the point of care risk assessment, the appropriate use of PPE, donning and doffing of PPE, routine practices, the requirements for additional precautions, the indications and instructions for effective Hand Hygiene (HH), and auditing and observation checklists. As resources continue to be updated, revisions to this toolkit and trainings will be made available on our webpages for LTCH/RH, Congregate Living Settings and the Guelph-Wellington Satellite IPAC Hub.

Additional Resources:

This toolkit contains several IPAC education resources that are available to assist IPAC champions in their role. However, it is strongly encouraged that the IPAC champion reviews the other resources available on the Public Health Ontario (PHO) and the WDGPH websites as they will be beneficial to supporting and providing education to staff, visitors, contract workers, and volunteers in the facility. The following online education resources listed below should be reviewed in addition to those included in this toolkit:

1. WDGPH IPAC Champion Training
2. PHO PPE donning and doffing and HH videos
3. PHO IPAC core competencies modules
4. PHO HH for COVID-19 prevention webpage
5. PHO PPE for COVID-19 prevention webpage
6. PHO COVID-19 Webinar – Healthcare Worker PPE Use and Cohorting in Long-term Care and Retirement Homes

Individuals taking on leadership roles in infection control may wish to consider more in-depth training and/or certification:

- Canadian Infection Prevention and Control Courses
- Certification through the Certification Board of Infection Control and Epidemiology
- Membership to IPAC Canada for continued learning opportunities

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Coronavirus Disease 2019 (COVID-19)

Universal Mask Use in Health Care

Universal masking has been instituted in long-term care homes in Ontario. Medical masks (surgical or procedure) (herein referred to as masks) can function as source control (being worn to protect others) or as personal protective equipment (to protect the wearer). When wearing a mask to protect others, the wearer should still practice physical distancing to protect themselves.

Universal masking versus personal protective equipment (PPE)

- Universal masking means wearing a mask at all times.
- Masks used as part of universal masking are **used to protect others from the wearer**.
- Personal protective equipment, commonly referred to as "PPE", is equipment and clothing (including, but not limited to masks) worn to minimize exposure to hazards and prevent illnesses and infection to the worker. **It is used to help protect the wearer from others**.

Guiding principles of universal masking with extended use

- Masks are worn to protect others from potential infectious secretions of the wearer.
- Persons wearing a mask must also ensure physical distancing of at least two metres (six feet) to prevent exposing themselves to droplets from others.
- Masks are to be discarded if visibly soiled, damp, damaged or difficult to breathe through, and after removal.
- After use, masks are to be handled in a manner that minimizes the potential for cross-contamination.

Guiding principles of masks as part of PPE

- To be worn along with eye protection when within two metres (six feet) of someone who is suspected or confirmed to have COVID-19.
- To be used with gloves and a gown if touching someone, or in the environment of someone on Droplet and Contact Precautions.
- When using masks as PPE for Droplet/Contact precautions, all PPE, including masks, is to be removed in a safe manner upon leaving the patient's/resident's environment.

Extended use and re-use of masks for universal masking

- As part of conservation strategies, a single mask may be worn for an extended period (e.g., donned at the beginning of the shift, and continued to be worn) as long as it is not manipulated or removed, visibly soiled, damp, damaged or difficult to breathe through.
- Extended use of PPE should only be considered in consultation with your IPAC professional and/or the outbreak management team in order to mitigate the risk of transmission that may occur with extended use.
- Under extreme supply shortages, if a mask must be re-used, keep it from being contaminated by carefully storing it in a clean paper bag, or in a cleanable container with a lid. This is preferable to placing a used mask on a paper towel while eating or drinking.
- Paper bags are to be discarded after each use. Reusable containers are to be cleaned and disinfected after each use. Bags and containers are to be labelled with the individual's name to prevent accidental misuse.
- Always remember to clean your hands before putting on your mask, after touching your mask, and after discarding your mask.

Always remember

- Masks alone do not protect all of the mucous membranes of the face of the wearer (i.e. the eyes) and are not considered adequate PPE on their own.
- Hand hygiene is to be performed before putting on and after removing or otherwise handling masks.
- Do not store masks in your pocket or other area (e.g. table) where they can become damaged or contaminated. Damage can impact the mask's effectiveness.
- Change your mask when it is wet or soiled or hard to breathe through. Change your mask when it becomes contaminated (e.g. if someone coughs on you).
- When using masks as PPE for Droplet/Contact precautions, they are to be discarded upon leaving the patient/resident environment.

The information in this document is current as of February 23, 2021

Ontario

How to Wear a Surgical Mask

Staff and visitors must wear a mask at all times

WASH YOUR HANDS BEFORE WEARING A MASK

OR USE ALCOHOL-BASED HAND RUB WITH 70-90%* ALCOHOL CONCENTRATION

ENSURE THE COLOURED SIDE OF THE MASK FACES OUTWARDS

LOCATE THE METAL BAND AND PLACE IT ON THE NOSE BRIDGE

SECURE THE ELASTIC LOOPS OVER YOUR EARS

IF USING A MASK WITH TIES, SECURE OVER CROWN OF HEAD FIRST, THEN NEAR NAPE OF NECK

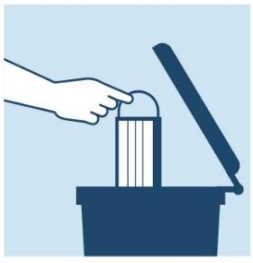
COVER MOUTH, NOSE AND CHIN FULLY, MAKING SURE THERE ARE NO GAPS

PRESS THE METAL BAND TO FIT THE SHAPE OF THE NOSE

WASH YOUR HANDS OR USE ALCOHOL-BASED HAND RUB BEFORE REMOVING MASK

REMOVE THE MASK FROM BEHIND BY ONLY HOLDING THE EAR LOOPS

IF USING A MASK WITH TIES, REMOVE THE BOTTOM TIE FIRST, THEN THE TOP TIE



DISPOSE THE MASK IN THE GARBAGE

WASH YOUR HANDS OR USE ALCOHOL-BASED HAND RUB

SURGICAL MASK PLACED CORRECTLY

DO NOT PULL MASK UNDER YOUR CHIN OR ON TO YOUR NECK;
DO NOT HANG MASK FROM YOUR EAR

DO NOT TOUCH THE MASK WHILE WEARING IT.
IF YOU DO,
WASH YOUR HANDS OR USE ALCOHOL-BASED HAND RUB

REPLACE THE MASK IF IT GETS DAMP AND DO NOT REUSE IT

For universal masking:

REPLACE MASK IF REMOVED (E.G., TO EAT OR DRINK) OR IF IT GETS VISIBLY SOILED, WET, DAMAGED, DIFFICULT TO BREATHE THROUGH, MADE CONTACT WITH A RESIDENT, OR WAS USED WITH A RESIDENT ON CONTACT/DROPLET PRECAUTIONS

* 60-90% ALCOHOL CONCENTRATION CAN BE USED IN NON LTCH/RH/HEALTH CARE SETTINGS

To protect yourself, please practice physical distancing and wear additional PPE when indicated

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Guidance for Eye Protection – Long-Term Care, Retirement Homes, and other Congregate Settings

1. Personal protective equipment (PPE) is considered a medical device. Review Health Canada's website to ensure the eye protection is approved for use:
    - List of authorized medical devices
    - List of medical devices for exceptional importation and sale
2. Always perform a risk assessment prior to your resident interaction to determine PPE requirements.
3. From an occupational health and safety perspective, regardless of immunization status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspect/confirmed COVID-19 and in the provision of direct care within 2 metres of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s). Any additional sector-specific requirements for PPE use should also be followed.
4. Eye protection must be donned **before** interaction with residents.

Options	Consideration in Selections
Face shields 	**Face shields** are preferred as they cover the maximum area of the face to reduce exposure from splash, spray or droplets to both the eyes and face. A single-use face shield can be re-used by the SAME user until it becomes cracked or visibility is compromised. Label your face shield.
Goggles 	**Goggles** with a snug fit around the eyes or a face shield that covers the front and sides of the face provide the most reliable eye protection from splashes, sprays, and respiratory droplets. (The characteristics of the goggles that make them the **most reliable protection** for the wearer do result in concerns with comfort during extended periods of use.)

Safety glasses	
	**Safety glasses** do not provide the same level of protection from splashes, sprays, and droplets as goggles or face shields, and generally should not be used for infection control purposes. They are not recommended for close clinical contact, especially if the resident is unmasked. If you use them, be aware that there will be gaps close to your eyes between the glasses and your face.

- **If you wear prescription glasses**, use a face shield or goggles that fit snuggly, with no gaps between the protective equipment and your face.

Additional Guidance for the Use of Eye Protection

- Ensure eye protection and respirator or medical mask compatibility so that there is no interference with the proper positioning of the eye protection or with the fit or seal of the respirator or mask.
- Use of eye protection can be extended. Eye protection should be cleaned and disinfected, prior to changing medical mask or N95 respirator, after leaving a room on droplet contact precautions (unless working in a COVID positive cohort), when going to breaks or meals, and at the end of a shift.
- As needed, replace it when soiled or damaged. All eye protection must be **cleaned and disinfected** between uses – see below and refer to Public Health Ontario's Cleaning and Disinfection of Reusable Eye Protection.

Cleaning and Disinfecting Eye Protection

- Use hospital grade cleaner/disinfectant wipes. A drug identification number (DIN) or natural product number (NPN) on the product label indicates it has been approved for use by Health Canada
- Review the product label to determine whether wipes are a one step cleaner and disinfectant or whether two steps are needed (one wipe to clean and a new wipe to disinfect) and the required contact time (time the surface must remain wet)
- It is recommended to obtain a one step product with a practical contact time (less than 5 minutes)
- Clean and disinfect eye protection when visibly dirty, when there is a risk of cross contamination (i.e., touched without performing hand hygiene first) and when leaving an isolation room.
- If staff are cohorted and caring for several residents in the same cohort (i.e., those on droplet/contact precautions), eye protection can be cleaned and disinfected when removed for break/lunch prior to storage and not after each resident interaction.

Steps for Cleaning and Disinfecting

1. Perform hand hygiene prior to removing eye protection.
2. When removing eye protection, reach up behind the head or side of head; do not touch the front of the contaminated eye protection.
3. Place eye protection on a non-porous surface.
4. Perform hand hygiene and don gloves.
5. Using a hospital grade cleaner/disinfectant wipe in one hand and the other hand to pick up eye protection, carefully **wipe the inside** surface of eye protection, then **wipe the outside** surface of the eye protection. Discard wipe.
6. Still holding eye protection in the same hand, use the other hand and take a new hospital grade disinfectant wipe to clean/disinfect the surface where the contaminated eye wear was placed during cleaning. Discard wipe.
7. Place clean eye protection on clean surface and allow to sit for the required contact time or use a hook instead of setting down on the surface.
8. Remove gloves and perform hand hygiene.
9. If visibility is compromised by residual disinfectant, eye protection can be rinsed with tap water or wiped with 70-90% alcohol.
10. Allow eye protection to dry prior to next use. When dry, store in labelled paper or plastic bag.
11. Store in a designated clean area in a manner to prevent contamination.

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
Champlain Health Region Incident Command. (2020.10.30) Recommendations for PPE Use including universal mask and eye protection during the COVID-19 Pandemic.

Adapted from Ottawa Public Health.

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A Resource for Health Care Workers

Cleaning and Disinfection of Reusable Eye Protection

1

Clean hands and put on a pair of gloves.

2

Wipe the inside of the eye protection first and then the outside.

3

Ensure all surfaces remain wet for the disinfectant contact time (e.g., 1-3 minutes).

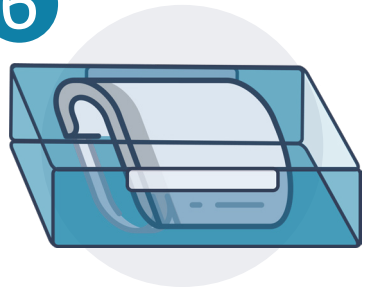
4

Rinse with tap water and allow to dry.*

5

Remove gloves and perform hand hygiene.

