Woodingford Lodge Long-Term Care Home

PANDEMIC PLAN

Reviewed / Revised July 2024

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Abbreviations Used in Pandemic Plan

Abbreviation	Long Form
AGMP	Aerosol-Generating Medical Procedure
ARI	Acute Respiratory Infection
BSO	Behavioural Supports Ontario
CIS	Critical Incidence Summary
CMOH	Chief Medical Officer of Health
EMCPA	Emergency Management and Civic Protection Act
IPAC	Infection Prevention and Control
IT	Information Technology
JHSC	Joint Health and Safety Committee
LTCH	Long-Term Care Home
MOH	Ministry of Health
MOLTC	Ministry of Long-Term Care
NACI	National Advisory Committee on Immunization
OMT	Outbreak Management Team
PCC	Point Click Care
PCRA	Point of Care Risk Assessment
PHO	Public Health Ontario
PIDAC	Provincial Infectious Diseases Advisory Committee
POA	Power of Attorney
PPE	Personal Protective Equipment
PTAC	Provincial Transfer Authorization Centre
RAI	Resident Assessment Instrument
RP	Routine Practices
RSV	Respiratory Syncytial Virus
RTW	Return to Work
SDM	Substitute Decision Maker
SLT	Senior Leadership Team
SWPH	Southwestern Public Health
VPN	Virtual Private Network
WFL	Woodingford Lodge
WHO	World Health Organization

PANDEMIC PREPAREDNESS AND RESPONSE PURPOSE

Pandemics and large-scale outbreaks can claim millions of lives, disrupt societies and devastate economies. The Pandemic Plan was drafted to provide direction and guidance to team members in the management of an infectious disease pandemic caused by respiratory pathogens such as influenza, coronaviruses and RSV that could imminently disrupt the operations of the Long-Term Care Homes, the health care system and society in general. It is a potential emergency that requires staff be knowledgeable and equipped with the necessary resources to respond to the presenting situation.

MANDATORY GOVERNMENT POLICIES, GUIDANCE DOCUMENTS & DIRECTIVES

During a pandemic, various provincial and/or federal government policies, guidelines and directives may become a requirement of practice or implementation for the Homes. When new guidance involves significant change, WFL will ensure this document is updated, including updates tracking and communicated to stakeholders impacted by the change.

In addition to this pandemic guide, all Woodingford Lodge employees will follow existing policies and procedures, including but not limited to:

- Outbreak Management
- Hand Hygiene
- Personal Protective Equipment
- Visiting
- Environmental Cleaning
- Team Contingency Plans
- Surveillance

As part of pandemic planning and preparedness all policies are reviewed annually by the IPAC Committee. Policies are found within the Infection Control manual and will be reviewed and updated as needed to support changing directives and needs of the Home. In addition, The Complete Outbreak Management Guide (2024) developed by Woodingford Lodge will be used as a tool to guide nursing leaders through the intricacies of managing all outbreaks, including pandemic outbreaks and will be supplemented by new Ministry Guidance and directives.

COMPARISON OF A PANDEMIC LEVEL RESPONSE VERSUS AN OUTBREAK

PANDEMIC	OUTBREAK
Declared by the World Health Organization when surveillance demonstrates a disease that spreads exponentially across countries or continents. Virus covers a wide area, affecting several countries and populations.	Declared by local public health when an unexpected increase in the number of disease cases occur in our Home. The case definition in an outbreak is dependent on the presenting signs, symptoms and circumstances. Viral diseases causing increased number of cases from our Home's baseline are managed as Enteric or Respiratory outbreaks. **Enteric Outbreak** (i.e. adenovirus, rotavirus, norovirus): Two or more cases meeting the case definition with a common epidemiological link (i.e. unit, floor, same caregiver) with initial onset within a 48-hour period • Symptoms must not be attributed to another cause, (i.e. medication side effects, laxatives, diet or prior medical condition) are not present or incubating upon admission and at least one of the following must be met: **Respiratory Outbreak** (i.e. Influenza, COVID-19, RSV): • Two cases of ARI within 48 hours with any common epidemiological link (i.e. unit, floor), at least one of which must be laboratory confirmed; OR • Three cases of ARI (laboratory confirmation not necessary) occurring within 48 hours with any common epidemiological link (i.e. unit, floor) **NOTE:** definitions of outbreaks may change during the pandemic – above are general guidance statements

Can occur at any time of the year.	Often occurs between November and April.
Pandemics have become more likely in recent years due to increased **international travel** and **urbanization** (i.e. increased living in densely populated towns with unhygienic environments in which infectious diseases thrive). Influenza is the most likely pathogen to cause a severe pandemic. In any given year, a 1% probability exists of an influenza pandemic causing more than 6 million pneumonia and influenza deaths globally.	Congregate living (i.e. long-term care) settings have an increased risk of disease transmission due to several factors: shared living spaces, frequent movement of people in and out of the Home and vulnerable health state of those that live together. Protective factors include immunization for or immunity to seasonal infections (i.e. Influenza, RSV). Most people will not become seriously ill and fewer will die.
Could affect anyone, including healthcare providers and their families, severely disrupting the healthcare system.	Affects mainly the very young, very old and those who are immunocompromised. Does not usually disrupt a community's ability to provide essential services.

PANDEMIC PLANNING ASSUMPTIONS

- Woodingford Lodge may not be able to rely on the same level of support they receive now from other parts of the healthcare system or from other community services during an outbreak.
- The number of healthcare workers available to provide care may be reduced up to one- third due to personal illness, concerns regarding transmissions in the workplace and family / caregiving responsibilities.
- Usual sources of supplies may be disrupted or unavailable.
- A vaccine will not be available for at least four to five months after the pandemic strain is identified.
- Ontario will not have a large enough supply of either antivirals or vaccine (when it is first developed) for the entire population, therefore leaving decision makers with the province to set priorities for who receives resources and when.
- Resources, including staffing, supplies and equipment may have to be reassigned or shifted to address community needs during various phases of a pandemic. These decisions will be made in a transparent manner with the inclusion of key stakeholders. The decisions will be reasonable and may be revised as new information comes forward.

ETHICAL PRINCIPLES FOR DECISION MAKING

Woodingford Lodge developed the pandemic plans considering ethical principles that will be used to make difficult decisions about what services will be provided, how services will be executed, who will be allowed into the Home and how limited resources will be utilized.

- **AUTONOMY** – This principle included the right to self-determination and respects the individual's right to make informed decisions. It may have to be balanced against the rights of others and is therefore not absolute.
- **BENEFICENCE AND NON-MALEFICENCE** – Above all, do no harm. What is good for one individual may result in harm or disadvantage to another. There must be a balance of responsibility to the individual, the family and the public good. This includes, exercising judgement as to whether any intervention is justified by the balance of potential benefit and potential harm (i.e. isolation measures require considering the benefits of complying and the consequences of not complying).
- **JUSTICE** – Residents have a right to fair, equitable and impartial treatment. While considering the allocation and distribution of limited resources, provisions will be in place to enable equity of access to services regardless of ethnicity, gender, religion, age, disability or financial resources.
- **VERACITY** – Woodingford Lodge will take steps to build trust with staff, families and other organizations before the pandemic occurs and to ensure decision-making processes are ethical and transparent. This principle of truth telling, is central to informed consent.
- **FIDELITY** – WFL will remain faithful to their commitments to provide care and respond to suffering. The Home will strive, within reason, to ensure the appropriate supports are in place (i.e. resources, supplies, equipment, etc.).

EXTERNAL FACTORS WHICH COULD INFLUENCE THE PANDEMIC PLAN

1. Change in government policy
2. Change in local & regional policy and / or procedures, including Southwestern Public Health
3. Declaration of an emergency through the EMCPA (an Ontario Provincial Act)
4. Emergency Management Act (EMA, Federal Act)
5. Impact on the community (i.e. decreased food production, reductions by energy suppliers, less availability of external healthcare support)
6. Availability of antivirals and vaccines

PROTECTING HEALTHCARE WORKERS

Under the Occupational Health and Safety Act, organizations that employ healthcare workers have a legal obligation to take all reasonable precautions to protect workers.

To reduce the risk to staff of acquiring a respiratory illness or other communicable diseases in the workplace, all healthcare settings in Ontario are expected to:

- Ensure all staff has the education, training and supervision they need to protect themselves and provide effective care
- Institute appropriate occupational health and infection prevention and control measures
- Provide appropriate PPE, including masks, N95 respirators, gloves, gowns and eye protection

NOTE: The Occupational Health & Safety Act cannot be overridden by an emergency order made by the CMOH under the Health Protection and Promotion Act.

PLANNING AND PREPAREDNESS

Preparedness involves measures that are put into place before an emergency occurs that will enhance the effectiveness of response and recovery activities. Examples include developing plans, establishing protocols, ensuring effective communication strategies, conducting training and testing response plans.

GOALS OF PANDEMIC PLANNING

- To reduce the spread of virus / disease among Residents, team members, family members and volunteers
- To maintain essential care and services for Residents during a pandemic with the goal of having them remain safely in their Home
- To ensure that workplace health and safety standards are maintained to support team members, families and volunteers in meeting Resident care and service needs

SCREENING

Screening of team members, family, volunteers and visitors to the Homes will be initiated as per current guidance and symptom screening tool. The steps to follow when implementing a screening program are outlined below:

- All individuals will be screened prior to entry into the Home, seven days a week 24 hours a day, including team members, essential visitors, volunteers, suppliers and contract workers.

- Self-screening will be encouraged prior to arrival to the Home to ensure those with symptoms stay home.
- Signage with screening symptoms will be posted at the approved entrance of the Home as a reminder to not enter if symptoms are present.
- The screener must log all who enter the Home, using the approved form and documentation. Failure to pass the screening questions will result in denied entry to the Home. **NOTE:** Few exceptions will be made with additional protective measures in place for those failing the screening and wishing to enter under compassionate grounds or entering as Emergency first responders as permitted by Ministry.
- All Residents are to be screened daily or as per Ministry directives, ensuring documentation in the medical record is completed.
- A central record of all screenings should be maintained and reviewed by OMT daily as part of ongoing surveillance. Failed screening records will be followed up by the IPAC lead and appropriate manager.
- Screener should provide service using available engineering controls (i.e. Plexiglass partition, telephone communication), wearing appropriate PPE based on PCRA and pathogen circulating.
- Access to 70%-90% alcohol-based hand rub and instructions on effective technique should be available at entrance and throughout the Home.

SIGNAGE

Clear signage will be posted at entrances, point of care, service areas and meeting spaces to educate staff, visitors and Residents on how to follow the precautions required during a pandemic. See inventory of signage below and copies found in the appendix that follow:

- Masking
- Hand Rubbing
- Hand Washing
- Physical Distancing
- Respiratory (i.e. coughing and sneezing) Etiquette
- Signs and Symptoms of Illness
- Donning and Doffing Instructions
- PCRA
- Outbreak Signage
- AGMP
- Additional Precautions (i.e. contact, contact-droplet, airborne, N95)
- Maximum Room Capacity (i.e. meeting, break, activity and elevator)

PHYSICAL DISTANCING

Maintaining distancing of a minimum of 2 meters from other individuals to minimize close contact and transmission from disease will be established into routines, infrastructure and activities. Changes to normal social customs to comply with physical distancing includes:

- Avoiding Handshakes
- Avoid Crowded Spaces and Non-Essential Gatherings
- Limiting Contact with High-Risk Individuals
- Keeping 2 Arm Lengths from Others

WORKING FROM HOME AND COHORTING

Woodingford Lodge will make every effort to facilitate working from home where possible, to limit the number of people on-site who could potentially bring in the pandemic illness. However, this cannot come at the cost of quality of care or team member health and wellness. The following outlines general recommendations as to who should and shouldn't work from home:

- Administration/Leadership - some team members in administrative functions may be able to work from home; decisions should be evaluated on a case-by-case basis by the Director/Administrator
- Team members providing direct Resident care – cannot work from home
- Medical Director/Nurse Practitioner – may be cohorted to one of 3 sites. Risk of transmitting infection from community practices and from assessing the unwell may offer remote consultations should be facilitated as much as possible
- Recreation team members – may offer remote programming facilitated on-site (i.e. virtual library or theatre experience, virtual vacation or church service) and cannot work from home. Staff should be cohorted and facilitate individual / in-room recreation programs when group activities are restricted.
- Environmental Services Team members – performing environmental duties (cleaning and disinfection, laundry, waste management) cannot work from home.
- Team members performing dining duties (i.e. serving, feeding, sanitizing) – cannot work from home.
- Dieticians – **may** be able to offer services from home.
- Office staff – **cannot** work from home, offering front desk services for Residents, screening, phone and computer administrative duties. May be seconded to work in other areas of the Home as required and trained.
- Specialty services offered through Behavioural Supports Ontario (BSO), IPAC leads or Resident Assessment Instrument (RAI) – on occasion **may** be able to work from home to support the needs of all 3 Woodingford Lodge locations in administrative functions (i.e. surveillance, consultation, webinars or meetings, electronic charting records).

