

# PANDEMIC RESPONSE PLAN



PANDEMIC RESPONSE PLAN .....	1
Introduction .....	3
Activation of the Pandemic Response Plan as per Phases of Pandemic .....	3
A.    No activity observed in Canada, Ontario, or Ottawa area .....	3
B.    Low activity: Pandemic observed in Canada and/or Ontario, but no pandemic activity observed in Ottawa area .....	5
C.    Higher activity: Pandemic activity observed in Ottawa area .....	5
Appendix A.....	11
Incident Management System (IMS) Structure .....	11
Incident Command .....	11
Operations Section .....	11
Planning Section .....	11
Logistics Section .....	11
Finance and Administration Section .....	11
Communications Section .....	11
Other CSS Supports.....	11
Business Support Services (BSS) Command Centre .....	12
LTC Incident Command Key Principles.....	12
LTC Incident Command Roles and Functions: Example of Covid-19 structure 2020.....	12
LTC Incident Command Roles and Functions.....	13
Incident Commander (Director Long-Term Care).....	13
Resources: (Project Support person).....	13
Operations Section .....	13
Responsibilities of the Operations Section Chief include: .....	13
Planning Section .....	13
Responsibilities of the Planning Section Chief include:.....	13
Planning Section Branches .....	14
Human Resource Support .....	14
Recruitment Support.....	14
Wellness/Training Support.....	14
Safety Support .....	14
Labour Relations Support .....	14
IT Support Coordinating and implementing activities to support training and the use of technology and tools including the non-network staff pilot .....	14

Records Management Compliance.....	15
Communications Section.....	15
Responsibilities of the Communications Section Chief include:.....	15
Communication Section Branches.....	15
Logistics Section .....	15
Responsibilities of the Logistics Section Chief include:.....	15
Finance and Administration Section .....	16
Responsibilities of the Logistics Section Chief include:.....	16
Appendix B.....	17
Pandemic Planning Checklist .....	17
References: .....	25

LONG TERM CARE HOMES	Revision Date
<ul style="list-style-type: none"> <li>• Carleton Lodge</li> <li>• Centre d'accueil Champlain</li> <li>• Garry J. Armstrong</li> <li>• Peter D. Clark</li> </ul>	<p>March 20, 2020</p> <p>March 31, 2022</p> <p>March 2023</p>

## Introduction

In a time of pandemic, City of Ottawa Long-Term Care Services will receive direction from the Ontario Ministry of Health (MOH), the Ontario Ministry of Long-Term Care (MLTC) and Ottawa Public Health (OPH). Long-Term Care Services will also be linked with the City of Ottawa EOC.

The Program Manager of Personal Care (PMoPC) Functional Team is responsible for the Pandemic Response Plan and reviews it on an annual basis. The Pandemic Response Plan is then approved by the Services Management Team (SMT).

## Activation of the Pandemic Response Plan as per Phases of Pandemic

The Pandemic Response Plan is activated when the World Health Organization (WHO) declares a pandemic.

### A. No activity observed in Canada, Ontario, or Ottawa area

At this stage, SMT coordinates the implementation of the Pandemic Response Plan with the PMoPC Functional Team. The two groups join, and the Director of Long-Term Care Services acts as the team lead. This group receives direction from the Ministry of Health, Ministry of Long-Term Care and Ottawa Public Health (OPH) and plans accordingly.

#### Joint SMT/PMoPC Functional Team Responsibilities:

- Review known information and direction from MOH, MOLTC and OPH.
- Meet daily or more often as needed to discuss current developments, implement ministry and public health directives and revise the Pandemic Response Plan accordingly.
- Ensure the development and implementation of a communication plan to keep staff members and stakeholders informed.
- Provide direction to staffing coordinator regarding staff illness.

#### Concurrently at the Home level:

##### PMoPC or IPAC Lead:

- Ensure all entrances and exits to the Homes are locked and access cards deactivated, except for the main entrance which will be designated as the only entrance to the Home. Note: Peter D. Clark will maintain two main entrances, one to each of its buildings.
- Ensure suppliers are notified to continue using the loading docks as per usual procedure. However, access to the building will be denied until they have completed the screening.

- Provide regular briefings to Home management team and delegate roles and tasks as required.
- Ensure signs are posted at all entrances, exits, elevators and units and department bulletin boards indicating WHO has declared the start of a pandemic. Update signage as new information becomes available.
- Initiate screening at entrance. Ensure that the approved screening tool and written guidelines for screeners have been reviewed and screeners are trained on the process.
- Ensure all staff, visitors, volunteers, families, and others who enter the Home are screened following the approved process at the designated point of access to the building.
- Assign reception staff to complete communication (telephone calls/e-mails) to families, students, and volunteers to inform them of precautions implemented at the Home.
- Ensure regular review of the Pandemic Planning Checklist (Appendix B)
- Ensure regular review of home specific resident co-hort plan, including identification of isolation areas
- Initiate training, retraining, and auditing of hand hygiene, and donning and doffing of required PPE.

