MANUAL: *HEALTH & SAFETY*	HOME SPECIFIC NAME: ○ Fairfield Park ○ Brouillette Manor ○ LaPointe-Fisher Nursing Home ✓ Corporate
TITLE: *EPIDEMIC/PANDEMIC PLAN*	SECTION: EMERGENCY PREPAREDNESS
	PAGES: 13

EFFECTIVE DATE: February 2007 **REVISED: June 2022, March 2023**

POLICY:

The home shall have an emergency plan in the event of an epidemic/pandemic.

DEFINITIONS:

Endemic: An endemic disease is one that is consistently present throughout a specific region or population. The prevalence of the disease remains stable and its spread is fairly predictable over time.

Epidemic: An epidemic occurs when a disease, specific health-related behaviour, or other health-related event spreads unexpectedly or quickly across a specific geographical area or population. It can occur if an endemic disease suddenly becomes more prevalent or if a new disease begins to affect a region or specific population.

Pandemic: A pandemic occurs when a disease spreads across countries or continents at a fast rate with new cases appearing every day.

PROCEDURES:

TRAINING & EDUCATION

Staff shall be trained on this plan upon hire and provided with refresher education annually thereafter.

Residents and/or their legal representative will be advised, on admission, that the current version of the emergency plans are available on the Home's website and a copy of such plans can be made available upon request.

Review date:	Mar. 2023					
Signature:	Monsley					

TESTING OF PLAN

This plan shall be tested annually.

ACTIVATION OF PLAN

When there is epidemic or pandemic activity in the Community, active screening of all Residents, Staff and others entering our home will be conducted per Public Health Guidelines. The Outbreak Management Team will be updated regarding any increased risk to our Residents and Staff including additional precautions to implement.

When there is epidemic/pandemic activity in the Home, the following steps will be taken. Steps 1-6 will occur simultaneously:

STEP 1

Notify the local Medical Officer of Health or Designate of a potential or confirmed outbreak *(Appendix A – Emergency Contacts)*

→ Notify the Medical Officer of Health or designate by phone about the potential or confirmed outbreak via Public Health
→ Submit the outbreak reporting forms to the Medical Officer of Health or designate by faxing Line Listing to Public Health. Where applicable, reports may be gathered through digital software (i.e. Healthconnex, Point Click Care).
→ Give the Medical Officer of Health or designate the name & contact information of
- IPAC Lead
- Director of Care/Nursing
- Assistant Director of Care/Nursing

→ Report the initial control measures that have been instituted
→ Request an Investigation Number and record it on all laboratory submission forms
→ Discuss with the local health unit if and which residents should be tested, how to obtain sampling kits, how many and which specimens will be collected during the initial investigation, and how they will be stored and submitted to the laboratory
→ Notify the MOHLTC regional office and continue to activate its epidemic/pandemic plan and if necessary, its emergency plan.

STEP 2

Implement Occupational Health/Infection Prevention and Control Measures

→ Registered Staff will vigilantly assess Residents and Others for infection, treatment and referral as necessary

Review date:	Mar. 2023					
Signature:	N Comsley					

→ Medical Director will provide clear instructions for caring for potentially ill residents based on presentation and etiology of concern
→ Implement designated units or areas for co-horting affected patients
→ Ensure that the necessary equipment is in place within their physical area to help limit patient transportation needs and potential transmission
→ Ensure materials on proper use of PPE and other infection control measures are available as 'refresher' materials to staff, and are posted outside of affected rooms
→ Continue to monitor ministry websites for any change in level of necessary precaution
→ Continue to liaise with Public Health authorities for any change/update to protocol
→ Ensure appropriate precautions are taken when staff are performing procedures that pose a higher risk of aerosolization
→ Provide fit-testing and associated training, including seal-check, for individuals who may be required to wear a N95 respirator
→ Increase cleaning and disinfection to high level within the home
→ Routine practices for handling and laundering are sufficient, regardless of the source of the linen. Special handling of linen for residents on additional precautions is not routinely required per Public Health, however to decrease risk of environmental contamination, linens will be bagged within the affected room prior to travel in the hallway and elsewhere

