

# Belmont HOUSE

<b>SUBJECT:</b>	Pandemic Planning		
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## **BACKGROUND:**

Pandemic influenza is a worldwide outbreak of influenza. It happens when a new Influenza A virus emerges among people, spreads, and causes disease worldwide.

Influenza pandemics happen every few decades. Past influenza pandemics have led to high levels of illness, death, social disruption, and economic loss.

Residents in long-term care homes are at increased risk of complications from influenza because of their age and underlying medical conditions. The virus can be introduced by staff and visitors and can spread rapidly. 70% of individuals may become infected (i.e., residents and staff).

Influenza is primarily transmitted directly from person to person when people infected with influenza cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person (i.e., droplet spread). The virus can survive for 24-48 hours on hard non-porous surfaces, for 8-12 hours on cloth, paper, and tissue, and for 5 minutes on hands. People can acquire influenza indirectly by touching contaminated hands, surfaces, and objects. (i.e., contact spread). People with influenza are infectious and are able to transmit the virus for up to 24 hours before the onset of symptoms and for up to 7 days after.

Health care workers have an ethical duty to provide care and respond to suffering. The spread of the influenza virus in health care settings can be prevented and controlled through the consistent use of best practices in surveillance and infection prevention and control for respiratory infections. If these practices are used consistently, health care workers will be protected while caring for patients with influenza.

## **PURPOSE:**

To minimize the number of people infected with the virus, the severity of illness, the number of deaths, and the amount of socio-economic disruption to ensure resident care and services are managed. To ensure resident care and services are managed.

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## **POLICY:**

In the event of an influenza outbreak Belmont will adhere to all the guidelines outlined in the policy. The Infection Control Nurse or Designate will ensure that the policy is communicated to all staff. This policy is to be reviewed annually.

## **PROCEDURE:**

The WHO has 6 stages for defining pandemic activity.

Phase 1. No new influenza virus subtypes detected in humans. If animals are infected, risk to humans is low.

Phase 2. No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Phase 3. Isolated human infections, no human-to-human spread except rare close contacts.

Phase 4. Small, highly localized cluster(s), limited human-to-human transmission.

Phase 5. Larger localized cluster(s) limited human-to-human spread. Substantial pandemic risk.

Phase 6. Pandemic phase: Sustained transmission among humans occurs.

The home's level of response will depend on the phases of the influenza pandemic worldwide as well as the level of threat in the community. The Ontario Health Plan on Pandemic Planning has provided a response by pandemic activity once phase 6 of the WHO has been activated. There are 3 stages which include:

**Stage 1** includes no pandemic activity in the country, province or community;

**Stage 2** includes pandemic activity in the community; and

**Stage 3** includes pandemic activity in the home.

### **Stage 1**

#### **No Pandemic Activity in the Country, Province or Community**

If an influenza pandemic has been declared elsewhere in the world, but there is no pandemic activity in the country, province or community, staff can use a more passive approach which includes:

- Allowing family members and visitors to self-screen.
- Looking for influenza-like illness in residents while providing routine daily care or activities.
- Staff should report influenza-like illness to their supervisor and the Infection Control Practitioner.
- Residents with influenza-like illness should be line listed and the form should be forwarded to the Infection Control Practitioner daily. Any suspected outbreak should be reported to the Infection Control Practitioner immediately.

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## **Pandemic Activity in the Country or Province, but No Pandemic Activity in the Community**

Surveillance will include:

- Passive screening as identified above.
- Nursing staff will actively seek out signs or symptoms in residents by:
  - Conducting unit rounds
  - Reviewing unit reports, which will provide information on any elevated temperatures
  - Reviewing staff communication books
  - Reviewing medical and/or nursing progress notes on the resident's charts, reviewing pharmacy antibiotic utilization records
  - Reviewing laboratory reports and asking staff for verbal reports based on their clinical observations.
- The Infection Control Practitioner or designate will review the results of surveillance data for any signs of the pandemic strain.
- The Infection Control Practitioner will continue to use the normal reporting procedures to report to the local public health unit.

## **Stage 2**

### **Pandemic Activity in the Community**

The local public health unit will notify the home if the pandemic has spread into the area. The home will:

- Activate the pandemic plan, see stage 3 guidelines
- Activate the emergency plan, see stage 3 guidelines
- Maintain active surveillance, using outbreak-reporting forms provided by local public health units.

## **Stage 3**

### **Pandemic Activity in the Home**

When the outbreak of the pandemic strain is suspected or confirmed, the home will take the following steps:

1. Notify the local Medical Officer of Health or designate by phone and follow steps outlined below.
  - Submit the outbreak reporting forms to the Medical Officer of Health or designate by fax or by electronic reporting systems in place.
  - Provide the Medical Officer or designate the name of the Infection Control Practitioner and back-ups at the home responsible for the outbreak investigation along with their contact information
  - Report the initial control measures that have been instituted.

