HOMES AND SENIOR SERVICES

POLICY & PROCEDURE NUMBER: 5.10

DEPARTMENT: **POLICY**: Emergency Response: Outbreaks of Disease of Public Health Significance; Epidemics or Pandemics

APPROVAL DATE: November 2022 **REVISION DATE:**

POLICY:

Infectious disease threats can be caused by biological agents such as bacteria, viruses or toxins, emerging threats (e.g. Ebola, SARS, avian influenza), and bioterrorism. The home will respond appropriately in regards to any National Public Alerting System.

The Home is prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance by referring to the organization's Infection Prevention & Control and Pandemic policies & procedures.

The local Public Health Unit (PHU) would activate and deactivate an outbreak within the location. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and World Health Organization (WHO) as appropriate.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable unless otherwise directed.

PROCEDURE:

The Administrator or designate will:

- Refer to the IPAC Program Manager and PHU for activation of the outbreak response
- Report and provide status updates to residents, families, staff, and support staff
- Initiate and lead Outbreak Management Team (OMT) response as required
- Manage staffing and management team resources accordingly
- Coordinate the management of exposed and symptomatic team members as per policy and procedure
- Ensure outbreak/pandemic response initiated and executed as per policy and procedure
- Ascertain community connections and partnerships as part of plan execution and coordinated response

- Govern business continuity, daily evaluation of risk and response actions, initiation of staffing contingency plans
- Ensure implementation of any provincial or organizational directives as required

The Infection Prevention & Control Program Manager or designate will:

- Assemble the Outbreak Management Team response as per policy
- Track, report, and manage cases in collaboration with PHU
- Ensure IPAC auditing throughout outbreak/pandemic as required
- Provide IPAC training and direction to residents, families, staff and visitors
- Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.
- Oversee and execute cohorting plans for staff and residents
- Optimizing of PPE, PPE stewardship and supplies reviewed
- Maintain regular communication with Southwestern Public Health (including subscribe to Advisory Alerts and Information for scheduled and time-sensitive public health updates in the community), and local IPAC Hub.
- Regularly review the Outbreak Status Report to continuously review the homes hazard risk based on community surveillance, and precautionary principle.
- Follow MOHLTC recommendations, directives, orders and requests.
- Follow PHU orders Communicate and reinforce public health measures and other response strategies with residents, visitors, and staff.

The Manager of Resident Care or designate will:

- Coordinate resident care and services for symptomatic and asymptomatic residents
- Ensure Medical Director is updated and involved
- Support staffing contingency plans and altered care and services plans as required

Staff Shortages and Contingency Planning:

In order to address staffing shortages, in addition to preparing and implementing contingency plans, the leadership/management team will:

- Work closely with all departments to understand hiring needs and ramp up hiring
- Work with all departments to implement cohorting

- Accelerate onboarding processes while maintaining quality
- Actively manage return to work
- Prevent work refusals through education, training, and enablement of team members
- See policy –1.33 Staffing Plan; and 1.36 Operational Scheduling Cohorting Plan

PROCEDURE:

The Administrator or designate will:

1) Develop/review contingency plan to:
    - Identify minimum staffing needs for each resident home area/floor
    - Prioritize critical and essential services based on resident population needs
    - Identify backup for each shift and role and ensure training provided
2) Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
    - Identify team members who could potentially take on a leadership role.
    - This may also require discussions on available staffing support with HR, Support Services, Partners, and other institutions.
3) Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in contingency plan. Prioritize RN, RPN, PSW, Dietary, Housekeeping.
4) Monitor government directives that impact team members, compensation, schedules, etc., as well as any other programs that offer team member support (e.g. emergency childcare). Communicate as appropriate.
5) Review staffing schedules, availability of alternate staff, and emergency contact numbers for team members.
6) Provide guidelines for team member cohorting and train department leads.
7) Limit PT and casual resources to one home area/floor as much as possible.
8) Work with Department managers/schedulers to:
    - Increase staffing to support additional requirements/surge capacity
    - Create contingency plans
    - Implement team member cohorting
    - Determine who should work from home