STEP 3

Notify Appropriate Individuals *(Appendix A – Emergency Contacts)*

The Home will notify individuals, who work in or with the Home including;

→ Medical Director
→ Director of Care/Nursing
→ Administrator
→ Owner/Operator
→ Infection Prevention and Control Lead
→ Laboratory
→ Assistant Director of Care/Nursing (if applicable)
→ Maintenance Supervisor
→ Food Service & Nutrition Manager
→ Director of Environmental Services
→ Director of Activation
→ Remaining Managers
→ Resident Council Liaison
→ Pharmacist
→ All Staff Members (utilize StaffStat, if applicable)
→ Essential Caregivers

Review date:	May. 2023					
Signature:	N Comsley					

→ Volunteers
→ POAs/Designated Family Contact for Residents
→ others as appropriate

STEP 4

Hold an Initial Outbreak Management Team Meeting

→ Confirm an outbreak exists and ensure that all members of the team have a common understanding of the situation
→ Adopt a working case definition or criteria that will be used to identify residents or staff with illness caused by the epidemic/pandemic strain
→ Review the control measures necessary to prevent the virus from spreading and confirm the IPAC or designate who is responsible for ensuring that agreed upon control measures are in place and enforced, and for modifying control measures depending on the epidemiology of the pandemic strain
→ Identify/confirm the appropriate signs/information to be posted in the Home and the appropriate locations
→ Institute exclusion policies and the staffing contingency plan
→ Enforce proper use of PPE
→ Report the outbreak to appropriate people/institutions outside the Home, such as:
- residents' attending physicians
- other health care providers
- families of ill residents
- families of all residents in the Home
- compliance advisor from the MOHLTC
- staffing agencies
- coroner's office
- funeral directors

→ Determine if education sessions are required for staff members and who will conduct them
→ Confirm how and when daily communications will take place between the Home and the local public health unit
→ Ensure that contact telephone numbers are available 24 hours a day, seven days a week for both the local public health unit and Home
→ Clarify the role of the local public health unit and the availability of public health services, including lab testing (Note: the level of public health assistance will depend on the extent of the spread of the disease in the community)
→ Decide how frequently the Outbreak Management Team will meet and set the next meeting

Review date:	May 2023					
Signature:	[signature]					

STEP 5

Monitor the Outbreak/Conduct Ongoing Surveillance

Outbreak monitoring includes ongoing surveillance to identify new cases and update the status of ill residents and staff. During an epidemic/pandemic, the Home will continue to report cases infections and deaths to Public Health. The IPAC Lead or designate will update the Outbreak Management reports and submit them weekly to Public Health by fax, or per their requested frequency. Where applicable, digital software (i.e. Healthconnex, Point Click Care) may be used to assist with the collection of this information.

The local public health unit will use the information to:

- Track the spread and impact of the pandemic
- Monitor ongoing transmission and the effectiveness of infection prevention and control measures
- Recommend changes in the Home's infection prevention and control practices, if required

The Home will also continue to report new infections in staff to occupational health services and work with staff and Joint Occupational Health & Safety Committee to ensure that appropriate precautions are being taken in the workplace to protect residents, workers and their families.

Resident Surveillance

Registered Staff will collect and IPAC Lead will monitor & analyze the surveillance information on residents including the information listed below, and will implement any additional surveillance measures as recommended by Public Health:

- New cases with all appropriate information
- Residents who have recovered
- Status of ill residents including notation of issues such as worsening symptoms, clinical and/or x-ray diagnosis of pneumonia
- Transfers to acute care hospitals
- Deaths

Note: digital software (i.e. Healthconnex, Point Click Care) may be used to assist with the collection of this information

Review date:	Mar. 2023					
Signature:						

Staff Surveillance

Department Managers will collect and IPAC Lead will monitor & analyze the surveillance information on staff including:

- New staff cases including all appropriate information
- Status of ill staff
- Staff who have recovered and their return to work date
- Staff who still have symptoms but are considered fit to work and are working in the Home with restrictions and using appropriate PPE and will implement any additional surveillance measures as recommended by Public Health

Note: digital software (i.e. Healthconnex, Point Click Care) may be used to assist with the collection of this information

STEP 6

Implement Control Measures for Residents

Decisions about resident care and how to manage or contain residents with symptoms within the Home will be made by the Outbreak Management Team. Assessment of the situation will determine how isolation and co-horting of ill and/or medically fragile residents to their rooms and/or wings may be implemented for the duration of the outbreak. Residents exhibiting case definition signs/symptoms will undergo testing and remain in isolation for the time frame advised by Public Health.

