



## **POLICY PAN-12: Pandemic Action Plan**

### **Infection Control**

**Approval Date:** December 18, 2007  
**Approval Authority:** Administrator, Norview Lodge  
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#### **Policy**

When there is pandemic activity in the home, the home will implement control measures. It is the policy of Norview Lodge to implement a pandemic plan for continued operations of the home in the event of a pandemic and to protect staff and Residents by minimizing the spread of a novel respiratory influenza like illness. This policy will become effective when the local Medical Officer of Health issues a Directive relating to the onset of a novel respiratory influenza like illness

#### **Criteria for a Potential Outbreak**

Two cases of acute Respiratory tract illness occurring within 48 hours in a geographic area (e.g., home area, floor)

#### **OR**

More than one home area having a case of acute respiratory illness within 48 hours.

#### **Criteria for a Confirmed Outbreak**

Two cases of acute Respiratory tract illness occurring within 48 hours, one of which is laboratory confirmed

#### **OR**

Three cases of acute Respiratory tract illness occurring within 48 hours in a geographic area (e.g., home area, floor)

#### **OR**

More than 2 home areas having a case of acute respiratory illness within 48 hours.

Influenza should be suspected in a Resident if they have any two of the following symptoms:

Fever/abnormal temperature, runny nose or sneezing, stuffy nose (i.e. congestion), myalgia, headache, severe malaise, chills, loss of appetite, swollen or tender glands in the neck, sore throat or hoarseness or difficulty swallowing, dry cough.

**Gastroenteritis Illness****Confirmed Outbreak Definition**

Two or more cases meeting the case definition with a common epidemiological link (e.g., specific unit or floor, same caregiver) with initial onset within a 48-hour period.

**Case Definition**

The case definition in an outbreak is dependent on the presenting signs and symptoms and circumstances. It may vary between outbreaks and also vary during an outbreak.

Symptoms must not be attributed to another cause (e.g., medication side effects, laxatives, diet or prior medical condition) and are not present or incubating upon admission and at least one of the following must be met:

- Two or more episodes of diarrhea (i.e., loose/watery bowel movements) within a 24-hour period

**OR**

- Two or more episodes of vomiting within a 24-hour period;

**OR**

- One or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period

**Procedure – Steps 1 to 6 occur simultaneously****1. Notify the local Medical Officer of Health or Designate of a Potential or confirmed Outbreak the home will:**

- Submit the Critical Incident form to the Ministry of Health electronically.
- Give the Ministry of Health and Long-Term Care or designate the name of the primary IPAC Lead and backups at the home responsible for the outbreak investigation along with their contact information.
- Report the initial control measures that have been instituted.
- Request an Investigation Number (formerly referred to as an Outbreak Number) and record it on all laboratory submission forms (this is an 8 or 9 digit number assigned by the local Public Health Unit)
- Discuss with the local Public Health Unit if Residents should be tested, how to obtain NP swab kits, how many specimens will be collected, and how they will be submitted to the laboratory.
- Notify the Ministry of Health and Long-Term Care and continue to activate its pandemic plan and if necessary its emergency plan.
- All specimens must include the Resident's name, DOB, the home's name and the Investigation number.
- Post notification at all entrances alerting all visitors of pandemic outbreak
- Media will be notified by Administrator or designate

**2. Implement Occupational Health/Infection Prevention and Control Measures:**

- Hand hygiene for staff and Residents/volunteers/visitors.
- PPE – N95 mask, gloves, gowns, goggles/shield as applicable.
- Equipment and environment routine practices / additional precautions cleaning.
- Waste management – double bagging of all infectious material. Consult with OMT re disposal of waste i.e. transfer site.
- Co-horting of staff.
- Clean/ disinfect communal equipment after use.

**3. Notify the Appropriate Individuals (include phone numbers)**

- Administrator/OMT
- Medical Director
- General Manager and Chief Nursing Officer of Health and Social Services
- Pharmacy
- Ministry of Labour
- Ministry of Health and Long-Term Care via CIS
- Home's Laboratory Services
- Union Representatives
- Staff Members (including contracted services)
- Residents
- Suppliers
- Community Volunteers
- Family Members/Caregivers
- Others as appropriate (Mayor, County Chief Administrative Officer)

**4. Hold an initial Outbreak Management Team Meeting (OMT)****Outbreak Management Team during a Pandemic**

It is the policy of the home to coordinate and Outbreak Management Team (OMT) during a Pandemic Outbreak for the purposes of outlining specific job duties, responsibilities, reporting mechanisms of staff and to oversee all aspects of an outbreak in the home.

