



PANDEMIC PLAN

Maple Villa Long-Term Care Centre

In the event of a suspect or confirmed Outbreak:

Contact Halton Public Health:

905-825-6000 ext. 7341

Contact Ministry of Health and Long-Term Care:

1-866-434-0144

1-800-268-6060 (after hours)

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LIST OF ABBREVIATIONS

Acronym	Description
ADL	Activities of Daily Living
ARI	Acute Respiratory Infection
Home and Community Support Services for HNHB	Home and Community Care
CDC	Centers for Disease Control and Prevention
CNA	Canadian Nurses Association
CNO	College of Nurses of Ontario
DOC	Director of Care
GTA	Greater Toronto Area
HCW	Health Care Worker
IPAC	Infection Prevention and Control
IMS	Incident Management System
JHSC	Joint Occupational Health and Safety Committee
LTC	Long-Term Care
LTCH	Long-Term Care Home
MOLTC	Ministry of Long-Term Care
MOL	Ministry of Labour
OHPIP	Ontario Health Plan for an Influenza Pandemic
OHSA	Occupational Health and Safety Act
OMT	Outbreak Management Team
PPE	Personal Protective Equipment
RPN	Registered Practical Nurse
RN	Registered Nurse
SARS	Severe Acute Respiratory Syndrome
SDM	Substitute Decision Maker
SRI	Severe Respiratory Illness
WHO	World Health Organization
WSIB	Workplace Safety and Insurance Board

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ALL DEPARTMENTS DATE OF ORIGINAL ISSUE: June 2008
ISSUED & APPROVED BY: ADMINISTRATOR REVIEWED/REVISED: September 2021
SIGNATURE: *Barb Goetz*
TO: ALL STAFF
SUBJECT: PANDEMIC PLAN

PURPOSE

This plan has been designed to provide direction in pandemic planning and outbreak response preparedness, to improve the capacity to respond to a potential and actual outbreak of an evolving organism. This pandemic plan is in place and will support resident care and prepare staff to maintain a safe, healthy and caring environment during an outbreak or pandemic.

Contents of this plan will be the same for both an epidemic and pandemic and the roles and responsibilities listed within this plan will be consistent for both epidemic and pandemics.

ANNUAL REVIEW

This plan will be reviewed on an annual basis (or as needed following an event) to ensure that it is a familiar process for the senior leadership to be able to provide direction to all staff in the event of a Pandemic.

A training exercise will occur annually (or as needed following an event) with all staff to review, understand, and become comfortable with this plan.

EMERGENCY MANAGEMENT DESIGNATE

When managing a Pandemic an Emergency Management designate will be identified and a back up to assist with the event. Following consultation with Halton Public Health, the IPAC Lead (Director of Care) will be responsible for the initiation of the Pandemic Plan.

EPIDEMIC, PANDEMIC AND OUTBREAK DEFINITIONS

There exists confusion between the language of epidemic, pandemic and outbreak therefore it is important to understand their meanings to prevent confusion in planning.

An **outbreak** is “a sudden rise in the incidence of a disease” and typically is confined to a localized area or a specific group of people. Should an outbreak become more severe, and less localized, it may be characterized as an epidemic. If it broadens still further, and affects a significant portion of the population, the disease may be characterized as a pandemic.

An **epidemic** is an outbreak of disease that spreads quickly and affects many individuals at the same time.

A **pandemic** is a worldwide spread of a new infectious disease: one which has spread across a wider geographic range than an epidemic, and which has affected a significant portion of the population.

A Pandemic occurs when an organism, to which most humans have little or no immunity, acquires the ability to cause sustained human-to-human transmission that leads to a rapid worldwide spread. The organism may arise through genetic re-assortment (animal and human influenza genes mix) or genetic mutation (when genes in an animal virus change), allowing the virus to easily infect humans. When exposed to the new organism, most people will become ill, as they have no immunity to the newly mutated strain. If the new organism causes severe disease, it can lead to a significant number of hospitalizations and deaths causing social and economic disruption.

Early recognition and prompt reporting in response to unusual clusters of illness are essential for effective management of outbreaks. When appropriate infection prevention and control measures are implemented in a timely manner, outbreaks are generally controlled quickly. In the event of an outbreak or threat of an outbreak of unusual infectious disease, such as a newly emerging respiratory/novel influenza virus or any other infrequent infectious disease, direction for outbreak management of emerging pathogens will be provided by the Chief Medical Officer of Health (CMOH) and Public Health and will extend beyond this document.