These decisions will depend on the structure of affected wing(s), the severity/spread of the disease, and the nature of the Home's population. At a minimum, the Home will consider identifying higher risk residents and making arrangements to separate them from residents with illness.

Collaboration should happen with acute care hospitals, the local public health unit and the LHIN to make decisions about admissions and re-admissions during an epidemic/pandemic. Decisions will be affected by resident needs, staffing levels at health care facilities in the community, as well as by the course of the pandemic (e.g., if we do not have enough staff to provide adequate care, we may not be able to take on new admissions).

If there is epidemic or pandemic activity in the community and not in the Home, the Home may take extra precautions not to admit someone with symptoms into the Home. All new admissions should be screened and/or isolated per current Public Health Guidelines.

Review date:	Mar. 2023					
Signature:	Mormsley					

All Staff and others entering the Home will be subjected to Active Screening process per Public Health.

The admission of new residents and return of residents who have not been line listed in the outbreak is generally not advised during outbreak. Consultation with Public Health can be done if needed.

If there is local epidemic/pandemic activity, consideration may be given to discharging residents to family members if they can be cared for appropriately in a family member's home.

Medical Appointments:

All non-urgent appointments of any nature should be re-scheduled

Transfers to Hospital:

Transfers are likely to be restricted and transfer procedures may change. As part of community planning for an epidemic/pandemic, the Home will work with acute care hospitals and the Provincial Transfer Authorization Centre (PTAC) to develop protocols and criteria for transferring residents to hospital (e.g., residents requiring life sustaining services, such as hemodialysis). We will use the following procedures, unless informed otherwise:

- When any resident is to be transferred to the hospital and there is activity of the disease in the home, the Home will advise the receiving hospital and PTAC
- The hospital IPAC Lead shall be provided with the details of the case to ensure control measures are in place when the resident arrives at the hospital.

Note: all transfers from one healthcare facility to another must follow a transfer authorization process at all times. Fax PTAC at 1-866-301-5262 for a transfer request, or use the web-based application if available. If approved, an authorization number will be issued immediately and faxed or issued on-line to the Home. The Home will follow guidance from the Public Health Unit regarding transfers.

Transfer to Another Long Term Care Facility

Resident transfers to another LTC facility are not normally recommended during an outbreak. However, during an epidemic/pandemic this policy may change in order to ensure residents receive appropriate care. The Medical Officer of Health or designate should be consulted regarding transfers to other LTC facilities. The PTAC process described above should be used for all transfers. The Home will follow guidance from the Public Health Unit regarding transfers.

Review date:	Mar. 2023					
Signature:	M Comiskey					

Communal Meetings

When there is activity of the disease in the Home, all residents should be restricted to their Home Areas as much as possible. Previously scheduled events (e.g., celebrations, outings, group activities) should be postponed. The Outbreak Management Team should discuss restricting activities and revisit the issue as the outbreak progresses. Local public health units will provide advice on the extent to which organizations should limit larger gatherings of people.

STEP 7

Control and Support Measures for Staff and Volunteers

Deploying Staff

The Home will continue to be accountable for staffing, and deploy staff as well as other temporary staff and workers as required to maintain adequate levels of care, making use of transferable skills and delegated acts as required.

Supporting Staff

The Home will work with the union to identify supports that will help staff provide care during a pandemic such as:

- Assistance with transportation
- Accommodation and meals
- Access to counselling and psychosocial support to help staff cope with job-related stress or with anxiety about the pandemic
- Assistance with babysitting for children, caring for elderly family members and caring for pets

Reporting Illness in Staff

Staff and volunteers who develop case definition illness should report their illness to their supervisor or the Director of Care/Nursing immediately. This includes staying home if symptoms start and following Public Health guidance for return to work procedure if needed based on the infectious agent the individual has been exposed to.