### **Screener Responsibilities:**

- Follow screening directives as provided by PMoPC.
- Wear adequate personal protection equipment (PPE) according to relevant measures of precaution.
- Complete screening process ensuring each person coming into the Home completes screening form as provided.
- Deny access to the Home for those who fail the screening.
- Ensure that all who enter the building sanitize their hands upon entering/exiting the building and don any relevant PPE.

### **RN/RPN Responsibilities:**

- The College expects nurses to carry out their commitments to clients, the profession and the public during a pandemic by [providing nursing care within their personal competencies](#).
- Keep informed about pandemic plans and public health communication systems.
- Communicate any information shared to the resident home area where they are working at shift change and more frequently as required, to ensure that all staff on their home area are aware of changing conditions, required PPE, and/or any residents requiring precautions or isolation.

### **All Staff Responsibilities:**

- Report illness to their manager and staffing coordinator.
- Follow directions as provided by PMoPC/ IPAC Lead
- Perform hand hygiene according to the 4 moments of Hand Hygiene
- Don and doff PPE as per current best practice.

### **Visitor Responsibilities:**

- Follow direction of branch or Home communications and management within the home.
- Complete hand hygiene upon arrival at the home, 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.

## **B. Low activity: Pandemic observed in Canada and/or Ontario, but no pandemic activity observed in Ottawa area**

At this stage, the City of Ottawa Long Term Care (LTC) will stand up its Incident Command Centre. The Incident Command Centre is intended to be the central location where information is collected, and decisions are made for the 4 City of Ottawa Long-Term Care Homes. The emergency management framework will support LTC with a streamlined and structured approach to the situation response. See appendix A for Incident Management System (IMS) structure and functions.

### **Concurrently, at the Home level:**

#### **PMoPC/ IPAC Lead:**

- Continue activities in section A.
- Submit to OPH daily data of cases and deaths as directed by OPH.

#### **RN/RPN Responsibilities:**

- Ensure increased surveillance on units for signs & symptoms of cases.
- Screen residents returning from any stay outside of the Home as per OPH or MOH or MLTC directives.
- Follow directions and continue responsibilities as outlined in section A.

#### **Screener Responsibilities:**

- Follow directions and continue responsibilities as outlined in section A.

#### **All Staff Responsibilities:**

- Follow directions and continue responsibilities as outlined in section A.

## **C. Higher activity: Pandemic activity observed in Ottawa area**

At this stage the City of Ottawa Long Term Care (LTC) Incident Command Centre is fully activated. The Incident Command Centre is intended to be the central location where information is collected, and decisions are made for the 4 City of Ottawa Long-Term Care Homes. The emergency management framework will support LTC with a streamlined and structured approach to the situation response. See appendix A for Incident Management System (IMS) structure and functions.

### **Concurrently, at the Home level:**

#### **PMoPC/ IPAC Lead:**

- Continue activities in sections A and B.
- Activate enhanced environmental cleaning and disinfection procedures.
- Determine which contracted services can be cancelled and ensure these services are cancelled.

- Ensure the Adult Day Programs are closed.
- Implement directives from MOH, MLTC and OPH. (This may include complete closure of the Home to visitors except for staff).
- Submit daily data of cases and deaths as directed by OPH.
- Ensure that all documentation required by OPH, MOH and MLTC is completed and submitted as directed.
- Review the home specific resident cohorting plan with the home's management Team.
- Cohort staffing shall be implemented to reduce the spread of infectious disease following procedure #855.11
- Ensure policies related to exposed or symptomatic residents and staff (#855.06) are reviewed, communicated and applied

### **RN/RPN Responsibilities:**

- Ensure all planned resident outside visits and appointments are cancelled.
- Ensure residents remain in the Home or on the unit depending on Home outbreak management status.
- Prepare resident transfers according to usual P&Ps (310.04=Transfer-External Hospital Emergency; 310.05=Transfer Hospital Non-Emergency; 310.06=Transfer Alternate LTC Home) unless otherwise directed by MOH, MLTC or OPH.
- All staff are expected to assist with housekeeping and dietary duties when there is a staffing shortage in those departments and when not attending to residents' needs.

### **All Staff Responsibilities:**

- Follow directions and continue responsibilities as outlined in sections A and B.

### **Staffing, Human Resources and Labor Relations**

In the event of a pandemic, labour legislation (e.g., Employment Standards Act of Ontario) and collective agreements will continue to guide decisions. In the absence of any agreement between the employer and the union, the provisions in the collective agreement will be enforced unless they are superseded by legislations. Unions will be consulted with respect to labour issues impacted by the pandemic. It is expected that the following issues will need to be addressed:

- Absenteeism
- Refusal of work
- Leave of absence
- Compassionate leave
- Overtime
- Sick leave
- Return to work
- Compensation
- Cross training of staff
- Redeployment of staff
- Vacation entitlements

Policies and procedures used in outbreaks may be altered or adapted during a pandemic, based on the situation and advice from Ottawa Public Health. For example, requirements regarding immunization of employees will not apply until a vaccine has been developed or there is an adequate supply of antivirals available. Another possible exception is in regard to sick employees.