INFECTION PREVENTION & CONTROL

Implementation of comprehensive IPAC strategies will help prevent the transmission of pandemic and other infectious diseases with or without the availability of vaccines and antivirals. IPAC measures are fundamental in every aspect of pandemic planning. Increased volumes and prevalence of symptomatic individuals will require diligent attention to routine practices and additional precautions, health care workers exposure prevention, and facility cleaning and disinfecting standards.

BACKGROUND ON INFLUENZA AND PANDEMICS

Influenza is a highly contagious, acute viral disease of the respiratory tract causing outbreaks every winter in temperate climates. Influenza is responsible for thousands of hospitalizations and deaths each year in Canada. Complications, such as pneumonia, are most likely to occur in persons with underlying health conditions, seniors or young children.

Symptoms of influenza may include fever, cough, stuffy or runny nose, sore throat, headache, fatigue, and sore muscles. According to Ontario Health, it is estimated that influenza causes approximately 12,200 hospitalizations and 3,500 deaths in Canada each year. Influenza spreads even more rapidly and widely in closed-population settings, such as LTC homes and schools, where up to 50 per cent of the population can be affected.

How Influenza Spreads

Transmission (spread) of the influenza virus is generally through contact with droplets from respiratory secretions (e.g. from coughs and sneezes). Transmission normally occurs at a short distance (i.e. less than two metres) from an infected person. However, transmission may also occur through contact with contaminated surfaces.

The Influenza Virus

There are three types of influenza virus – A, B, and C – but only influenza A and B viruses commonly cause human disease. Both influenza A and B viruses cause seasonal outbreaks but only influenza A viruses have caused pandemics (see Table 2-1). Influenza A viruses are named for the haemagglutinin (HA) and neuraminidase (NA) antigens found on their surface. There are 18 HA subtypes and 11 NA subtypes found in nature. H1, H2, H3, N1 and N2 subtypes occur as human viruses.

Influenza viruses undergo gradual change to their genetic structure known as antigenic drift. These ongoing changes, or drift, mean a new influenza vaccine must be created each year to protect the human population from infection.

At unpredictable intervals, influenza A viruses experience antigenic shift, which is a periodic process of major change to the haemagglutinin (HA) type of the genetic make-up. It is thought antigenic shift can occur in several ways, such as:

1. Through genetic re-assortment when two viruses infect the same cell and share genetic material. For example, re-assortment may occur when strains of avian influenza mix with the genetic material found in the human influenza virus in a host, such as a pig or human; and/or
2. Through mutation as influenza viruses move from host to host.

Regardless of the means of the antigenic shift, this major alteration to the genetic make-up of the influenza A virus can lead to the emergence of a novel influenza A virus to which humans have little or no immunity.

Differences Between Seasonal Influenza and Influenza Pandemic

SEASONAL (ORDINARY) INFLUENZA	INFLUENZA PANDEMIC
Seasonal flu happens every year.	*An influenza pandemic happens every quarter century.
Seasonal flu is typically between Fall and Spring.	An influenza pandemic typically consists of two or more waves, or intense periods, of viral transmission over an 18-24-month period, with each wave lasting between 6-8 weeks in any locality
About 5 -10% of Canadians get ordinary seasonal flu each year.	Affects a high proportion of the population over the course of full pandemic outbreak
Most people who get seasonal flu will get sick, but they typically recover within a couple of weeks.	About half of the people who get influenza during a pandemic will become ill. Most will recover, but it may take a long time. And some people will die.

Seasonal flu is hardest on people who don't have a strong immune system: the very young, the very old, and people with certain chronic illnesses.	People of any age may become seriously ill with influenza during a pandemic. This depends on the virus.
In Canada there is an average of about 12,200 flu-related hospitalizations and 3,500 deaths from the flu each year related to secondary infections, such as pneumonia such as pneumonia.	During an influenza pandemic, more people are infected resulting in more deaths.
There are annual flu shots that will protect people from seasonal flu.	There is no existing vaccine for an influenza pandemic. It takes approximately five to six months for the development and approval of a vaccine after the pandemic starts.
There are drugs that people can take to treat seasonal flu and related symptoms.	These same drugs may also help people with influenza during a pandemic; however, we will not know their effectiveness until the virus is identified.

