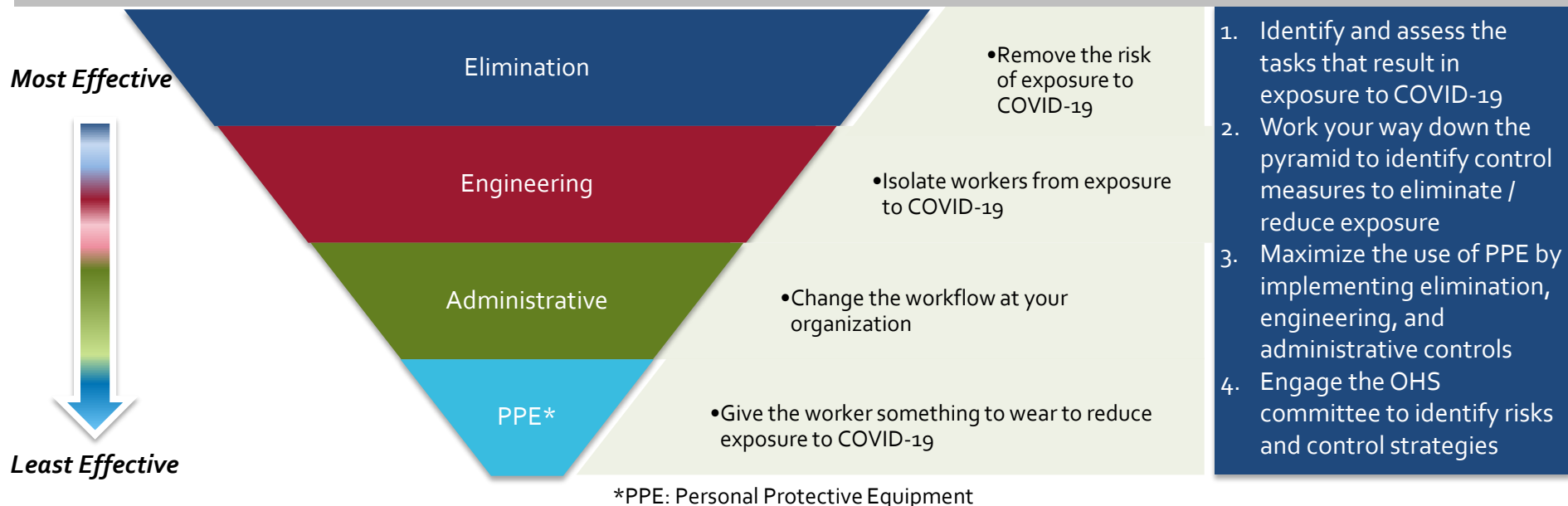


IMPLEMENTING CONTROL MEASURES TO REDUCE THE RISK OF EXPOSURE TO COVID-19 IN LONG-TERM CARE

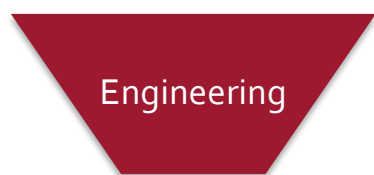
STEPS TO REDUCING EXPOSURE



RECOMMENDED ACTIONS (Examples)



- Limit visitors to only those who are essential
- Post signage to prevent anyone with respiratory symptoms from entering the home
- Triage all visitors immediately upon arriving at the home
- Isolate residents with suspected or diagnosed COVID-19, encourage respiratory hygiene/cough etiquette, and provide tissues and individual receptacles
- Remove spaces that allow for individuals to congregate (i.e. break rooms)
- Eliminate the use of high-touch or shared items (i.e. palm readers for clocking in/out of shifts)



- Use physical barriers (i.e. tables) or reposition furniture to promote social distancing
- Install plastic or plexiglass barrier to separate visitors and residents from those who are working behind a desk; disinfect these surfaces regularly
- Consider the use of drop curtains to isolate spaces (disinfect or dispose of appropriately)
- Use markers (i.e. tape on the floor) to remind individuals to maintain 2m distance
- Switch from nebulizers to metered-dose inhalers, if authorized by the physician



- Review organizational policies including pandemic response plans; illness and incident reporting
- Actively screen staff and residents for any signs of illness
- Provide staff training on hand hygiene, respiratory etiquette, proper use of PPE, and self-care
- Encourage staff to continuously assess and be on alert for risk (i.e. point of care risk assessment)
- Increase frequency of disinfecting surfaces and high-touch areas, document using a log system
- Provide soap, paper towels and hand sanitizer throughout the home, including at entry
- Designate an area for all visitors to leave their belongings when entering the home
- Assign roles to staff members to minimize movement throughout the home; assign staff who have recovered from COVID-19 to provide care to COVID-19 residents (note – evidence suggests some, but not all, of those infected develop immunity. It is unknown how long immunity lasts).
- Cohort COVID-19 positive residents
- Limit number of staff who can be present in any shared spaces (i.e. break and change rooms)
- Encourage staff to have separate clothing and shoes for commuting to and from work
- Provide masks to all residents who are suspected or confirmed to have COVID-19, as tolerated



- Direct staff to wear surgical masks, gowns, gloves, and eye protection when providing care to residents who are suspected or confirmed to have COVID-19, or where otherwise required. For asymptomatic residents, wear a surgical mask, gloves, and eye protection.
 - N95 respirators, with appropriate fit testing, are required if care provided is an aerosol-generating medical procedure (e.g. nebulizer treatment, CPR, ventilation, BiPAP)
- Ensure staff perform proper donning and doffing of PPE, and proper hand hygiene
- Ensure face masks are removed and discarded if soiled, damaged, or hard to breathe through

Re-use a mask in crisis capacity only:

Face masks with elastic ear hooks may be more suitable for re-use. Remove mask carefully by handling ear hooks only, folding the outside surfaces inward, and storing the mask in a clean sealable paper bag or breathable container. Do not reuse if soiled or wet, or if used to care for a symptomatic resident.