Excluding Staff, Students and Volunteers from the Home

Ideally staff, students and volunteers with pandemic case definition symptoms should be excluded from work until they are fully recovered. The length of time that ill workers should be excluded will be determined by public health authorities based on the epidemiology of the epidemic/pandemic strain.

Review date:	Mar. 2023					
Signature:	M Smedley					

However, if there is not enough people to provide safe care, staff, students and volunteers may be allowed to work before they are fully recovered. If this is necessary, staff, students and volunteers with symptoms should be restricted to non-direct care or to working with residents with the identified case definition symptoms and should use appropriate PPE. They should NOT be deployed to care for high risk, medically fragile residents. Consultation with Public Health regarding this matter shall occur.

Cohort Staff

To protect residents, staff, students and volunteers the Home shall minimize movement between the home areas, especially if some home areas are unaffected. For example, staff could be restricted to working in a particular home area. The ability to cohort staff will depend on the number of staff available to work.

Policies for Managing Staff who Work at Other Facilities

During an epidemic or pandemic, staff will normally be restricted from working at two health care organizations so as not to transmit the virus from one facility to another. Trying to prevent spread from one institution to another by restricting the movement of staff will likely be ineffective. If there are significant staff shortages throughout the health care sector, everyone may be needed to work. In this case, there may be few restrictions on staff, students and volunteers working in other facilities. The only exception would be for Homes that have not had any epidemic/pandemic activity. Those Homes would likely restrict staff, students and volunteers who have worked at sites where there is epidemic/pandemic activity. Further direction will be taken from the Public Health Unit.

STEP 8

Control Measures for Visitors and Volunteers (Including Family)

Notifying Visitors and Volunteers

The Home activates an emergency communication plan and activities. Signs will be posted at all entrances indicating the situation. Visitors will be advised of the potential risk of either introducing case definition illness symptoms into the home or acquiring case definition illness symptoms within the Home, and of the visiting restrictions, if applicable.

In the event of an outbreak, family members of ill residents will be contacted. Where possible, the Home will keep a telephone/email list of frequent visitors who should be contacted and advised of the outbreak.

Review date:	May. 2023					
Signature:						

Visitor Restrictions

Visitors shall be encouraged to postpone visits wherever possible. During a pandemic this policy may not be practical, as family members and essential caregivers may be needed to assist with care.

All visitors who choose to visit during an outbreak shall be required to:

- Wash hands on arrival, before leaving the residents room and before leaving the facility
- Use PPE as instructed by staff
- Follow all IPAC policies and procedures while in the Home
- Follow all Public Health Guidelines while in the Home

Visitors shall be at risk of being excluded from visiting the Home for the duration of a pandemic/outbreak if unable to comply with measures in place to decrease risk to our Residents and Staff.

The Home shall develop restrictions based on the nature of the epidemic/pandemic, however, complete closure of visitation is not recommended, as it may cause emotional hardship to both the residents and relatives. Visiting restrictions should be discussed by the Outbreak Management Team, and visitation may be restricted completely if directed from the Public Health Unit.

Restrictions on Ill Visitors

The Home will post notices on the doors of the rooms of ill residents or in other visible locations, advising visitors to check at the nursing station before entering the room. The nursing station will advise visitors about any restrictions and instruct them in the proper use of PPE, if required.

Ill residents should be visited in their room only. Visitors should remain in the ill resident's room and not visit other residents. Visitors shall appropriately wear any additional PPE as posted and directed by staff.

Communal and Other Activities

Visits by outside groups (e.g., entertainers, community groups) shall not be permitted. Visits to multiple residents will be restricted, unless the visitor is assisting with care and activities of daily living.

Review date:	Nov. 2023					
Signature:	M Conway					

STEP 9

Vaccine Distribution and Administration

The federal government is responsible for vaccine procurement and supply. The province is responsible for coordinating vaccine distribution for Ontario. Once a vaccine becomes available, local public health units will be responsible for coordinating immunization programs in their areas. The local public health unit will inform the Home about how vaccines will be distributed and administered.

The Home may also be asked to monitor and report to the local public health unit any adverse reactions to vaccine. We will also work with the local public health unit to determine the information to be gathered and reported.