- When a Pandemic alert is issued by the Medical Officer of Health, the OMT will meet to review all policies and procedures in place, as applicable.
- Regular meetings thereafter to maintain the progress of Pandemic activity and preparedness- members to ensure to take Emergency Manual and all other required information to meetings (i.e. inventory of supplies, list of suppliers etc.).
- The OMT will confirm an outbreak exists and ensure that all members of the team have an understanding of the situation.
- There will be a member of the OMT (with Managerial duties) on call 24 hrs a day if the home is in an outbreak and maintain vigilance throughout alert and pandemic period.

- Issue letters to families regarding resident relocation within the home (Appendix A) as applicable.
- Adopt a case definition or criteria that will be used to identify Residents or staff with symptoms (please note the case definition for Residents may be different from that for staff).
- Review the infection control measures that will be necessary to prevent the virus from spreading.
- Identify and confirm the required signs/ information to be posted in the home and the other appropriate locations.
- Institute exclusion policies and the staff contingency plan as applicable.
- Enforce proper use of Personal Protective Equipment (PPE).
- Communication Plan: internal communication, external communication.
- Education needed for Staff, Residents, Volunteers and Visitors.
- Review restrictions of Activities/ Appointments etc.
- The OMT will meet on a daily basis as required.
- Identify potential Residents at High Risk.
- Evaluate available laboratory results.
- Recommend/ review and follow-up on Resident and Staff surveillance.
- Determine the need for additional resources (i.e., staffing levels, supplies).
- All staff schedules will be reviewed and adjusted as necessary to address staffing shortages across all departments to ensure essential service coverage.
- Maintain record of extra supplies including packing slips and invoices and submit to Administrator and Supervisor of Business Services
- Administrator or designate will notify the Medical Officer of Health of relocation of Residents to alternative Resident home area and availability of vacant Resident home areas for community use if required.
- Discuss restricting activities and will revisit the issue as the Pandemic progresses.

**Appendix A (Letter to Families/POA will include the following information)**

We currently are in Level 6 of the Pandemic Plan which indicates a Pandemic is underway. The staff at Norview Lodge are maintaining ongoing communication with the Public Health Department.

In the event that we are effected by this virus please be advised that your family member may be temporarily relocated to an alterative Resident Home Area depending on their health status. Our staff may be limited thus requiring the home to reduce the number of Resident Home Areas to better utilize the number of staff available for ongoing provision of care.

Please ensure that you inquire at the reception desk prior to visiting the exact location of your loved one. The staff will notify families by telephone at the first available opportunity. If your family member is relocated only essential items will accompany them to the temporary area. Their closets etc. will be taped closed until they return to their regular room.

## **5. Monitor the Outbreak/ Conduct Ongoing Surveillance**

- To identify new cases per line listings and update the status of ill Residents and Staff.

The outbreak reporting forms will be faxed daily to the Public Health Unit by the Infection Prevention and Control Professional or designate.

### **Resident Surveillance**

- Registered staff to document onset time and date for new cases/symptoms.
- Swabs/tests obtained noted on outbreak form and in multi-disciplinary notes.
- Isolation signs posted on doors.
- Residents who have recovered.
- Status of ill Residents worsening symptoms, clinical and or x-ray diagnosis of pneumonia).
- Monitor Residents who remain in room B.I.D. for 7 days or symptom free, whichever comes first.
- # of Residents receiving anti-viral prophylaxis.
- # of Residents receiving antiviral prophylaxis and go on to develop ILI.
- Adverse reaction to any antiviral medication or vaccine or the D/C of antiviral prophylactic medication.
- Transfers to hospital.
- Deaths.

### **Staff Surveillance**

- If develop symptoms at work, go home.
- New cases/symptoms.
- Status of ill staff.
- Staff who have recovered and their return to work date.
- Staff who still have symptoms but are considered fit to work and are working in the home with restrictions (i.e.: working with Residents who are ILI) and using appropriate PPE.
- # of staff receiving antiviral prophylaxis and # who go on to develop ILI.
- Adverse reaction to any antiviral medication or vaccine or D/C of antiviral prophylactic medication.

- The length of time that ill staff should be excluded from work will be determined by the Public Health Department based on the epidemiology of the pandemic strain.
- Staff/Students/Volunteers working in other facilities: If Norview Lodge has had no pandemic activity staff/students/volunteers working at facilities where there is pandemic activity, will be restricted unless proof of taking anti-virals is presented.
- Staff who are at high risk of complications for Influenza need to provide medical documentation to support this and then will be provided alternative work if possible.

### **Implement Control Measures for Residents**

Restrict ill Residents to their rooms during the outbreak whenever possible.