Decisions will be evaluated on a case-by-case basis by the Administrator/Director.

TOOLS / EQUIPMENT REQUIRED TO SUPPORT WORKING FROM HOME

- Computer (policy should specify whether personal devices are allowed, or the Home will provide devices)
- Internet Access
- VPN Connection
- Conferencing Tools/Software (i.e. WebEx or Microsoft Teams)
- Access to Key Programs (i.e. PCC, Human Resources systems)
- Access to Key Information (i.e. schedules)
- Re-routing of phone calls from office phone may require IT support
- Clear guidelines on who to reach and for what, including method of communication (i.e. text for non-emergencies)

SERVICES THAT WILL BE MAINTAINED OR MAY BE REDUCED

During the pandemic the Woodingford Lodge sites may need to implement staff contingency plans to ensure that essential care and services are provided to Residents. The table below outlines areas of Resident care that need to be reviewed, reduced or maintained.

ESSENTIAL SERVICES	
Toileting	Diabetic Monitoring
Basic Personal Care	Medication Administration Records Updating
O2	Bowel Care
Meals	Selected Admission Paperwork
Transfers	Care Flowsheets
Skin Assessments	Diagnostic Tests in Urgent/Emergent Situations
Wound Care	Tube Feedings
Dialysis	Coagulation Therapy Monitoring
SERVICES THAT COULD BE REDUCED	
Activation Activities	Hairdressing/Barbering Services
Physiotherapy	Foot Clinic
Dental Services	Committee Meetings
Cleaning Wheelchairs	Tub Baths
Quarterly Reviews	Non-Essential Paperwork for the day-to-day Care of Residents

POINT OF CARE RISK ASSESSMENT

A PCRA assesses the task, the Resident and the environment. A PCRA is a dynamic risk assessment completed by the team member before every Resident interaction to determine whether there is risk of being exposed to an infection.

Performing a PCRA is the first step in Routine Practices, which are to be used with all Residents, for all care and interactions. A PCRA will help determine the correct PPE required to protect the team member in their interaction with the Resident and the Resident's environment.

COHORTING

In the event of a pandemic, team member and / or Resident cohorting may need to be implemented to contain the spread of the virus / disease within our Home. This involves grouping people who have similar symptoms or who are at risk of developing symptoms.

Resident cohorting may include:

- Grouping Residents according to health status
- Providing alternative accommodations in the facility to ensure physical distancing of groups
- Providing alternative dining and recreation options
- Using alternative bed spaces or re-designating spaces allowing team members assigned to a Resident cohort to keep groups separate
- Organizing workflow so care to the cohort is grouped together, to minimize repeated visits and use of additional PPE
- Working with the lowest risk cohort before moving to the highest risk cohorts, if staffing constraints require same team member to care for well and ill Residents
- Recommending and supporting universal Resident masking in common spaces within some cohort

Team member cohorting may include:

- Designating team members to work consistently in specific areas in the Home as part of preparedness
- Ensuring team members have access to supplies and rest areas that do not cross over into other areas that are not in outbreak
- Staggering team breaks, rearranging furniture in team lounges, encouraging outdoor spaces and assigning break rooms to cohorts to ensure physical distancing is maintained during rest periods and meals
- Cleaning and disinfecting frequently touched staff lounge surfaces (i.e. tabletops, chair armrests and computer keyboards) in between cohorts

PPE-Based cohorting may include:

- Freshly PPE worn for the care of each Resident and should not be worn between Resident within the cohort
- PPE changed in between care of Residents and hands cleaned

- Extending the supply of PPE by switching to reusable PPE options wherever they can be implemented
- Consulting with IPAC lead on extending the wear of PPE within a specific cohort
- There are no exceptions with extending the use of gloves. Gloves are Resident- and task-specific followed by hand hygiene once removed.

Note: When group activities are allowed to continue, considerations should be made to ensure Resident programs and dining services promote social distancing and optimal air quality (i.e. spacing out seating arrangements, creating 2 sittings, using Plexiglas barriers, using outdoor spaces).

OUTBREAK AND NON-OUTBREAK AREAS

- The outbreak area has cases or may have cases soon, such as floors / units where there are Residents or staff with symptoms or who may have been exposed to an infection.
- The non-outbreak area is the remainder of the facility where there are no cases. In some outbreaks, the whole facility is identified as the outbreak area.

BUILDING & PHYSICAL LAYOUT (ENVIRONMENTAL CONTROLS)

- Limit number of public entrances to the building. All entrances should be monitored 24/7. Greeting and screening essential visitors, volunteers, laboratory and inspectors will occur at main entrance.
- One single-point of entry for staff with social distance markers, screening tools and sign in log.
- Ensure elevators (if applicable) are disinfected as part of high touch point checklist and avoid leaning on walls of the elevator. Separate elevator uses by purpose, “Clean” elevator (i.e. well Residents, staff, clean goods), “Soiled” elevator (i.e. soiled laundry, garbage) and “Food Elevator” (i.e. strictly for food and dietary team to protect the kitchen).
- Move / remove seating in common areas to ensure physical distancing.
- Reconfigure dining areas where necessary to ensure physical distancing is maintained for all Residents.
- Place signage across the Home to promote physical distancing, especially in high traffic areas (i.e. common rooms, team lounges, smoking areas).
- Place alcohol-based hand rub with 70- 90% alcohol concentration in common areas, dining rooms, at entrances to home, Resident home area and Resident rooms. Check expiry date and fullness.

TRAIN HUMAN RESOURCES

During a pandemic Woodingford Lodge may experience staff shortages and may have to take extraordinary measures to provide care for Residents. As part of planning, the following needs will be reviewed by the OMT and SLT to ensure basic coverage:

- Ensuring there are skilled staff that can meet Residents' basic needs including providing care for Residents who develop respiratory illness
- Training staff, students or volunteers to take on more responsibilities within their scope of practice
- Increasing staffing capacity (i.e. contracting staff from external agencies, extending working hours and cross training)
- Extending care and duties to available staff (i.e. administration, recreation, supervisors, maintenance) who may be trained to assist with care such as feeding, 1:1, cleaning, serving food, one-person transfers and filling O2 tanks
- Communicating care needs to families and determining those that may be willing to be trained to help with care (i.e. bed bath, feeding, toileting)
- Connecting with community organizations that may be able to provide workers or volunteers with appropriate skills

There will be engagement with members of the JHSC and the union (i.e. bargaining agent) to ensure that all plans include appropriate and safe practices, fulsome communication and adequate education.

EDUCATION

The Home's IPAC lead will work with the Staff Development Coordinator in developing education plans and providing training. Team member education should include but is not limited to the following:

- Routine IPAC practices
- Hand Hygiene – how to hand wash, how to hand rub
- PCRA
- Donning and Doffing of PPE
- Cough Etiquette
- Infection Control & Preventative Measures
- Social Distancing
- How to Self-Isolate

Residents', families' and volunteers' education will include but is not limited to the following:

- Hand Hygiene – how to hand wash, how to hand rub

- Donning and Doffing of PPE
- Cough Etiquette
- Infection Control & Preventative Measures
- How to Self-Isolate
- Social Distancing
- Altered Roles & Assistance with ADLs
- Feeding Programs

NOTE: Educational materials can be accessed from SWPH, PHO, Ontario Government, PIDAC, IPAC Canada and WHO.

IMMUNIZATION AND ANTIVIRALS

Directions to have staff receive prescription for antivirals from private medical practitioner may come from public health. Medical Directives will be reviewed, updated or developed based on current guidance during pandemic. See existing directives under located in Master Policy Manual. They include policy 6.610 Provision of Influenza Immunization of Staff and Volunteers, policy 6.612 Administration of an mRNA COVID-19 Vaccine to Staff, Students, Volunteers and Visitors and policy 6.613 Administration of AREXVY RSV Vaccine for Residents over the age of 60 years.

RESIDENTS

All Residents are advised and encourage to receive all seasonal vaccinations and booster doses (i.e. influenza, RSV, COVID-19) they are eligible for unless contraindicated as per NACI and Ministry recommendation. Residents are also encouraged to receive at least one adult dose of pneumococcal vaccine.

The Resident should be considered unvaccinated if their vaccination status is unknown and vaccination should be offered. The immunization status of the Resident is found in the electronic charting record (i.e. PCC). If the Resident is transferred, the receiving healthcare facility is informed about their immunization status.

STAFF AND VOLUNTEERS

Annual immunization against influenza or agreement to take approved antiviral is required for all persons carrying on activities in Woodingford Lodge during an influenza outbreak unless medically contraindicated. The policy for staff and volunteers' immunization is consistent with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings. Any staff who receive vaccination for seasonal influenza from a source other than at Woodingford

Lodge must provide proof of influenza immunization. Only the following is accepted as proof of influenza immunization:

- A personal immunization record documenting receipt of the current season's influenza vaccine signed by a healthcare professional (including pharmacy personnel)
- A signed physician's note indicating immunization
- Documented immunization from another Home or institution

Note: If this documentation is not available, Woodingford Lodge does not consider the staff member immunized and will offer the person the influenza immunization.

VISITORS

Visitors, including families to Woodingford Lodge will be encouraged to have an annual influenza immunization and Woodingford Lodge will offer a clinic that can be accessed by family and visitors. However, it is not the responsibility of the Home to verify the immunization status of family beyond informing them of the outbreak using appropriate visible signs.

IMMUNIZATION STATUS REPORTS

Under the direction of the Manager of Resident Services, Woodstock front office staff will keep an updated list of staff and Residents' vaccination status throughout the influenza season for all 3 Woodingford Lodge sites. Woodingford Lodge annually reports the immunization status of staff and volunteers to SWPH.

PANDEMIC RESPONSE LEVELS

The Home's level of response will depend on the phase of the pandemic worldwide as well as the level of threat in the community.

NO PANDEMIC ACTIVITY IN THE COUNTRY, PROVINCE OR COMMUNITY

If influenza has been declared elsewhere in the world, but there is no pandemic activity in the country, province or community, a passive approach to surveillance can be continued. This includes:

- Allowing family members and visitors to self-screen
- Looking for new symptoms of illness in Residents while providing routine daily care or activities
- Staff reporting new symptoms of illness to their supervisor or Employee Health Coordinator

Residents with new symptoms of illness should be noted during daily surveillance activities. A line list tracking form should be used to communicate regularly with Public Health, nursing leaders and IPAC committee members.

PANDEMIC ACTIVITY IN THE COUNTRY OR PROVINCE

When there is pandemic activity in the country or province, a more active approach to surveillance must be taken which includes:

- A receptionist, volunteer or modified duty staff screen family members and visitors as directed by Public Health
- Actively seeking out signs or symptoms in Residents by, for example conducting unit rounds; reviewing unit reports, which will provide information on any elevated temperatures; reviewing practitioner / staff communication books; reviewing medical and / or nursing progress notes on the Residents' charts; reviewing pharmacy antibiotic utilization records; reviewing laboratory reports; and asking unit staff for verbal reports, based on their clinical observations.

The surveillance method used should be practical. The IPAC lead or designate will review the results of surveillance data for any pandemic strain. The IPAC lead will continue a normal reporting routine to Public Health.

