HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: ***5.11***

DEPARTMENT: *Infection Control* **SUBJECT:** *COVID-19 Outbreak Preparedness Plan*

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

PURPOSE:

The Homes will focus on preventing, diagnosing and treating COVID-19 to reduce mortality, morbidity and long-term consequences of infection to a minimum.

Outbreak, epidemic and pandemic plans will be implemented and used in the context with other organizational policy and procedure manuals, including Infection Prevention and Control

COVID 19 Background: The first cases of COVID19 were reported in December 2019 in China, with SARS-CoV-2 identified in early January 2020. Since then, cases have been reported in virtually all countries, and the disease declared as a Public Health Emergency of International Concern by WHO on 30 January 2020 and described as a pandemic in March 2020.

POLICY:

The Home will be 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 which is defined by the *Health Protection and Promotion Act*. The Homes will reference tools and direction provided by Southwestern Public Health, Ministry of Health, Ministry of Long-Term care and best practice information.

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.

Members of the Outbreak Management Team as follows: all members of the leadership team, including the Administrator, the Medical Director, the Manager of Nursing and Personal Care and the infection prevention and control program manager.

Outbreak Management team will engage with:

1. The Home's Occupational Health and Safety (OHS) lead, and the Joint Health and Safety Committee (JHSC) or health and safety representative;
2. The Residents' Council and Family Council quarterly to seek advice on IPAC measures and their impacts on residents and families/caregivers;
3. The Residents' Council and Family Council, on the IPAC program evaluation and quality activities. This shall include the Council(s) providing advice on program improvements.

4. Consultations, audits and support from Southwestern IPAC hub and Southwestern Public Health.

In addition to this policy; refer to section 5 of Infection Prevention Policies:
- 5.1 Outbreak Contingency Plan
- 5.2 Resident and Staff Surveillance- Line Listing
- 5.3 Outbreak Management - General
- 5.4 Outbreak Management - Roles and Responsibilities
- See LTC Standard Operating Procedures for COVID19 Outbreak Management Chart below.

COVID-19 Transmission:

Transmission:	How:	Prevention/elimination:
Droplet:	from inhaling respiratory droplets coming from coughing or sneezing of an infected person to a person who is in close contact (within 1 m). Those respiratory droplets can reach or can be introduced in the mouth, nose or eyes of a susceptible person	Proper PPE worn (N95 mask; gown, gloves and eye protection).
Indirect contact transmission:	involving contact of a susceptible host with a contaminated object or surface may also be possible.	Proper disinfection and cleaning.
Nosocomial transmission	inadequate IPC measures, including personal protective equipment (PPE) to be used during close contact with infected individuals	Education on PPE and worn properly.
Aerosol-generating procedures (AGP),	Such as open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g. bilevel positive airway pressure [BiPAP], continuous positive airway pressure [CPAP]), bronchoscopy, and manual ventilation, may present additional risk in health care settings for transmission and infection of	Proper PPE worn (N95 mask; gown, gloves and eye protection).

	health care workers, requiring higher levels of respiratory protection	
Small/enclosed spaces	Crowded closed indoor spaces with poor ventilation can be favourable environments for the virus to spread easily among people.	Social distancing, use of hepa filters, opening windows when feasible. Limiting activities to same cohort.

Prevention:

Hand Washing:
1. All staff to be educated and perform proper hand washing techniques.
2. Alcohol-based hand rub available upon entry, exit and at Point of Care.
3. Policy 2.3 – Hand hygiene.

Respiratory Etiquette:
1. Educate and encourage the importance of respiratory hygiene/etiquette.
2. Policy 2.25 – Respiratory Etiquette.

Masking:
1. Universal masking.
2. Policy 2.24 – Universal Masking

Physical Distancing:
1. Social distancing for staff, volunteers, visitors and residents.

Environmental Cleaning:
1. Regular environmental cleaning of the facility is maintained.
2. Enhanced cleaning and disinfection for frequently touched surfaces is performed.
3. Key Elements reviewed and implemented by staff.
4. Section 4 and 7 of Housekeeping Policies.

PPE: See Infection Control policy section 3 for all PPE criteria.
1. Staff select proper PPE based on Point of Care Risk Assessment.

2. Rapid identification and isolation of any symptomatic residents will commence (eg. droplet and contact precautions).

Immunization:
Residents and team members are strongly encouraged to stay up to date with all recommended COVID-19 vaccine doses and obtain their COVID-19 booster doses when eligible. See Ministry of Health COVID-19 Vaccine Guidance, Version 2.0 for details on vaccine recommended timelines.