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- Request an Investigation Number and record it on all laboratory submission forms.
2. Residents that are recently ill will be swabbed first (less than 48 hours from onset of symptoms). Once the pandemic strain has been confirmed in the community, nasopharyngeal swabs may no longer be required. If nasopharyngeal swabs are required, the local public health unit will be responsible for supplying the home with swabs. Staffs are to ensure that the specimens and requisitions are properly labeled with all pertinent information (i.e. residents name, home's name, and the Investigation Number).
  3. Implement infection prevention and control measures (refer to next section of policy).
  4. Notify the appropriate individuals. (See notification of appropriate individuals' section).
  5. Hold an initial meeting of the pandemic outbreak management team.
  6. Monitor the outbreak/continue ongoing surveillance.
  7. Implement control measures for residents, staff, volunteers, and visitors.
  8. Distribute antivirals if available.
  9. Distribute vaccine if available.
  10. Investigate the outbreak.
  11. Review the outbreak.

## **Infection Prevention and Control Measures**

### **Droplet and Contact Precautions**

The following precautions are necessary to prevent and control the spread of droplet-spread illnesses:

1. Hand hygiene is the most important measure in preventing the spread of infections (i.e. the use of alcohol-based hand sanitizers or washing hands before seeing a resident, after seeing a resident and before touching the face and after removing and disposing the PPE). If hands are visibly soiled, they must be washed with soap and running water. Sinks that residents use may be contaminated and should not be used by staff and volunteers for hand hygiene unless no other alternative is available.
2. N-95 masks are required to cover the worker's nose and mouth when providing care within two meters of the resident. If a resident is transferred to another facility or leaves their room, the resident should wear a mask if exhibiting influenza-like symptoms. Masks should be changed if they become wet or if contaminated by secretions.
3. Protective eyewear is required when providing direct care within two meters of the resident. If reusable protective eyewear is worn, it can be washed with soap

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and hot water, or cleaned with disposable disinfectant wipes and then rinsed. This does not include personal eyeglasses.

4. Follow examination procedures that minimize contact with droplets (i.e. sitting next to rather than in front of a coughing resident when taking a history or conducting an examination).
5. Gloves are required when a worker is likely to have contact with body fluids or to touch contaminated surfaces. Gloves are not to be substituted for proper hand hygiene. Gloves should be put on before entering and removed prior to leaving the resident's room. Gloves should fit the wearer to prevent cross contamination. Hand hygiene must be performed immediately after removing gloves. Single-use gloves should not be reused or washed. Gloves should be changed when a tear or leak is suspected.
6. Gowns should be worn during direct resident care where there is a chance for contamination or spillage. When a gown is worn, the cuff of the gloves must cover the cuffs of the gown. Gowns should be removed before leaving the resident's room. (See policy on isolation procedures on how to put on and remove gowns).
7. Disinfect any communal or shared equipment after use (i.e. B/P cuff, thermometer) using home approved disinfectant.
8. Personal protective equipment supplies will be kept in the emergency supply cupboard and will be distributed by the Infection Control Practitioner or designate.

## Environmental Cleaning

1. The home will use the same routine infection control and cleaning procedures during an influenza pandemic as they do for seasonal influenza. Furniture, bed rails, overhead tables, telephones, and non-critical resident care items should be included in the cleaning procedures (i.e. call bell) and should be cleaned daily.
2. Routine practices should be followed when handling soiled linen. See policy on isolation procedures as a cross-reference.
3. Routine practices should be applied to handling clinical waste (ie, bandages, blood, stool, urine). Double bagging of waste is not required.
4. Disposable cutlery is not required unless there is a shortage of water. See section under essential services.

## Notification of Appropriate Individuals

Once the pandemic influenza has been confirmed the Infection Control Practitioner or designate will notify the following individuals:

- CEO (who will then notify the Foundation Board of Directors and the Board of Directors)
- Medical Director (who will then notify other physicians).
- Director of Care

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The individuals listed above are responsible for notifying other individuals according to the notification of appropriate individual chart, see Appendix A.

## Initial Outbreak Management Team Meeting

The initial outbreak management team consisting of all department managers, the Infection Control Practitioner (lead planner), CEO, Medical Director, and a representative from the Department of Public Health.

**After hours**, contact the nursing manager on-call who will then inform the other department managers. The media spokesperson will be the CEO or designate.

The outbreak management team will meet to:

- Confirm an outbreak exists and to ensure all members of the team have a common understanding of the situation.
- Establish a working outbreak case definition or criteria that will be used to identify residents or staff with influenza caused by the pandemic strain.
- Review control measures to prevent the spread of the virus.
- Identify appropriate signage to be posted in the home and the appropriate locations (i.e. all entrances, elevators and loading dock).
- Institute the staffing contingency plan.
- Enforce the use of personal protective equipment.
- Report the outbreak to appropriate people outside the home such as any of the resident's outside physicians, other health care providers (podiatrist, audiologist, dermatologist, psychogeriatric specialist, and ophthalmologist), and families of ill residents within or outside the home, ministry of health and long term care, staffing agencies, coroner's office and funeral directors.
- Implement the communication plan. Distribute internal communication for resident, family, and staff.
- Discuss education sessions that are required for staff.
- Confirm how and when daily communications will take place between the home and the local public health unit.
- Discuss how often the outbreak management team will meet and set the next meeting date.