PANDEMIC ACTIVITY IN THE COMMUNITY

If the pandemic has spread into the area, the local public health unit will notify Woodingford Lodge. The Home will:

- Activate its pandemic plan
- Activate its emergency plan if appropriate (i.e. loss of essential community services)
- Maintain active surveillance, using outbreak reporting forms provided by the public health unit

PANDEMIC ACTIVITY IN ANY OF THE WOODINGFORD LODGE HOMES

When an outbreak of the pandemic strain is suspected or confirmed in the Home, the following steps will be taken by Infection Control Lead or designate:

1. Notify the local Medical Officer of Health or designate
2. Implement infection prevention control measures
3. Notify appropriate individuals
4. Hold an initial meeting of the OMT
5. Monitor the outbreak and continue ongoing surveillance
6. Implement control measures for Residents
7. Control and support measures for staff and volunteers

8. Review priority groups / eligibility criteria for antivirals and vaccines
9. Communication
10. Emergency supplies / stockpiling
11. Implement control measures for visitors & volunteers (including family)
12. Mass fatality management
13. Declaring outbreak over and reviewing outbreak activities
14. Complete 24-hour outbreak checklist

1. NOTIFY THE LOCAL MEDICAL OFFICER OF HEALTH OR DESIGNATE

- Give the Medical Officer of Health or designate the name of the primary contact and back up at the Home responsible for the outbreak investigation along with their contact information.
- Review and share the outbreak control measures that have been provided by SWPH.
- Request an Outbreak Number and record it on all laboratory submissions forms.
- Ensure line list shared in SharePoint file stays up to date and is shared with key registered staff.
- Discuss with SWPH 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 MOLTC regional office and continue to activate its pandemic plan and if necessary, its emergency plan.

2. IMPLEMENT INFECTION PREVENTION CONTROL MEASURES

- Implement droplet and contact precautions and control measures immediately.
- Notify all staff in the building quickly of the potential or confirmed outbreak.
- Make supplies (i.e. hand sanitizer, masks and eye protection) available as necessary.
- Reinforce the need for proper hand hygiene before and after providing care to each Resident.
- Enforce appropriate use and removal PPE by staff, volunteers and family members providing direct care to ill Residents.
- Homes should attempt to maintain a 4-week supply of PPE. During a pandemic outbreak, each Home may have access to a MOH PPE stockpile by initiation of contact with the Ministry of Emergency Operations Center.

A. DROPLET AND CONTACT PRECAUTIONS

Precautions to prevent and control the spread of contact and droplet-spread illnesses include:

- Hand hygiene is one of the most important measures in stopping the spread of infections. All staff must be trained on hand washing and the use of ABHR using the 4 moments of hand hygiene. Woodingford Lodge will audit hand hygiene practices thought the course of the pandemic.
- Wearing masks that cover the worker's nose and mouth when providing direct care or universally if recommended by public health or OMT. **NOTE**: For team members who are taking breaks, the medical masks may be discarded after they are removed, and they must maintain a minimum two-meter distance from others.
- Wearing protective eye wear issued by Home when providing direct care to a Resident under additional precautions or when there is a potential of exposure to sprays or splashes during care.
- Choosing goggles or face shields (preferred eye protection) that may be single use, disposable or washable before re-use to protect from splashes, sprays or secretions. **NOTE:** Prescription eyeglasses are not acceptable as eye protection.
- Putting on gloves to protect hands from contact with body fluids or contaminated surfaces.
- Donning gowns prior to procedures and patient care activities where clothing might become contaminated.
- Cleaning and disinfecting of any equipment shared between Residents.

B. ACCESS TO PERSONAL PROTECTIVE EQUIPMENT

The Home will ensure that staff has quick, easy access to PPE required for droplet and contact precautions with the addition of N95 respirators if recommended by Public Health (i.e. alcohol-based hand sanitizer, masks, eye protection, gloves, gowns). All team members should be up to date with fit testing and Woodingford Lodge will strive to ensure those coming due are set up with opportunities to complete testing as human resources allow.

Hands-free receptacles should be placed to gather used PPE inside the isolation room near the exit. Inventory in the nursing supply room is signed out with type, amount, location supplies are going to and the nurse accessing supplies. PPE in the pandemic room will be stored with limited access to key members of the IPAC committee to avoid theft and inappropriate use. Ensure inventory of supplies is maintained as per card on each blue- covered PPE cart found within the clean IPAC supply room. This is a shared responsibility between registered staff and IPAC team.

C. PPE CONSERVATION – EXTENDED USE & REUSE

PPE shortages may occur in pandemics. If the Home is experiencing shortages, they may choose to implement the following conservation measures. **Note:** these are not standard practices for PPE and should not be used unless there is a shortage. Always follow direction from IPAC lead or designate when it comes to PPE conservation.

PPE	CONSERVATION MEASURE
Surgical Mask	• If masks are not soiled, wet or dirty, they can be worn to provide care to several Residents (extended use). • Masks should be changed when soiled or when moving between COVID-19 positive / suspected Residents and other Residents. • Masks may be kept in paper bags for later reuse if necessary (i.e. during break).
Eye Protection	• If eye protection is not soiled, wet or dirty, it can be worn to provide care to several Residents (extended use). Note that eye protection is generally not required when not in outbreak. • Eye protection should be changed when soiled or when moving between positive / suspected Residents and other Residents. • Reusable eye protection requires no extended use measures. It should always be washed and disinfected between uses. • Some disposable eye protection may be reused but should be reused by the same staff member and washed and disinfected between uses. It is recommended to write names of staff on their shield in permanent marker. • Some face shields with soft foam parts should only be washed on the plastic part as the foam will get damaged if washed. • Once visible damage appears on a reusable shield, it should be disposed of.
Gloves	• Gloves should never be reused between Residents and should be discarded after use.
N95 Masks	• N95 masks should be worn when providing care to Residents with suspected or confirmed COVID-19 and when providing AGMP.

Gowns	• Gowns should be changed between each Resident. • Reusable gowns (if applicable) should be washed between each use. • Disposable gowns can generally not be washed and should be discarded after use. • If necessary, one gown can be used for multiple confirmed positive Residents.

D. STAFF AND VOLUNTEERS

Staff and volunteers should perform hand hygiene:

- Before direct contact with a Resident, after direct contact with a Resident, before touching the face and after removing and disposing of PPE, including gloves
- 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
- Before preparing, handling serving or eating food and before feeding a Resident

Sinks within Resident washrooms may be heavily contaminated and should not be used by staff and volunteers for hand hygiene unless no other alternative is available. If staff or volunteers must use a Resident's washroom, they should take care to avoid contamination using paper towel to shut off faucet and use an alcohol-based hand sanitizer after handwashing.

E. RESIDENTS

Hand hygiene is always essential for Residents. Residents' hands should be cleaned frequently but especially after using the bathroom and before meals.

F. ENVIRONMENTAL CLEANING

Cleaning and disinfection are a couple of key measures to combat a pandemic. All team members should follow basic cleaning protocols outlined below, in addition to the enhanced cleaning and disinfection taking place. The following need to be reviewed / considered:

- Contact supplier to determine level of cleaning agent to use and contact time.

- The Home will use infection control and cleaning procedures according to pandemic type and direction from public health ensuring enough disinfectant in the correct concentration applied with a clean cloth and a contact time that complies with the manufacturer's label and workplace safety requirements.
- Assign responsibilities and accountability for routine cleaning of all environmental surfaces.
- Review disinfection methods and equipment.
- Resident care items should be cleaned & disinfected between Residents.
- All horizontal and frequently touched surfaces should be cleaned daily and more often (See Appendix – Daily Cleaning Checklist).
- Routine practices should be applied in the handling of soiled linen. PPE must be available and worn by team members based on PCRA.
- Routine practices should be applied to handling clinical waste.

NOTE: Double bagging of waste is not required, nor is using disposable dishes and cutlery.

3. NOTIFY APPROPRIATE INDIVIDUALS

Woodingford Lodge Nursing Manager in collaboration with the IPAC lead will notify the Administrator on-call who then will notify individuals who work in or with the Home including:

- Medical Director
- Nurse practitioner
- Director/Administrator
- Manager of Operations
- Manager of Resident Services
- Manager of Continuous Quality Improvement
- Managers of Tillsonburg and Ingersoll
- Nutritional Services Supervisor and Assistant Supervisor
- Maintenance Foreman
- Supervisor of Resident Programs
- Coordinator of Customer Service & Logistics
- Provider of the Home's laboratory services
- Residents / Substitute Decision Makers
- Pharmacist
- Union chairperson
- Staff members
- Others as appropriate

4. HOLD AN INITIAL MEETING OF THE OMT

The OMT is responsible identifying, declaring and providing direction when an outbreak occurs. Updates will be provided regularly through outbreak committee meetings with the OMT and communication to key stakeholders. Roles and Responsibilities of the OMT include:

- Meeting within 24 hours of notifying Southwestern Public Health / Ministry of Health or as instructed by authorities
- Assigning key roles – Chairperson, Secretary, Outbreak Coordinator, Media Spokesperson
- Developing working case definition and review control measures to prevent spread
- Reviewing line listing and ensuring there are no disruptions to surveillance activities for the Home
- Ensuring there is a process and staffing to initiate symptom screening prior to entry and at increased frequency with Residents
- Reviewing and updating policies and procedures to ensure they align with current guidance
- Confirming implementation of staffing contingency plan and ensuring regular updates to staff, Residents and visitors
- Confirming process for specimen collection
- Confirming Antiviral Medication options, eligibility criteria and availability.
- Reviewing communication plans (i.e. internal and external)
- Determining appropriate signage to notify visitors of outbreak status and to remind staff of precautions
- Determining education needs for staff, Residents and visitors
- Monitoring use of PPE
- Analyzing implementation and adherence to outbreak measures focusing on successes, weakness, opportunities or threats
- Reporting updates daily to Senior Leadership Team

A. MEMBERS OF THE WOODINGFORD LODGE PANDEMIC OMT

- Administrator or Designate
- Manager of Resident Services
- Managers of Tillsonburg and Ingersoll Sites
- Medical Director
- IPAC Lead
- Supervisor of Housekeeping / Laundry / Dietary
- Manager of Operations
- Supervisors of Resident Care
- Occupational Health & Safety Rep

- Building Foreman
- Southwestern Public Health MOH or delegate
- Union Chairperson
- Supervisor of Recreational Services
- Manager of Continuous Quality Improvement
- Coordinator of Logistics

NOTE: A backup person for each position should be appointed during a pandemic.

B. COMMAND CENTER

Designated location within each Home, with computer and phone access to serve as the focal point for coordinating operations. For the Woodstock site, the Quality Hub will act as the command center and for the Ingersoll and Tillsonburg sites the Administrator's office will act as the designated space.

5. MONITOR THE OUTBREAK AND CONTINUE ONGOING SURVEILLANCE

Surveillance is an important component of any effective infection prevention and control program all year long. The main goal of surveillance in the Woodingford Lodge Homes is to ensure early identification of an outbreak in its early stages so that control measures can be instituted as soon as possible to protect Residents and staff. The IPAC Lead performs regular surveillance and outbreak management using the tracking forms issued by public health. In their absence, a registered nurse or on-call manager performs these functions, including on weekends and during holiday periods.

A. RESIDENT SURVEILLANCE

It is required to do continuous home-wide surveillance to establish baseline levels of infection throughout the year. The following information will be collected:

- New Cases
- Residents who have Recovered
- Status of Ill Residents
- Residents Receiving Antivirals
- Adverse Reactions to any Prescribed Antiviral Medications
- Transfer to Acute Care
- Status of NP Swabs
- Deaths

B. STAFF, STUDENT AND VOLUNTEER SURVEILLANCE

The following information will be collected:

- New Cases
- Team Members who have Recovered and RTW date
- Status of Ill Team Members
- Team Members Receiving Antivirals
- Adverse Reactions to any Prescribed Antiviral Medications
- Status of Nasopharyngeal (NP) Swabs
- Deaths
- Team Members Still Symptomatic but may RTW with Restrictions

C. REPORTING TEAM MEMBER CASES TO MOL

- Employers report to the Joint Health and Safety Committee or delegate any occupationally acquired infection
- Any occupationally acquired infection must be reported to the MOL and to the Workplace Safety and Insurance Board within 72 hours

6. IMPLEMENT CONTROL MESURES FOR RESIDENTS

During an influenza pandemic, Woodingford will have to make decisions about Residents' care and how they will manage or contain Residents with influenza within the Home. These decisions will depend on the structure of the each of the Woodingford Homes, the severity of the pandemic strain and the nature of the Home's population. At a minimum, consideration will be given to identifying higher-risk Residents and deciding to separate them from Residents with influenza.

A. RESTRICT RESIDENTS TO THEIR ROOMS DURING THE OUTBREAK

Symptomatic Residents should be restricted to their rooms based on outbreak control measures (i.e. could be up to 14 days or longer) as directed by Public Health, from onset of their symptoms or until symptoms resolve (whichever comes first) if it does not cause the Resident undue stress or agitation.