"Staying Up to Date" as defined by Ministry and NACI for recommended vaccination doses related to COVID19.

Surveillance:
Screening Requirements:
All contractors, family/supports/visitors must be screened prior to entering the Home as per ministry guidelines. As an additional precaution the Homes have implemented routine rapid testing, this is subject to change as community surveillance incidence increases and as per the Homes risk mitigation. *See Policy 2.23 for Staff Testing*.

Monitor:
All residents are monitored for new, unexplained or worsening of symptoms daily.

Track:
All residents, staff or visitor cases/symptoms will be tracked on a line list.

Communication:
1. Any disease of Public health significance will be reported to Public Health. Daily updates of new cases, significant changes or hospitalizations will be provided.
2. Outbreak meeting will be arranged with Southwestern Public Health and Outbreak Management Team.
3. In the event of a confirmed outbreak: Outbreak signage will be posted at all entrances and all affected areas. Outbreak control measures will be posted in an area for staff to review.
4. Additional precautions signs at the entrances to symptomatic resident rooms.
5. Notification to Residents, Families and Visitors regarding the outbreak.
6. Notification to Medical Director.
7. For confirmed outbreak: Critical Incident Report to Ministry of Long-Term Care (done by IPAC Program Manager/MRC)

8. Notice to Ministry of Labour, Training and Skills Development within 4 days of being advised that any staff have an Occupational Illness. As well, report to Workplace Safety Insurance Board (WSIB) within 72 hours.
9. Provide education to staff, residents, essential visitors.

Audits:
1. IPAC Program Manager will complete the COVID-19: Self-Assessment Audit Tool for LTCHs biweekly. When home is in a confirmed outbreak: Audit will be completed weekly.
2. Audits record will be kept for a minimum of 30 days.
3. Hand Hygiene Audits will be completed a minimum of once daily. (done by IPAC Program Manager, MRC, Registered Staff).
4. PPE Audits will be completed a minimum of once daily. (done by IPAC Program Manager, MRC, Registered Staff).

Testing kits:
- COVID-19 testing kits are readily available and inspected for functionality, expired dates, and restocking as needed.
- IPAC Program Manager or Registered Staff are to complete testing on symptomatic residents and place in specimen fridge.
- Outbreak specimen collections will be reviewed and directed by SWPH if COVID-19 and MVRP testing is completed.

IPAC Program Manager/MRC or designate will also:

1. Reinforce best practices for infection prevention and control to reduce the spread of infections, including:

- Hand Hygiene Program compliance
- Proper use of PPE (donning and doffing)
- Respiratory etiquette
- Avoiding close contact with affected individuals
- Avoiding touching of face

2. Monitor Active Illness Screening Records (residents, visitors, students, and volunteers) and daily resident surveillance records for infections, including respiratory illnesses, typical, and atypical signs and symptoms that may be linked to COVID-19. See Surveillance Guidance document for the typical and atypical signs and symptoms of COVID-19.
3. Review and analyze this data on an ongoing basis to identify any clusters.
4. Immediately contact Southwestern Public Health Unit (SWPH) to determine if exposure to COVID-19 has occurred and initiate contact tracing in collaboration with SWPH.
5. Ensure team members initiate the checklist for probable and/or confirmed procedures when a probable/confirmed resident is identified at the community.
6. Conduct contact tracing in consultation with public health within 24 hrs of a declared outbreak.
7. Direct team members who are a close contact of a positive household to conduct active screening x10 days from the date of exposure.
8. Follow policies and procedures as outlined in the Infection Prevention & Control Manual and SWPH directions should a probable/confirmed case of COVID-19 occur at a community.
9. Keep a record of all resident confirmed cases with their symptom onset, and their swab collection date (this will be relevant in order to determine booster eligibility in future)

The Personal Support Worker will:

1. Report any respiratory signs and symptoms of infections noted when observed and in caring for residents.

2. Report any typical and atypical symptoms of COVID-19.

3. Document in resident's health record any change in resident's health status.

4. Follow precautions in place as directed by the nurse. For a COVID-19 probable/positive resident, follow droplet and contact precautions.