## Monitoring of Outbreak

The Infection Control Practitioner or designate will:

- Monitor the outbreak, which includes ongoing surveillance to identify new cases and update the status of ill residents and staff. The local public health unit will use the information to track the spread and impact of the pandemic, monitor ongoing transmission and effectiveness of infection prevention and control measures and recommend changes in the home's infection prevention and control practices if required. Measures may be added or lifted, and additional

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testing may be required (i.e. testing for antiviral resistance). These directives will come from The Public Health Unit. Once the pandemic strain is suspected/identified. Staff will treat all subsequent cases of influenza-like symptoms unless the diagnosis is ruled out.

- Report any influenza-like illnesses and deaths to the local public health unit and coroner’s office.
- Update the pandemic outbreak reporting forms and submit them weekly to the local public health unit by fax.
- Work in conjunction with the health and safety committee to ensure the appropriate precautions are being taken in the workplace to protect workers and patients.
- The Infection control Practitioner or designate will report employees who develop respiratory symptoms to their manager who will then report to Human Resources (HR). HR will report to the Ministry of Labour (for investigation) and to the Workplace Safety and Insurance Board within 72 hours.
- Use the line-listing form to monitor surveillance for residents and staff. See Appendix B for sample line-listing form.

**Assess Residents’ care needs**

- Residents will be assessed according to:
  - Those who could be discharged to family members in the event of an outbreak.
  - Those whose needs could be met by home care.
  - Those that remain at the home.
  - Those in acute care. The home will use all available means of transport for transporting residents requiring acute care services if ambulance service is not available.
- A decision will be made at a later time regarding reallocating residents if needed.
- All non-urgent outside appointments should be cancelled under the direction of Toronto Public Health. The home may choose to postpone appointments based on their own pandemic influenza planning or directives.
- The role of the Physiotherapist will be used to develop physiotherapy services or allocated to other areas of the home.

**Control Measures for residents:**

- Any resident that develops symptoms will be placed on precautionary measures in their room and the family/substitute decision maker should be informed. Floors will be closed with restrictions based on directives from Toronto Public Health.

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- Symptomatic residents should remain on precautionary measures in their room as long as it does not cause the resident undue stress or agitation. This does not apply to the residents that reside on 2 Walker Wing.
- Residents should be placed in a single room or co-horted on one unit. There should be a two-meter separation between residents. Resident's co-horted on one unit should avoid contact with residents in the remainder of the home.
- Signage should be placed on the resident's door advising precautionary measures that are required. The nursing staff will advise visitors about any restrictions and instruct them in the proper use of personal protective equipment if required.
- Once resident has passed away, keep valuables in room and lock the door to ensure safekeeping of valuables. See Appendix E for list of funeral homes capable of providing services.
- The hair salon will be used as a holding area in the event that the morgues/funeral homes are unable to receive the deceased. An air conditioning unit will be placed to maintain cooling of the bodies.

## Essential Services

The following services **MUST** be maintained to provide care and protect residents:

- Heating/cooling/hydro: In the event of service disruption, Belmont House has a backup generator to provide emergency power for 4-5 days. A fuel company is contracted to re-fill the tank as needed.
  - Staff can use battery-powered devices for entertainment and communication purposes. The use of battery powered lighting can provide sufficient lighting in areas were staff are working and preparing food or washing utensils and pots. Managers or person in charge will have access to these supplies.
  - Make use of lighting during the daytime hours via opening curtains and internal doors.
  - Layer clothing on residents for maximum warmth and encourage them to wear coats, caps, and gloves. Serve warm beverages frequently.
  - Limit the areas that need to be lit as much as possible by congregating asymptomatic residents and staff in central areas on the units.
  - Menus can be curtailed to include barbecue dishes to conserve hydro. Thermos containers can be used to keep fluids hot after they have been heated.
  - Drain pipes to prevent freezing.
- Food service: The home maintains a 2-week supply of shelf-stable food items. Belmont House has designed a template for a 2-3 day emergency menu. See appendix C for list of menu templates.