**Contingency staffing:**

It is expected that all staff will continue to report to their normal duties unless specific directions are given otherwise. If deemed necessary to meet minimal staffing levels:

- There will be no restrictions on working at multiple sites within the City of Ottawa unless directed otherwise by MOH, MOLTC, or OPH.
- Non-direct care staff may also be able to help provide care to the residents, if determined necessary by the management team.

**Use of volunteers and family members and other City of Ottawa staff:**

As a next step, volunteers, family members and students may be mobilized to assist with essential job duties to provide care to the residents and maintain the Home. As identified by need, LTC Services may also reach out to other departments with the City of Ottawa for staffing support. The ICC will oversee the redeployment, education and cross training of available staff, volunteers, family members and students. The Home will collaborate with the Human Resources Department to ensure adherence to legal and legislative considerations and to discuss staffing challenges.

**Listing of Cross Trained Staff:**

The ICC will maintain the list of cross trained staff for the duration of the pandemic.

**Minimal Staffing required to provide Essential Services**

Specific services and programs may be suspended to make additional staff available to assist with essential service. It is understood that at this minimum staffing level, the Home may not be meeting the requirements of the Long-Term Care Homes Act.

<b>Positions</b>	<b>Essential Services</b>	<b>Minimum Staffing for each Home</b>
RN RPN	Medication Treatments Resident care Documentation	1 RN per shift (2 at PDC) 1 RPN per unit on days & evenings 1 RPN on nights (2 at PDC)
Personal Support Workers	Personal Care (bathing, dressing, toileting, mobility)	Ratio PSW: residents 1:10 on days 1:15 on evenings 1:20 on nights
Cooks Food Service Attendants	Prepare & serve meals and nourishments May go to outsourcing for foods and disposable flatware and utensils	1 Cook or Assistant Cook 1 Food Service Attendant per resident home area
Housekeeping Attendants	Clean resident rooms and common areas – major responsibility re: infection control and sanitation	1 per home area 1 for all common areas
Laundry Attendants	Launder resident and home linens Service revised according to resident needs and staff availability	1 for CAC, GJA and CL 1.5 for PDC
Reception	Provide secure entry and access, resident trust fund services	1 (if this is intended to include screening requirement, or secure access to the home then 2 required at PDC)
Staffing Payroll	Provide scheduling support. Ensure processing of staff payroll	1
Activity coordinator	Provide additional support in all areas where needed	1 (2 at PDC)
Facilities Management	Facility management & security system function Immediate response to failures in life safety systems, e.g., nurse call, elevators, door alarms, boilers, water	1

### **Visitors and Volunteers**

The Home will receive direction from the MOH, the MLTC and OPH around the protocol for visitors and volunteers. It is possible that visitation may be restricted or even cancelled during a pandemic. It is also possible that visitors and volunteers may be requested to assist with care to residents. In most cases, any visitor restrictions would be waived for compassionate/end of life visits. The home will be responsible for ensuring visitors are educated regarding proper use of PPE and hand hygiene.

### **Outbreak Management During a Pandemic**

During a pandemic, current outbreak management protocols will continue to be in effect until OPH provides additional direction. The Infection Prevention and Control expert in the Home (PMoPC/ IPAC Lead) will act as the primary contact between the Home and OPH.



## **Antivirals and Vaccines**

OPH will provide direction for antivirals/vaccines and will develop the strategy for priority populations. As such, OPH will distribute antivirals/vaccines to Long-Term Care Homes and will provide directions concerning administration. The Infection Prevention and Control expert in the Home (PMoPC/ IPAC Lead) will ensure the tracking and recording of the administration of the antiviral/vaccine and will ensure safe keeping of antivirals/vaccines in the Home.

## **Hospitalization**

All efforts will be made to care for the residents within the Homes. Transfers to hospital will be assessed and determined by the medical team, if necessary, with the goal of limiting the risk of exposure.

## **Supplies**

During a pandemic, it is probable that delivery of essential supplies will be disrupted. The Infection Prevention and Control expert in the Home (PMoPC or IPAC Lead) will ensure that an inventory of PPE is completed when the threat of pandemic activity is present. This will allow the Home to determine what is in stock and order supplies proactively.

In addition to PPE supply disruption, other supply chains may also be disrupted. The home should maintain a stock of one month supply of resident care products. The PMoPC in discussion with the home management team will ensure that each manager reviews supplies and products and ensures that the home maintains this supply.

