



INFECTION PREVENTION AND CONTROL MANUAL

MANUAL: INFECTION PREVENTION & CONTROL

SECTION: OUTBREAK MANAGEMENT

SUBJECT: PANDEMIC, OUTBREAK

APPROVED BY: Administrator

SIGNATURE:

POLICY #: IPAC-5-
OUTBREAK MNGMT-80
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DATE: January 1, 2007

Review DATE: January 1, 2011

**Reviewed Jan 2013, June 2015,
June 2017, Jan 2020**

Revised Date: July 5, 2022

STANDARD:

Long Term Care Homes are required to plan for continuance of care in the event of an Outbreak/Pandemic. Bethany Lodge has established an Emergency Preparedness Planning Committee and Outbreak Management Team to best anticipate continued operations of the home in the event of an outbreak or pandemic. This policy will become effective when the Medical Officer of Health issues an alert.

INTRODUCTION:

During the 20th century, the world experienced three pandemics. The most deadly "the Spanish flu" of 1918-1919 killed an estimated 21 million people worldwide.

Unlike many other viral respiratory infections (i.e. the common cold) COVID-19 and the flu may cause severe illness and life threatening complications in many people. People that are infectious are able to transmit the viruses when they are symptomatic and asymptomatic. Appropriate pandemic planning can reduce the number of people infected, the-amount-of-illness and the number of deaths. By pre-planning, homes can better anticipate risks.

Pandemics occur when all four of the following occur:

- A new strain of virus is detected
- Human to human transmission happens easily
- The new virus causes serious clinical illness and death
- The population has little or no immunity to the virus

MATERIALS:

1. Pandemic planning committee checklist
2. Job descriptions for pandemic; lobby deputy, communications liaison and IT communications support
3. HR pandemic staffing plan
4. One month secured supplies for Nursing, food services, and housekeeping. Maintenance and communications
5. HR skills training plan for non-direct care staff
6. Communications systems



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PROCEDURE:

This policy has been further sub-divided into key functions in pre-pandemic phase as well as during the pandemic.

A. Communications:

- All communications (media, community, staff and residents) will be directed through the office of the Administrator or established designate in collaboration with the Infection, Prevention and Control Lead (IPAC Lead) or designate.
- On receiving an alert from the Medical Officer of Health, the Administrator/ designate will immediately call an Outbreak Management Team meeting. The members of the Senior Management Team (DOC/ADOC) will also be asked to attend.
- This initial meeting will be for the dissemination of known information on the pandemic at that point in time and for the initiation of the pandemic policy and plan: On activation, alerts will be made by the communications strategies identified in the pre-pandemic planning to the residents, staff and families.
- One entrance only policy will be in effect with active screening.
- Information will be provided at the main entrance to the home. Directions and updates for staff, family, visitors and residents will be posted at the entrance and on the website and by email communications and Surge system communications (including email) to staff.
- The local Public Health Department, Ministry of Long-Term Care, Ontario Health and Markham Stouffville Hospital will be the key contacts for the facility for information, service coordination, updates, direction, immunization availability as well as antiviral. Resource: Pandemic Planning - York Region Public Health Unit.

B. Staffing Coordinator:

In the event that regular staffing patterns are severely affected by staff and manager absenteeism due to illness a Staffing Coordinator will be assigned, in order to safely and effectively coordinate duties, areas of assignment and staff deployment.

Job priority/ deployment of staff will be to designated essential positions identified within the home depending on availability of staffing resources. All essential and non-essential staff should report to the Staffing Coordinator



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C. Essential Staffing Plan:

In order to safely manage the care of remaining residents and the operation of the facility, key positions must be secured. Due to the high attack rate and absence related to care giver burden, some of these positions will have identified persons for the role with 4 levels of replacements should they become unavailable. Key positions have been identified as the following:

- Staffing Coordinator: one person (not a registered staff member or unit manager)
- Communications Officer
- Support to the Administrator Director of Care, IPAC Lead and the Communications Officer
- Administrator
- Director of Care
- Assistant Director of Care
- Purchasing Staff Member – assigned role
- All Nursing staff
- All housekeeping staff
- All laundry staff
- All dietary staff including dietitian
- All Life Enrichment staff although they may be redeployed if necessary
- Minimum 2 maintenance/security staff
- Minimum 2 HR staff (ongoing skills training of available personnel and visitors, assist with staffing needs)
- Security (staff may be deployed from other areas to ensure coverage of this position, supply items, vaccines and antivirals must be secured)