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- Running water: Refer to contingency plan on how to deal with water shortage. The home has a stockpile of wipes for environment cleaning and wipes that can be used for providing care to residents in the event of a water shortage.
- Prescription medications: Medisystem pharmacy will implement their business continuity plan to minimize the impact of disruption on clients.
- Lab services: The lab will work with Belmont House under direction of the Ministry of Health and Long-Term Care. Registered Staff will work closely with in-house physicians to determine essential lab work required.
- Oxygen concentrators: Medigas will work with Belmont House under direction of national, provincial, or municipal pandemic planning committees. There are many residents using oxygen concentrators at present. The use of liquid oxygen will be suspended unless required for transporting a resident in an emergency via a home driven vehicle.
- Cleaning supplies: The home maintains a month's supply of cleaning products. Extra cleaning supplies can be obtained from Complete Purchasing suppliers. Monitoring and distribution of the supplies will be by the housekeeping supervisor or designate.
- TENA products: The home has stockpiled a months' worth of supplies from Cardinal Health. Monitoring and distribution of the supplies will be by the DOC or designate.
- Medical supplies: Nursing has a months' supply on hand. Monitoring and distribution of the supplies will be by the DOC or designate.
- Garbage disposal: In the event of service disruption, Waste Management will provide on-call service. See Appendix D for contact information.
- Elevator service: In the event of service disruption one elevator in the East wing will be designated for passengers and one in the West for freight. In the event that all elevators are down, staff will use stairs to deliver items to floors. Staffs are encouraged to stockpile items on floors such as non-perishable items if a total elevator shut down occurs.

## **Admissions, Re-admissions, Discharges and Transfers**

The home will collaborate with acute care hospitals, Toronto public health and LHIN to make decisions about admissions and re-admissions during a pandemic. Decisions will be affected by resident needs, staffing levels at health care facilities in the community, as well as by the course of the pandemic (if the home does not have enough staff, we will not be able to take new admissions).

If there is pandemic activity in the community but not in the home, the home will want to take extra precautions not to admit someone with Influenza like illness into the home.

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All new admissions should be screened prior to admission. If the home does not have enough staff to provide adequate care, they may not be able to take new admissions. If the home has active cases of influenza, admissions and re-admissions are generally not permitted. This protocol may change depending on community needs.

Factors to guide decisions about admissions include:

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

If there is local pandemic activity, the home may consider discharging residents to family members if they can be cared for appropriately in a family member’s home.

Non-urgent appointments should be rescheduled.

Transfers are likely to be restricted. The following procedures can be used unless informed otherwise:

- When any resident is to be transferred to the hospital from a home with pandemic activity, the home will advise the receiving hospital and the Provincial Transfer Authorization Center (PTAC).
- The hospital Infection Control Practitioner must be provided with the details of the case to ensure control measures are in place when the resident arrives at the hospital.

All transfers from one healthcare facility to another must follow a transfer authorization process at all times. Staff should contact the Provincial Transfer Authorization Center (PTAC) for a transfer request via the web-based application if available. If approved, an authorization number will be issued immediately and faxed or issued on-line to the home.

Resident transfers (from anywhere in the home) to another home are not normally recommended during an influenza outbreak. However, during a pandemic, this policy may change in order to ensure residents receive appropriate care. The Medical Officer of health or designate should be consulted regarding transfers to homes. The PTAC process should be used for all transfers.

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**Tenants:** Community client assessments will be conducted by telephone to reduce opportunity for exposure. Assessments will focus on identifying essential needs and corresponding LHIN services. Home visiting by contracted service providers will continue to be the primary method of delivering client services during an influenza pandemic.

**Support Measures for Staff and Volunteers**

- The Physiotherapy room will be used to accommodate staff.
- Shower facilities are available in the East locker room in the basement.
- The administration area will be the designated command area
- Washers and dryers will be available on the 3<sup>rd</sup> floor of the East building for staff
- The Employee Assistance Program line will be available to staff 24 hours/day, 7 days/week.
- Food and hydration will be available.
- Additional support measures to be implemented as required. Staff should contact their managers or the Human Resources department if experiencing difficulties.

**Control Measures for Volunteer, staff, and family members:**

- Wash hands on arrival, before leaving the resident’s room and before leaving the home. Alcohol hand sanitizers are available at the main entrance and on each nursing unit.
- Use personal protective equipment as instructed by staff.
- Pandemic influenza has an incubation period of up to 5 days. People are infectious for 24 hours before and up to 7 days after the onset of symptoms. Healthcare providers with the pandemic strain should remain off work until 24 hours after all symptoms other than a mild cough is present, typically a period of 5-8 days. Healthcare providers who have been treated with Tamiflu for 72 hours will not be as infectious and may return to work if they feel generally well except for a mild cough. Staff should contact the Infection Control Practitioner for approval prior to returning to work.
- Staff that has a close family member (living in the same home) that has the pandemic virus may continue to work as long as they are not experiencing any symptoms. Staffs with ill family members should be monitored on a daily basis and if they develop symptoms, they should leave work immediately.
- If a visitor is visiting an ill resident, he/she should not be visiting any other resident in the home that is asymptomatic.
- Visitors are asked to visit only one resident and exit the home immediately after the visit.
- Ill visitors, family members and volunteers are asked not to enter the home until they have fully recovered.

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- Contact the Infection Control Practitioner or designate if there are any special circumstances not covered in the policy.

## General Control Measures

All entrances/exits except the front main entrance will be locked.