6



Store the eye protection in a clean, designated area.

Important Reminders

Reusable eye protection can include face shields, goggles and safety glasses.

Follow infection prevention and control best practices for use of eye protection such as performing a Point-of-Care or Personal Risk Assessment.

Always clean and disinfect reusable eye protection between uses according to manufacturer/product instructions.

Single use eye protection such as disposable face shields or visor/mask must be safely discarded after one use.

If the equipment is damaged or the foam piece of the face shield/goggle straps are visibly soiled, DO NOT REUSE.

** Tip: To help reduce fogging, after disinfection, cleaning with soap and water or wiping with alcohol may help.*

For more information about PHO, visit publichealthontario.ca.

Ontario

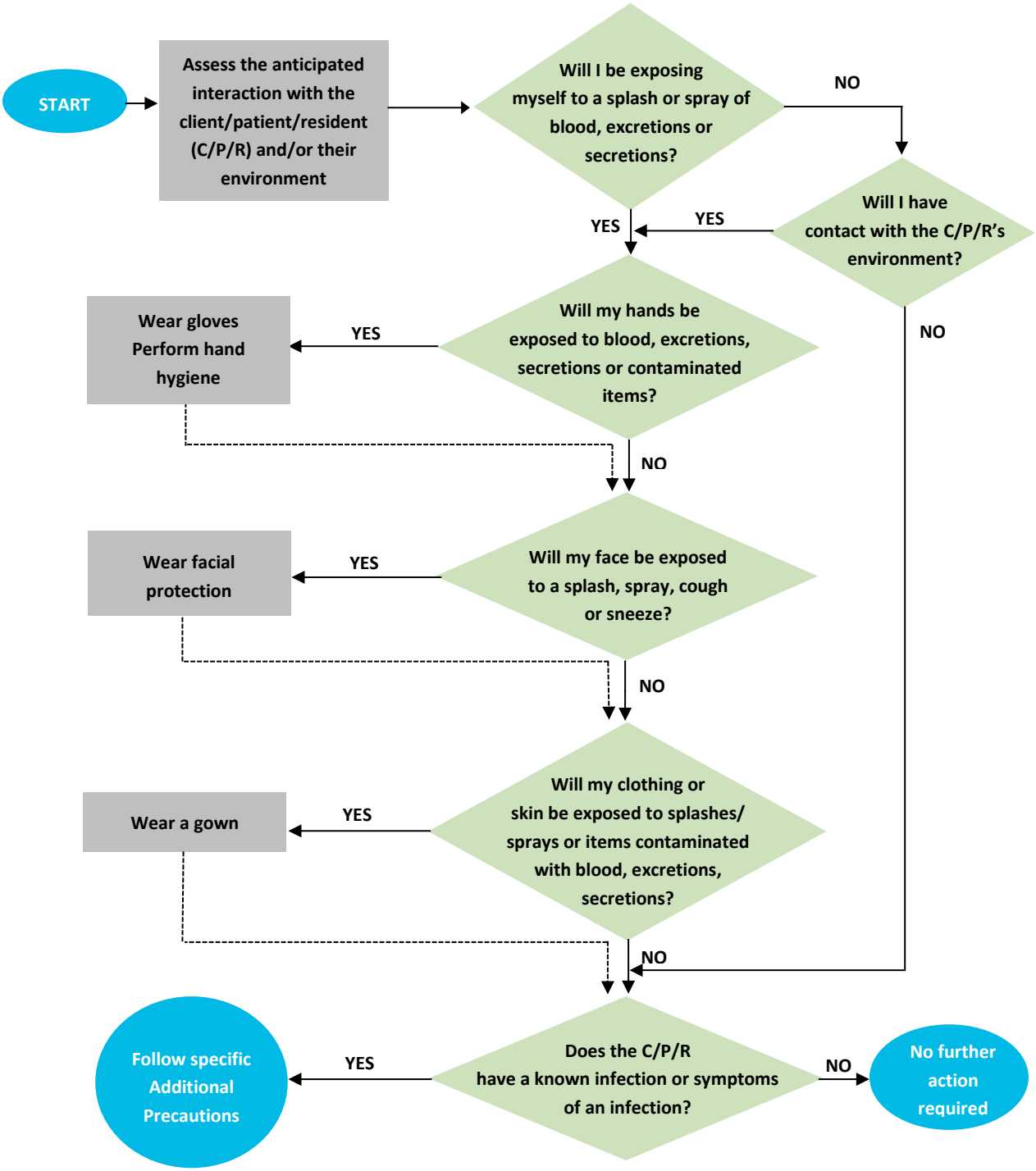
Performing a Risk Assessment Related to Routine Practices and Additional Precautions

An individual assessment of each client/patient/resident's potential risk of transmission of microorganisms must be made by all health care providers and other staff who come into contact with them. Based on that risk assessment and a risk assessment of the task, one may determine appropriate intervention and interaction strategies, such as hand hygiene, waste management, use of personal protective equipment (PPE) and client/patient/resident placement, that will reduce the risk of transmission of microorganisms to and from the individual.[28] When a client/patient/resident has undiagnosed symptoms or signs of an infection, interventions must be informed by organizational requirements.

Risk assessment steps to be performed by a Health Care Provider to determine an individual's risk of transmission of infectious agents and the rationale for associated protective measures

PERFORM A RISK ASSESSMENT	RATIONALE FOR ACTION
Decision #1: Do I need protection for what I am about to do because there is a risk of exposure to blood and body fluids, mucous membranes, non-intact skin or contaminated equipment?	
Individual Risk Assessment #1	**Intervention and Interaction #1:** I must follow Routine Practices because there is a risk that I might expose myself to an infection that is transmitted via this route, or expose the client/patient/resident to my microorganisms (see algorithms)
Decision #2: Do I need protection for what I am about to do because the client/patient/resident has undiagnosed symptoms of infection?	
Individual Risk Assessment #2	**Intervention and Interaction #2:** I must alert someone about the client/patient/resident who has symptoms so that a diagnosis may be made, and I must determine what organizational requirements are to be put in place to protect myself and others.
Decision #3: What are the organizational requirements for this client/patient/resident who has an identified infection?	
Organizational Risk Assessment	**Intervention and Interaction #3:** I must follow the procedures proscribed for this infection to protect myself and others (see Appendix N).

Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions



Routine Practices Fact Sheet for All Health Care Settings

ROUTINE PRACTICES to be used with ALL PATIENTS	
	**Hand Hygiene** Hand hygiene is performed using alcohol-based hand rub or soap and water: ✓ Before and after each client/patient/resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and PPE ✓ After personal body functions (e.g., blowing one's nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the client/patient/resident's environment
	**Mask and Eye Protection or Face Shield [based on risk assessment]** ✓ Protect eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions. ✓ Wear within two metres of a coughing client/patient/resident.
	**Gown [based on risk assessment]** ✓ Wear a long-sleeved gown if contamination of skin or clothing is anticipated.
	**Gloves [based on risk assessment]** ✓ Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects. ✓ Wearing gloves is NOT a substitute for hand hygiene. ✓ Remove immediately after use and perform hand hygiene after removing gloves.
 	**Environment and Equipment** ✓ All equipment that is being used by more than one client/patient/resident must be cleaned between clients/patients/residents. ✓ All high-touch surfaces in the client/patient/resident's room must be cleaned daily.
	**Linen and Waste** ✓ Handle soiled linen and waste carefully to prevent personal contamination and transfer to other clients/patients/residents.
	**Sharps Injury Prevention** ✓ NEVER RECAP USED NEEDLES. ✓ Place sharps in sharps containers. ✓ Prevent injuries from needles, scalpels and other sharp devices. ✓ Where possible, use safety-engineered medical devices.
	**Patient Placement/Accommodation** ✓ Use a single room for a client/patient/resident who contaminates the environment. ✓ Perform hand hygiene on leaving the room.

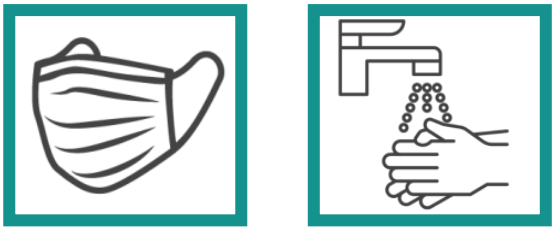
Updated: August 17, 2021

Task-Specific PPE Quick Reference Guide

For Long-Term Care Homes, Retirement Homes and Other Congregate Settings

This document does not replace the need to complete a point-of-care risk assessment (PCRA) before entering a resident room or to consider the facility's cohorting plan. Good hand hygiene practices are imperative to effective PPE use.

Entire Facility: Universal masking

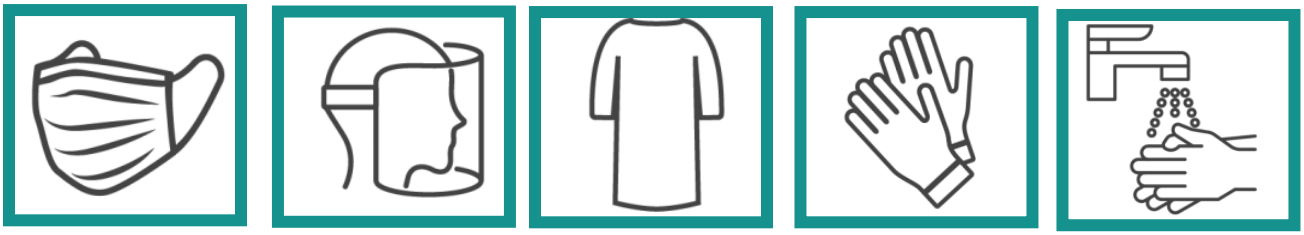


Anywhere within the facility, staff should be universally masked. The staff's mask does not need to be changed between resident rooms unless damp, damaged, visibly soiled or after providing direct care to someone on Droplet and Contact Precautions. Eye protection, a gown and gloves should be considered for direct care based on the staff member's PCRA. The four moments of hand hygiene should always be followed.

Non-Outbreak Area: The resident is NOT on Droplet and Contact Precautions and direct contact with the resident or their environment is REQUIRED.

If a resident is not on Droplet and Contact Precautions, a PCRA should be completed to determine the appropriate PPE required for the task being performed. A mask is always required as part of COVID-19 universal precautions. Eye protection, a gown and gloves may also be considered based on the PCRA. If additional PPE is selected based on the PCRA, it must be discarded or cleaned and disinfected after use. The four moments of hand hygiene should always be followed. * In some settings, eye protection may be required when providing direct care or within 2 meters of any resident indoors.

Outbreak Area: The resident is on Droplet and Contact Precautions and direct contact with the resident or their environment is REQUIRED.



If a resident is COVID-19 positive, has symptoms of COVID-19, or has been identified as a high-risk contact of a confirmed case of COVID-19, full PPE should be donned before coming in direct contact with the resident or their environment. Performing activities of daily living or wound care are examples of when full PPE should be donned. Full PPE should also be considered based on the PCRA. All PPE should be removed and/or replaced (i.e., mask) after providing care to a resident.

Outbreak Area: The resident is on Droplet and Contact Precautions and direct contact with the resident or their environment is NOT REQUIRED.

If a resident is COVID-19 positive, has symptoms of COVID-19, or has been identified as a high-risk contact of a confirmed case of COVID-19, AND direct contact with the resident is not required (e.g., only delivering a meal tray), full PPE does not need to be donned before entering the resident's room. A mask is always required as part of COVID-19 universal precautions, and eye protection is required to be worn when within 2 meters of residents with suspect/confirmed COVID-19 or in an outbreak area, regardless of if direct contact is made. Always complete a PCRA to determine appropriate PPE. All PPE should be removed upon leaving an outbreak area. The four moments of hand hygiene should always be followed.