Based on Ontario Health Plan for an Influenza Pandemic (2013), the Home should plan to have at least a one-month supply of personal protective equipment expecting that 10% of residents are affected. This includes:

- Alcohol-based hand sanitizer
- N95 respirators
- Surgical masks (with or without face shields)
- Eye protection (including visors and/or masks with face shields)
- Gloves
- Gowns
- Surface disinfectants
- Outbreak carts

Estimates for supplies are based on the following calculations:

10% of affected residents in the Home X 1 staff visit every 2 hours (change of PPE) in a period of 24 hours) X 30 days.

It is estimated that each Home will need a supply of at least 6,000 to 8,000 each of gowns, masks and pairs of gloves to meet this requirement. The stock will be monitored and rotated to reduce waste (expiration dates).

LTC Services will be linked to the City of Ottawa EOC through the Incident Command Centre (ICC) for procurement of supplies.

## **Security**

Security risks will be assessed based on recommendations from the MOH, MLTC, OPH and the City of Ottawa.

### **Education & Training**

All staff receive general Infection Prevention and Control training during orientation and annually. Students and volunteers are trained on general Infection Prevention and Control measures during orientation. Routine precautions are followed as per usual, and additional precautions are implemented based on the mode of transmission and recommendations from MOH MLTC and OPH.

### **Issues Related to High Mortality**

The Home will take direction from the MOH, MLTC, OPH and the ICC regarding removal of deceased residents from the Home.

### **Relocation of Residents and Staff**

In the event evacuation is necessary and/or directed by the Medical Officer of Health, the Evacuation Plan in the Emergency Measures Manual will be implemented. Relocation agreements with other LTC sites for resident reception are in place as per the Evacuation Plan.

# Appendix A

## Incident Management System (IMS) Structure

There are five major functions that form the foundation of the IMS structure. These functions apply whether handling a routine emergency, organizing for a major non-emergency event, or managing a response to a major disaster.

### **Incident Command**

Sets the incident objectives, strategies and priorities and has overall responsibility for the incident or event

### **Operations Section**

Conducts tactical operations to carry out the response plan. Develops the tactical objectives and organization and directs all tactical resources.

### **Planning Section**

Collects, evaluates and displays info about the incident. Responsible for developing the Incident Action Plan for each operational period and for conducting long-range planning including demobilization. Maintains resource status on equipment and personnel as well as incident documentation

### **Logistics Section**

Responsible for providing clinical expertise, facilities, services and materials in support of the incident

### **Finance and Administration Section**

Monitors costs related to the incident and sources of funding. Provides accounting, procurement, time recording, and costs analyses.

### **Communications Section**

While not generally a standalone section in the IMS structure, due to the significance of communications to LTC Home residents, families, staff, stakeholders and Council, a Communications Section has been incorporated into the Incident Command Structure. This section executes communication activities to carry out the response plan. Responsible for developing the communication plan and implementing tactics.

### **Other CSS Supports**

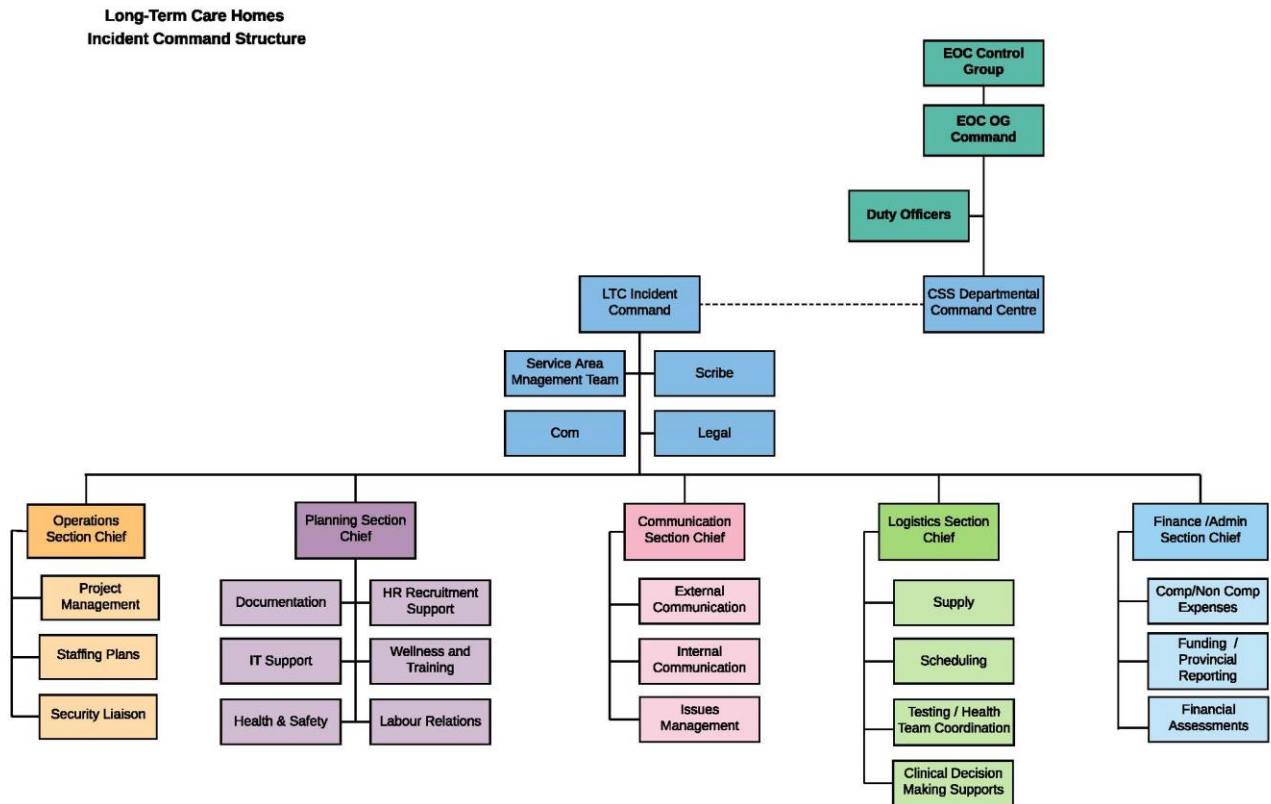
# Business Support Services (BSS) Command Centre