- The main entrance will be the only entrance that will be used to adequately screen anyone entering the facility. The lobby will be manned from 0600-2300.
- Housekeeping staff may be required to man lobby from 0600-0700 and evening staff shift may be extended to cover 1500-2300.

## Deliveries

- All pharmacy deliveries will be at the front main entrance with appropriate screening procedures followed.
- All other deliveries will be at the loading dock with appropriate screening procedures followed.

## Staff Shortages

1. The Ontario Health Plan for an Influenza Pandemic supports a skills-based approach. The direct care staff could be trained to take on more responsibilities within their scope of practice.
2. Contracted staff from external agencies, extending working hours, calling retired staff back to work is a strategy that could be used to increase staff capacity.
3. Encourage carpooling of staff from certain checkpoints if public transportation is not available. Staff should speak to their managers if experiencing transportation difficulties.
4. Staff may bring a sleeping bag/comforter to work along with a change of clothes in the event they are unable to leave.
5. All vacation requests will be cancelled.
6. Clerical and housekeeping staff could be trained to assist with care (i.e. feeding).
7. Family members could be trained to help with care and daily living activities (i.e. providing a bed bath and assisting with feeding and toileting).
8. Use of volunteers.
9. Pregnant women should be deployed to non-affected areas. Relenza is the drug of choice for this group of individuals as it comes in a topical form and is safer for breast feeding mothers.

It will be essential to “cross-train” staff with different skills other than their current position. The 6 main categories include:

- Feeding residents
- Toileting, transferring, including mechanical lifts
- Obtaining vital signs

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- Basic housekeeping skills
- Basic food preparation and inventory control
- Medication administration

Although individuals may be trained, they will not work in these capacities, replace staff or assist staff during non-pandemic times, as that would be a violation of current collective agreements therefore “in time” training will be provided when the pandemic occurs.

10. If there is no effective vaccine at the beginning of the pandemic, non-immunized staff will **NOT** be excluded from providing care, provided they wear appropriate personal protective equipment and perform frequent hand hygiene. Staff that develops influenza may be allowed to work, but they will be restricted to non-resident care or to the care of residents with influenza-like illness. If there is a vaccine available, any staff that has not been vaccinated with the pandemic strain will not be able to come to work and will not be paid. This is similar to the home’s employee vaccination influenza policy. Unvaccinated staff will be asked to take the H1N1 vaccine and to take tamiflu for 14 days (the time that it would take for the vaccine to take effect). Belmont staffs are required to provide proof of vaccination if the vaccine is administered outside of the home.
11. If there is **no pandemic activity in the home**, the home **will** restrict staff, students and volunteers who have worked at sites where there is pandemic activity unless they have proof of taking effective antivirals.

### Minimum staffing module during a pandemic

Position	Day/Evening	Nights	Task priority
RN/RPN	One for each unit on days; 1 for the east on evenings and one per 2 floors on the west.	1 for the supervision of care in the facility	Dispense all meds, administer controlled or injectable medications, provided treatments and assessment of the ill.
PSW/HCA	One for each unit	One for each unit to partner with the RN/RPN	Administer non controlled medications pre-poured by the Registered Staff
If HCA/PSW not a/v – trained staff/	4 for each unit	2 for each unit	Direct care of residents ie,

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visitors/volunteers may be substituted			feeding, dressing
Dietary aides	1 for each dining area		Provision of food and hydration to residents, ensure food items a/v on each resident area, assist with giving nourishments.
Housekeeper and laundry.	1 for the east and 2 for the west	1 for the building	Focus is on horizontal surfaces and washrooms. Regular cleaning of rooms may be designated to “trained” non-essential staff or visitors.

**Dietary plan, minimum requirements:**

Position Title	Days/evenings	Night shift	Priority task
Food service supervisor	1		Ensure supplies are adequate, direct staffing requirements to the dietary supervisor, ongoing staff/visitor training
Dietician	1		Could assist food service supervisor and other areas as needed.
Cook	1		
Non-essential services (recreation, administration, and physiotherapy).			Provision of food and hydration to residents, ensure food items available on each resident home area, assisting with giving nourishments

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## Communication Plan

Information will be communicated in the following manner:

- An automated message on the main telephone system
- A designated phone line (ext.451) to update residents, tenants, staff, volunteers, and family members.
- Staff will also receive updates via e-mail and memos.
- The Belmont website – What’s Happening link.
- Message board at main entrance with updated information.
- Focus newsletter for tenants.
- Announcements over the Public Address system and at mealtimes.

## Responsibility of the Local Public Health Unit

- The local public health unit will be responsible for coordinating the distribution of antivirals and vaccines among health care organizations at the local level. The Infection Control Practitioner or designate will be responsible for receiving, storing, and tracking the use of antivirals. In case of a power failure the vaccines can be moved to the emergency power source until the source is corrected.
- The local public health unit will provide advice on surveillance programs. They receive reports about Fever-Related Illness, including Influenza-Like Illness in the home, and provide information to the home on Fever-Related Illness activity, including Influenza-Like Illness, or on pandemic activity in the community. The Medical Officer of Health or designate is responsible for declaring an influenza outbreak and for disseminating information about pandemic activity in the community.