The Nurse or designate will:

1. Conduct active screening on all residents upon entry, re-entry, and return from leave of absence.

2. Document once daily, unless twice daily enhanced screening is required 10 days after admission from another healthcare facility the findings of active screening on the electronic Active Illness Screening Assessment in the resident health record.
3. During a suspected or confirmed outbreak, conduct enhanced system assessment a minimum twice daily for early detection of symptoms by using the PCC Resident Daily Active Screener. For ill residents, the PCC Daily Health Assessment will be done twice daily.
4. Isolate and place on droplet and contact precautions upon move-ins and returns from hospital transfers as outlined in the Algorithm for Admissions and Transfers for LTCH and RH.

- Testing or isolation is not recommended unless the newly admitted resident develops symptoms.

1. Conduct further assessments for any resident who failed the Active Illness Screening questions.
   a. Immediately isolate and place resident on droplet and contact precautions.
   b. Conduct COVID-19 testing for symptomatic residents and roommates/close contacts as directed by Public Health/provincial mandates.
   c. Notify the IPAC Program Manager/Physician/resident/SDM of the failed screening results and further clinical findings.
   d. Monitor and assess residents with signs and symptoms of atypical findings that may indicate COVID-19 infection.
2. Follow in house surveillance procedures for any resident who failed the active screening.
3. Conduct further clinical assessment for COVID-19 positive residents/residents with symptoms aligned with COVID-19 and document daily using the electronic Resident Daily Status Assessment until symptoms/COVID-19 is resolved.
4. Review and analyze this data on the surveillance records on an ongoing basis to identify any clusters and report to the IPAC Manager.

All Team Members will:

1. Self-monitor for symptoms of COVID-19 at home.

2. Report to their manager any acute respiratory symptoms (for example, fever, cough, shortness of breath) and not come to work.
3. If symptomatic, follow their manager's direction on when to return to work.
4. Adhere to provincial health directives and community IPAC requirements.

Visitor Attendants conducting active screening will:

1. Conduct active screening on all staff, volunteers, students, contractors, and visitors before they are allowed to enter the home at the beginning of their shift or visit.
2. Restrict access to the community for those who fail the active screening with the exception of residents. Notify the nurse on the RHA/unit of any resident who fails screening upon entry.
3. Report any failed screening results to the nurse/designate for further investigation.

Cleaning & Disposal Procedures
Resident belongings and equipment:

- All reusable equipment and supplies, electronic games/toys, exercise equipment, and personal belongings, etc., will be dedicated to use for the resident with signs and symptoms and exposure criteria consistent with COVID-19.
- If resident equipment is shared, the equipment and supplies must be cleaned and low-level disinfected before reuse.
- Items that cannot be appropriately cleaned and disinfected must be discarded upon resident transfer or move-out of the community.
- Single-use disposable equipment must be discarded into a no-touch waste receptacle after use.

Handling linen, dishes, and cutlery:

- No special precautions are recommended; routine practices are sufficient.

Waste Management:

- No special precautions are recommended; routine practices are sufficient.

Laundering
All team members excluding laundry aides dealing with soiled bedding, towels, and clothes from resident with COVID-19 will:

- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use, with hand hygiene immediately after.
- If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
    - Dirty laundry from an ill person can be washed with other people's items and does not require separation.
- If there is any solid excrement on the linen, such as feces or vomit, scrape it off carefully with a flat, firm object and put it in the commode or designated toilet/latrine before putting linen in the designated container. If the latrine is not in the same room as the resident, place soiled excrement in covered bucket to dispose of in the toilet or latrine.
- Never carry soiled linen against body; place soiled linen in a clearly labelled, leak-proof container (e.g. bag, bucket).

The Laundry Aide or designate will:

1. Wear appropriate personal protective equipment, which includes heavy-duty gloves, mask, eye protection (face shield/goggles), long-sleeved gown, apron (if gown is not fluid resistant), boots or closed shoes before touching any soiled linen.
2. Launder items as appropriate in accordance with the manufacturer's instructions.

Housekeeping Team will:

1. Increase cleaning and disinfection procedures for high touch surfaces during respiratory outbreaks including COVID-19 to at least twice daily and when soiled.
2. Follow cleaning processes for residents who move in, transfer, and are discontinued from contact and droplet precautions.

Personal Protective Equipment:
Follow provincial health authority directives/employer requirements on the minimum requirements for PPE during COVID-19 Pandemic in long term care communities.