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Nursing Plan:

For **each resident home area**, a minimum number of staff will be required at all times (day and evening shift, with additional support on night shift from current level) as suggested in the following table:

Position	Day/ Evening number required	Nights number required	Task priority
RN or RPN	One for each 32 bed RHA	3 for the supervision of care in the home	Dispense all meds, administer , controlled or , injectable medications, provide treatments and assessment of the ill
"Trained" PSW/HCA	One for each 32 RHA	One for each RHA to partner with the RN/RPN	Administer non controlled medications pre- poured by the registered staff
PSW (where not available, trained staff/ visitors/ volunteers may be substituted)	4 for each home area	2 for each home area	Direct care of residents



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Dietary aides	2 for each home area	1 for each floor	Provision of food and hydration to residents, ensure food items available on each RHA, assist with giving nourishments
Housekeeper and Laundry	One for each RHA One per shift in laundry	One for each floor	Focus is on horizontal surfaces and washrooms. Regular cleaning of rooms may be designated to "trained" non essential staff or visitors

D. Triage Plan:

As the pandemic progresses additional people may be admitted to acute care locally, putting a strain on Human Resources and the availability of acute care services. For the management of "acute cases" and critically ill residents during a pandemic, the Region of York has developed an algorithm for the management of cases. The facility anticipates significant impact for assessment and treatment of seriously ill residents and will stockpile supplies of essential additional treatment supplies such as IV fluids, dressings and portable oxygen in an attempt to best manage critically ill residents that may not qualify for transfer to acute care. In preparation for a pandemic, significant educational initiatives for staff, residents and families must occur to reduce panic and upset at these times.

E. Housing of Employees: During a pandemic, staffing shortages, interruption of regular community services such as snowplows, buses and taxicabs is anticipated. Transportation, housing and meal coverage must all be considered to support staff members or "trained visitors"



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that are available for prolonged periods or for those unable to return to their homes due to transportation issues. In order to accommodate these individuals, the main lobby and the Marion Wilder room will be designated as a staff area.

When pandemic activity is reported by the WHO (world health organization) with human-to-human transmission of the virus beyond localized activity, it is anticipated that spread to the Province of Ontario will occur. When this has been announced, the purchasing, housekeeping, and maintenance departments will be required to secure available supplies such as beds, linens, toiletry items that are already within the home and additional items where available from outside resources in preparation for a regional outbreak.

The washers and dryers on each RHA will be available to staff also for personal laundry where required for this reason.

F. Nutritional Plan:

In order to secure available food and hydration resources, the Food Services Department must establish a secured food resource locally in addition to the usual supplier. Priority positions will need to be identified and non-essential staff trained to fill these position should the need arise. Delegation of acts includes but is not limited to food preparation, portering of food items to the resident home areas, serving meals/ nourishments and feeding residents. The following table identifies essential positions and the requirements for each.

Position Title	Days & Evening	Night shift	Priority task
Food Service supervisor	1	1	Ensure supplies are adequate, direct staffing requirements to the lobby deputy, ongoing staff/ visitor training
Dietitian	1		As per job description
Dish room			



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Prep area			
Prep area			
Prep area			
Resident Home area	2 for each home area	1 for each floor	Provision of food and hydration to residents, ensure food items available on each RHA, assist with giving nourishments

G. Immunization and Anti-virals:

During a pandemic, Public Health will be responsible for coordinating the distribution of antivirals and vaccine across the province, and public health units will be responsible for coordinating the distribution of antivirals and vaccine among health care organizations at the local level.

Long-term care homes will also continue to maintain on site or in collaboration with a the contracted pharmacy or other resources, a supply of antivirals for use.

During a pandemic, long-term care homes must have the capacity to safely store antivirals and monitor distribution. (Note: vaccine distribution will be managed by public health. Vaccine supplies are unlikely to be stored or distributed by long-term care homes.)