- Cohort Residents with the same symptoms in the same room.
- Restrict Resident to their RHA during the outbreak.
- Whenever possible Residents with Influenza should be in a private room or co-horted in one unit.
- When Residents with influenza are co-horted in one unit, they will avoid contact with the remainder of the home.
- Staff to utilize designated equipment for ill Residents.
- Place Resident in private room if available or maintain distance of 2 meters away from other Resident's behind privacy curtains.
- Encourage Residents to wash their hands.
- Placed on Droplet/ Contact Precautions
- Encourage Residents to wear surgical masks if tolerable when outside of room, if unable to, encourage them to cover their mouth and nose when coughing or sneezing with a kleenex or their arm.
- Willow Walk will be classified as the "Acute Care Pandemic" unit in the event of Influenza Activity during a Pandemic. (as required)
- Certain respiratory procedures carried out on Residents with influenza – that is procedures that may generate aerosols – can expose staff to respiratory pathogens and are considered higher risk for staff and others in the area. When Residents are diagnosed with influenza, all elective high risk procedures (e.g., dental care) should be postponed until the illness is resolved and any non-elective high risk procedures should be performed using appropriate precautions N95 masks to reduce risk of exposure (e.g. suctioning).
- Air filters will be replaced weekly or when required.

### **Admission, Re-Admission and Discharges**

If there is pandemic activity in the community but not in the home, the home will take every precaution not to admit someone with ILI into the home. All new admissions will be screened using the ARI protocol.

Decisions will be affected by:

- Resident needs-their health needs and the advice of the Medical Director.
- If staffing levels are down and there is not enough staff to provide adequate care the home may have to restrict new admissions.
- Access to anti-virals

- The home's ability to provide appropriate accommodation and care services (i.e.: peritoneal dialysis, tube feedings, trachs etc.)

**Medical Appointments**

All non-urgent appointments will be rescheduled until Resident is symptom free.

**Transfers to Hospital**

The Public Health Department will be consulted regarding transfers to other Long Term Care Homes.

**7. Control and Support Measure for Staff and Volunteers****Deploying Staff/ Students/ Volunteers**

The home will deploy staff to maintain adequate levels of care, making use of transferable skills and delegated acts as required. Care will be taken to:

- Match skills, capability and personal suitability with required tasks.
- Provide tasked individuals with the necessary information and instruction required to perform those functions.
- Ensure such orientation be provided through shadowing staff or access to "Job action sheets" before they are put into a position of delivery specific services.

**8. Deaths**

If there is identified a Novel Respiratory Influenza Like activity the coroner must be notified and the Physician is required to pronounce death.

**Supporting Staff**

Support will be identified to facilitate the Provision of care:

- Counselling and psychosocial support to help cope with job related stress and/ or with anxiety about the pandemic. (Refer to EAP)
- Flexible work schedules to support staff home life and commitments, compassionate leave for funerals.
- Care for elderly family members.
- Meals will be provided for staff working extended shifts/ overtime due to relief availability.
- Clean utility rooms and staff room will be set up with beds for staff to rest/ sleep.

**9. Control Measures for Visitors, Caregivers and Volunteers (including family)****Notifying Visitors, Caregivers and Volunteers**

- Signs will be posted at all entrances re: outbreak and visitor restriction.
- Non-essential Visitors will not be allowed in the home.
- Only essential family will be allowed in the home.

**Restrictions on Ill Visitors**

- All visitors will be screened using the ARI tool, visitors who are ill will be asked not to enter the home until they have recovered.

- During staff shortages- visitors with ILI may be allowed to enter the home and assist in providing care to the Residents before they are fully recovered.
- If this is necessary they will be restricted to assisting with non-direct care or to working with Residents who have symptoms of ILI and will wear the appropriate Personal Protective Equipment.

**Visiting Ill Residents**

- Isolation signs will be posted on the doors of the ill Residents, advising visitors to check at nursing station prior to entering and what Personal Protective Equipment is required.
- Ill Residents will have caregivers in their room only.

**Communal and Other Activities**

- Visits by outside groups will not be permitted.
- Visits to multiple Residents will be restricted.
- All outside of the home programs/ activities will be cancelled.
- Large programming for Residents will be cancelled.
- No integration of Residents for programs, stay within their own Resident Home Area.

**Relocation of Residents and Staff (Refer to Emergency Manual)**

1. Contingent on relief, ill staff may be asked to work with ill Residents. Staff/ Volunteers with ILI may be restricted to non-direct care or to working with Residents with symptoms of ILI and will wear appropriate Personal Protective Equipment, they will not be deployed to care for high risk, medically fragile Residents.
2. In the event of a decreased number of Residents, relocation of Residents to alternative Resident Home Areas may be necessary to ensure proper utilization of available staff. In the event of this occurrence families will be notified. Staff will ensure only required items accompany Resident. (Pertinent ADL supplies, medications, Kardex, MARS, TARS, Tx creams and chart) Remainder of personal items to remain in original rooms with closets taped closed.
3. Staff working at other Long Term Care Homes/ Facilities with Pandemic/ Influenza activity may be restricted from working at Norview Lodge if Norview has not had any pandemic/ Influenza activity, unless proof of taking prescribed anti-viral is provided.