BSS Command Centre is responsible to set up incident command structure, identify functions and resources in collaboration with the Director of Long-Term Care.

## LTC Incident Command Key Principles

- Lead by the Director of Long-Term Care who is accountable to report to the General Manager, Community and Social Services (CSS).
- Consider redeploying staff from across the corporation to provide additional project, communication and administrative support
- Primary liaison role with Ottawa Public Health (OPH), Corporate HR, Finance, Emergency Operations Centre, Recreation, Culture and Facility Services, Emergency and Protective Services
- Leverages CSS Command Centre and external communications team for support and to reduce duplication of effort

## LTC Incident Command Roles and Functions: Example of Covid-19 structure 2020



Updated: 19 May 2020

# LTC Incident Command Roles and Functions

## **Incident Commander (Director Long-Term Care)**

The Incident Commander is responsible for all situation activities, including the development of objectives, strategies and tactics as well as determining resource needs. They are responsible for the overall management of the situation. Responsibilities of the Incident Commander include:

- Establishes communications
- Ensures the safety of all responders
- Ongoing assessment of the situation
- Approves an Incident Action Plan
- Coordinates all activities to manage an incident
- Authorizes the release of information to the public
- Identifies areas of risk and mitigation strategies
- Works collaboratively with shared services, other corporate and external partners to develop and execute plans and ensure the efficient emergency response
- Authorizes demobilization of the Incident Command Centre

## **Resources: (Project Support person)**

Team provides overall project management support to the command centre, including development and monitoring of work plans and tools, provides strategic support to the Incident Commander and supports the coordination of the incident response.

## **Operations Section**

- One representative from each Home for implementation in their respective Home.

## **Responsibilities of the Operations Section Chief include:**

- Leading the implementation of activities across the four homes related to the response including implementing directives from the Ministry.
- Acting as primary liaison with the Long-Term Care service management team and lead for the implementation of operational decisions
- Primary liaison with Recreation, Culture and Facility Services regarding facility needs and issues
- Implementing staffing plans and schedules, coordinating the deployment of staff across units in the homes so that risks for residents and staff are reduced

## **Planning Section**

## **Responsibilities of the Planning Section Chief include:**

- Developing plans to support the emergency and recovery response related to training, communication and project plans
- Acting as primary liaison with security to coordinate logistics for family visits
- Completing reporting to the province and other documentation requirements to support response
- Acting as key liaison with Corporate HR hub on activities related to LTC recruitment, WSIB, wellness and safety supports

## **Planning Section Branches**

### **Human Resource Support**

Acting as key liaison with Corporate HR and Compensation to support the implementation of pandemic pay.

### **Recruitment Support**

- Coordinating redeployment of staff to support physical distancing of residents and families across LTC homes
- Working with LTC Incident Command Centre Operations lead to identify and coordinate outreach, hiring and other staffing related activities

### **Wellness/Training Support**

- Developing and coordinating LTC specific communications and tools to support wellness including mental health and other supports for staff and families
- Coordinating peer support, employee crisis and emotional supports

### **Safety Support**

- Consulting on occupational health and safety issues including work refusals
- Supporting management, workers and health and safety committees on the identification and implementation of safety measures and activities including FIT testing

### **Labour Relations Support**

- Developing and implementing processes and providing advice to resolve labour relations issues including work refusals
- Providing labour relations support including the interpretation of collective agreements, the development and delivery of union briefings on issues related to the emergency response

### **IT Support Coordinating and implementing activities to support training and the use of technology and tools including the non-network staff pilot**

- Coordinating IT needs for staff as well as technology needs to support the ongoing connection between residents and their families

- Acting as primary liaison with IT to identify needs, obtain tools, technology and related supports

