Infection Prevention and Control Actions for Facilities with Suspected or Confirmed Cases of COVID-19

These actions should be considered as soon as you have a suspected or confirmed case of COVID-19.

For visitors:

- No visitors should be allowed in units with an outbreak:
  - Arrange for alternate means for family members to communicate
  - Some facilities may choose to restrict visitors for the entire facility
  - Exceptions for end-of-life family visits or the resident’s emotional wellbeing need to be considered,
    - limit access of visitors to other areas or people in the facility.
- Strongly consider universal masking of all visitors, if supplies are available
- Communicate with families who may have been exposed about the need to monitor themselves for symptoms, stay out of the facility and self-quarantine for 14 days after last exposure.

For residents:

- Treat all other residents in that same section or unit as if they have been exposed and implement Droplet and Contact Precautions with eye protection in the entire unit
- Cancel all group activities and communal dining in your facility
- Actively monitor all residents at least daily for fever, signs/symptoms and decreases in oxygen saturation
  - On units with confirmed or suspect cases, monitoring of residents should be done at least twice daily, and more frequently for those who are identified with symptoms
  - Maintain a record of resident monitoring results

For healthcare personnel:

- Document and maintain a record of temperature and symptom screening at the start of shift
  - Consider checking temperatures for HCP more than once a shift
  - If they are ill, immediately have them put on a facemask and self-isolate at home
  - Ill healthcare personnel should be encouraged to contact their healthcare provider to discuss COVID-19 testing
- All HCP should self monitor for fever and symptoms at home
- If supplies permit, consider universal masking of all staff when working in resident care areas