## Distribution of Antivirals and Vaccines

- Staff on the individual nursing units will be responsible for obtaining consent from residents or their decision makers for treatment with antivirals and/or immunization during a pandemic (if this information was not already provided on admission).
- Staff to report if they are not able to take the antiviral or vaccine and to monitor antivirals by residents and report to the Infection Control Nurse. See Appendix F for priority groups for antiviral and vaccine administration.
- Antivirals will be administered based on medical directives.

## Declaring the Outbreak Over

The length of time from the onset of symptoms of the last case until the outbreak is declared over will be one incubation period plus one period of communicability for the pandemic strain. This may be longer than the 8-day period used for seasonal influenza. The local public health unit will be responsible for declaring the outbreak over and for

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notifying the Ministry of Health and Long-Term Care and other organizations in the community.

## **Investigate the Outbreak**

When the outbreak is declared over, an outbreak investigation file should be established, containing:

- Copies of laboratories and other results.
- Copies of all meeting minutes and other communications.
- Any other documentation specific to the investigation and management of the outbreak.

The Infection Control Practitioner in conjunction with Public Health will complete the Ministry Pandemic Outbreak form and submit the completed report to the Ministry. This form is usually due within 3 weeks from the time the outbreak is declared over however timelines will be adjusted during a pandemic. The Infection Control Practitioner at the home will keep copies of all forms on file.

## **Review the Pandemic Outbreak**

When the pandemic wave is over, meet with local public health unit staff and other community partners to review the course and management of the outbreak of the pandemic strain in the home and in the community, and identify what was handled well and what could be improved. Submit report to the infection control committee, with a copy to the administrator.

## **DEFINITIONS:**

Antiviral: medication used to treat and prevent influenza.

Community: geographic location of the LTCH within the boundaries of our health units and other homes that falls into our geographical area.

Fever –related illness: Fever greater than 38.0 degrees Celsius (Ministry of Health and Long-term care).

Hand hygiene: Process of removing soil or microorganisms from hands involving the use of soap and water or alcohol hand-based rubs that contain 60-90% of alcohol.

High risk groups: Adults and children with chronic cardiac or pulmonary disorders. Residents of nursing homes or other chronic care facilities. People 65 years of age or older. Adults and children with chronic medical conditions such as

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diabetes mellitus and other metabolic diseases, cancer, immunodeficiency (including HIV infection), immunosuppression (including that of transplant recipients), renal disease, anemia and hemoglobinopathy

Influenza: contagious respiratory illness in humans that occurs every year. An annual vaccine is available.

Influenza like illness: Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia (joint pain), myalgia (muscle aches and pains) or prostration (extreme weakness). In patients over 65, fever may not be prominent.

Investigation number: formerly known as outbreak number, assigned by the local public health unit.

LHIN: Local Health Integration Network (formally CCAC).

Nasopharyngeal swab: used to diagnose influenza like illnesses through viral culture and antigen testing.

Outbreak: 2 cases of acute respiratory tract illness within 48 hours on one unit. (Ministry of health and long-term care).

Pandemic activity (as defined by WHO): is a global outbreak that occurs when a new Influenza A virus emerges, to which the population has little immunity, that has the capacity to spread easily from person to person and cause serious human illness.

Personal Protective Equipment (PPE): Gowns, gloves, masks, and protective eyewear.

Resident: Anyone residing in the home. For the purpose of this policy, includes those residing in retirement suites and apartments.

Routine Practices: Interventions implemented to reduce the risk of transmission of microorganisms from patient to patient, patient to health care worker, and health care worker to patient. Includes hand hygiene, use of personal protective equipment and cleaning and disinfecting.

Staff: Anyone conducting activities within a health care setting that will bring him/her

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close to a resident including all health care providers (physicians, nurses allied health professionals, students), support services (housekeeping) and volunteers.

Surveillance: The systemic ongoing collection, collation, and analysis of data and the timely dissemination of information for those who need to know so that action can be taken.

WHO: World Health Organization.

**REFERENCES:**

A guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes Emergency Management Unit, Ministry of Health and Long-Term Care. December 2005.

Ontario Health Plan for an Influenza Pandemic. September 2006. Chapter 19 – Long-Term Care Homes.

Pandemic Planning: A guide for HR professionals. Why your organization’s HR team should assume the lead role in pandemic planning. 2006.