## **Records Management Compliance**

- Ensure all records dealing with emergency planning and preparedness, incidents, insurance, etc. are retained for as long as they are required to meet the legal, administrative and operational requirements as per the Corporate Records Management policy, after which time they are either destroyed or transferred to storage.
- Ensure that the appropriate security measures are observed for maintaining records containing personal or other confidential information.
- Use electronic systems as the preferred means of creating, using and managing information
- Protect essential records to ensure the continuity of key services and business operations

## **Communications Section**

### **Responsibilities of the Communications Section Chief include:**

- Developing and executing internal and external communications/stakeholder relations for the four LTC homes including coordination of messages to various stakeholders (staff, residents, families, councilors)
- Acting as primary liaison with Public Information and Media Relations (PIMR) and Ottawa Public Health (OPH) to leverage resources and supports
- Developing a communications process and defining required approvals
- Ensure alignment to departmental communication and change management plans and activities

## **Communication Section Branches**

### **External Communications**

- Developing a communications plan to support the emergency and recovery response
- Establishing and executing tactics to support communication to stakeholders (i.e., memos to council, media briefings, daily COVID-19 update to families, Ottawa.ca website information, etc.)

### **Internal Communications**

- Developing and executing internal communications to staff and residents including service/home level messaging from the Incident Commander

### **Issues Management**

- Developing and executing responses to inquiries from families, staff and councilors
- Establishing a process to triage and track all LTC inquiries and responses

## **Logistics Section**

### **Responsibilities of the Logistics Section Chief include:**

- Primary liaison for the following:
  - Emergency Operations Centre to coordinate personal protective equipment (PPE) needs as well as other supplies for the four LTC homes
  - Ottawa Public Health to coordinate outbreak management processes and protocols, information management and testing in the homes
  - Ottawa Paramedic Services
- Developing cover off rosters to ensure 7-days/week coverage and adequate rest periods
- Developing tracking mechanisms to support coordination and testing activities
- Providing support for clinical decision-making

## **Finance and Administration Section**

### **Responsibilities of the Logistics Section Chief include:**

- Primary liaison with Finance Services
- Identifying and coordinating financial processes as well as associated tracking and reporting of costs incurred as a result of the emergency response
- Coordinating the implementation of pandemic pay
- Assessment of financial impact of sick leave, overtime and isolation pay
- Reporting to the Province
- Regular financial updates



## Appendix B

### **Pandemic Planning Checklist**

Each Home completes this checklist provided by the MOLTC to ensure all areas of pandemic management are covered.

<b>Overall response planning</b>	<b>Complete ?</b>
A pandemic plan is established that is tailored to the needs of the home while following Ontario guidelines and is broadly shared with staff, student placements, volunteers, and visitors as appropriate	
Leadership roles have been identified that are specific to a pandemic response plan. Persons involved may include a Director of Care/Manager, Medical Director, Infection Control Practitioner, Public Health liaison, Occupational Health and Safety experts, and any other home-specific leadership roles	
Roles and responsibilities of health care workers and staff are clearly stated and understood including any shifts/transitions in roles and responsibilities during an outbreak	
“Tabletop” or drill exercises completed to practice implementing plans/protocols, especially those related to outbreaks	
Rooms/areas for isolating residents, including for new admissions and transfers, are identified and taken into consideration when scheduling staff, cleaning, meal delivery, etc.	
<b>Supporting residents</b>	<b>Complete ?</b>
Plans and protocols for resident symptom monitoring including active screening requirements are in place	
All residents have an up-to-date Plan of Care, including the goals the care is intended to achieve and up-to-date advance directives (i.e. written direction for future care in the event a resident will not be able to communicate)	
All residents have access to high quality primary health care that does not require them to leave the home including during an outbreak	
All designated caregiver information for each resident is up-to-date	
<b>Human resources/staffing</b>	<b>Complete ?</b>
Confirm appropriate level and capacity of leadership and management in place, develop contingency plans in the event a person is not able to work, identify those responsible for staffing/scheduling and address leadership recruitment, development, retention, and support as relevant	
Review and update home’s incident commander/incident management system (IMS) structure should there be a need to implement	
Staff schedules prepared to ensure appropriate coverage of shifts, in accordance with all applicable laws/policies and any prescribed restrictions related to working in multiple locations, including for screeners	
Review and update staff cohorting plans and workstation use, including assignments during outbreak situations and for providing care for residents who are isolating	