B. RESTRICT RESIDENTS TO THEIR UNITS DURING THE OUTBREAK

Whenever possible, Residents with symptoms of illness or exposure to pandemic pathogen should be in private room, wear feasible or cohorted in one unit. Residents that are cohorted to one unit should avoid contact with Residents in the remainder of the Home.

C. ADMISSIONS, RE-ADMISSIONS AND DISCHARGES

Woodingford Lodge will collaborate with acute care hospitals, the local public health unit and Ontario Health atHome (formerly Southwest LHIN) to make decisions about admissions and re-admissions during a pandemic. If there is pandemic activity in the community but not the Home, Woodingford will need to take extra precautions not to admit anyone with a respiratory illness. If there are staff shortages, new admissions may not be possible. Should Woodingford Lodge have active cases of illness in the Home or unit, admissions are generally not permitted, but this protocol may change depending on community needs.

D. FACTORS TO GUIDE DECISIONS ABOUT ADMISSIONS INCLUDE:

- The status of the pandemic
- The Resident's health needs and the advice of the Resident's attending physician
- Staffing levels
- Access to antivirals
- The ability to provide appropriate accommodation and care services that require particular expertise (i.e. peritoneal dialysis, tube feeding etc.)
- The patient / Resident or their substitute decision-maker has given informed consent

If there is local activity, Woodingford may consider discharging Residents to family members if they can be cared for appropriately in a family member's home. At any given time, there are very few Residents at Woodingford who could safely be cared for at home.

E. TRANSFERS TO HOSPITAL

Transfers are likely to be restricted during a pandemic and transfer procedures may change. As part of community planning for a pandemic, Woodingford Lodge will work with acute care hospitals and PTAC to develop protocols and criteria for transferring Residents to hospital (i.e. Residents requiring life-sustaining services such as hemodialysis) as directed by the Medical Officer of Health.

All transfers from one healthcare facility to another must always follow a transfer authorization process. Fax (PTAC) at 1-866-501-5262 (can also call at 1-866-869-7822) for a transfer request or use the web-based application if available.

F. TRANSFER TO ANOTHER LONG-TERM CARE HOME (LTCH)

Resident transfers to another LTCH are not normally recommended during an outbreak. However, during a pandemic this policy may change to ensure Residents receive appropriate care. The Medical Officer of Health or designate will be consulted regarding transfers to other LTCHs. The PTAC process described above should be used for all transfers.

G. COMMUNAL MEETINGS

When there is pandemic activity, all Residents should be restricted to their units as much as possible. Previously scheduled events (i.e. celebrations, outings, group activities) will be postponed if appropriate. The Public Health Unit will provide advice on the extent to limiting larger gatherings of people.

7. CONTROL AND SUPPORT MEASURES FOR STAFF AND VOLUNTEERS

A. DEPLOYING STAFF

Woodingford Lodge will be accountable for their own staffing. They will re-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, based on pandemic plan.

B. SUPPORTING STAFF

Woodingford will work with unions to identify supports that will help staff provide care during a pandemic such as:

- Assistance with planning for transportation
- Assistance with planning accommodation and meals
- Access to counselling and psychosocial support to help staff cope with job-related stress or with anxiety about the pandemic using the Employment Assistance Program
- Flexible scheduling that gives staff time to fulfill family responsibilities
- Assistance with planning for childcare, care for elderly family members and pets

C. EXCLUDING STAFF/STUDENTS/VOLUNTEERS DURING ILLNESS AND RECOVERY

Ideally, staff, students and volunteers with an exposure to pandemic strain or symptoms of illness should be excluded from work until they are fully recovered or

remain well past the incubation period. The length of time that ill workers should be excluded will be determined by public health authorities based on the epidemiology of the pandemic strain.

If Woodingford Lodge does not have enough staff to provide safe care they may allow staff, students and volunteers to work before they are fully recovered based on guidance form Ministry and Public Health). If this is necessary, staff, students and volunteers with illness should be restricted to non-Resident care or to working with Residents with symptoms of illness, wearing fit tested N95 respirator appropriate PPE. They should NOT be deployed to care for high-risk or medically fragile Residents.

D. COHORTING STAFF

To protect staff, students and volunteers, Woodingford Lodge will minimize their movement between floors / Resident Home areas, especially if some units are unaffected. The ability to cohort staff will depend on the number of staff available to work. These measures may not be required if staff are taking antivirals and using appropriate infection prevention and control practices.

E. STAFF WORKING AT OTHER FACILITIES

During a pandemic, the virus will be widely circulating in the community and will affect many institutions. Trying to prevent spread from one institution to another will include restricting the movement of staff. There may be exceptions if vaccination and antivirals are available and utilized.

F. WORK REFUSAL POLICY

See Health and Safety Policy # 7.9 “Work Refusal for Safety” located in the Oxford County General Policy Manual on-line and in hard copy in the Oxford County General Policy Manual.

8. REVIEW PRIORITY GROUPS / ELIGIBILITY CRITERIA FOR ANTIVIRALS & VACCINES

Antivirals and vaccine are likely to be in limited supply during the early phase of a pandemic, the province may assign early use of antivirals and vaccines to priority groups. Antivirals will be administered as directed by the Ministry and Public Health. Priority groups may change based on recommendations from National Advisory Committees or CMOH, depending on the demographics and age-related morbidity and mortality of the pandemic strain.

A. STORAGE AND TRACKING SYSTEMS FOR ANTIVIRALS AND VACCINES

Woodingford Lodge must have the capacity to safely store, prescribe, administer and document the use and wastage of antivirals. **NOTE:** Vaccine distribution will be coordinated by the public health system. Vaccine supplies are unlikely to be stored and distributed by LTCHs.

- The pharmaceutical supplier will be responsible for receiving, storing and tracking the use of antivirals.
- Once dispensed to Woodingford Lodge, the antiviral will be received by registered nursing staff and stored in a locked medication cart and kept secure in a locked medication room on the home area of the resident requiring the antiviral
- Current Medical Directives are in place to assist in administering antivirals and vaccine.
- Consents are obtained from Residents or their decision makers for treatment with antivirals and / or immunization during a pandemic.
- The pharmacy's role in providing access to antivirals and back up services has been confirmed.
- Delivering the antiviral or vaccines to Woodingford Lodge may require that additional security be in place.
- Electronic medical records will be used to track antivirals and vaccine administration, effectiveness and adverse reactions.
- Vaccines will be administered following the direction of the Southwestern Public Health representatives and consultation with the Medical Director.
- If vaccine will be stored on site, vaccine fridge inspections must be up to date and a contingency plan is in place in case of power failure or equipment malfunction that has been approved by SWPH. Plan is posted on the bulletin board within the vaccine fridge / specimen collection room, temperature is logged twice a day and audited weekly.
- Staff immunizations will be recorded and will be updated as necessary. Anti-viral therapy for staff may be distributed in a direct observation therapy mode and will be recorded as directed by the Southwestern Public Health.

B. VACCINE DISTRIBUTION AND ADMINISTRATION ROLES AND RESPONSIBILITIES

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 is responsible for distributing and tracking vaccine use to manage limited supplies and ensure consistency, while Woodingford Lodge is responsible for administering immunizations to staff and Residents, based on priority groups. Woodingford Lodge is responsible for maintaining an up-to-date list of staff and Residents who should have priority access to pandemic vaccine and identifying their vaccine needs.

9. COMMUNICATION

Communication is an extremely important aspect of outbreak and crisis management. Clear, concise and timely messages from a credible source using multiple delivery methods will be key to ensuring reliable and trustworthy communication during a pandemic. Woodingford Lodge will receive communication and direction from the Southwestern Public Health regarding the pandemic and will endeavor to share relevant information with staff, Residents, Residents' families, outside agencies, suppliers, union etc. during both the preparedness and response stages of pandemic planning.

Plans and procedures for communication with Residents, Residents' families, staff and media during an outbreak will be reviewed annually to ensure they are appropriate during a pandemic. A back up or alternate system needs to be ensured.

A. COMMUNICATING WITH RESIDENTS AND THEIR FAMILIES

During the **PREPAREDNESS STAGE**, Residents and families will receive notification of the pandemic plan through:

- The 'Quick Connect system'
- Woodingford Connections monthly newsletter
- Static displays and flyers, which may be posted about the building
- Residents' and Family Council meetings

During the **RESPONSE STAGE**, there will be:

- Signage at the entrance
- Updates sent through the telephone 'Quick Connect System'
- Messaging delivered during mealtime announcements
- Other methods may be also utilized to provide effective communication (i.e. radio and website)

B. COMMUNICATION WITH STAFF AND UNION

In the **PREPAREDNESS STAGE**, Woodingford Lodge staff and union will routinely receive updated information about the pandemic planning and preparation through:

- The ‘Quick Connect system’
- Woodingford Connections monthly newsletter
- Static displays and flyers which may be posted about the building
- Educational programs offered in person and virtual
- Team exchanges

In the **RESPONSE STAGE**, Woodingford Lodge will provide:

- Updates on the pandemic communication board at staff entrance
- Direct communication at team exchanges
- Signage at entrance door
- Updates sent through the ‘Quick Connect System’
- Message on attendance line / main phone line
- Additional methods as appropriate

NOTE: Whenever possible, the union will receive copies of the information to be distributed to staff before the distribution date.

C. PUBLIC COMMUNICATION

During a declared outbreak of a pandemic strain, communication to the public will be through the Director or designate unless directed from Public Health who may assign a spokesperson. The public will have access to the voice message on our phone lines, will be able to read the signage on the doors and have access to updates on our website.

10. EMERGENCY SUPPLIES / STOCKPILING

During the preparedness phase, the Coordinator of Logistics/IPAC Team/Director of Care will work together to ensure inventory has a good expiry window, meets thresholds and can be procured when burned through is paramount. The following list outlines commitments to maintaining adequate supplies for protective equipment, food, medications and testing supplies:

- Stockpiling 4 weeks of personal protective equipment as required for droplet + contact spread, including N95 respirators, disinfectant and hand sanitizing supplies. Environmental cleaning supplies, medications, and oxygen concentrators to meet the approved threshold.
- Ensuring a 7–10 day supply of food and water.
- Verifying supplies for testing have not expired and are plentiful to cover needs for both Resident and staff testing.
- Communicating and coordinating with local health partners and vendors (i.e. hospital, health unit, Ontario Health, Stonetown).

Maintaining relationships is a necessity and contact information with suppliers

during a pandemic will be kept on file and accessible to the Administrator, Logistics Coordinator, Building Foremen and Directors of Care of all 3 sites.

A. IMPLEMENTING THE SECURITY PLAN

During a pandemic Woodingford Lodge may require additional or different security procedures, such as the ability to lock down a facility, prevent disruption in the Home with visitors that refuse to follow protocols and to safeguard antiviral supplies. Senior Leadership will be notified if there are any safety or security concerns and implement measures appropriate to the risk (i.e. a contracted security company, screening measures on site but outside Home, maintenance team to offer presence).

11. IMPLEMENT CONTROL MEASURES FOR VISITORS & VOLUNTEERS, INCLUDING FAMILY

A. NOTIFYING VISITORS AND VOLUNTEERS

Woodingford Lodge will activate its pandemic / emergency communication plan advising visitors of the potential risks of entering the Home and of the visiting restrictions.

B. VISITOR RESTRICTIONS

During periods of increased levels of illnesses in the Home and declared outbreaks, visitors are encouraged to postpone visits wherever possible. During a pandemic, this policy may not be practical. Woodingford Lodge may need family members to assist with care. All essential visitors who choose to enter Home during an outbreak shall be required to:

- Visit only if feeling well
- Sanitize hands upon arrival, before leaving the Resident's room, and before leaving the Home
- Use PPE as instructed by staff
- Visit only one Resident and exit the Home immediately after the visit

Woodingford Lodge will base restrictions on the nature of the pandemic as directed by Public Health; however, complete closure to visitation is unlikely to be recommended, as it may cause emotional hardship to both the Residents and the relatives.

C. VISITING RESIDENTS UNDER ADDITIONAL PRECAUTIONS

WFL will post signage on Resident bedroom doors under additional precautions,

advising to check at the nursing station before entering the room. Visitors should remain in the Resident's room; wear required PPE and not visit other Residents.

12. MASS FATALITY MANAGEMENT END OF LIFE CARE

The Office of the Chief Coroner may provide direction to Homes on the management of deceased Residents during a pandemic.