Isolation/cohorting of residents with any Respiratory Symptoms:

Cases:

1. All symptomatic residents will isolate on droplet-contact precautions (N95, eye protection, gown and gloves) to a private room, whenever feasible.
2. If a private room is not available, residents will co-hort, if possible, with any other resident with the same pathogen **identified** and as directed by SWPH.
3. If the above is not possible, the use of barriers to separation of between beds will be implemented, mask use encouraged, and distancing maintained. Beds to be positioned to ensure residents are **toe to toe** to each other (to increase distance), head to head must be avoided. Ventilation to be increased (eg. hepa filter; open windows if safe to do so).
4. PCR collection test obtained by Registered staff to identify pathogen.
5. If COVID-19 is identified, isolation of the symptomatic resident on additional precautions will commence until end of day 10 from the start of their symptoms. The case must be afebrile and respiratory symptoms improving for 24 hrs (48 hrs for enteric) before discontinuing isolation.

Roommates of Cases with COVID-19 identified:

1. Isolate roommate right away on droplet-contact precautions, may discontinue isolation for the roommate if the symptomatic resident PCR returns negative for COVID-19 and the roommate remains asymptomatic, unless directed otherwise by SWPH and provided most current guidance/directives from MOH is being used.

2. If case is positive for COVID-19; isolate roommate on droplet-contact precautions until a negative PCR result is confirmed. PCR shall be obtained on day 5 from beginning of isolation period. Roommates isolation may end with a negative PCR result, and must promptly resume if symptoms develop thereafter. Unless directed otherwise by SWPH and provided most current guidance/directives from MOH are being used.

Non-roommate resident close Contact:

1. Do not need to be isolated provided they remain asymptomatic. If symptoms develop, isolate immediately.

For **all above scenarios:**

1. Monitor residents **twice daily for symptoms** when in outbreak (once daily monitoring when not in outbreak), encourage use of well-fitting medical mask, and physical distancing.

Cohort: Cohorting means grouping residents based on their risk of infection or whether they have tested positive for COVID-19 during an outbreak. It may also include assigning staff to work with only ill or well residents.

Priority: With direction from Southwestern Public Health and the IPAC Program Manger/MRC:

1. Separate the outbreak area from the non-outbreak area (if there is a non-outbreak area).
2. Within the outbreak area, separate the:
a) exposed, well, and not known to have COVID-19 cohort,
b) exposed, ill but not known to have COVID-19 cohort, and
c) COVID-19 positive and infectious cohort.

Staffing:
1) Ensure staffing contingency plans are in place and kept current – see Administration Policy 1.33 Staffing Plan and 1.36 Operational Scheduling Cohorting Plan.

Appointments, Activities, Absences:

Appointments:
1. Reschedule all non-urgent appointments.
2. Appointments and absences for medical, palliative or compassionate reasons are permitted, but SWPH must be consulted prior for further advice when the resident or Home is in outbreak.

Off Unit Activities:
1. Residents in isolation on additional precautions, or reside in the home area in outbreak should not participate in social or temporary absences, or any non-essential activities.
2. Residents within the defined outbreak area of the home should be restricted to that unit.

On Unit Activities:

1. Residents on the affected unit who are not in isolation may join in on small planned group activities, staff must speak with the IPAC manager regarding the plan prior to initiating such activities.
2. General visitors (e.g. Entertainment) are not permitted during an outbreak.

Admissions, Readmissions and Transfers:

See Algorithm; Admissions and Transfers COVID19.

Treatment:

1. Early recognition of those at high risk for severe disease and initiating antivirals/medications as assessed by Medical Director.
2. Ensure access to appropriate clinical interventions and treatments for all patients with COVID-19

Outbreak control measures provided to home from Southwestern Public health will be utilized.

Definitions:

Period of communicability (infectious to others) = 48 hours prior to symptom onset (symptomatic cases) or 48 hours prior to specimen collection (asymptomatic cases).

Resources:

PHO: COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes; July 2022 Edition.

WHO-2019-nCoV-Policy-Brief-Clinical-2022

Clinical care for severe acute respiratory infection: toolkit, update 2022. COVID-19 adaptation WHO/2019-nCoV/SARI_toolkit/2022.1

Policy 2.23: *Pandemic Prevention and Control – Staff Testing – e.g. COVID-19*

Cohorting in Outbreaks in Congregate Living Settings; PHO; March 2022
Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018; Ministry of LTC

COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units; MOH; October 2022

Ministers Directive: COVID-19; August 2022

IPAC Standard; April 2022

Fixing Long Term Care Act, 2021

Respiratory Outbreak Control Measures; Southwestern Public Health; October 2022

Provincial COVID-19 Long-Term Care Home Outbreak Standard Operating Procedures; August 24, 2022