References:

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). At a glance: personal protective equipment (PPE) and non-medical masks in congregate living settings. Toronto, ON: Queen's Printer for Ontario; 2020. ©Queen's Printer for Ontario, 2020.
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Focus on: cohorting in outbreaks in congregate living settings. Toronto, ON: Queen's Printer for Ontario; 2020.

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How to Put On Personal Protective Equipment

1 PERFORM HAND HYGIENE

2 PUT ON GOWN

3 PUT ON MASK OR N95 RESPIRATOR

4 PUT ON EYE PROTECTION

5 PUT ON GLOVES

For more information, visit publichealthontario.ca

Ontario

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How to Remove Personal Protective Equipment

1 REMOVE GLOVES

2 REMOVE GOWN

3 PERFORM HAND HYGIENE

4 REMOVE EYE PROTECTION

5 REMOVE MASK OR N95 RESPIRATOR

6 PERFORM HAND HYGIENE

For more information, visit publichealthontario.ca

Ontario

Recommended Steps:

Putting On Personal Protective Equipment (PPE)

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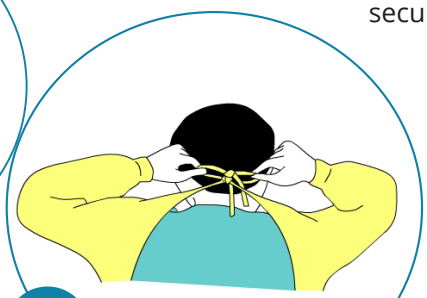
1. Perform Hand Hygiene

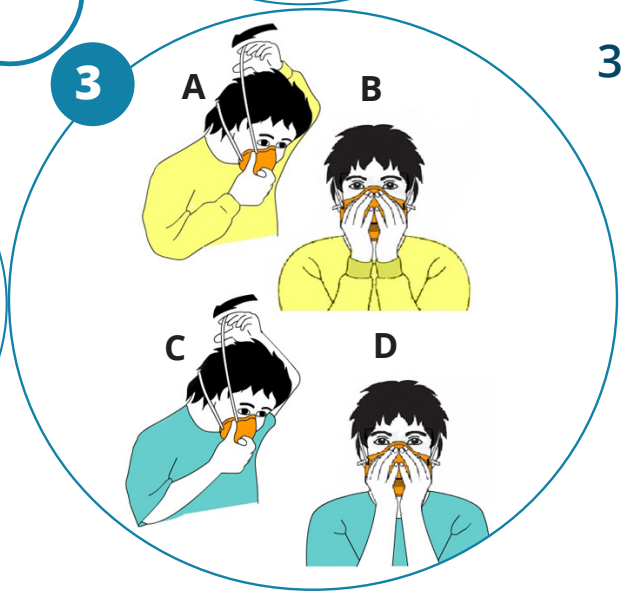
2. Put on Gown

- Tie neck and waist ties securely



3. Put on Mask/N95 Respirator

- Place mask over nose and under chin
- Secure ties, loops or straps
- Mould metal piece to your nose bridge
- For respirators, perform a seal-check

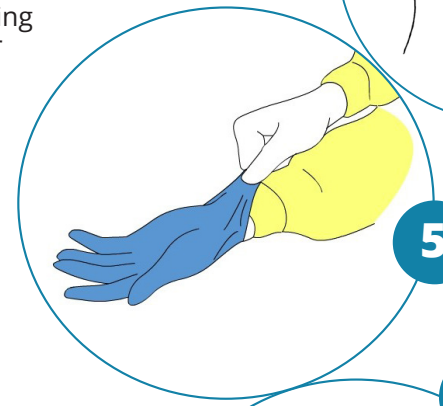


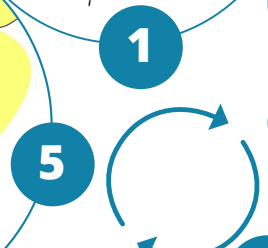
4. Put on Protective Eyewear

- Put on eye protection and adjust to fit
- Face shield should fit over brow

5. Put on Gloves

- Put on gloves, taking care not to tear or puncture glove
- If a gown is worn, the glove fits over the gown's cuff





For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.

Ontario

Recommended Steps:

Taking Off Personal Protective Equipment (PPE)

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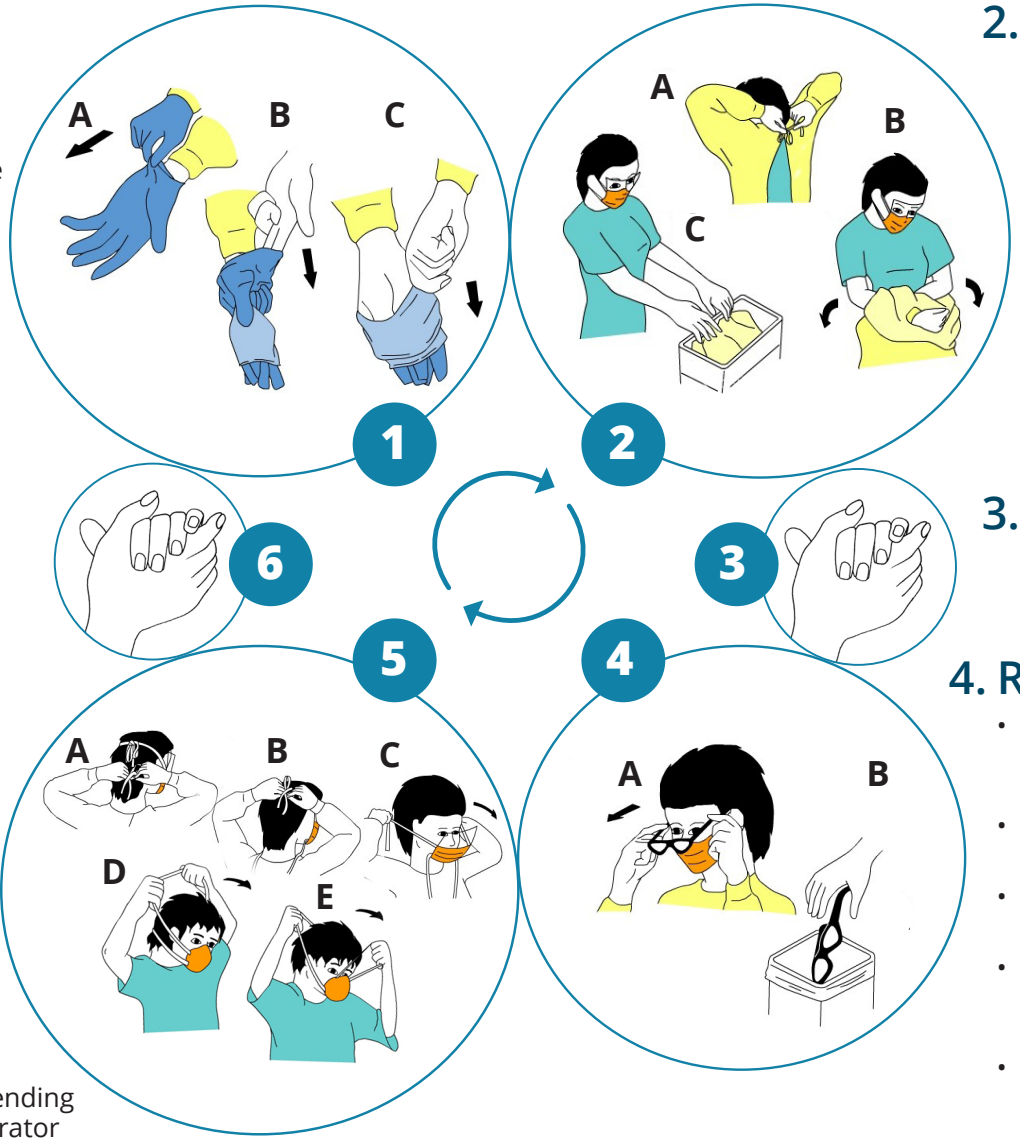
1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.

3. Perform Hand Hygiene

4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use

5. Remove Mask/ N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/ respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle

6. Perform Hand Hygiene

This is an excerpt from Routine Practices and Additional Precautions In All Health Care Settings (Appendix L) and was reformatted for ease of use.

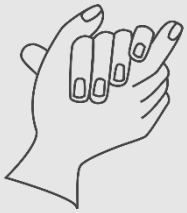
Ontario

Public Health Ontario | Santé publique Ontario

Coronavirus Disease 2019 (COVID-19)

Droplet and Contact Precautions Non-Acute Care Facilities

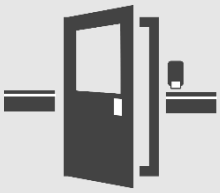
This document was adapted from the Routine Practices Additional Precautions for the management of COVID-19 for health care workers. For more information, please contact the Infection Prevention and Control department at Public Health Ontario at ipac@oahpp.ca.



Hand Hygiene

Hand hygiene is performed:

- Before and after each resident contact.
- Before performing invasive procedures.
- Before preparing, handling, serving or eating food.
- After care involving body fluids and before moving to another activity.
- Before putting on and after taking off gloves and other PPE.
- After personal body functions (e.g., blowing one's nose).
- Whenever hands come into contact with secretions, excretions, blood and body fluids.
- After contact with items in the resident's environment.
- Whenever there is doubt about the necessity for doing so.



Resident Placement

- Single room with own toileting facilities.
- Door may remain open.
- Perform hand hygiene on entering and leaving the room.

Environment and Equipment

- Dedicate routine equipment to the resident if possible (e.g., stethoscope, thermometer).
- Clean and disinfect all equipment before it is used for another resident.
- All high-touch surfaces in the resident's room must be cleaned twice daily.

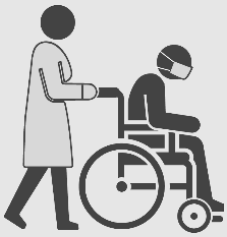
Personal Protective Equipment (PPE)

- Wear a mask and eye protection or face shield within 2 meters of the resident.
- Wear a long-sleeved gown for direct care* when skin or clothing may become contaminated.
- Wear gloves for direct care*.
- **Wearing gloves is NOT a substitute for hand hygiene**

On leaving the room or after performing direct care*:

- Remove gloves and gown and perform hand hygiene.
- Remove eye protection and mask and perform hand hygiene.

For more see: Recommended Steps for Putting on and Taking off PPE.



Resident Transport

- Avoid any unnecessary transport of resident outside of room.
- Resident to wear a mask during transport.
- Only if the resident cannot tolerate wearing a mask, transport staff should wear a mask and eye protection.
- Transport staff should consult with the facility IPAC designate for additional instructions.
- Clean and disinfect equipment used for transportation after use.

Visitors

- Visitors must perform hand hygiene before entry and on leaving the room.
- Visitors to wear a mask, eye protection, gloves and a long-sleeved gown when entering the room of a resident with COVID-19.
- Visitors to remove protective apparel upon leaving the room.

*** Direct Care:** Providing hands-on care, such as bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.

Sources

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Routine practices and additional precautions in all health care settings [Internet]. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2020 Feb 19]. Available from: www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Best practices for prevention, surveillance and infection control management of novel respiratory infections in all health care settings [Internet]. 1st revision. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Feb 19]. Available from: https://www.publichealthontario.ca/-/media/documents/bp-novel-respiratory-infections.pdf?la=en

The information in this document is current as of March 17, 2020

Ontario

VISITORS - GET INSTRUCTIONS FROM STAFF BEFORE ENTERING

DROPLET CONTACT PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES

LONG-TERM CARE

Wear mask and eye protection within 2 metres of resident

Wear gloves for direct care

Wear long-sleeved gown for direct care

Resident must wear a mask if they leave the room

Dedicate equipment to resident or disinfect before use with another

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PARTENAIRES POUR LA SANTÉ

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

VISITORS GET INSTRUCTIONS FROM STAFF BEFORE ENTERING

DROPLET CONTACT PRECAUTIONS

IN ADDITION TO ROUTINE PRACTICES

ACUTE CARE

Wear mask and eye protection within 2 metres of patient

Wear gloves

Wear long-sleeved gown

Patient must wear a mask if they leave the room

Dedicate equipment to patient or disinfect before use with another

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Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

STOP

Hands must be cleaned before entering and after leaving this room.
Door may remain open.