A. DEATH PRONOUNCEMENT

According to the College of Nurses, the practice standard states a nurse may pronounce death in situations of expected death, meaning the Resident is terminally ill and there is no available treatment to restore health, or the client refuses the available treatment. Pronouncing death is to declare death has occurred. In a pandemic outbreak it may be anticipated that a RN and RPN will pronounce death. This practice may need to be altered in a pandemic situation.

B. TEMPORARY MORGUE

If the death rate is such that funeral homes cannot accommodate bodies immediately after death, a room designated as a temporary morgue will be set up at all three Woodingford Lodges. In the Woodstock Home, room #140 has been designated as appropriate with cooling abilities and is located at rear of building with access doors direct to outside. In the Ingersoll and Tillsonburg Homes, there is a similar set up with room #408 that has been designated appropriate. The determination of a specific room may have to be decided at the time of the outbreak based on the number of bodies, weather (if it is hot), and further direction from SWPH.

C. FAITH PRACTICES

During a pandemic the Office of the Chief Coroner will likely provide direction on the ability to allow for faith practices upon the death of a Resident. If permitted, faith practices outlined by the Resident/SDM prior to death will be adhered to. If the family is not available, local religious and ethnic communities will be consulted for information and guidance.

D. SAFEKEEPING OF RESIDENT DECEASED PERSONAL BELONGINGS

Because of limited storage space in most Homes, it is expected that the Resident's POA or family members will be contacted to remove the personal belongings within 24 hours following the death of a Resident. The following will be shared with the POA / family member:

- Verbal consent will be acquired by the POA / family member to box up the belongings as visitor restrictions may be in place.
- The facilities will follow directions from the families re: dispersal of personal belongings
- Two team members will pack the Resident's belongings while creating an inventory of items packed and will sign off on the list, verifying the contents. A copy will be provided to the POA / family member and a copy will be retained by the Home.
- The families will be advised of the need to pick up belongings as soon as possible.

13. DECLARING OUTBREAK OVER AND REVIEWING OUTBREAK ACTIVITIES

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 pandemic strain. Woodingford Lodge may have sporadic seasonal influenza activity during a pandemic, the OMT may need to differentiate between seasonal and pandemic cases in declaring the end of a pandemic outbreak.

The OMT will determine whether ongoing surveillance is required to:

- Maintain general infection prevention and control measures
- Monitor the status of ill Residents, update the line listing and communicate with Public Health
- Monitor any deaths that occur, including whether individuals who expire were part of the line list

The OMT will notify Public Health when Woodingford has gone the recommended length of time without a new case. Public Health unit is responsible for declaring the outbreak over and for notifying other organizations in the community. Woodingford Lodge will update the MOLTC when the outbreak is over.

When the outbreak is declared over an outbreak investigation file will 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

Woodingford Lodge will complete a Critical Incidence Summary (CIS) during the outbreak and finalize the report once outbreak is declared over. Copies of the completed form are to be signed by Director and kept on file by the Manager of Resident Services/Manager of Satellites.

An OMT meeting will be scheduled within 2 weeks to review the status of the pandemic and elements of the outbreak using a S.W.O.T (strengths, weakness, opportunities and threats) format. The meeting will help identify what when well and areas that require improvements. Amendments to the Pandemic Plan will be made accordingly.

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APPENDICES

- **Appendix A – Masking**
- **Appendix B – Alcohol Based Hand Sanitizer Signage**
- **Appendix C – Hand Washing**
- **Appendix D – Four Moments of Hand Hygiene**
- **Appendix E – Physical Distancing**
- **Appendix F – Respiratory Etiquette**
- **Appendix G – Signs & Symptoms of Illness**
- **Appendix H – Donning & Doffing Instructions**
- **Appendix I – Point of Care Risk Assessment**
- **Appendix J – Outbreak Signage**
- **Appendix K – Aerosol-Generating Medical Procedure Signage**
- **Appendix L – Additional Precautions**
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CHECKLIST

- **Checklist A - Supplies & Equipment Template**
- **Checklist B - Home Preparedness Template**
- **Checklist C - Initial Pandemic Meeting Minutes Template**
- **Checklist D - Daily High Touch Cleaning & Disinfecting Template**
- **Checklist E - Occupational Illness Tracking Template**
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- **Checklist G - OMT Name & Contact List**
- **Checklist H - Communication Plan**
- **Checklist I - Auto Call "Quick Message Alert" Template**
- **Checklist J - 24-Hour Pandemic Outbreak Checklist**

Appendix A – Masking Signage

COVID-19: How to choose, use and care for a mask

Do

Consider the different types of masks available for public use:
- non-medical masks
- medical masks
- respirators

Choose a mask that's clean, dry and damage free.

Choose a mask that fits well and fully covers your nose, mouth and chin.

Wash your hands or use hand sanitizer before and after touching or removing a mask.

Use the ties, bands or ear loops to put on and take off your mask.

Improve the fit of your mask by:
- adjusting the flexible nosepiece
- adjusting the ear loops, ties or bands so that the mask fits snugly against your face

If wearing a non-medical mask, choose one that's made of multiple breathable layers, including:
- at least 2 layers of tightly woven fabric and
- a third middle filter layer

Keep your mask on except when:
- eating or drinking
- communicating with someone who is hard of hearing or who reads lips

If you have to remove your mask:
- put it back on as soon as possible
- ensure other measures are in place, such as:
  - physical distancing
  - choosing a well-ventilated or outdoor space to communicate in

Store your mask in a clean paper or cloth bag if you plan to wear it again.

Change your mask when it's dirty, damp or damaged, and keep it out of reach of others.
- Store soiled reusable non-medical masks in a waterproof bag or container until they can be cleaned.

Wash reusable non-medical masks (in a washing machine or by hand) with hot, soapy water, and dry completely before wearing again.

Throw dirty, damp or damaged disposable masks and used filters in the garbage or use a mask recycling program if one is available.

Don't

Don't put a mask on:
- children under 2
- someone who has significant trouble breathing while wearing the mask
- someone who needs help to remove it

Don't use a:
- mask with exhalation valves or vents.
- scarf, bandana, neck gaiter or face shield instead of a mask.

Don't touch the front of your mask.

Don't hang your mask from your neck or ears, or place it under your chin.

Dont reuse a disposable mask that's dirty, damp or damaged.

Don't share masks.

Source – Government of Canada: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-safely-use-non-medical-mask-face-covering.html

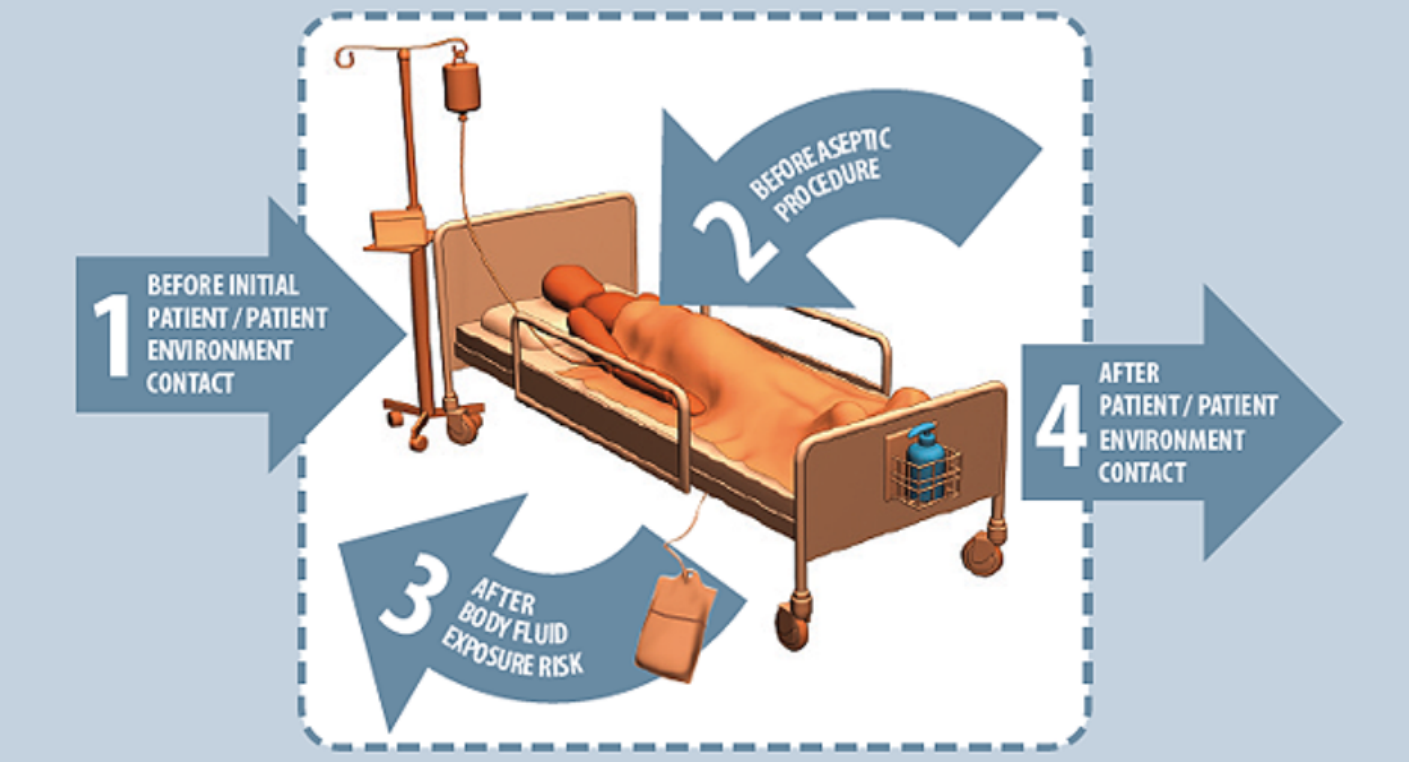
Appendix B – Alcohol Based Hand Sanitizer Signage