SARS Ministry of Health and Long-Term Care document. December 2003.  
[http://www.health.gov.on.ca/english/providers/program/pubhealth/sars/docs/docs2/dir\\_cac\\_outbreak\\_120703.pdf](http://www.health.gov.on.ca/english/providers/program/pubhealth/sars/docs/docs2/dir_cac_outbreak_120703.pdf)

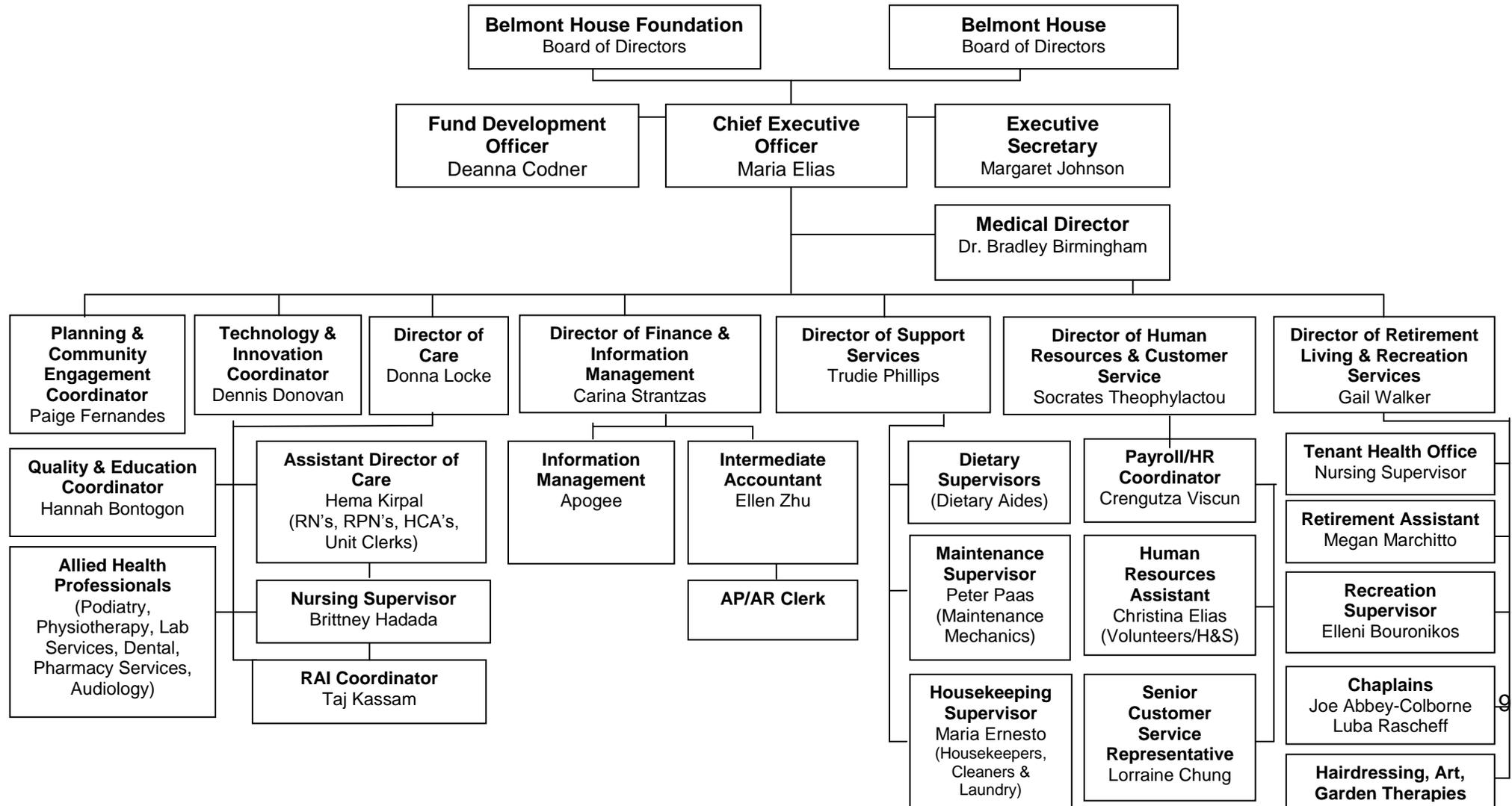
**CROSS-REFERENCE:**

Policy Title	Policy #
Isolation Procedures Policy	V4-090
Outbreak Protocol	V4-130
Vaccination Influenza – Employee	V1-1024

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## Appendix A – Notification of appropriate individual chart and fan out





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## Appendix C

### 3 Day Emergency Menu

#### REGULAR TEXTURE

	Day 1	Day 2	Day 3
<b>Breakfast</b>	Juice Assorted Cold Cereal Or Hot Cereal Cheese or Peanut Butter Toast or Muffin Margarine/Jelly	Juice Assorted Cold Cereal Or Hot Cereal Scrambled Egg Toast or Scone Margarine/Jelly	Juice Assorted Cold Cereal Or Hot Cereal Yogurt Waffle with Syrup or Toast Margarine/Jelly
<b>Lunch</b>	Juice Chicken Noodle Soup Egg Salad Sandwich Bean Salad  Butterscotch Pudding	Juice Vegetable Soup Macaroni and Cheese Beet Salad  Fruit Cocktail	Juice Cream of Broccoli Soup Quiche Mixed Vegetable Salad  Brownie
<b>Dinner</b>	Juice Shepherds Pie Green Beans Bread/Butter Pears Cookie	Juice Chicken Stew with Mashed Potato Carrots Bread/Butter Pineapple Cookie	Juice Roast Pork with Mashed Potato Peas Bread/Butter Apricots Cookie