CONTACT PRECAUTIONS

Gloves
- Glove to enter the room or bedspace.
- Remove gloves on leaving and perform hand hygiene.

Gown
- Gown to enter the room or bedspace when skin or clothing will come into direct contact with patient or patient environment.
- Remove gown on leaving and perform hand hygiene.

Patient Transport (essential purposes only)
- NOTIFY RECEIVING AREA.
- Patient must perform hand hygiene before leaving room.
- Glove and gown for direct contact with patient.

Equipment and Environment
- Use disposable equipment when possible.
- Dedicate re-usable equipment to patient.
- Clean and disinfect all equipment leaving this room.
- All frequently touched surfaces must be cleaned daily.

Visitors
- Please ask for information sheet.
- Visitors must glove and gown for direct contact with patient or patient environment.
- Visitors must perform hand hygiene before entering and after leaving room.

Regional Infection Control Networks

This sign was developed through a collaborative effort of hospitals, public health units and Regional Infection Control Network in the Waterloo Wellington area.

Waterloo Wellington

CONTACT PRECAUTIONS

Organism/Presentation	Infective Material	Duration of Precautions	Comments
Antibiotic Resistant Organism (ARO) colonization or infection including: • Methicillin resistant *Staphylococcus aureus* (MRSA) • Extended spectrum beta-lactamase producers (ESBLs) • Drug resistant *Acinetobacter baumanii* • Multi-drug resistant *Pseudomonas aeruginosa* (MDRP) • *Klebsiella pneumoniae* carbapenemase producers (KPCs) • *Vancomycin Resistant Enterococci* (VRE) If this facility uses 'Contact Plus' precautions, post orange sign for VRE	Secretions and excretions of infected or colonized patients	Variable – consult with IPAC	Follow facility policy regarding admission screening for AROs.
Clostridium difficile If this facility uses 'Contact Plus' precautions, post orange sign.	Stool	Discontinue when patient has had at least 48 hours without symptoms of diarrhea (e.g. formed or normal stool for the individual). Discontinue precautions only under the direction of IPAC.	Bacterial spores may persist in the environment. Pay special attention to cleaning and disinfection of the environment and frequently touched objects/surfaces. Contact local public health unit if outbreak is suspected.
Scabies	Infested skin	Until 24 hours after initiation of appropriate therapy.	Follow facility policy for application of scabicide, identification of contacts , and when handling linen and patient belongings.
Vomiting and/or diarrhea	Emesis, stool	Consult with IPAC and local public health unit to determine when precautions may be safely discontinued.	Contact local public health unit if enteric outbreak is suspected.

Practice Checklist

Communication	Notify IPAC.
Physical Isolation	Private room or cohort with another patient with the same active disease after consultation with IPAC. In the case of *C. difficile*, if private bathroom not available, dedicated toileting equipment required.
Personal Protective Equipment (PPE)	Gloves required to enter room or bedspace. Gown required if skin or clothing will come in direct contact with the patient or the patient environment. Other PPE may be required based on risk assessment and Routine Practices.
Ambulation/Transportation	Patient transport/ambulation for essential purposes only; contain drainage. Patient is required to perform hand hygiene before leaving room. Notify receiving area/department of required precautions.
Patient Care Equipment	Disposable or dedicated patient care equipment when possible. Shared equipment (thermometers, stethoscope, BP cuff, oximeter probe, hand held devices) must be cleaned and wiped down with disinfectant allowing sufficient contact time between each patient use. Do not overstock supplies in patient room. Do not take patient chart into room/bedspace.
Housekeeping	Cleaning protocols may be specific to organism. In the event of an outbreak, additional housekeeping measures may be implemented. For *C. difficile* and VRE, this room/bedspace must be cleaned twice daily.
Visitors	Educate about required precautions, including hand hygiene. Consider limiting the number of visitors entering the room. Gloves should be worn to enter room. Gown may be required if visitor will have direct contact with patient or patient environment.

MARCH 2010

FACE OTHER SIDE OUT

STOP

Hands must be cleaned before entering and after leaving this room.
Door may remain open.
REQUIRES ADDITIONAL HOUSEKEEPING

'CONTACT PLUS' PRECAUTIONS

Gloves
- Glove to enter the room or bedspace.
- Remove gloves on leaving and perform hand hygiene.

Gown
- Gown to enter the room or bedspace when skin or clothing will come into direct contact with patient or patient environment.
- Remove gown on leaving and perform hand hygiene.

Patient Transport (essential purposes only)
- NOTIFY RECEIVING AREA.
- Patient must perform hand hygiene before leaving room.
- Glove and gown for direct contact with patient.

Equipment and Environment
- Use disposable equipment when possible.
- Dedicate re-useable equipment to patient.
- Clean and disinfect all equipment leaving this room.
- This room or bedspace must be cleaned twice daily.

Visitors
- Please ask for information sheet.
- Visitors must glove and gown for direct contact with patient or patient environment.
- Visitors must perform hand hygiene before entering and after leaving room.

This sign was developed through a collaborative effort of hospitals, public health units and Regional Infection Control Network in the Waterloo Wellington area.

Regional Infection Control Networks

Waterloo Wellington

'CONTACT PLUS' PRECAUTIONS

Organism/Presentation	Infective Material	Duration of Precautions	Comments
Vancomycin Resistant Enterococci (VRE)	Stool or wound exudates of infected or colonized patients	Variable – Consult with IPAC	Follow facility policy regarding admission screening for AROs. VRE may persist on surfaces for months.
Clostridium difficile	Stool	Discontinue when patient has had at least 48 hours without symptoms of diarrhea (e.g. formed or normal stool for the individual). Discontinue precautions only under the direction of IPAC.	Bacterial spores may persist in the environment. Pay special attention to cleaning and disinfection of the environment and frequently touched objects/ surfaces. Contact local public health unit if outbreak is suspected.

Practice Checklist

Communication	Notify IPAC.
Physical Isolation	Private room or cohort with another patient with the same active disease after consultation with IPAC. In the case of *C. difficile*, if private bathroom not available, dedicated toileting equipment required.
Personal Protective Equipment (PPE)	Gloves required to enter room or bedspace. Gown required if skin or clothing will come in direct contact with the patient or patient environment. Other PPE may be required based on risk assessment and Routine Practices.
Ambulation/Transportation	Patient transport/ambulation for essential purposes only; contain drainage. Patient is required to perform hand hygiene before leaving room. Notify receiving area/department of required precautions.
Patient Care Equipment	Disposable or dedicated patient care equipment when possible. Shared equipment (thermometers, stethoscope, BP cuff, oximeter probe, hand held devices) must be cleaned and wiped down with disinfectant allowing sufficient contact time between each patient use. Do not overstock supplies in patient room. Do not take patient chart into room/bedspace.
Housekeeping	Cleaning protocols may vary with organism. This room or bedspace must be cleaned twice daily. In the event of an outbreak, additional housekeeping measures may be implemented.
Visitors	Educate about required precautions, including hand hygiene. Consider limiting the number of visitors entering the room. Gloves should be worn to enter room. Gown required if visitor will have direct contact with patient or patient environment.

STOP

Hands must be cleaned before entering and after leaving this room.
Door may remain open.

DROPLET CONTACT PRECAUTIONS

Mask and Eye Protection
- Apply mask and eye protection within two metres of patient.
- Prescription eye glasses do not provide adequate protection.

Gloves
- Glove to enter the room or bedspace.
- Remove gloves on leaving and perform hand hygiene.

Gown
- Gown to enter the room or bedspace when skin or clothing will come into direct contact with patient or patient environment.
- Remove gown on leaving and perform hand hygiene.

Patient Transport (essential purposes only)
- NOTIFY RECEIVING AREA.
- Patient must put on a mask and perform hand hygiene before leaving room.*
- Glove and gown for direct contact with patient.

Equipment and Environment
- Use disposable equipment when possible.
- Dedicate re-useable equipment to patient.
- Clean and disinfect all equipment leaving this room.
- All frequently touched surfaces must be cleaned daily.

Visitors
- Please ask for information sheet.
- Visitors must wear mask and eye protection within 2 metres of patient.
- Visitors must glove and gown for direct contact with patient or patient environment.
- Visitors must perform hand hygiene before entering and after leaving room.

Regional Infection Control Networks

This sign was developed through a collaborative effort of hospitals, public health units and Regional Infection Control Network in the Waterloo Wellington area.

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DROPLET CONTACT PRECAUTIONS

Organism/Presentation	Infective Material	Duration of Precautions	Comments
Influenza	Respiratory secretions	Until 5 days after onset	Encourage annual immunization of staff and susceptible individuals. Notify IPAC and local public health unit.
Viral respiratory tract infections; adenovirus, parainfluenza virus, rhinovirus, RSV	Respiratory secretions	Duration of active disease	For immunocompromised host, isolation precautions should remain in effect for length of hospital stay, or until reassessed by IPAC. Contact local public health unit immediately if respiratory outbreak is suspected.
Streptococcus Group A pharyngitis, pneumonia, scarlet fever	Respiratory secretions	Until 24 hours of appropriate antibiotic therapy received	
Streptococcus group A invasive disease	Respiratory secretions, wound exudate	Until 24 hours of appropriate antibiotic therapy received	Close contacts may require chemo-prophylaxis; contact IPAC for further direction. Notify IPAC and local public health unit immediately.
Neisseria meningitidis invasive infections	Respiratory secretions	Until 24 hours of appropriate antibiotic therapy received	Close contacts may require chemo-prophylaxis; contact IPAC for further direction. Notify IPAC and local public health unit immediately.
H. influenzae type B invasive infections	Respiratory secretions	Until 24 hours of appropriate antibiotic therapy received	Notify IPAC and local public health unit immediately.
Pertussis (*Bordetella pertussis*)	Respiratory secretions	Until 5 days of appropriate antibiotic therapy received	Close contacts may require chemoprophy-laxis; contact IPAC for further direction. Notify IPAC and local public health unit.
Rubella	Respiratory secretions (urine in congenital rubella)	Until 7 days after onset of rash (acquired rubella). For congenital rubella, continue precautions for one year after birth, unless urine and nasopharyngeal cultures done after three months of age are negative	Care should not be provided by non-immune or pregnant staff. Notify IPAC and local public health unit.
Mumps	Respiratory secretions	Up to 5 days after onset of swelling	Only care providers immune to mumps should provide care. Notify IPAC and local public health unit.
All definite or possible respiratory tract infections including: Bronchiolitis, colds, croup, pneumonia, pharyngitis, epiglotittis, febrile asthma <2 years old	Respiratory secretions	See 'Viral respiratory tract infections' above OR until viral infection ruled out	
Paroxysmal cough or suspected pertussis	Respiratory secretions	Until infectiousness is determined	See 'Pertussis' above.
Petechial or ecchymotic rash with fever	Respiratory secretions	Until infectiousness is determined	See '*N. meningitidis*' above.
Febrile Respiratory Illness (FRI)	Respiratory secretions	Until one of the following criteria is met: • An etiologic diagnosis that does not require droplet precautions • Clinical improvement on empiric therapy • An alternate diagnosis (eg. Non-infective)	All patients that present to the facility should be assessed for symptoms of FRI.
Suspected haemorrhagic fever without pneumonia, acquired in appropriate endemic area (Lassa, Ebola, Marburg, Crimean-Congo, Bolivian, or Venezuelan viral haemorrhagic fevers)	All body fluids	Duration of illness	Notify IPAC and local public health unit immediately.