Source – Southwestern Public Health

Appendix C – Hand Washing Signage

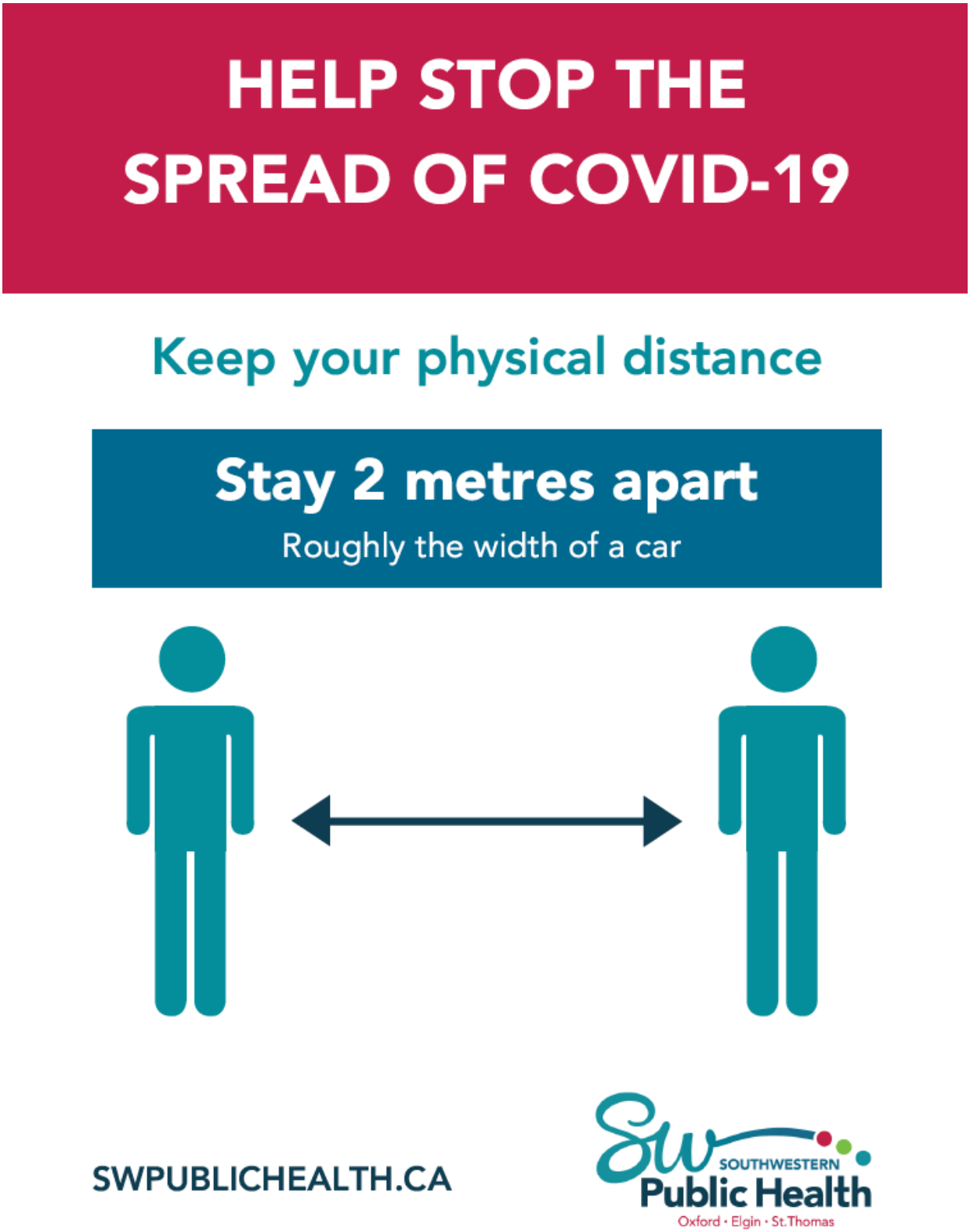
Source – Southwestern Public Health

Appendix D – Four Moments of Hand Hygiene



Source – Public Health Ontario

Appendix E – Physical Distancing Signage



Source – Southwestern Public Health

Appendix F – Respiratory Etiquette

Source – Southwestern Public Health

Appendix G – Signs & Symptoms of Illness

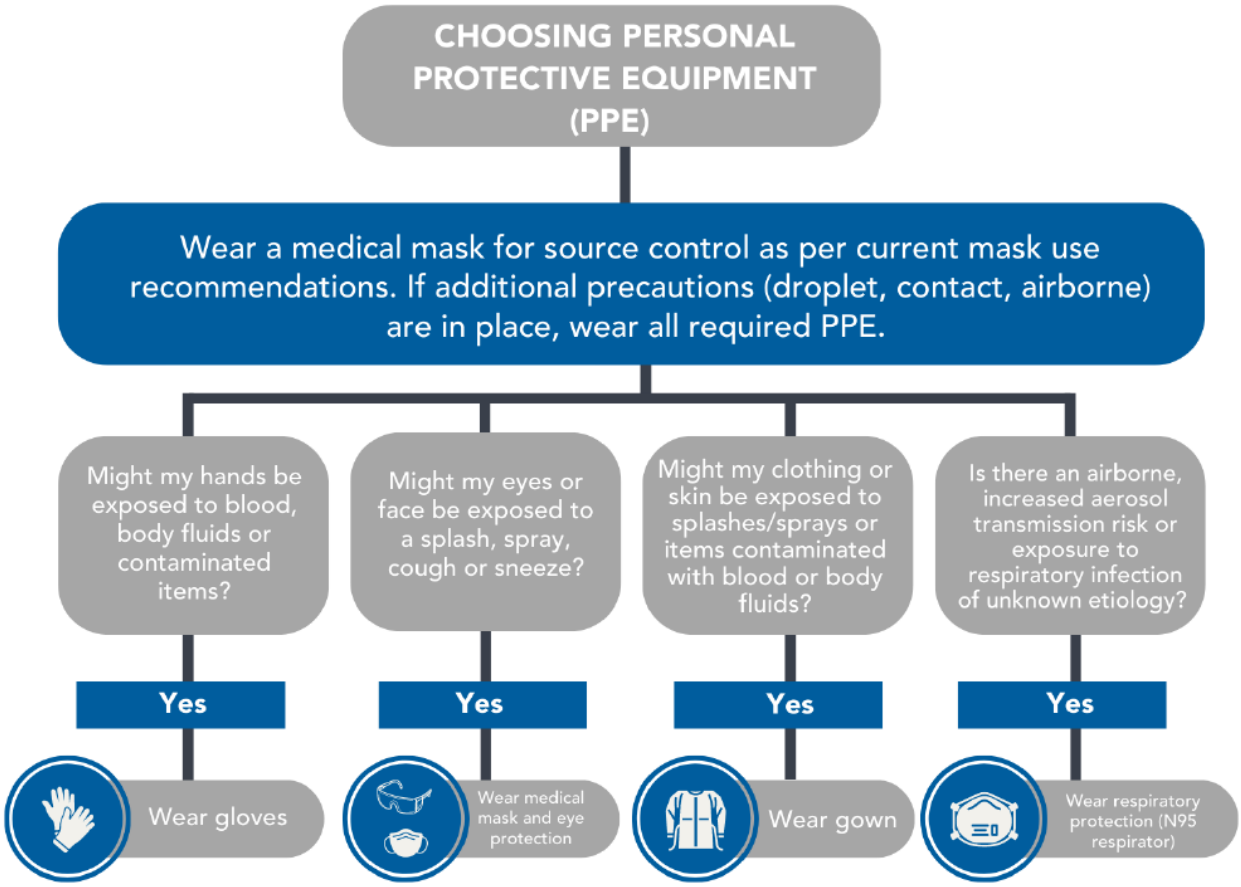
Source – Southwestern Public Health

Appendix H – Donning & Doffing Instructions

Source – Southwestern Public Health

Appendix I – Point of Care Risk Assessment

POINT OF CARE RISK ASSESSMENT



Source – Southwest IPAC Hub

Appendix J – Outbreak Signage

Source – Southwestern Public Health

Appendix K – Aerosol Generating Medical Procedure

STOP

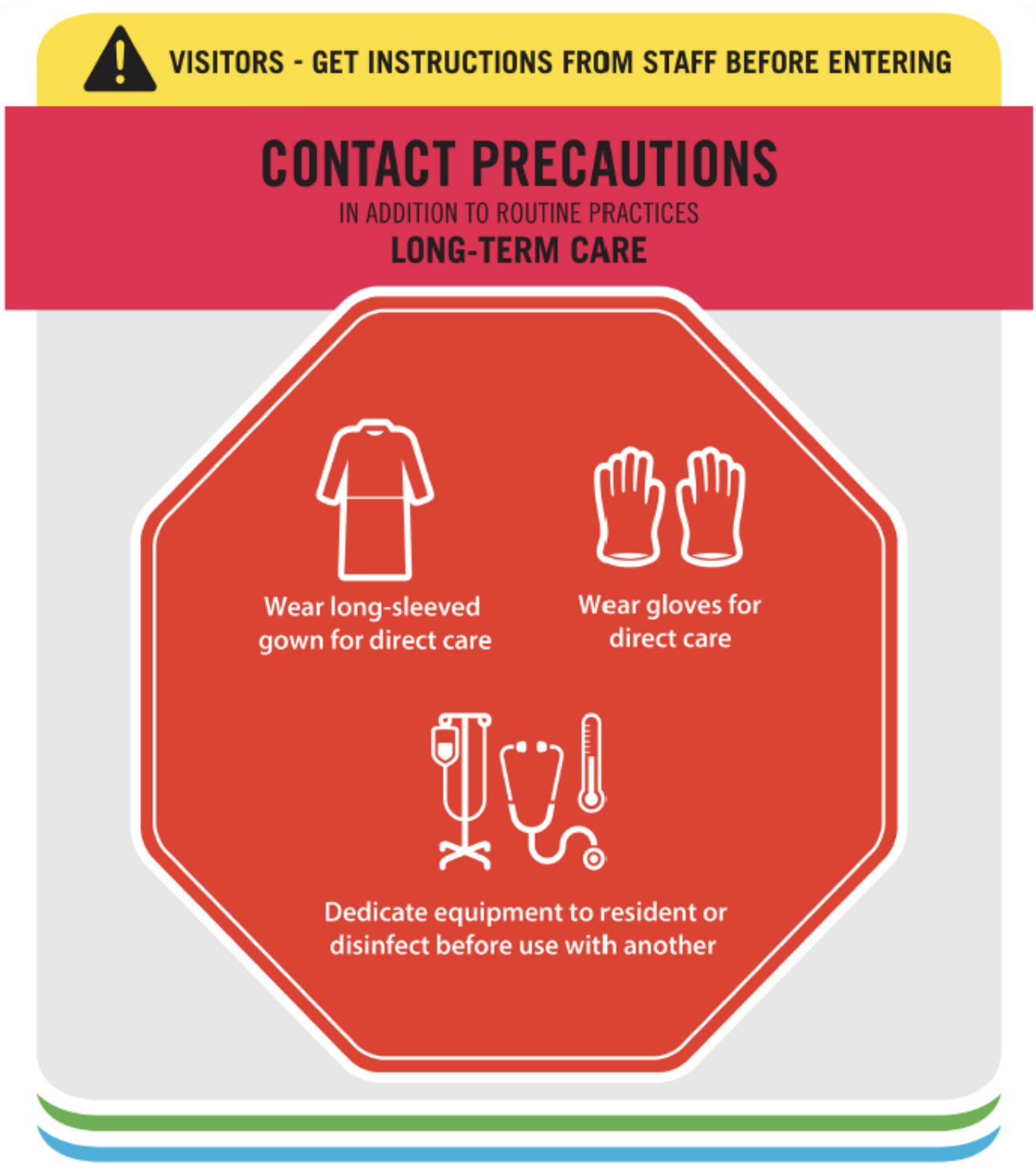
AEROSOL-GENERATING MEDICAL PROCEDURE IN EFFECT

N95 RESPIRATORS MUST BE WORN

Source – Woodingford Lodge

Appendix L – Additional Precautions

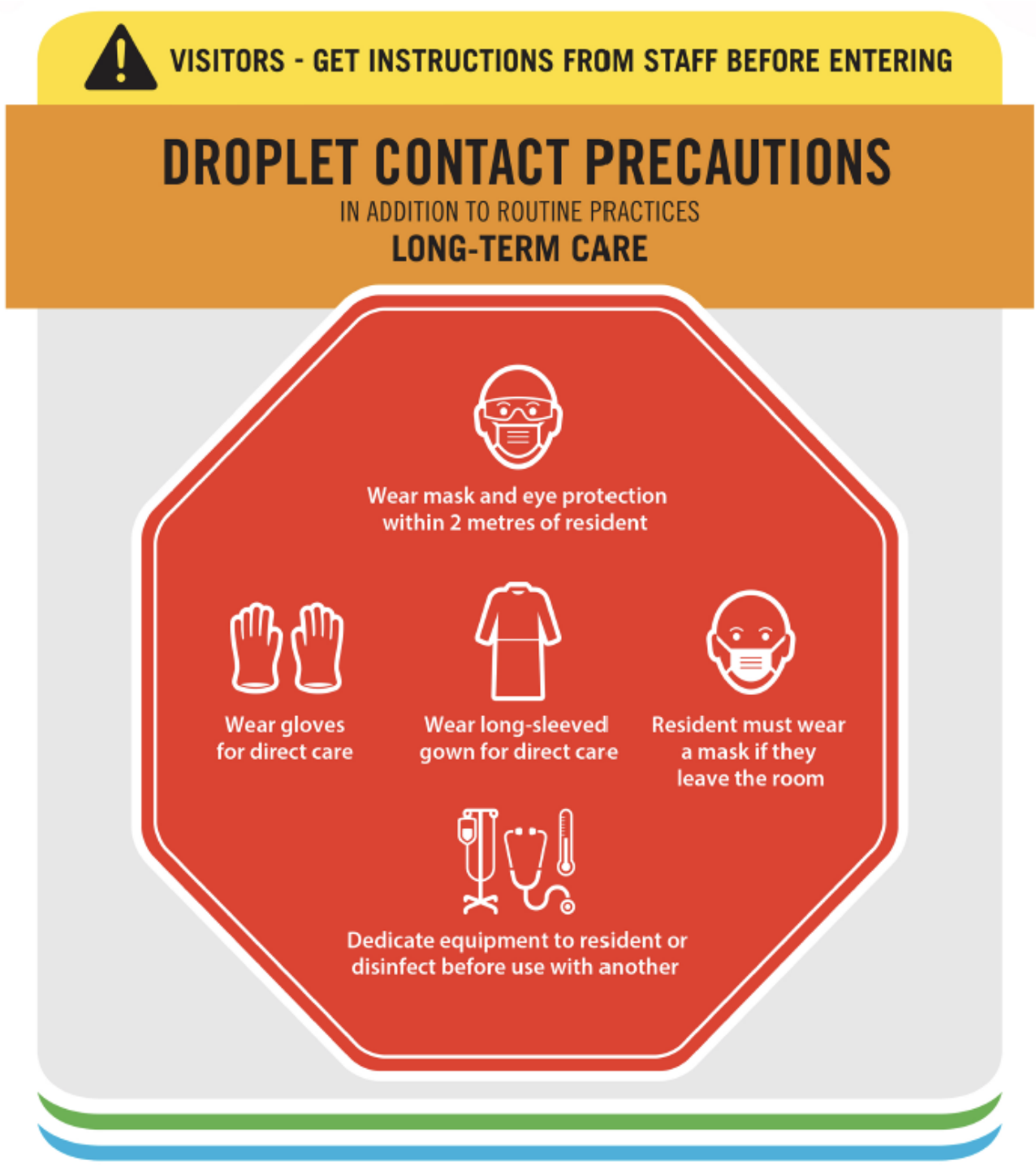
Contact Precautions:



Source – Southwestern Public Health

Appendix L Continued….