Tasks:

1. Establish medical directives to administer antivirals and vaccine (i.e., who can administer and sign off on antivirals)
2. Obtain consent from residents or their decision makers for treatment with antivirals and/or immunization during a pandemic
3. The contracted pharmacy's role or department of Public Health's role in providing routine access to antivirals and back up services
4. A mechanism to track who will receive antivirals and vaccine



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5. A mechanism to monitor antiviral and vaccine uptake, effectiveness and adverse reactions/resistance

In order to accomplish these goals, the home will continue to obtain informed consents from the residents or their POA for care. Additional information or consents for existing residents will be obtained as required, in person or by verbal phone consent as the need arises.

G. Designation:

As indicated earlier, several positions have been deemed essential by the facility. As such, designates have been established to ensure continuity of communications and service for staff and residents. The designates have been listed to a fourth or fifth level in order to account for possible absenteeism.

Medical Director/designates

1. Dr. M Phillips
2. Dr. G. Wong

L. Human Resources Plan:

- **Education Plan Pre-Pandemic:** In order to provide continuity of care in the face of a staffing crisis, it will be necessary to "cross-train" staff with different skills than their current position requires. For example, an activations may be trained to toilet, transfer and feed residents, a secretary to provide housekeeping services.

Pre pandemic training will be posted to all staff in 6 main categories:

- Feeding residents
- Toileting and transferring including mechanical lifts
- Obtaining vital signs
- Basic housekeeping skills
- Basic food preparation and inventory control
- Medication administration



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Recruitment during a pandemic may also be necessary as staffing crisis continue. It may become necessary to recruit student nurses, PSW' s in training, med students or food service students.

Management will work with the union local if flexibility is required from the collective agreement.

J. Staffing – Work Restrictions During a Pandemic:

Staff, students, or volunteers with 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 based on the epidemiology of the pandemic strain.

However, if long-term care homes do not have enough people to provide safe care, they may allow staff, students and volunteers to work before they are fully recovered. If this is necessary, **staff, students and volunteers should be restricted to non-direct care or to working with residents with symptoms with appropriate use of personal protective equipment. They should NOT be deployed to care for high risk, medically fragile patients** or for the prescribed number of days from the onset of symptoms of a respiratory illness or until symptoms have resolved, whichever is shorter.

During an outbreak, non-immunized staff that are not taking antivirals may be excluded from work. During a pandemic, this measure will not apply until a vaccine has been developed or until there is an adequate supply of antivirals available. If there is an adequate supply of antivirals, homes may restrict staff that are not taking antivirals and establish some mechanism to require proof that staff is taking prescribed antivirals.

If issues arise regarding compliance with work exclusions, options should be reviewed with the Outbreak Management Team (OMT).

K. Personal Protective Equipment and Handwashing

Access to personal protective equipment (PPE) required for droplet and contact precautions (i.e., alcohol-based hand sanitizer, surgical masks, eye protection, gloves, gowns) will continue to follow regular practices- ordering through the Manager or assigned purchasing staff member with a secured supply located in the medication room on each Resident Home area or in other designated secured storage areas. It is anticipated in a pandemic that supplies will potentially reach critical levels.



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Hand washing:

Hand hygiene is the most important measure in preventing the spread of viruses. Staff, volunteers and residents should be instructed in proper hand hygiene as posted on main entrances and information boards.

Staff and Volunteers

Staff and volunteers should perform hand hygiene:

- Before direct contact with a resident; after any direct contact with a resident and before touching the face; and after removing and disposing of personal protective equipment
- Before performing invasive procedures
- Between certain procedures on the same resident where soiling of hands is likely, to avoid cross-contamination of body sites
- After contact with blood, body fluids, secretions and excretions
- After contact with items known or likely to be contaminated with blood, body fluids, secretions and excretions, including respiratory secretions (e.g., oxygen tubing, masks used tissues and other items handled by the resident)
- Before preparing, handling, serving or eating food and before feeding a resident.