**Note:**

During a seasonal Influenza Outbreak, non-immunized staff that are not taking anti-virals are excluded from work without pay.

During an Influenza Pandemic, this measure will not apply until a vaccine has been developed or until there is an adequate supply of anti-viral available. If there is an adequate supply of anti-virals, staff that are not taking anti-virals may be restricted from work.

A mechanism will be in place for staff to provide proof that they are taking prescribed anti-virals.

If issues arise regarding compliance with work exclusions, options will be reviewed with the OMT.

**Laundry**

Any linen that contains sputum or nasal discharge will be handled with gloves and gowns will be disposed of in isolation bags prior to being sent to laundry.

**Dietary**

Trays with disposable dishes will be utilized for all Residents.

**Environmental Cleaning**

Because the virus in droplets can survive for 24 to 48 hours on hard non-porous surfaces, for 8 to 12 hours on cloth, paper and tissue, and for 5 minutes on hands, people can acquire Influenza indirectly by touching contaminated hands, surfaces and objects.

- Cleaning staff will wear gloves, gowns, surgical masks and face shield/ goggles if cleaning near a coughing Resident or their room using appropriate disinfection.

**Emergency Conservation Plan for PPE****Surgical/Procedure Mask****Conservation Strategies**

- Remove supply of masks in public areas
- Cancel elective/non-urgent appointments
- Use mask for essential procedures and surgeries when indicated
- Use mask only when working or entering clinical care areas
- Use mask when providing care for patients on droplet/contact precautions
- Use mask when performing activities where splashes and sprays are anticipated

**Extend Life of PPE**

- Limit use of procedure masks to 1 or 2 masks/persons/day depending on your assignment
- Wear same mask continuously while providing care to multiple patients and when working in common areas (e.g. nursing stations, chart rooms)

**When to Remove/Replace**

- Remove and discard mask when moist, wet, soiled, damaged, torn or hard to breathe.
- Remove mask prior to leaving the clinical area/department. Do not wear mask in public spaces (e.g. lobbies, cafeteria, offices, elevators).
- Do not wear mask around neck when not in use.
- Avoid touching outer surface of mask. If you have to, perform hand hygiene.
- Mask with integrated visor when removed, cannot be stored. Discard after removal and perform hand hygiene.

## **N95 Respirator**

### **Conservation Strategies**

- Secure and monitor N95 supply and usage in clinical care areas.
- Limit use of N95 masks to key staff necessary to be in the room, performing AGMPs, and providing care to airborne (or droplet/contact isolated Residents based on point of care risk assessment)
- Dedicate use of N95 masks only for approved AGMPs and Residents under airborne precautions.
- Cohort same lab confirmed Residents and bundle activities.

### **Extend Life of PPE**

- Wear same N95 mask repeatedly while providing clinical care to same airborne or droplet/contact isolated Residents. “Extended use”
- Re-use N95 mask only if worn with same airborne or droplet/contact isolated Residents.

### **When to Remove/Replace**

- Remove and discard N95 mask when moist, wet, soiled, damaged, torn or hard to breathe.
- Remove N95 mask prior to leaving the Resident room. Do not wear N95 mask outside of Resident room.
- Do not wear N95 mask around neck when not in use.
- Avoid touching outer surface of N95 mask. If you have touched the outer surface, perform hand hygiene.

## **Face Shield and Goggles**

### **Conservation Strategies**

- Secure and monitor face shield/goggles supply and usage in all clinical care areas.

### **Extend Life of PPE**

- Use same face shield/goggles continuously when moving between Residents on droplet/contact precautions.
- Batch care activities (e.g. see all Residents on droplet/contact first followed by other Residents).
- Clean/disinfect from inside to outside using an alcohol swab. Wipe with wet cloth to remove residue/fog. Let it dry before reuse.

### **When to Remove/Replace**

- When soiled, damaged, torn or if the integrity is compromised the care shield/goggles should be replaced.

## **Cloth Gowns and Disposable Impermeable Gowns**

### **Conservative Strategies**

- Secure and monitor reusable and disposable impermeable gowns in clinical care areas.

**Extend Life of PPE**

- Dedicate disposable impermeable gowns for approved AGMPs, and other essential procedures if required.
- Use gown substitutes (e.g. aprons, lab coats, Resident gowns, coveralls) when all supplies are depleted.
- Wear reusable gowns instead of disposable in routine Resident care activities.

**When to remove/Replace**

- Replace reusable gowns when set, soiled, torn or contaminated.
- Remove reusable gown inside the Resident's room.
- Dispose impermeable gowns after use.

The home will implement any surveillance protocols issued by the Director for a particular communicable disease or disease of public health significance and any stand or protocol issued by the Director with respect to infection prevention and control.