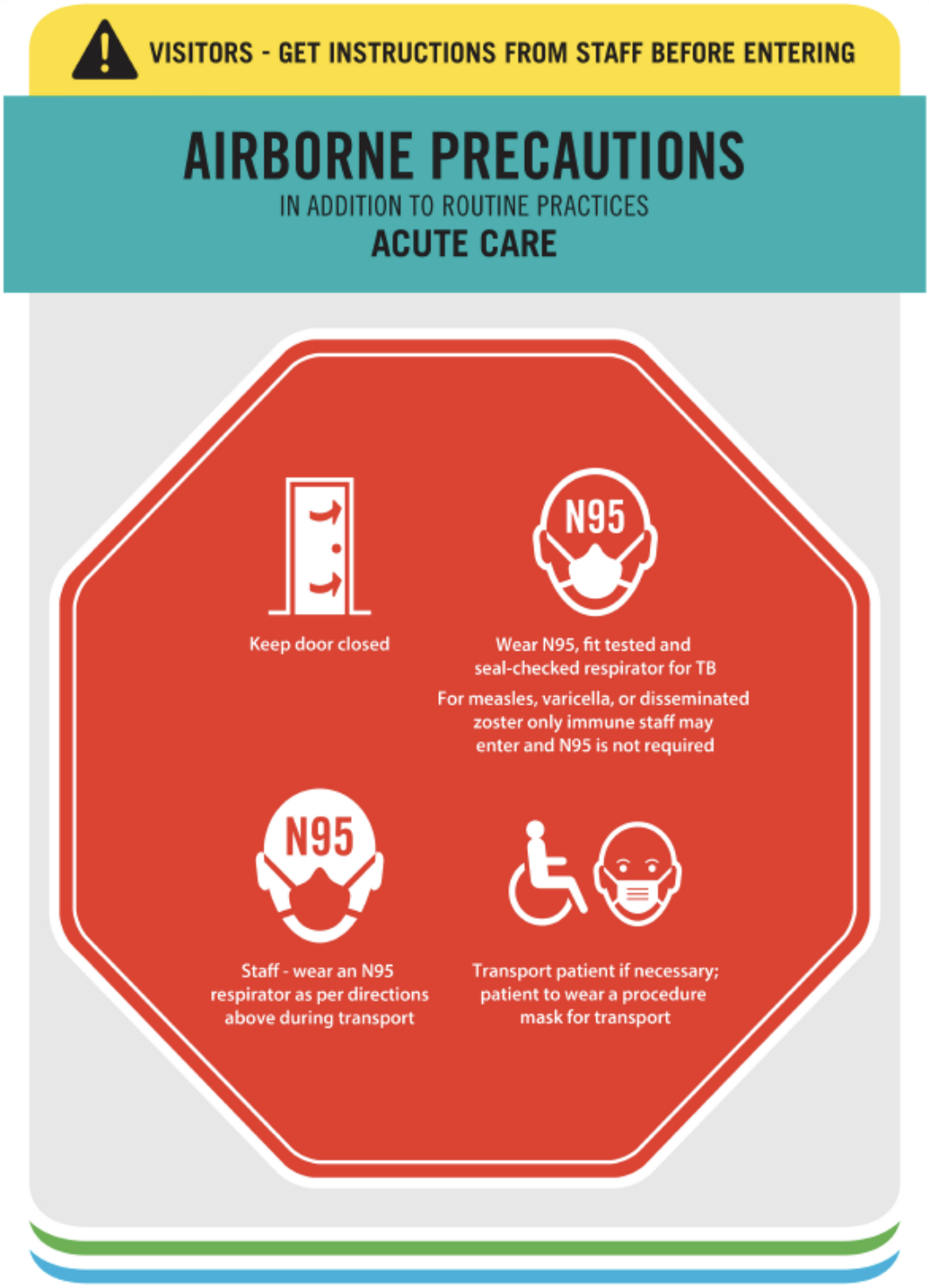
Contact Droplet Precautions:



Source – Southwestern Public Health

Appendix L Continued…

Airborne Precautions:



Source – Southwestern Public Health

Appendix M – Maximum Room Capacity Signage

OCCUPANCY LIMIT

Under restrictions by Public Health Guidance

In order to reduce risk of exposure to COVID-19, we are limiting the number of people in this space.

Address | room | space:

_____

Occupancy limit: _____ people

- Wear a face covering
- Maintain a distance of 2 m / 6 ft
- Cough or sneeze into your arm
- Wipe down tables and arm rests after meeting using spray stored

Oxford County

Growing stronger together

Checklist A – Supplies & Equipment Template

SUPPLIES AND EQUIPMENT		
CATEGORY	**ITEM**	**#**
Hand Hygiene	Liquid Soap	
	70-90% Alcohol Based Hand Sanitizer	
	Paper Towels	
Personal Protection Equipment	Surgical / Procedure Masks	
	N95 Masks	
	Disposable and Reusable Cloth Gowns	
	Latex Exam Gloves (small, medium, large, XL, XXL)	
	Non-Latex Gloves (small, medium, large, XL, XXL)	
	Safety Goggles / Protective Face Shields	
	Paper Bags to Store Masks (if required)	
Temperature and BP Monitoring Supplies	Thermometers (Disposable Covers) – Infrared	
	Stethoscopes	
	BP Cuffs (child, adult, large adult sizes)	
	Oximetry Machines	
Disinfectants	Disinfecting Wipes	
	Surface Cleaner, Microfiber Cleaning Cloths & Disinfectant	
Cleaning	Garbage Bags – Black for Resident Rooms	
	Garbage Bags – for Housekeeping Department	
	Recycling Containers	
	One-Use Tissues	
	Garbage Cans with Step-Touch Opening	
Respiratory Care	Oxygen Tubing	
	Oxygen Masks – High Concentration Masks (non-rebreathers)	
	Nasal Prongs / Cannula	
	Oxygen Masks – Low Concentration (simple O_2 masks, venture masks)	
	Portable Oxygen Tanks with Regulators	
Suction	Disposable Tips, Catheters, Tubing, Canisters	
	Disposable Manual Resuscitators (BVM) and Filters (various sizes)	
	Inline Suction Catheters	
	Portable Suction	
Paper Products	Paper Cups	
Cots / Mats		
IV Products	Solutions	
	Tubing	
Incontinence	Briefs, Cloths	
Deceased Body Management	Body Bags / Shrouds, Honour Guard Quilts	

Checklist B – Home Preparedness Template

TASK	YES / NO	ACTION	DATE COMPLETED
PLANNING			
Is there a person designated to lead the pandemic team / planning committee?			
Have community partners been identified and then contacted?			
Have community partners met with the facility and were pandemic plans discussed?			
Has the facility identified strategies for surge death management?			
Are there plans in place to ensure continuity of services in the event of internal emergencies (i.e. water, hydro, food)			
CHAIN OF COMMAND			
Who is the Outbreak Management Team and what are their roles and responsibilities?			
What is the chain of command for initiating the pandemic plan?			
Is there an infection control designate?			
Have the roles & responsibilities during a pandemic been reviewed & discussed with staff?			
Where will the command centre be located?			
OCCUPATIONAL HEALTH AND SAFETY			
Has training on PPE been conducted with staff?			
Has mask fit testing been conducted on staff?			
COMMUNICATIONS			
Is there a system in place for communicating with staff, Residents, families etc. during a pandemic?			
Where will updates of pending pandemic issues be posted in the facility?			
Have alternative forms of communication been determined if main method is not available?			
Is there a system and person responsible for handling all media requests and is it known to staff?			

Checklist B Continued…

HUMAN RESOURCES			
Has the facility identified the skills that staff, etc. can provide if needed?			
Is there a contingency plan for if >25-35% of staff are ill during peak pandemic period?			
Is there a facility work refusal policy?			
What resources have been identified for outside staffing assistance for all departments?			
How will credentialing of outside resources be handled?			
Have possible modified / changed roles been reviewed and discussed with bargaining units?			
What training will outside agencies, volunteers be given if needed in the facility? Job action sheets?			
Have staff received education and training on pandemic issues?			
Have staff support systems been discussed (i.e. childcare, transportation, meals, etc.)?			
EDUCATION AND TRAINING			
Who will conduct any required training?			
Are there shortened versions of orientation, job routines etc. available for role changes?			
Has outbreak education been reviewed with all staff (i.e. what signals an outbreak)?			
RESIDENT CARE			
Have Residents who could be cared for in other settings been identified?			
Have services that could be maintained or enhanced been identified?			
Have services that could be reduced or eliminated have been identified?			
Are Residents' essential care needs current on care plans?			
Are high-risk Residents that only nursing staff should care for been identified?			

Checklist B Continued…

TASK	YES / NO	ACTION	DATE COMPLETED
ANTI-VIRALS / VACCINES			
Does the facility have adequate capacity to store antivirals and vaccines?			
Have Residents who are to receive antivirals been identified?			
Which Residents are to receive vaccines?			
Are Resident medical directives and consents current to allow rapid administration of meds?			
Is there a plan for screening of staff and visitors?			
Is the facility aware of required reporting forms and are enough readily available to staff for i.e. Public Health, etc.?			
SUPPORT FOR VISITORS / FAMILIES / VOLUNTEERS			
How will the facility handle increased numbers of visitors wanting entrance to the facility or who want to remove Residents from the Home?			
Who will handle family concerns?			
SUPPLIES			
Has a list of supplies been identified for Resident care, environmental, etc. for one month?			
Have suppliers been contacted re: ability to supply items during a pandemic?			
Can local suppliers provide medical equipment if needed?			
Have back-up suppliers been identified?			
Has the facility pharmacy provider been contacted to review the facility's needs?			
Are there relationships with other facilities to coordinated stockpiling with?			

Checklist B Continued...

TASK	YES / NO	ACTION	DATE COMPLETED
SECURITY			
Is there a lockdown system in place for controlled entrance and exiting of the building?			
Has the lockdown system been tested?			
Is there an alternative system available besides facility lockdown to secure access points?			
What system is in place for meeting and escorting emergency service personnel?			
HIGH MORTALITY			
Where will deceased belongings be kept?			
Have off-site morgue capacities been reviewed as to capacity and location?			
RELOCATION OF RESIDENTS			
Has the physical layout of the facility been reviewed to identify natural isolation areas for Residents if such an area and move is needed?			
Is there a temporary location identified in case evacuation of the facility is required?			
Have area facilities met to discuss the possible relocation of their Residents to other facilities?			
Has a meeting occurred with local hospital re: either transfer of Residents to the hospital or to receive patients from the hospital?			
How will Residents be moved to temporary locations?			

Checklist C – Initial Pandemic Meeting Minutes Template

Pandemic Outbreak Committee Members:

POSITION	COMMITTEE MEMBER NAME
Executive Director	
Medical Advisor / Attending Physician, NP	
Director of Care / ADOC / RN	
Infection Control Lead	
Food and Nutrition Manager / Dietary	
Health and Safety Worker Co-Chair	
Environmental Services Manager	
Recreation Manager	
Pharmacy Consultant	
Physiotherapy Services	
Staff Representatives	
Union Representative	
Public Health Representative	
Emergency Planning Officer	

CHAIRPERSON – responsible for coordinating team meetings and delegating tasks.

Primary: _____

Alternate: _____

RECORDING SECRETARY – responsible for meeting minute taking and distribution.