**Offer Milk, water, juice, coffee or tea at all meals and snacks**

**Assumptions: limited staffing and power**

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## 3 Day Emergency Menu

### PUREED TEXTURE

	Day 1	Day 2	Day 3
<b>Breakfast</b>	Juice Soaked Cold Cereal Or Pureed Hot Cereal Cream Cheese or Peanut Butter Bread Pudding Margarine/Jelly	Juice Soaked Cold Cereal Or Pureed Hot Cereal Pureed Scrambled Egg Bread Pudding Margarine/Jelly	Juice Soaked Cold Cereal Or Pureed Hot Cereal Yogurt Bread Pudding Margarine/Jelly
<b>Lunch</b>	Juice Pureed Chicken Noodle Soup Pureed Egg Salad Sandwich Pureed Bean Salad  Butterscotch Pudding	Juice Pureed Vegetable Soup Pureed Macaroni and Cheese Pureed Beet Salad  Pureed Fruit Cocktail	Juice Pureed Cream of Broccoli Soup Pureed Frittata Pureed Mixed Vegetable Salad  Pureed Chocolate Cake
<b>Dinner</b>	Juice Pureed Shepherds Pie Pureed Green Beans Pureed Pears Soaked Cookie	Juice Pureed Chicken Stew Mashed Potato Pureed Carrots Pureed Pineapple Soaked Cookie	Juice Pureed Roast Pork Mashed Potato Pureed Peas Pureed Soaked Cookie

**Offer Milk, water, juice, coffee or tea at all meals and snacks**

**Assumptions: limited staffing and power**

**Sysco Toronto**  
7055 Kennedy Road  
Mississauga ON  
L5S 1Y7

**Kristina Mondragon**  
Account Executive, Healthcare & Hospitality  
Sysco Toronto  
T 905 670-5855 x 2210

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F 905 696-4704

## Appendix D: Contact Information for Garbage Disposal

Miller Waste Systems  
8050 Woodbine Ave.  
Markham, ON  
L3R 2N8  
908-513-2716

## Appendix E Contact Information for Funeral Homes

Morley Bedford Funeral Homes  
159 Eglinton Avenue West  
Toronto, ON  
M4R 1A8  
416-489-8733

Humphrey Funeral Home A.W. Miles Chapel Limited  
1403 Bayview Avenue.  
Toronto, Ontario  
M4G 3A8  
(416) 487-4523

## Appendix F Priority Groups for Access for Antivirals and Vaccine

- The federal/provincial/territorial pandemic influenza committee has identified priority groups for antiviral use. The priority groups may change depending on the characteristics of the pandemic strain and the availability of the supply of antiviral. The available supply will be directed to people identified as being at increased risk of complications and death due to influenza and people whose skills and services are essential for the pandemic response. Antivirals will be administered to priority groups simultaneously: that is treatment of ill persons and prophylaxis of people providing essential services will occur at the same time.

### Priority group for antiviral use:

**To be effective, antiviral treatment must be started within 48 hours of the onset of symptoms. The earlier treatment is started, the more effective it is.**

### Priority group 1

For treatment - residents hospitalized for influenza (within 48hrs of symptoms).

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For prophylaxis – front line health care workers and key decision makers. This will include all nursing and management staff.

**Priority group 2**

For treatment – ill health care workers and first responders/emergency service providers.  
For prophylaxis – all remaining health care workers.

**Priority group 3**

For treatment – ill high-risk person in the community (within 48 hours of symptoms).  
For prophylaxis – emergency/essential service workers.

**Priority group 4**

For treatment – ill high-risk residents in institutions.  
For prophylaxis – high-risk residents of institutions.

**Priority group 5**

For treatment – persons at high risk of being hospitalized for illnesses other than influenza.

**Priority group 6**

For treatment – persons at high risk in the community.

**Priority Groups for Influenza Vaccine**

**Priority Group 1**

Front-line health care workers and key health decision makers. This will include all nursing and management staff.

**Priority Group 2**

Remaining health care workers.

**Priority Group 3**

Emergency/essential service providers.

**Priority Group 4**

Persons at high risk of fatal outcomes (residents of LTC homes and similar settings, people with high risk medical conditions, people over age 65, children between the ages of 6 and 24 months).

**Priority Group 5**

Healthy adults.

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## **Priority Group 6**

Children 24 months to 18 years of age.

Note – Priority groups may change based on recommendations from National Advisory Committee on Influenza, depending on the demographics and age-related morbidity and mortality of the pandemic strain.