Practice Checklist

Communication	Notify IPAC.
Physical Isolation	Private room or cohort with another patient with the same active disease, after consultation with IPAC. If private room not available, maintain at least 2 metre separation between patients and draw privacy curtain.
Personal Protective Equipment (PPE)	Mask and eye protection required when within 2 metres of the patient. Prescription eye glasses do not provide adequate protection. Wear gown and gloves when in direct contact with the patient or their environment. Other PPE may be required based on risk assessment and Routine Practices.
Ambulation/Transportation	Patient transport/ambulation for essential purposes only. Patient is required to wear a mask during transport and perform hand hygiene before leaving room. *If patient is unable to tolerate mask, transport staff should wear mask when within 2 metres of patient. Notify receiving area/department of required precautions.
Patient Care Equipment	Disposable or dedicated patient care equipment when possible. Shared equipment (thermometers, stethoscope, BP cuff, oximeter probe, hand held devices) must be cleaned and wiped down with disinfectant allowing sufficient contact time between each patient use. Do not overstock supplies in patient room. Do not take patient chart into room/bedspace.
Housekeeping	Routine housekeeping practices are sufficient.
Visitors	Educate about required precautions including hand hygiene. Limit the number of visitors entering the room. Visitors must wear a mask and eye protection when within 2 metres of the patient. Visitors who share the same household as the paediatric patient are not required to wear mask and eye protection. Gloves and gown are required if visitor will have direct contact with patient or patient environment.

MARCH 2010

FACE OTHER SIDE OUT

STOP

Hands must be cleaned before entering and after leaving this room.
Door may remain open.

DROPLET PRECAUTIONS

Mask and Eye Protection

- Apply mask and eye protection within two metres of patient.
- Prescription eye glasses do not provide adequate protection.

Patient Transport (essential purposes only)

- NOTIFY RECEIVING AREA.
- Patient must put on a mask and perform hand hygiene before leaving room.*

Visitors

- Please ask for information sheet.
- Visitors must wear mask and eye protection within 2 metres of patient.
- Visitors must perform hand hygiene before entering and after leaving room.

This sign was developed through a collaborative effort of hospitals, public health units and Regional Infection Control Network in the Waterloo Wellington area.

Regional Infection Control Networks

Waterloo Wellington

DROPLET PRECAUTIONS

Organism/Presentation	Infective Material	Duration of Precautions	Comments
Influenza **Add Contact Precautions**	Respiratory secretions	Until 5 days after onset	Encourage annual immunization of staff and susceptible individuals. Notify IPAC and local public health unit.
Viral respiratory tract infections; adenovirus, parainfluenza virus, rhinovirus, RSV **Add Contact Precautions**	Respiratory secretions	Duration of active disease	For immunocompromised host, isolation precautions should remain in effect for length of hospital stay or until reassessed by IPAC. Contact local public health unit immediately if respiratory outbreak is suspected.
Streptococcus Group A pharyngitis, pneumonia, scarlet fever	Respiratory secretions	Until 24 hours of appropriate antibiotic therapy received	
Streptococcus group A invasive disease **Add Contact Precautions**	Respiratory secretions, wound exudate	Until 24 hours of appropriate antibiotic therapy received	Close contacts may require chemoprophylaxis; contact IPAC for further direction. Notify IPAC and local public health unit immediately.
Neisseria meningitidis invasive infections	Respiratory secretions	Until 24 hours of appropriate antibiotic therapy received	Close contacts may require chemoprophylaxis; contact IPAC for further direction. Notify IPAC and local public health unit immediately.
H. influenzae type B invasive infections	Respiratory secretions	Until 24 hours of appropriate antibiotic therapy received	Notify IPAC and local public health unit immediately.
Pertussis (*Bordetella pertussis*)	Respiratory secretions	Until 5 days of appropriate antibiotic therapy received	Close contacts may require chemoprophylaxis; contact IPAC for further direction. Notify IPAC and local public health unit.
Rubella (acquired)	Respiratory secretions	Until 7 days after onset of rash	Care should not be provided by non-immune or pregnant staff. Notify IPAC and local public health unit.
Rubella (Congenital) **Add Contact Precautions**	Respiratory secretions Urine	Continue precautions for one year after birth, unless urine and nasopharyngeal cultures done after three months of age are negative	Care should not be provided by non-immune or pregnant staff. Notify IPAC and local public health unit.
Mumps	Respiratory secretions	Up to 5 days after onset of swelling	Only care providers immune to mumps should provide care. Notify IPAC and local public health unit.
All definite or possible respiratory tract infections including: Bronchiolitis, colds, croup, pneumonia, pharyngitis, epiglotittis, febrile asthma <2 years old **Add Contact Precautions**	Respiratory secretions	See 'Viral respiratory tract infections' above OR until viral infection ruled out	
Paroxysmal cough or suspected pertussis	Respiratory secretions	Until infectiousness is determined	See 'Pertussis' above.
Petechial or ecchymotic rash with fever	Respiratory secretions	Until infectiousness is determined	See '*N. meningitidis*' above.
Febrile Respiratory Illness (FRI) **Add Contact Precautions**	Respiratory secretions	Until one of the following criteria is met: • An etiologic diagnosis that does not require droplet precautions • Clinical improvement on empiric therapy • An alternate diagnosis (eg. Non-infective)	All patients that present to the facility should be assessed for symptoms of FRI.
Suspected haemorrhagic fever without pneumonia, acquired in appropriate endemic area (Lassa, Ebola, Marburg, Crimean-Congo, Bolivian, or Venezuelan viral haemorrhagic fevers) **Add Contact Precautions**	All body fluids	Duration of illness	Notify IPAC and local public health unit immediately.

Practice Checklist

Communication	Notify IPAC.
Physical Isolation	Private room or cohort with another patient with the same active disease, after consultation with IPAC. If private room not available, maintain at least 2 metre separation between patients and draw privacy curtain.
Personal Protective Equipment (PPE)	Mask and eye protection required when within 2 metres of the patient. Prescription eye glasses do not provide adequate protection. Other PPE may be required based on risk assessment and Routine Practices.
Ambulation/Transportation	Patient transport/ambulation for essential purposes only. Patient is required to wear a mask during transport and perform hand hygiene before leaving room. *If patient is unable to tolerate mask, transport staff should wear mask when within 2 metres of patient. Notify receiving area/department of required precautions.
Patient Care Equipment	Disposable or dedicated patient care equipment when possible. Shared equipment (thermometers, stethoscope, BP cuff, oximeter probe, hand held devices) must be cleaned and wiped down with disinfectant allowing sufficient contact time between each patient use. Do not overstock supplies in patient room. Do not take patient chart into room/bedspace.
Housekeeping	Routine housekeeping practices are sufficient.
Visitors	Educate about required precautions including hand hygiene. Limit the number of visitors entering the room. Visitors must wear a mask and eye protection when within 2 metres of the patient. Visitors who share the same household as the paediatric patient are not required to wear mask and eye protection.

MARCH 2010

FACE OTHER SIDE OUT

STOP

Hands must be cleaned before entering and after leaving this room.
Door and windows must remain closed.
NEGATIVE PRESSURE ROOM REQUIRED

AIRBORNE PRECAUTIONS

N95 Respirator

- Wear a fit-tested, seal-checked N95 respirator for entry to the room until after exit.
- Perform hand hygiene before and after removing and disposing of N95 respirator.

Patient Transport (essential purposes only)

- NOTIFY RECEIVING AREA.
- Patient must put on a mask before leaving room.
- Transport staff to wear N95 respirator during transport.

Visitors

- Please ask for information sheet.
- Visitors must be kept to a minimum.
- Visitors must wear N95 respirator.*
- Visitors should ask staff for direction.

This sign was developed through a collaborative effort of hospitals, public health units and Regional Infection Control Network in the Waterloo Wellington area.

Regional Infection Control Networks

Waterloo Wellington

AIRBORNE PRECAUTIONS

Organism/Presentation	Infective Material	Duration of Precautions	Comments
Measles (Rubeola)	Respiratory secretions	Until 4 days after start of rash; duration of illness in immuno-compromised patients	Only immune care providers should enter room. N95 respirator not required if immune. Notify IPAC and local public health unit immediately.
Mycobacterium tuberculosis (TB) confirmed or suspected pulmonary or laryngeal or extrapulmonary with draining lesions	Respiratory secretions, extrapulmonary lesion drainage	Until patient has received 2 weeks of effective therapy, is improving clincially AND has 3 consecutive negative sputum smears (at least 24 hours apart)	Assess visiting family members for disease. Notify IPAC and local public health unit.
Chickenpox (Varicella-Zoster Virus) **Add Contact Precautions**	Lesion drainage, respiratory secretions	Until all lesions have crusted and dried	Roommates and care providers must be immune to chickenpox. N95 respirator not required if immune. Susceptible high-risk contacts should contact IPAC. For susceptible contacts, isolation precautions should begin 10 days after first exposure and last until 21 days after last exposure (28 days if VZIG is given). Notify IPAC and local public health unit.
Herpes Zoster (Shingles) **Immunocompromised Host or Disseminated** Disseminated refers to skin lesions outside the affected dermatome **Add Contact Precautions**	Respiratory secretions, lesion drainage	Until all lesions have crusted and dried	Roommates and care providers must be immune to chickenpox. A susceptible person(s) exposed to someone with disseminated herpes zoster should contact IPAC.
Cough, fever, pulmonary infiltrates in a patient at risk for tuberculosis	Respiratory secretions	Until infectiousness is determined	See '*Mycobacterium tuberculosis*' above.
Maculopapular rash with fever and coryza/cough/conjunctivitis	Respiratory secretions	Until infectiousness is determined	See 'Measles' above.
Vesicular rash compatible with varicella, zoster in immunocompromised patient, or disseminated zoster **Add Contact Precautions**	Respiratory secretions, lesion drainage	Until varicella and zoster are ruled out	See 'Chickenpox' or 'Herpes Zoster' above.
Haemorrhagic fever with pneumonia, acquired in appropriate endemic area (Lassa, Ebola, Marburg, Crimean-Congo, Bolivian or Venezuelan viral haemorrhagic fevers) **Add Contact Precautions**	Respiratory secretions	Until ruled out or for duration of illness	Notify IPAC and local public health unit immediately.

Practice Checklist

Communication	Notify IPAC immediately if airborne spread disease is suspected in a patient.
Physical Isolation	Single bed, negative pressure room, door and windows kept closed at all times. Observe negative pressure clearance time.
Personal Protective Equipment (PPE)	If known or suspected active TB (pulmonary or laryngeal), all health care providers wear fit-tested, seal-checked N95 respirator on room entry. For chickenpox, disseminated zoster (shingles), and measles, only immune health care providers should enter room and N95 respirators are not required. Other PPE may be required based on risk assessment and Routine Practices.
Ambulation/Transportation	Patient transport/ambulation for essential purposes only. Consult with IPAC or designate if patient transport is required. Patient is required to mask (unless unable to tolerate) and perform hand hygiene before leaving room. Transport staff must wear fit-tested, seal-checked N95 respirator. Notify receiving area/department of required precautions
Patient Care Equipment	Disposable or dedicated patient care equipment when possible. Shared equipment (thermometers, stethoscope, BP cuff, oximeter probe, hand held devices) must be cleaned and wiped down with disinfectant allowing sufficient contact time between each patient use. Do not overstock supplies in patient room. Do not take patient chart into room/bedspace.
Housekeeping	Routine housekeeping practices are sufficient.
Visitors	Visitors must be kept to a minimum. Visitors should be counselled before entering room. Visitors require an N95 respirator. *N95 respirator not required if confirmed immune.

FACE OTHER SIDE OUT

STOP

Hands must be cleaned before entering and after leaving this room.
Door and windows must remain closed.
NEGATIVE PRESSURE ROOM REQUIRED

AIRBORNE CONTACT PRECAUTIONS

N95 Respirator
- Wear fit-tested, seal-checked N95 respirator for entry to the room until after exit.
- Perform hand hygiene before and after removing and disposing of N95 respirator.

Gloves
- Glove to enter the room or bedspace when skin or clothing will come into direct contact with patient or patient environment.
- Remove gloves on leaving and perform hand hygiene.