Primary: _____

Alternate: _____

OUTBREAK COORDINATOR – responsible for ensuring all committee decisions are carried out. Coordinates all activities required to investigate and manage outbreak.

Primary: _____

Alternate: _____

MEDIA SPOKESPERSON – responsible for responding verbally or in writing to all media inquiries.

Primary: Woodingford Lodge Director/Local Public Health Unit

Alternate: _____

Checklist C Continued...

PERSON RESPONSIBLE FOR ANTIVIRAL:

Primary: _____
Alternate: _____
Antivirals stored: _____
Alternate antiviral location: _____

COMMAND CENTRE LOCATION:

_____

MAIN PANDEMIC BULLETIN BOARD LOCATION:

_____

SHORTENED JOB ACTION SHEETS FOR EACH DEPARTMENT LOCATED:

_____

SCREENING LOCATION AND DOCUMENTS:

_____

INFECTION CONTROL SURVEILLANCE RECORD LOCATION:

_____

MEETING AGENDA:

AGENDA ITEM	PERSON RESPONSIBLE
Case Definition	
Signage – what is needed and where to post?	
Specimen Collection – How, what Residents, when and how often?	
Communication Plan • Internal • External	
Staff Education / Training – any needed?	
Daily Communication with PHU – line list updated, time to call	
Review of required PPE / Control Measures – type, where set up	
Frequency and time of outbreak meetings	
Other	

Checklist D – Daily High Touch Cleaning & Disinfecting Template

Environmental Services to Disinfect the Following Areas Twice Daily:

AREA	YES	NO	COMMENTS / REASON NOT COMPLETED
Doorknobs			
Elevator Buttons (If Applicable)			
Hallway Railings			
Reception / Screening Station / Area			
Wall-Mounted And / Or Stand-Up Hand Hygiene Receptacles			
Phones or Communication Devices (If Applicable)			May be assigned to nursing
Activity Chairs / Arms If Applicable (Used in A Program)			
Dining Chairs and Arms			
Light Switches			
Bathroom Faucets			
Toilet Flush Handles			
Wall Area Around Toilet			
Remote Controls – TV And Lift Device Remotes			
Call Bells			
Bed Rails			
Phones			
Overbed Tables			
Bedside Stands – Top and Drawer Handles			
Medical Equipment			May be assigned to nursing
Computer, Keyboards, Laptops, Documentation iPads			May be assigned to nursing
Screening Desk / Area			

Note: High-Touch surfaces are surfaces that are handled frequently throughout the day by numerous people.

Checklist 5 – Occupational Illness Tracking Template

Date: _____ Home: _____ Type of Outbreak: _____ **Public Health Outbreak #: _____ MOL Notified: _____**					
Employees Name	**Date of Illness** (last day worked, can't be same as first day lost)	**First Day Lost**	**How Many Scheduled Hours was the Lost Shift?**	**How Many Shifts Lost?**	**Date Employee Returned to Full Duties**

Checklist 6 – Cross-Trained Staff List

Staff Member:	Current Department	Housekeeping	Laundry	Dietary	PSW	Feeding Assistant	Supply Ordering	Scheduling	Registered Staff	Advanced Wound Care	Medication Administration

Checklist 7 – Outbreak Management Team Names & Contact Information

Team Member:	Position:	Contact Information:
Administrator or Designate		
Manager of Resident Services		
Manager of Tillsonburg		
Manager of Ingersoll		
Medical Director		
Supervisor of IPAC		
IPAC Lead		
Supervisor of Dietary & Environmental Services		
Manager of Operations		
Supervisors of Resident Care		
Occupational Health & Safety Representative		
Building Foreman		
SWPH Delegate		
Union Chairperson		
Supervisor of Resident Programs		
Manager of CQI		
Coordinator of Customer Service & Logistics		

Checklist 8 – Communication Plan

STAKEHOLDER	METHOD	PURPOSE	FREQUENCY	RESPONSIBLITY
WFL and Oxford County	Risk Alert Email See Sample	Communicate the declaration of an outbreak	Upon initial outbreak notification from PHU	Administrator/ Operations Manager
Residents	In person	Communicate information that is timely – Home in outbreak and case counts	As required	Home Staff / IPAC lead
esidents' Council	In person	Communicate information that is timely – Home in outbreak and case counts	As required	Activities Manager
Family Council	Email Letter Phone Call See Sample	Communicate information that is timely – Home in outbreak and case counts	As required	Activities Manager
Family Members / POA	One call Email Phone call See Sample	Communicate information that is timely but not Resident- specific, case counts	Daily	Administrator /Operations Manager
Family Members / POA	Phone call	Clinical communication: Resident positive case, update on Residents' change in condition	As required	Assigned home staff (i.e. RN / RPN /SRC

Checklist 8 Continued…

STAKEHOLDER	METHOD	PURPOSE	FREQUENCY	RESPONSIBLITY
Staff	One call Email Bulletin board Screening desk See Sample	Communicate information that is timely	Daily or as required	Administrator / Operations Manager
JHSC & Union	Email Letter Phone call Written notices of staff cases See Sample	Communicate information that is timely – Home in outbreak and case counts	As required	Administrator / Operations Manager
Family Members / POA / Community	Website and social media updates	Communicate information that is timely	Daily or as required	Administrator / Operations Manager
Family Members / POA and Residents	Virtual Calls – Ipad's	Resident and family communication	As required	Front Desk / Activities staff / modified staff / RPN's
Media	Email, phone call, video conference	Communicate information that is timely / respond to requests	As required	Administrator / Operations Manager

Checklist 8 Continued…

STAKEHOLDER	METHOD	PURPOSE	FREQUENCY	RESPONSIBILITY
Initial Outbreak Management Alert	Email, WebEx	Ensure all IPAC protocols are in place, determine priority and frequency of calls, review any supports needed	24 hours after outbreak declared	IPAC lead
Priority Outbreak Leadership Notification	Email, WebEx	Review status of outbreak and review of support needed	As determined by outbreak priority	Set up by Senior Leadership representative
Potential Town Halls	WebEx Phone Call	Communicate information that is timely / respond to requests, questions	As requested	Set up by Senior Leadership representative

Checklist 9 – Auto Call "Quick Message Alert" Template

RISK ALERT EMAIL

Outbreak Declared by Public Health: Yes or No Date Outbreak Declared:
Details of the Situation:
What Steps are Being Taken in the Home to address:
Who has been notified (i.e. Residents, families, staff)

FAMILY COUNCIL LETTER SAMPLE

To Family Council,
This is to notify you that Public Health has declared a COVID-19 outbreak in our Home, today, XXXX. Currently, we have X staff who have tested positive and X Residents. (If Residents affected include – the families of these positive Residents have been notified). While this situation is concerning be assured that we are doing everything we can to keep your loved ones safe and healthy. We are working closely with Public Health and our Medical Director to ensure all policies, procedures and practices are in place. We are committed to keeping you updated and will be sending out updates daily via our automated message system. Please visit our website at XXX for additional information. **Note:** This should be adjusted for your specific home scenario and put on home-specific letterhead and signed by the ED.

INITIAL ONE CALL MESSAGE – FAMILIES

Hello, this message is from Woodingford Lodge (i.e. Woodstock, Ingersoll or Tillsonburg). This is to notify you that Public Health has declared a COVID-19 outbreak in our Home, today, XXXX. Currently, we have X staff who have tested positive and X Residents. (If Residents affected include – the families of these positive Residents have been notified.) While this situation is concerning, be assured we are doing everything we can to keep your loved ones safe and healthy. We are committed to keeping you updated and will be sending out updates daily. Please visit our website at XXX for additional information.

DAILY ONE CALL MESSAGE – FAMILIES

Hello, this message is from Woodingford Lodge. This is a daily update regarding the current COVID-19 outbreak at our Home. Currently, we have X staff who have tested positive and X Residents. (If Residents affected include – the families of these positive Residents have been notified.) While this situation is concerning, be assured we are doing everything we will be sending out updates daily. Please visit our website at XXX for additional information.

Checklist 9 Continued…

INITIAL ONE CALL / SSC MESSAGE – STAFF

Hello, this message is from Woodingford Lodge . This is to notify you that our Home has been declared in a COVID-19 outbreak, today, XXX by Public Health. The current situation has affected X staff and X Residents. While this situation is concerning, be assured we are doing everything we can to keep our Residents and staff safe and healthy. As the situation evolves, we will continue to keep you updated through these messages and daily staff huddles in the Home.

JHSC EMAIL / LETTER NOTIFICATION

Members of the JHSC,

This is to inform you of the COVID-19 outbreak that was declared by Public Health on XXX. Currently, we have X staff who have tested positive and X Residents. We are working closely with Public Health, our Medical Director and Homes Administrator to ensure all policies, procedures and practices are in place to ensure the safety of our Residents and staff. As the situation evolves, we will continue to keep you updated. If you have any questions or concerns, please don't hesitate to bring it to our attention. **Note:** If you have more home-specific practices that are being changed or altered and JHSC should be notified, please include it in this letter. This should be put on homes letterhead and signed by the ED.

VOLUNTARY MANAGEMENT CONTRACT – NOTIFICATION TO FAMILIES

Woodingford Lodge's priority is the safety of its Residents and staff. It has entered a voluntary management contract with XXXXXX to help control the COVID-19 outbreak. A teleconference is planned for family members (on MONTH / DATE at ###) to share information and answer your questions. Please watch for a call-in number. To help us stay focused on caring for your loved ones, we ask that you limit calls to the Home. We thank you for your continued support.

Checklist 10 – 24 Hour Pandemic Outbreak Checklist

ACTIONS TO BE COMPLETED	DATE & INITIAL WHEN COMPLETED
CLINICAL – NURSING	
If possible, move confirmed COVID-19 Resident to a private room. • Immediately, place on droplet and contact precautions • Isolate and follow Public Health directions as per length of isolation	
If sharing a room, isolate all Residents living in the room as directed by Public Health. • PPE to be used for all "close contact" Residents • PPE to be doffed and new PPE donned in between Residents in the same room • Residents isolating in the same room shall have curtains always closed and designated commode chairs at the bedside if available. Follow Public Health directions if testing is required	
If moving the Resident to an isolation room, coordinate with environmental services, if more than one Resident move onto same unit in the Home where possible.	
Set up PPE equipment cart at entrance to the Resident room(s) (isolation cart, precaution signage, donning signage, garbage can with foot pedal, individual linen bin, Point of Care Risk Assessment, ABHR). Ensure PPE station and garbage / dirty linen are not beside each other.	
Set up doffing station inside the Resident's room by the door (if feasible) having doffing sign posted above garbage (doffing station).	
Ensure N95 masks are available and used by staff; list of staff mask fit provided to charge nurse.	
Document the finding on the Public Health line listing form.	
Document the finding on in-house surveillance sheet / IPAC module in PCC.	
Document assessment in Resident health record for all care provided.	
Complete and document vital signs in progress notes / PCC.	
Increase Resident screening for COVID-19 to twice daily in PCC electronic documentation, including temperature.	

Checklist 10 Continued…

ACTIONS TO BE COMPLETED	DATE & INITIAL WHEN COMPLETED
Review and update care plan to include interventions for COVID-19 monitoring.	
Resident education on precautions in place. Use of COVID-19 Facts Sheets / posted signs on doors and throughout the Home.	
Perform required testing on all suspect cases and roommates as directed by Public Health.	
Cohorting of staff to care for Resident(s); staff caring for COVID- positive Residents will not care for COVID-negative Residents. Staff caring for positive Residents will have their own break areas / change areas. Where possible separate staff caring for high-risk contacts, otherwise care completed after well Residents.	
Delay any non-essential appointments for the Resident(s). If psych, specialist appointment, look at alternatives such as WebEx, virtual visits).	
Daily cleaning and disinfection of Resident equipment (i.e. wheelchair, walkers, cane)	
Assign nursing equipment for individual Resident use where possible (thermometer, O2, BP machine, etc.)	
NOTIFICATIONS – NURSING / DESIGNATE	
Post outbreak signage at entrance to unit including stairwells (if applicable).	
Inform team members working in unit / RHA of confirmed and probable Residents if roommates / spouse involved.	
Education training done on PPE, donning, doffing, care procedures required, i.e., AGMPs such as medications that require aerosol require N95 respiratory.	
Ensure all PPE including N95 masks are available and accessible to staff (Charge RN to oversee).	
Inform the MD / NP / attending physician of confirmed case.	