- Ensure schedule is in compliance with latest orders (e.g. no team members work in more than one location)
- Improve team member engagement and morale

9) Work with department leads to identify backup schedulers as able
10) Redeploy team members who work in non-essential/suspended services (e.g. corporate/community programs for PPE sourcing, etc.).
11) Align with union representatives on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
12) Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
13) Identify all available options to meet staffing needs, including:
    - Health Workforce Matching Portal
    - Volunteers
    - Agency contracts
    - Health Unit support
    - Local healthcare facilities (e.g. hospital)
    - Emergency services (e.g. army)
    - Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
    - Cross-training/universal roles (e.g. housekeeping and tray delivery)
    - Look at team member history (e.g. PSWs who were housekeepers) and how to leverage cross-skilling
14) Consider adding scheduling staff to support outbreak needs as able.
15) Discuss with Support Services and health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
16) Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
17) If using emergency staffing discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
18) Implement Return to Work protocols.

Department Managers or designate will:

1) Collect information from team members, contractors, and volunteers about:
    - Availability
    - Skills (including cross training)
    - Likely or actual exposure to disease at home (as applicable)
    - Health conditions that may affect their availability to provide services
2) Implement initiatives to increase team member engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
    - Recognize team members' hard work often
    - Check in with team members
    - Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.)
    - Ensure team members are aware of EAP and other resources available for their wellness
    - Mitigate team member fears by communicating protection measures taken/to follow
3) Discuss with team members ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.
4) Track additional employment locations of team members and monitor those locations for outbreaks (as applicable)

If the emergency exceeds part or all the capacity of an organization to effectively respond, the LTCH may consider, through the Director of Homes and Seniors Services direction, request support from community partners and the municipality via the CAO, as needed.

Operational Scheduling Cohorting Plan:

- See Administration policy – 1. 36

Additional Outbreak, Pandemics policies to refer to include:

Administration: 3.21 - A - Outbreaks Epidemics and Pandemics Supplies
Administration: 3.21 Outbreaks, Epidemics and Pandemics
Administration: 3.22 Pandemic Plan

Identification of Isolation Room:

- See Infection Control Policy - 4.7 Identification of Isolation rooms

Staffing Contingency Plans:

As per provincial legislation, a Staffing Contingency Plan is to be put into operation if needed, especially in case of emergencies, and to allow staff to quickly adapt to changing circumstances to minimize disruption to the delivery of care/services.

See sample Work Short Protocol templates below that may be updated/used to develop home specific contingency plans.

PSW Work Short Protocol:

The following sample template is to be individualised by home/shift as needed to develop working short protocols for: PSW

Instructions

- List the potential vacant positions that would require alternate work assignments
- Develop a home/RHA-specific plan/strategy to provide directions on what to do during PSW vacancies
- Identify routines/tasks that ***must*** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments i.e. if trained as PSW but works in laundry
- Utilize Agency
- Call local vendors for support i.e. dry cleaning for laundry, catering for meals, restaurants for staffing

List all duties that ***must be done*** (Priority Tasks) regardless if working with full complement. For example:

- Residents dressed appropriately
- Oral Care
- Continence Care
- Repositioning
- Medications
- Treatments
- Nutrition/Hydration
- Restriction of large activities
- Program team to assist with meals/nourishments
- Providing additional fluids and nutrients
- Assisting with feeding
- Recording intake

RN/RPN Work Short Protocol:

The following sample template is to be individualised as needed to develop working short protocols for: RN/RPN

List all duties that ***must be done*** (Priority Tasks) regardless if working with full complement:
Items that must be done:

- In-Charge duties as assigned
- Resident assessment and documentation of high-risk issues (i.e. Falls, injuries, change in conditions)
- Medications
- Treatments – skin & wound dressings

Other priority task items:

- Residents dressed appropriately
- Oral Care
- Continence Care

- Repositioning
- Medications
- Treatments
- Wound Care
- Nutrition/Hydration
- Restriction of large activities
- Program team to assist with meals/nourishments
- Progress Notes/Shift to Shift Communication

Dietary Work Short Protocol:

The following sample template is to be individualised as needed to develop working short protocols for: Cooks/Dietary Aides