Gown
- Gown to enter the room or bedspace when skin or clothing will come into contact with patient or environment.
- Remove gown on leaving and perform hand hygiene.

Patient Transport (essential purposes only)
- NOTIFY RECEIVING AREA.
- Patient must put on mask and perform hand hygiene before leaving room.
- Transport staff wear N95 respirator during transport.
- Glove and gown for direct contact with patient.

Equipment and Environment
- Use disposable equipment when possible.
- Dedicate re-usable equipment to patient.
- Clean and disinfect all equipment leaving this room.
- All frequently touched surfaces must be cleaned daily.

Visitors
- Please ask for information sheet.
- Visitors must be kept to a minimum.
- Visitors must wear N95 respirator.*
- Visitors must glove and gown for direct contact with patient or patient environment.
- Visitors must perform hand hygiene before entering and after leaving room.
- Visitors should ask staff for direction.

Regional Infection Control Networks

This sign was developed through a collaborative effort of hospitals, public health units and Regional Infection Control Network in the Waterloo Wellington area.

Waterloo Wellington

AIRBORNE CONTACT PRECAUTIONS

Organism/Presentation	Infective Material	Duration of Precautions	Comments
Measles (Rubeola)	Respiratory secretions	Until 4 days after start of rash; duration of illness in immuno-compromised patients	Only immune care providers should enter room. N95 respirator not required if immune. Notify IPAC and local public health unit immediately.
Mycobacterium tuberculosis (TB) confirmed or suspected pulmonary or laryngeal or extrapulmonary with draining lesions	Respiratory secretions. extrapulmonary lesion drainage	Until patient has received 2 weeks of effective therapy, is improving clinically AND has 3 consecutive negative sputum smears (at least 24 hours apart)	Assess visiting family members for disease. Notify IPAC and local public health unit.
Chickenpox (Varicella-Zoster Virus)	Lesion drainage, respiratory secretions	Until all lesions have crusted and dried	Roommates and care providers must be immune to chickenpox. N95 respirator not required if immune. Susceptible high-risk contacts should contact IPAC. For susceptible contacts, isolation precautions should begin 10 days after first exposure and last until 21 days after last exposure (28 days if VZIG is given). Notify IPAC and local public health unit.
Herpes Zoster (Shingles) **Immunocompromised Host or Disseminated** Disseminated refers to skin lesions outside the affected dermatome	Respiratory secretions, lesion drainage	Until all lesions have crusted and dried	Roommates and care providers must be immune to chickenpox. A susceptible person(s) exposed to someone with disseminated herpes zoster should contact IPAC.
Cough, fever, pulmonary infiltrates in a patient at risk for tuberculosis	Respiratory secretions	Until infectiousness is determined	See '*Mycobacterium tuberculosis*' above.
Maculopapular rash with fever and coryza/cough/conjunctivitis	Respiratory secretions	Until infectiousness is determined	See 'Measles' above.
Vesicular rash compatible with varicella, zoster in immunocompromised patient, or disseminated zoster	Respiratory secretions, lesion drainage	Until varicella and zoster are ruled out	See 'Chickenpox' or 'Herpes Zoster' above.
Haemorrhagic fever with pneumonia, acquired in appropriate endemic area (Lassa, Ebola, Marburg, Crimean-Congo, Bolivian or Venezuelan viral haemorrhagic fevers)	Respiratory secretions	Until ruled out or for duration of illness	Notify IPAC and local public health unit immediately.

Practice Checklist

Communication	Notify IPAC immediately if airborne contact spread disease is suspected in a patient.
Physical Isolation	Single bed, negative pressure room, door and windows kept closed at all times. Observe negative pressure clearance time.
Personal Protective Equipment (PPE)	If known or suspected active TB (pulmonary or laryngeal), all health care providers wear fit-tested, seal-checked N95 respirator on room entry. For chickenpox, disseminated zoster (shingles), and measles, only immune health care providers should enter room and N95 respirators are not required. Other PPE may be required based on risk assessment and Routine Practices.
Ambulation/Transportation	Patient transport/ambulation for essential purposes only. Consult with IPAC or designate if patient transport is required. Patient is required to mask (unless unable to tolerate) and perform hand hygiene before leaving room. Transport staff must wear fit-tested, seal-checked N95 respirator. Notify receiving area/department of required precautions.
Patient Care Equipment	Disposable or dedicated patient care equipment when possible. Shared equipment (thermometers, stethoscope, BP cuff, oximeter probe, hand held devices) must be cleaned and wiped down with disinfectant allowing sufficient contact time between each patient use. Do not overstock supplies in patient room. Do not take patient chart into room/bedspace.
Housekeeping	Routine housekeeping practices are sufficient.
Visitors	Visitors must be kept to a minimum. Visitors should be counselled before entering room. *Visitors require an N95 respirator unless confirmed immune. Gloves and gown may be required if visitor will have direct contact with patient or patient environment.

MARCH 2010

FACE OTHER SIDE OUT

1 BEFORE initial patient / patient environment contact	WHEN?	Clean your hands when entering: • before touching patient or • before touching any object or furniture in the patient's environment
	WHY?	To protect the patient/patient environment from harmful germs carried on your hands
2 BEFORE aseptic procedures	WHEN?	Clean your hands immediately before any aseptic procedure
	WHY?	To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER body fluid exposure risk	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal)
	WHY?	To protect yourself and the health care environment from harmful patient germs
4 AFTER patient / patient environment contact	WHEN?	Clean your hands when leaving: • after touching patient or • after touching any object or furniture in the patient's environment
	WHY?	To protect yourself and the health care environment from harmful patient germs

Adapted from WHO poster "Your 5 moments for Hand Hygiene," 2006.
For more information, please contact **handhygiene@oahpp.ca** or visit **publichealthontario.ca/JCYH**

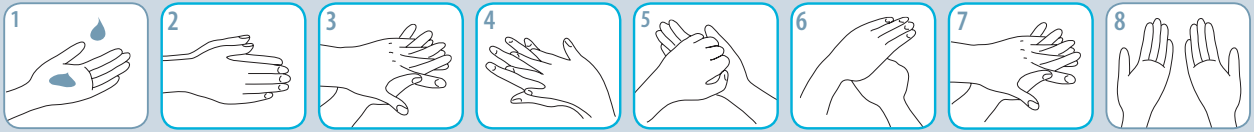
Catalogue No. 010718 100M Revised November 2009

Your 4 Moments for Hand Hygiene

Ontario

How to handrub (preferred method)

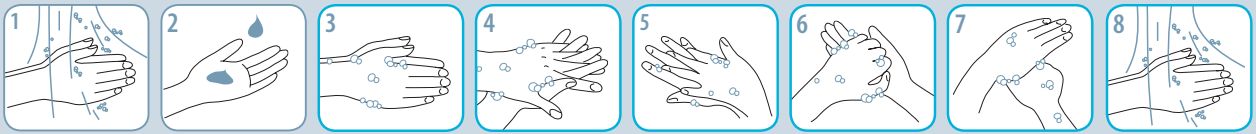
Rub hands for 15 seconds



1. Apply 1 to 2 pumps of product to palms of dry hands.
2. Rub hands together, palm to palm.
3. Rub in between and around fingers.
4. Rub back of each hand with palm of other hand.
5. Rub fingertips of each hand in opposite palm.
6. Rub each thumb clasped in opposite hand.
7. Rub hands until product is dry. Do not use paper towels.
8. Once dry, your hands are safe.

How to handwash (when hands are visibly soiled)

Lather hands for 15 seconds



1. Wet hands with warm water.
2. Apply soap.
3. Lather soap and rub hands palm to palm.
4. Rub in between and around fingers.
5. Rub back of each hand with palm of other hand.
6. Rub fingertips of each hand in opposite palm.
7. Rub each thumb clasped in opposite hand.
8. Rinse thoroughly under running water.

9. Pat hands dry with paper towel.
10. Turn off water using paper towel.
11. Your hands are now safe.

JUST CLEAN YOUR HANDS

Your 4 Moments for Hand Hygiene

1	**BEFORE initial patient/patient environment contact**	**WHEN?** Clean your hands when entering the patient's environment: • before touching patient or • before touching any object or furniture **WHY?** To protect the patient/patient environment from harmful germs carried on your hands
2	**BEFORE aseptic procedure**	**WHEN?** Clean your hands immediately before any aseptic procedure; for instance: changing a dressing, oral care, drawing blood, administering IV medication **WHY?** To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3	**AFTER body fluid exposure risk**	**WHEN?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal) **WHY?** To protect yourself and the health care environment from harmful patient germs
4	**AFTER patient / patient environment contact**	**WHEN?** Clean your hands when leaving the patient's environment: • after touching patient or • after touching any object or furniture **WHY?** To protect yourself and the next patient from harmful patient germs

Adapted from WHO poster "Your 5 moments for Hand Hygiene," 2006.

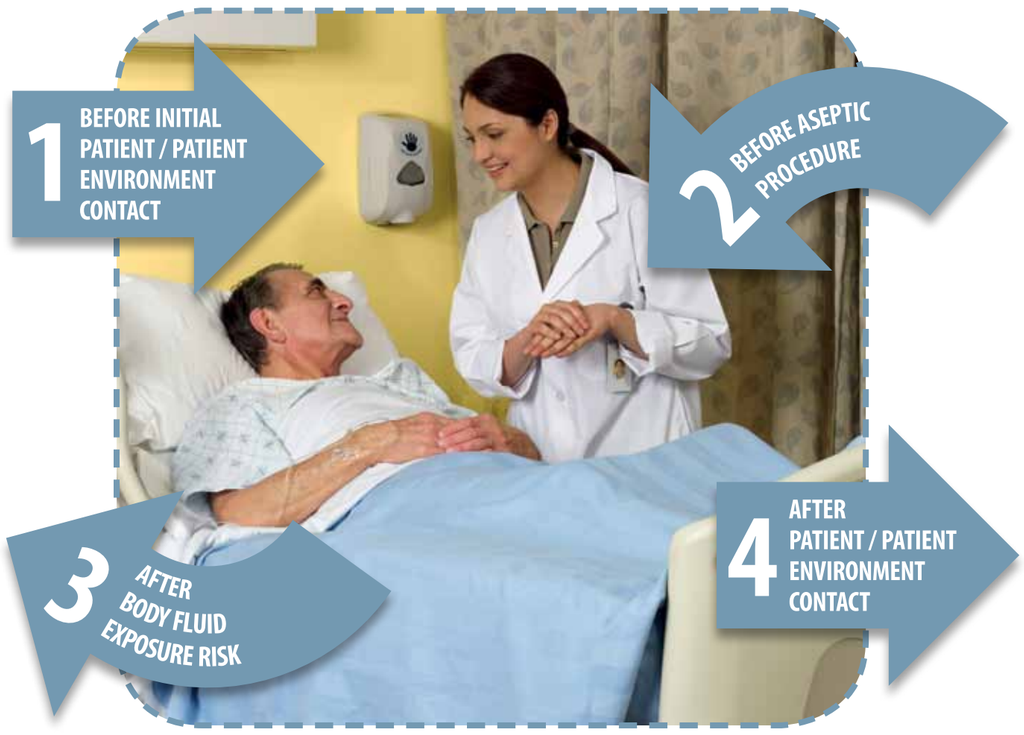
publichealthontario.ca/JCYH

Ontario

Catalogue No. 016215 2.5M March 2011

Your 4 Moments for Hand Hygiene

1 BEFORE INITIAL PATIENT / PATIENT ENVIRONMENT CONTACT



CLEAN YOUR HANDS

when entering the patient's environment:

- before touching patient or
- before touching any object or furniture

WHY: To protect the patient/patient environment from harmful germs carried on your hands