<p>Contingency human resources plan has been developed that identifies the minimum staffing needs for the home and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential home/building operations. This plan should address surge capacity</p> <p>Note: Home should include in their plan a proposed approach in the case of a shortage of registered health professions taking into consideration scope of practice parameters for potential backfill personnel and planning to support the delegation of the provision of controlled acts pursuant to the <i>Regulated Health Professions Act, 1991</i> where/if appropriate</p> <p>Contingency plans could include:</p> <ul style="list-style-type: none"> <li>• having a contract in place with pre-trained agency staff</li> <li>• proactive preparation to call on caregivers and family members as volunteers in extreme staffing shortages</li> </ul>	
Home is prepared to refer staff to resources to support mental health and well-being including to assistance programs, local and provincial resources, etc. Partnerships with local agencies that can assist with counselling are in place	
Staff, student placements, volunteers, and visitors are regularly reminded (for example, email alerts, signage, newsletters, etc.) of their obligation to stay home if ill, to advise if they have had close contact with someone with symptoms, and to report any signs/symptoms of illness to their supervisor/manager	
<b>Outbreak preparedness plan</b>	<b>Complete ?</b>
Outbreak lead and backup for home is identified	
In consultation with their joint health and safety committees or health and safety representatives if any, ensure measures are taken to prepare for and respond to an outbreak, including developing and implementing an Outbreak Preparedness Plan (per any applicable directives)	
Identify members of the Outbreak Management Team	
Create an Infection Prevention and Control (IPAC) program, in accordance with the LTCHA both for non-outbreak and outbreak situations, in collaboration with IPAC hubs, public health units, local hospitals, Home and Community Care Support Services, and/or regional Ontario Health	
Create a clear agreement/understanding with the IPAC Hub lead about how the home and Hub will work together, particularly if extra support is needed	
Develop a plan to ensure testing kits are available and plans are in place for taking specimens	
Develop a plan to ensure sufficient PPE is available, and that appropriate stewardship of PPE is followed	
Develop a plan to ensure that all staff, students, and volunteers, including temporary staff, are trained on IPAC protocols including the use of PPE	
Develop a written and clearly communicated policy to manage staff who may have been exposed to COVID-19	

Create a process to permit an organization completing an IPAC assessment to do so and to share any report or findings produced by the organization with any or all of the following: public health units, local public hospitals, Ontario Health, Home and Community Care Support Services, MOLTC, as may be required to respond to COVID-19 at the home	
Develop a plan to increase IPAC audits (beyond regular schedule) with results acted upon quickly	
Develop a plan to keep staff, residents, and families informed about the status of cases in the homes, including frequent and ongoing communication during outbreaks	
<b>Case management</b>	<b>Complete ?</b>
Review and update as necessary the home's case management procedures (as required by any applicable directives)	
<b>Admissions/transfers</b>	<b>Complete ?</b>
Review and update as necessary the home's admissions and transfers operational policy and procedures (as required by any applicable directives)	
Review and update as necessary the home's plan to ensure all new residents are placed in a single or semi-private room (as required by any applicable directives)	
<b>Absences</b>	<b>Complete ?</b>
Review and update as necessary the home's absences operational policy and procedures (as required by any applicable directives)	
<b>Testing policy and procedures</b>	<b>Complete ?</b>
Review and update as necessary the home's asymptomatic testing operational policy and procedures (as required by any applicable directives)	

<b>Vaccination</b>	<b>Complete ?</b>
Vaccination lead and backup for home is identified	
Review home's immunization policy to ensure it is compliant with the current Minister's Directive, including plans/protocols related to collecting and reporting required statistical information	
Review and update as necessary the home's vaccine maintenance strategy including addressing how/when dosages of any new vaccines and flu vaccines to residents will be administered, and onboarding so the home can administer any new vaccinations itself	
A plan is in place to continue promoting the benefits of being vaccinated against the new infection	
<b>IPAC protocols &amp; plans</b>	<b>Complete ?</b>
IPAC lead and backup are identified	
Ensure there is a plan regarding dedicated capacity, planning, partnerships, and clear internal accountability for oversight, reinforcement, and support of proper IPAC responsibilities, protocols, and practices for all staff in the home	
Complete the any IPAC checklists created by MOH, MOLTC, Public Health Ontario, or OPH, for example: <a href="#">COVID-19: Infection Prevention and Control Checklist for Long- Term Care and Retirement Homes</a>	
Per any applicable directives, the home's Organizational Risk Assessment must be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures. This must be communicated to the Joint Health and Safety Committee, including the review of the hospital or long-term care environment when a material change occurs	
There is a schedule for regular and frequent IPAC audits	
Review and update as necessary plans and protocols related to isolating residents. Where possible, residents needing to self-isolate should be placed in a single room and have access to a private washroom	
Review and update as necessary cohort plans for residents	
<b>Home visitor policy</b>	<b>Complete ?</b>
Review home's visitor policy to ensure it is consistent with the current LTC Guidance Document, any current applicable directives, and direction from the local public health unit (if applicable)	
Protocol in place to fill out visitor logs and maintain records of logs, ensuring they are readily available to ministry inspectors and public health units (for example, if an electronic log is being used and is password protected, ensure at all times that someone on-site has access to the password)	

Plan in place to adjust visiting in case of outbreak, for situations when a resident is isolating, and when local circumstances and/or direction from the local public health unit changes (for example, plans/protocols for scheduling and holding virtual visits for residents)	
<b>Supplies</b>	<b>Complete ?</b>
Ensure supply chain is secure and contact information for vendors is up to date	