Items that must be done:

- Food Prep
- Food Delivery
- Production on home areas
- Serving and distribution
- Trays prepped for isolation areas
- Removing dishes – cleaning tables – could be delegated
- Washing dishes and tidying servery – could be delegated or use disposable
- Providing addition fluids and nutrients – cart
- Disinfection of returned carts and all high touch in the kitchen/service areas

Housekeeping & Laundry Work Short Protocol

The following sample template is to be individualised as needed to develop working short protocols for: Housekeeping and Laundry

Instructions

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during Housekeeping/Dietary vacancies
- Identify routines/tasks that ***must*** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible

List all duties that ***must be done*** regardless if working with full complement. For example:

HOUSEKEEPING

- #1 High Priority – cleaning and disinfection of environmental surfaces high touch areas only, Clean non-affected rooms first (non-ill residents), dirty/affected rooms last.
- Next Priority – Garbage Removal
- Next Priority – Common/communal areas
- Next Priority – Resident room and bathroom cleaning (Clean non-affected rooms first (non-ill residents), dirty/affected rooms last).
- Least priority – dusting, vacuuming, cleaning floors and carpets

LAUNDRY

- Some laundry can be done on each RHA if there are washers and dryers on home areas i.e. towels, facecloths, gowns
- Disposable gowns high priority – disposable gowns preferred and always have stock on hand
- Personal laundry low priority – residents would not be dressed every day necessarily
- Peri-cloths – disposable wipes to be used to decrease amount of laundry
- Program team, care coordinators, volunteers can be trained to operate laundry machines

Recreation & Therapies/Resident Engagement Work Short Protocol

The following sample template is to be individualised as needed to develop working short protocols for: Recreation/Resident Engagement & Rehab Team Members

Instructions

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during Recreation/Resident Engagement and Rehab vacancies
- Identify routines/tasks that ***must*** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments or volunteer support
- Utilize Agency
- Call local vendors for support i.e. virtual programming options and resources

List all duties that ***must be done*** regardless if working with full complement. For example:

- When not in an outbreak, provide Programs as per monthly Program Calendar/1:1 Programs
- 1:1 interventions to support residents with responsive behaviours
- Music Therapy to support residents with responsive behaviours
- Support virtual visits, window visits, phone visits with residents and family members
- Provide support/education to essential caregivers
- Clean/sanitize all materials used
- Assist with escorting to programs/meals
- Assist in Dining Rooms or with tray service
- Assist residents at meal times, encourage fluid intake
- Friendly visits

- Monthly Resident Council Meetings and follow-up to minutes within 10 days
- Monthly Family Council Meetings and follow-up to minutes within 10 days
- Create monthly Recreation Calendar
- 1:1 physiotherapy interventions to be supported in resident rooms
- When not in outbreak physiotherapy led exercise group programs to be implemented

Duties that must be done:

- Initiate programs as per calendar
- Documentation
- 1:1 support for residents with responsive behaviours
- Connect Residents with family
- Assist other departments as directed
- Assist with portering
- Assist with meals and tray service
- Encourage fluid intake when supporting residents

Staff exposed to infectious diseases:

Refer to List of Diseases Requiring Work restrictions: 4.38 List of Diseases Requiring Work Restrictions

All staff exposed to infectious disease will consult with IPAC program manager for return to work. Any discrepancies in list of disease requiring work restrictions will follow most current Public Health guidance and IPAC manager consult.

Reviewed Annually

Tabletop or drill exercises completed on an annual basis to practice implementing emergency management plans/protocols, including those for outbreaks, epidemic and pandemics.

Ensure involvement of outbreak emergency plans from joint health and safety committees, the local medical officer of health, and the infection prevention and control program manager in

developing, updating, evaluating, testing, and reviewing any matters of public health significance. Additionally, Residents' and Family Councils should be consulted where appropriate.

Antivirals – all antivirals needed for outbreak (eg. Tamiflu, or Paxlovid) will be available.

Resources:
IPAC Standard, April 2022
O Reg 246/22
O. Reg. 246/22s. 268 (10), IPAC Standard 4.2 (f), 7.3 (b)