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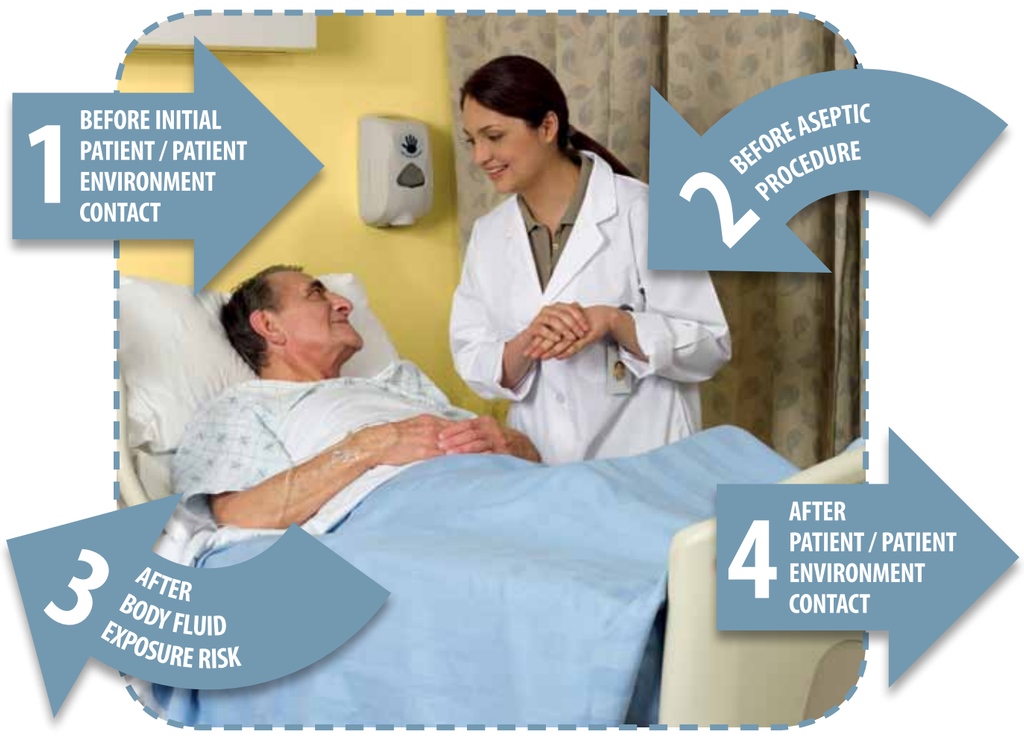
Ontario

Your 4 Moments for Hand Hygiene



CLEAN YOUR HANDS immediately before any aseptic procedure; for instance: changing a dressing, oral care, drawing blood, administering IV medication

WHY: To protect the patient against harmful germs, including the patient's own germs, entering his or her body

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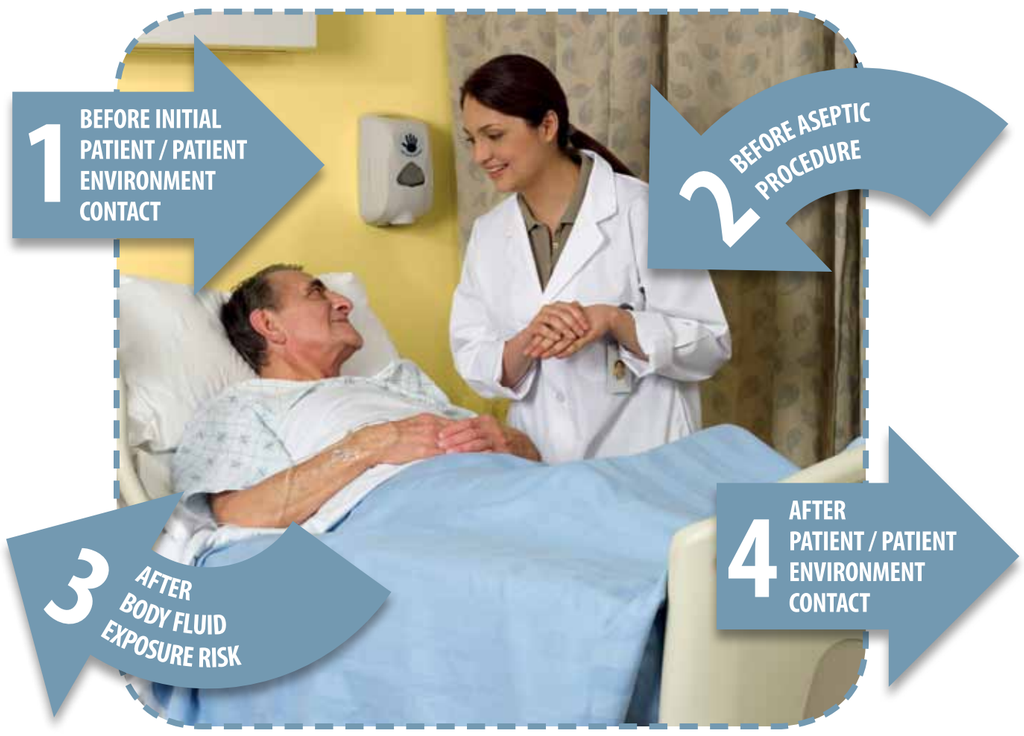
Ontario

Your 4 Moments for Hand Hygiene

3 AFTER BODY FLUID EXPOSURE RISK



CLEAN YOUR HANDS immediately after an exposure risk to body fluids (and after glove removal)

WHY: To protect yourself and the health care environment from harmful patient germs

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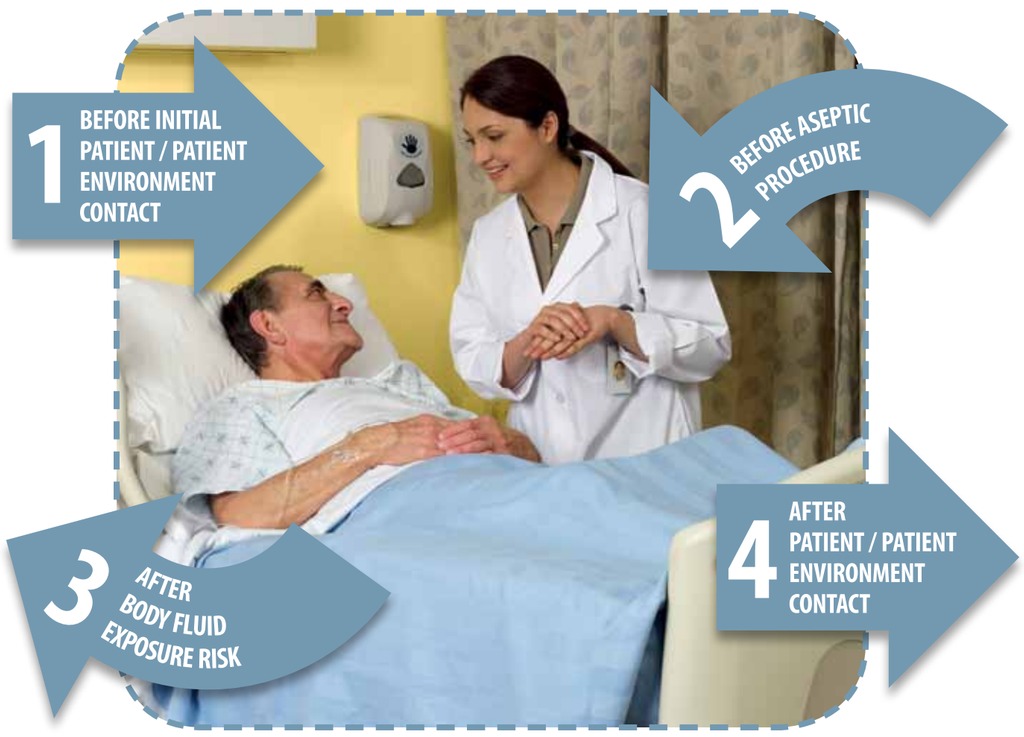
Your 4 Moments for Hand Hygiene

4 AFTER PATIENT / PATIENT ENVIRONMENT CONTACT



CLEAN YOUR HANDS

when leaving the patient's environment:

- after touching patient or
- after touching any object or furniture

WHY: To protect yourself and the next patient from harmful patient germs

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AT A GLANCE

Health Care Huddles: IPAC Checkpoints

March 12, 2021

This resource is designed for infection prevention and control (IPAC) leads at long-term care homes and congregate settings, such as retirement homes, to assist them with providing reminders of key IPAC information at shift-change meetings or huddles, especially for new employees.

All new or agency staff would ideally have received full IPAC training, such as COVID-19 IPAC Fundamentals Training, prior to starting work.

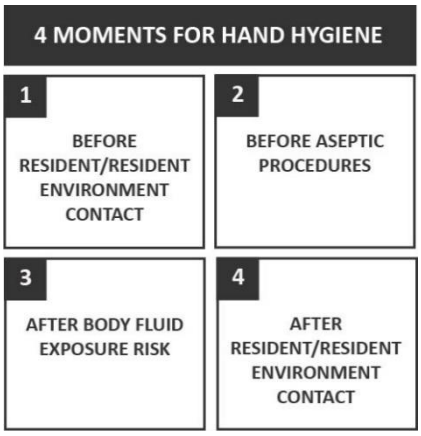
The huddle lead will:

1. Cover points below to update and brief staff:
    - Successes, concerns and performance with IPAC protocols from previous shift or 24 hours.
    - Updates/announcements and review current IPAC issues with residents and unit.
    - Assign new staff a "buddy" to provide feedback on IPAC practices and help orient them to site-specific information. IPAC lead is to be notified if any significant IPAC gaps are observed so that additional training can be arranged promptly.
2. Choose an IPAC reminder to review with staff. Refer to flip side of this resource for topics.
3. Select one key practice related to IPAC topics to demonstrate. Here are some examples:
    - **Hand Hygiene:** Hand rub technique for at least 15 seconds.
    - **Personal Protective Equipment (PPE):** Sequence for putting on and taking off PPE or how to put on/take off N95 respirator and perform a seal check.
    - **Environmental Cleaning:** How to clean and disinfect reusable eye protection or how to wipe down a piece of equipment e.g. blood pressure cuff.
4. Remind staff that they can contact you with IPAC questions.

Additional notes/reminders for huddle lead:

IPAC Key Reminders

Hand Hygiene

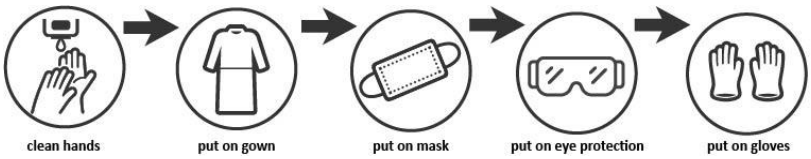


- Follow the 4 moments for hand hygiene.
- Use Alcohol based hand rub (ABHR) unless hands are visibly soiled.
- Do not use gloves as a substitute for cleaning hands.
- Do not use ABHR on gloves.
- Perform hand hygiene before and after glove or PPE use.

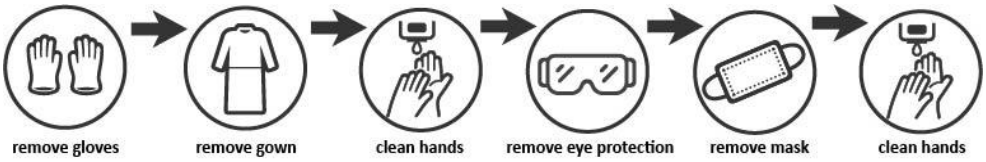
Personal Protective Equipment (PPE)

- Follow the proper sequence for putting on and taking off.
- Do not layer PPE (do not double glove or double mask).
- Do not touch PPE while wearing it.
- Put PPE on before going in resident space and take off when exiting resident space.

Sequence for putting on PPE:



Sequence for taking off PPE:



Environmental Cleaning

- Wearing gloves, use disinfectant wipe to clean and disinfect resident care equipment in between uses.
- Always wipe from clean area to dirty area.
- Make sure it stays wet for the full contact time according to the product label.

Physical Distancing

- Report any illness at work to supervisor immediately.
- Maintain physical distancing of 2 metres (6 feet) from colleagues especially during breaks or meals if not wearing a mask.
- Do not share food, drinks or condiments.