## Emergency Preparedness Protocol: Pandemic Response Plan

<p>Hand hygiene and respiratory etiquette supplies</p> <ul style="list-style-type: none"> <li>• alcohol-based hand sanitizer (70-90% alcohol)</li> <li>• soap and paper towels for all sinks</li> <li>• facial tissue</li> </ul>	
<p>PPE</p> <ul style="list-style-type: none"> <li>• medical masks and N95 respirators</li> <li>• gowns</li> <li>• gloves</li> <li>• face shields/goggles</li> </ul>	
Trash disposal bins and bags	
Disinfectants for cleaning and disinfection of high-touch surfaces and equipment	
Diagnostic materials (for example, swabs)	
Bed linens, incontinence products, and towels	
<p>Signage/posters for workers and others about:</p> <ul style="list-style-type: none"> <li>• physical distance (including decals, arrows etc.)</li> <li>• capacity limits</li> <li>• screening and self-assessment</li> <li>• wearing masks</li> <li>• breaks</li> <li>• hand hygiene</li> </ul>	
<b>Education/training</b>	<b>Complete ?</b>
Education/training lead and backup has been identified to retain responsibility for coordinating education and training on the infection, sourcing education/training materials, and maintaining records related to persons accessing and completing education/training	
Licensees, leadership/management (existing, new, and incoming) have reviewed applicable guidance/policies/requirements including the LTC Guidance Document and any applicable directives	
Remind all existing staff and inform new staff about the reporting requirements related to communicable diseases, including the new infection, and critical incident reporting	
Training provided to all health care workers, other staff, and any essential visitors who are required to wear PPE with information on the safe utilization of all PPE, including training on proper donning and doffing	
<p>Provide training for new staff and refresher training for existing staff including regarding:</p> <ul style="list-style-type: none"> <li>• government/ministry and home policies regarding the new infection including the home's visitor policy, immunization policy, etc.</li> <li>• the home's sick leave policy</li> <li>• outbreak management</li> </ul>	
Ensure screeners are appropriately trained and aware of current rules/requirements regarding active screening	

## Emergency Preparedness Protocol: Pandemic Response Plan

Ensure all staff, students, and volunteers – existing, new, and returning – in the home have core IPAC training and access to on-demand training on IPAC and PPE	
<b>Ventilation</b>	<b>Complete ?</b>
Review the Ministry's 10-Point Heating, Ventilation, and Air Conditioning Plan	
Schedule ventilation systems maintenance as appropriate	
Adjust systems to maximize the amount of fresh air and reduce recirculation while ensuring temperature and humidity levels are comfortable for residents, staff, and others who attend/visit the home	
<b>Communications</b>	<b>Complete ?</b>
<p><b>Internal communications protocols</b> in place for residents, substitute decision-makers, families, staff on/offsite, caregivers, volunteers, student placements, visitors, Family Councils, and Resident Councils</p> <p>Internal communication protocol should be activated when there is a change in:</p> <ul style="list-style-type: none"> <li>• outbreak status</li> <li>• home, provincial, or ministry policies</li> <li>• home's schedule of activities including dining</li> </ul> <p>Where possible, communications should include information on the updates as well as including clarity about who is making the decisions (public health unit vs home vs Province)</p>	
Staff assigned as lead for internal communications. Back up for this role also assigned	
<p>Ensure regular communications to residents including (but not limited to):</p> <ul style="list-style-type: none"> <li>• sharing with residents' changes in the home that directly impacts residents, particularly related to outbreaks, cohorting, isolation requirements, visitors, absences, activities, and human resources</li> <li>• reminding residents of importance of public health measures including hand hygiene, physical distancing, and masking (if tolerated)</li> </ul>	
<p><b>External communications protocols</b> in place including to contact public health unit and the ministry and others as appropriate (for example, supply vendors, building and ground maintenance, etc.) and a media relations plan</p>	
Staff assigned as lead for external communications. Back up for this role also assigned	
<p>Review and update as necessary <b>contact information lists</b>:</p> <ul style="list-style-type: none"> <li>• for all staff, student placements, volunteers, and residents</li> <li>• for key individuals within the home, local public health unit, regulated health professionals serving the home, local assessment centre</li> </ul>	



# Emergency Preparedness Protocol: Pandemic Response Plan

## References:

City of Ottawa. (December 10, 2021). [City of Ottawa Emergency Management Plan \(City of Ottawa Emergency Management SharePoint\)](#)

Ottawa Public Health. (August 2018). [Ottawa Interagency Influenza Pandemic Plan. Version 6.0.](#)

Ministry of Health and Long-Term Care. (2013). [Ontario Health Plan for Influenza Pandemic.](#)

Ministry of Health and Long-Term Care. (November 2018). [Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018](#)

Ministry of Long-Term Care. (October 2021). [COVID-19 guidance document for long-term care homes in Ontario.](#)

Region of Peel. (September 2019). [Peel Long-Term Care Pandemic Influenza Response Plan.](#)