Waterless alcohol-based hand sanitizer is as effective as handwashing if hands are not visibly soiled. If hands are visibly soiled, they must be washed with soap and running water before using alcohol-based hand sanitizer. If soap and running water are not available, cleanse hands first with detergent-containing towelettes to remove visible soil, and then use alcohol-based hand sanitizer.

Sinks that residents use may be contaminated and should not be used by staff and volunteers for hand hygiene unless no other alternative is available. If a resident's washroom is used, staff and volunteers should take care to avoid contamination, use an alcohol-based hand sanitizer after handwashing.

Residents

Hand hygiene is essential for residents at all times. Residents' hands should be washed or sanitized frequently but especially after using the bathroom, and before meals.



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Masks

Note: The term "mask" refers to a **good quality surgical mask, unless** explicitly stated otherwise.

Staff and volunteers should wear masks covering the nose and mouth when providing direct care (or as required).

Masks should be changed if they become wet, or contaminated by secretions.

Staff wearing masks must remove their mask before caring for another resident, and when leaving the residents dedicated space/room.

Only the strings/ ties, to prevent self-contamination, should be used to handle masks. Masks should be changed according to the manufacturer's recommendations. Hands should be washed after removing mask.

Recommended Process for Removing Personal Protective Equipment (PPE)

After the health care provider has completed patient care and is >1 metre distance from the patient:

- Remove gloves and discard using a glove-to-glove/skin-to-skin technique.
- Remove gown (discard in linen hamper in a manner that minimizes air disturbance).
- Perform hand hygiene.
- Remove eye protection and discard or place in clear plastic bag and send for decontamination as appropriate.
- Remove mask and discard.
- Perform hand hygiene.

This is a minimum procedure. If staff believes their hands have become contaminated during any stage of PPE removal, they should perform hand hygiene before proceeding further.

Eye Protection

Eye protection includes the use of safety glasses, goggles, and face shields. It does not include personal eyeglasses.

Eye protection should be worn when providing direct care (or as required)

Safety glasses, goggles and face shields should be removed carefully to prevent self-contamination.

If re-used, eye protection should be cleaned in a manner that will not lead to contamination. Safety glasses, goggles, or face shields should be cleaned between uses according to the manufacturer's recommendations using a minimum of a low-level disinfectant.

To prevent self-contamination, health care workers should not touch their eyes during care of a resident with a viral infection,



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Hands should be washed after removing eye protection.

Gloves

Staff and volunteers should wear gloves when they are likely to have contact with body fluids or to touch contaminated surfaces.

Gloves are an additional protective measure, and are not a substitute for proper hand hygiene.

Gloves should be put on before entering and removed prior to leaving the resident's room or dedicated bed space

Gloves should fit the wearer to prevent cross contamination through contact.

Gloves should be changed between dirty and cleaner procedures on the same resident (e.g., after open suctioning of a tracheostomy, and remainder of care)

Hands must be washed immediately after removing gloves.

When a gown is worn, the cuff of the gloves must cover the cuffs of the gown.

Single-use gloves should not be reused or washed.

Gowning

Long-sleeved gowns should be worn during procedures and patient care where clothing might be contaminated.

Gowns should be removed before leaving the residents' room or dedicated space.

L. Supplies and Supply Access

As part of preparedness planning, the type and quantity of supplies each department requires will need to be identified and they will purchase and maintain a stockpile as suggested by Ontario Health or Public Health. During a pandemic, traditional supply chains may be disrupted. For example, a supplier in another jurisdiction may have to give priority to local companies. During the preparedness phase, each department will talk to suppliers about their ability to deliver during a pandemic. They should also establish relationships with alternative sources. This would include: equipment suppliers, food suppliers, medical suppliers, pharmacies, oxygen suppliers, attending physicians and any other health care providers who provide contracted services to the home (e.g., physiotherapists,



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occupational therapists). As part of the pandemic plan, each department will submit and inventory plan to the Pandemic Planning Committee.

M. Disaster Response – Loss of Essential Services

In the event of an internal emergency occurring simultaneously with a pandemic, such as loss of hydro, water or food, the established disaster plan of the home will be initiated.

N. Security

During a pandemic access to the facility will be restricted to the main entrance. This entrance will require security to control access to the home in order to secure supplies and ensure the safety of those living and working in the home.