For more information about PHO, visit publichealthontario.ca.

Ontario

COVID-19: Auditing Checklists

Donning & Doffing Personal Protective Equipment (PPE)

PPE Checklist: Instructions for Use

This checklist can be used by trained infection prevention and control (IPAC) individuals to evaluate staff knowledge on how to don and doff PPE safely and effectively. It is extremely important to identify any lapses in protocol or potential areas of contamination during donning/doffing of PPE to ensure staff and resident safety. As a result, the observer should provide in-the-moment feedback that is specific, educational, and non-punitive. All staff who use PPE should be monitored on an ongoing basis to confirm adherence and identify areas of improvement.

Donning (Putting On) PPE	
Donning should occur before entering the resident room. All necessary supplies should be collected before putting on PPE.	
Completed (✓)	STEPS
	1. Stop to read signage posted on door. Assess what PPE is required before entering room.
	2. Perform hand hygiene using Alcohol Based Hand Rub (ABHR) for a minimum of 15 seconds. ABHR should have minimum of 70% alcohol content.
	3. Put on gown: ○ Neck ties are securely fastened before waist ties. ○ Gown tied in the back. ○ Gown should not contact the ground.
	4. Put on medical mask: ○ Mask should cover nose, mouth, and chin. ○ Mold nose piece to bridge of nose
	5. Put on eye protection: ○ Face shield should fit over brow.
	6. Put on gloves: ○ Correct size of glove should be selected. ○ Gloves should be placed over the cuff of gown.

Doffing (Taking Off) PPE	
Doffing should occur just inside the room and not in the hallway**.** Minimal touching of face and clothing throughout doffing sequence**.**	
Completed (✓)	STEPS
	1. Remove gloves: ○ Use glove-to-glove and skin-to-skin technique. ○ Gloves are immediately discarded in garbage. ○ If hands are inadvertently contaminated, perform hand hygiene for a minimum of 15 seconds.
	2. Remove gown: ○ Undo gown ties. ○ Front of gown is not touched during removal. ○ Gown is rolled away from body and inwards on itself. ○ Put in garbage (if disposable) and hamper (if reusable).
	3. Perform hand hygiene using ABHR for a minimum of 15 seconds.
	4. Remove eye protection: ○ Handle face shield by headband only. ○ Pull away from face when removing. ○ Clean and disinfect eye protection from clean to dirty in this order (inside, strap/arms, and front). ○ Observe appropriate disinfectant contact time. ○ Allow to air dry.
	5. Perform hand hygiene using ABHR for a minimum of 15 seconds.
	6. Remove mask: ○ Handle by ear loops only. ○ Avoid touching front of mask. ○ Discard immediately in garbage.
	7. Perform hand hygiene using ABHR for a minimum of 15 seconds.
	8. Put on new mask: ○ Mask should cover nose, mouth, and chin.
	9. Put on cleaned & disinfected eye protection.

Completed/Performed By: _____ Date/Time: _____

Observations:

Hand Hygiene

Hand Hygiene Observation Tool: Instructions for Use

The purpose of this tool is to assess compliance of hand hygiene practices among staff, including hand rubbing with alcohol-based hand rub (ABHR) and hand washing with soap and water at a designated sink. In order to accurately capture staff practices, it is important to routinely conduct observations or audits. Before doing so, familiarize yourself with the 4 moments of hand hygiene and the information being recorded in this tool. Remember to only record observations witnessed; do not make assumptions. Staff observations should be done on each neighbourhood without compromising the quality of care being provided by staff. Typical observation period lasts 20-30 minutes and times/shifts should be rotated. The observer should provide in-the-moment feedback that is specific, educational, and non-punitive when a moment of hand hygiene is missed.

#1	Moment Being Observed	ABHR	Soap	Missed (✖)	Completed (✓)	Notes/Reminders -Hand hygiene must be completed for a minimum of 15 seconds -Record additional precautions (if any) -Record artificial nails, hand/arm jewelry
	1. Before initial resident/resident environment contact					
	2. Before invasive procedure					
	3. After exposure to body fluids					
	4. Between tasks or activities with resident					
	5. After resident /resident environment contact					
	6. Before putting on and after taking off gloves and PPE					
#2	**Moment Being Observed**	**ABHR**	**Soap**	**Missed (✖)**	**Completed (✓)**	**Notes/Reminders** -Hand hygiene must be completed for a minimum of 15 seconds -Record additional precautions (if any) -Record artificial nails, hand/arm jewelry
	1. Before initial resident/resident environment contact					
	2. Before invasive procedure					
	3. After exposure to body fluids					

	4. Between tasks or activities with resident					
	5. After resident /resident environment contact					
	6. Before putting on and after taking off gloves and PPE					
#3	**Moment Being Observed**	**ABHR**	**Soap**	**Missed (✖)**	**Completed (✓)**	**Notes/Reminders** -Hand hygiene must be completed for a minimum of 15 seconds -Record additional precautions (if any) -Record artificial nails, hand/arm jewelry
	1. Before initial resident/resident environment contact					
	2. Before invasive procedure					
	3. After exposure to body fluids					
	4. Between tasks or activities with resident					
	5. After resident /resident environment contact					
	6. Before putting on and after taking off gloves and PPE					
#4	**Moment Being Observed**	**ABHR**	**Soap**	**Missed (✖)**	**Completed (✓)**	**Notes/Reminders** -Hand hygiene must be completed for a minimum of 15 seconds -Record additional precautions (if any) -Record artificial nails, hand/arm jewelry
	1. Before initial resident/resident environment contact					
	2. Before invasive procedure					
	3. After exposure to body fluids					
	4. Between tasks or activities with resident					
	5. After resident /resident environment contact					
	6. Before putting on and after taking off gloves and PPE					

COVID-19: Daily Checklist

IPAC Measures, Personal Protective Equipment (PPE) Supplies, and Maintenance

Completed (✓)	Task
	Review floor census with all incoming staff. Staff should be briefed on which residents are: ☐ COVID-19 positive ☐ Symptomatic ☐ Exposed (high-risk exposure) ☐ COVID-19 negative
	Ensure oncoming staff have been assigned to work with one cohort for the duration of their shift and are aware of: ☐ What cohort they have been assigned to. ☐ When to change their PPE within their respective cohorts
	During daily staff huddles remind staff the importance of: ☐ Physical distancing, particularly while on breaks. ☐ Cleaning and disinfection of eye protection prior to entering “clean” areas. ☐ How to store eye protection. ☐ When to change mask. ☐ How to wear mask correctly. ☐ Assigned break areas depending upon cohort.
	Review and verify that all essential visitors to the neighbourhood understand: ☐ What PPE is required to wear ☐ When and where to doff PPE ☐ Importance of hand hygiene and reminded to perform hand hygiene. ☐ To go directly to resident’s room ☐ Not to use washroom inside of resident’s room
	Verify that residents on droplet/contact precautions have correct signage posted on door at eye-level.
	Check all PPE caddies for adequate and appropriate supplies within expiry date: ☐ Masks ☐ Gloves ☐ Gowns

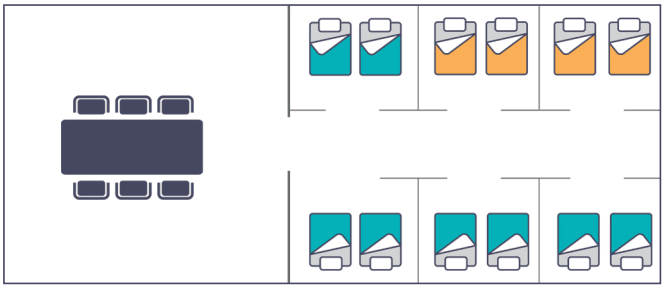
	☐ ABHR- verify minimum 70% alcohol content. ☐ Disinfectant wipes
	Check garbage bins: ☐ No touch bins should be inside all resident rooms or as close to exit as possible. ☐ Monitor bins to prevent overfilling. Checks should be done routinely.
	Check all staff break areas and ensure space is stocked with: ☐ Medical masks ☐ ABHR- verify minimum 70% alcohol content (at entrance and in break area). ☐ No touch garbage bin ☐ Disinfectant wipes for eye protection ☐ Single use bags for storage of eye protection and masks if required
	Remind any residents using common areas or hallways to wear a medical mask. Provide verbal reminders on to how to wear (mask) correctly. Prompt residents to perform hand hygiene.
	Perform a visual check of neighbourhood to ensure: ☐ Shared items that cannot be properly cleaned/disinfected are removed. ☐ Furniture is spaced 2m/6ft. apart in common areas. ☐ Hallways are free from unnecessary clutter and/or equipment. ☐ Physical distancing measures are being adhered to by staff and residents.
	Check all ABHR dispensers and replace/refill any empty dispensers.
	PPE auditing (please refer to specific checklist)
	Hand hygiene auditing (please refer to specific checklist)

Completed/Performed By: _____ Date: _____

Examples for Resident Cohorting in Long-Term Care Homes

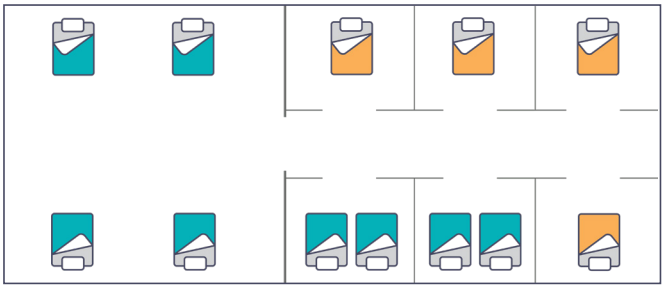
Cohorting decisions are to be made in consultation with the outbreak management team and should be made as soon as possible following the detection of cases.
For more information, please see the Cohorting in Outbreaks in Congregate Living Settings.

Scenario / Situation



Four ill residents are identified in a long-term care home with double rooms.

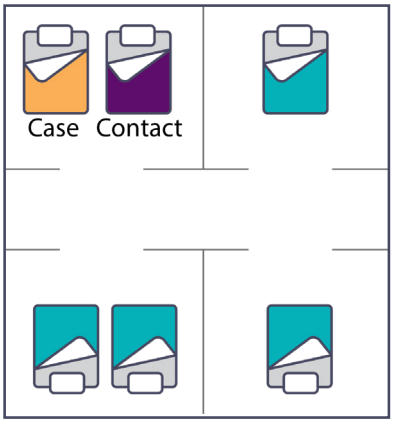
Option



Separate ill residents into single rooms and use additional areas within the home to accommodate residents if needed.

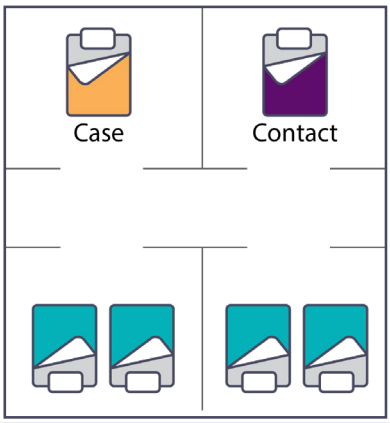
Scenario / Situation

A confirmed COVID-19 case is identified in a long-term care home with double rooms.



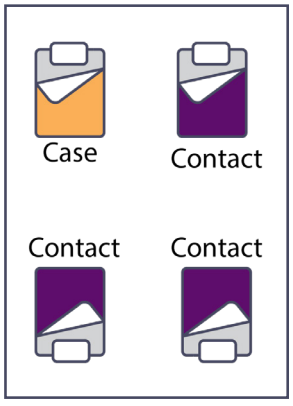
Option

Separate COVID-19 case and close contact into single rooms. Non-exposed residents can be cohorted together.



Scenario / Situation

A confirmed COVID-19 case is identified in a long-term care home with ward rooms.



Option

Ideally place the COVID-19 case and contacts in single rooms. If not feasible, use physical barriers (e.g. curtains or cleanable barrier) to create separation between the case and roommates.