Immunization Strategy

Ontario's Health Plan for an Epidemic/Pandemic is based on a "pull" strategy that asks people to attend mass vaccination clinics. Because so many of long term care home residents are medically vulnerable, a "push" strategy shall be used and the Home shall work with the local public health unit to administer immunizations in the Home, if possible. The local public health unit will be responsible for distributing and tracking vaccine use in order to manage limited supplies and ensure consistency, while the Home will be responsible for administering immunizations to residents and possibly, staff.

Vaccine Storage and Security

As vaccine for the epidemic/pandemic strain will be in short supply when it becomes available, it is unlikely the Home will be storing vaccines. However, if homes do have to store vaccine, we must have the cold chain storage capacity required to meet public health guidelines (e.g., keep the vaccine at a temperature between 2 and 8^0 C) as well as contingency plans in case of power failure or equipment malfunction. These policies and procedures are in place.

STEP 10

Declaring the Outbreak Over

The length of time from the onset of symptoms of the last case until the outbreak is declared over will be one incubation period plus one period of communicability for the epidemic/pandemic strain.

As we may have sporadic seasonal influenza activity during an epidemic/pandemic, the Outbreak Management Team (OMT) may need to differentiate between seasonal and epidemic/pandemic cases in declaring the end of a pandemic outbreak and will liaise with Public Health.

Review date:	Nov. 2023					
Signature:	[signature]					

The OMT will determine whether ongoing surveillance is required to:

→ Maintain general infection prevention and control measures outlined in Step 2
→ Monitor the status of ill residents, update the line listing and communicate with the public health unit
→ Monitor any deaths that occur, including whether individuals who die had been a line listed case, and inform the public health unit.

The OMT will notify the local public health unit when we have gone the recommended length of time without a new case. The local public health unit will be responsible for declaring the outbreak over and for notifying the MOHLTC and other organizations in the community.

STEP 11

Investigate the Outbreak

When the outbreak is over, an outbreak investigation file should be established, containing:

→ Copies of laboratory and other results
→ Copies of all meeting minutes and other communications
→ Any other documentation specific to the investigation and management of the outbreak
→ Debrief Report from OMT Meeting

The Home and the local public health unit will jointly complete the ministry epidemic/pandemic outbreak form and submit the completed report to the MOHLTC. This report is due within three weeks of the outbreak being declared over. Timelines may be adjusted during an epidemic/pandemic, depending on the availability of human resources to complete reports. Copies of all documents related to the outbreak (e.g., outbreak forms, line listing) are to be kept on file by the IPAC Lead.

REPORTING
Review Critical Incident/Mandatory Reporting procedure and complete, if required.

EVACUATION
The Director of Operations, Administrator or in their absence, the Director of Care will make the decision as to whether an evacuation is required. In the event an evacuation of the home is required, refer to the emergency plan "Code Green – Evacuation".

COMMUNICATION
All media inquiries shall be directed to a designated spokesperson who shall be any of the following individuals: Director of Operations, Administrator/Delegate, or Director of Care/Nursing. Factual statements shall be released to the media periodically, or in one organized press release, and only by the designated spokesperson.

Review date:	May. 2023					
Signature:	Monday					

Unauthorized incoming calls should be advised to return the call at a later date.

The intercom system should be maintained for use of authorities and outgoing calls, except in the case of authorized use, are prohibited.

The Home shall communicate to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home

- ✓ at the beginning of the emergency,
- ✓ when there is a significant change throughout the course of the emergency
- ✓ when the emergency is declared over

RECOVERY

The implementation of de-escalation practices of additional IPAC protocols shall take place as per directions/recommendations from the Home's local public health unit and/or Ontario Public Health.

A debrief is provided for residents, substitute decision-makers, staff, volunteers and students involved.

The Administrator or delegate will ensure resumption of regular operations of the home takes place (i.e. coordinate with managers, service providers and support workers to ensure all essential services are in place)

Coordination with Social Services to meet with residents, families and staff who may have experienced distress during the emergency, to offer support and resources.

EVALUATION

The emergency plan shall be evaluated annually and updated, if needed. If the plan has been activated, it shall be evaluated within 30 days of the emergency being declared over and updated, if needed.

Review date:	Nov.2023					
Signature:						