Pandemic

A pandemic refers to the occurrence, two to three times per century, of a virus infection that circulates around the globe. For a pandemic to occur, the novel virus must have the capacity to spread efficiently from person to person and to cause widespread illness and death. The exact nature of the next pandemic virus, such as its virulence, genetic make-up, transmissibility and epidemiologic features (e.g. age groups affected) will not be known until it emerges.

World Health Organization Phases for Pandemic

In nature, viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal virus circulating among domesticated or wild animals is known to have caused infection in humans and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal reassortment virus has caused sporadic cases or small clusters of disease in people but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal reassortment virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed, and a decision made by the affected country

if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic period**, disease activity will have returned to levels normally seen. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

PLAN PURPOSE AND SCOPE

A pandemic has been identified as a specific hazard that could imminently disrupt the operations of the long-term care (LTC) home, the health care system and society. It is a possible emergency for which appropriate planning is required to ensure all staff are equipped with the knowledge, skills and resources to respond. Maple Villa's Pandemic Plan was developed to guide LTC staff in their response to a pandemic virus in the home.

Maple Villa's Pandemic Plan has been designed as one aspect of the home's broader emergency plan. It reflects current scientific knowledge and planning principles applied at the international, national, provincial and local levels. While the plan is as complete as possible at the time of publication, pandemic planning is an ongoing process. The plan will be reviewed on a regular basis, in conjunction with the home's emergency plan, to ensure it remains aligned with national, provincial and local plans and reflects current knowledge on pandemics.

Goals of Pandemic Response

Maple Villa's Pandemic Plan acknowledges the national, provincial and local goals of pandemic response. In alignment with these goals, the goals of Maple Villa's pandemic response are as follows:

1. To minimize serious illness and overall deaths in the LTC home.
2. To minimize disruption to essential LTC services in the home as a result of a pandemic.

Ethical Framework for Decision Making

Individuals and agencies involved in a pandemic response may be required to make difficult decisions regarding the provision of care and allocation of scarce resources. To support the decision-making process, the *Public Health Ethics Framework* will be used as an ethical framework. This ethical framework has been adopted and will be used to support decision making during a pandemic.

The *Public Health Ethics Framework* can be found here: <https://www.canada.ca>

Other resources to support ethical decision making include the toolkit entitled, *Ethical guidance for people who work in long-term care: What is the right thing to do in a pandemic?*

Stakeholders (e.g., members of the public, residents, health care workers, other organizations) are more likely to accept difficult decisions if the decision-making processes are:

- Open and transparent
- Reasonable
- Inclusive
- Responsive
- Accountable

The core ethical values that should be considered during a pandemic response. It states more than one value may be relevant in any given situation and some values will be in tension with others. These core values include:

- Individual liberty
- Protection of the public from harm
- Proportionality
- Privacy
- Equity
- Duty to provide care
- Reciprocity
- Trust
- Solidarity
- Stewardship
- Resident and Family-Centred care
- Respect for emerging autonomy

Duty to Provide Care

The Canadian Nursing Association (CNA) Code of Ethics for Registered Nurses states, “During a natural or human-made disaster, including a communicable disease outbreak, nurses have a duty to provide care using appropriate safety precautions.” The code further explains “a duty to provide care refers to a nurses’ professional obligation to provide persons receiving care with safe, competent, compassionate and ethical care.”

During a Pandemic, a health care worker may feel pulled between their obligation to their family and their obligation to their Residents. To anticipate, deliberate and prepare is part of the ‘social contract’ or duty of health professionals to provide care. Accordingly, health care workers have a moral and ethical responsibility not only to their Residents but also to their families and to themselves to become knowledgeable about Maple Villa’s Long-Term Care Pandemic Plan, attend educational sessions related to pandemic planning and assist their families to prepare for a pandemic.

Although experts agree that a pandemic is inevitable, certain factors remain unpredictable and will only be known once the pandemic virus emerges. These factors include the characteristics of the virus (e.g. attack rate, affected age group, speed of spread), the effectiveness of the response (e.g. vaccines, antiviral drugs) and public behaviour.

To ensure disease uncertainties do not impede planning efforts, it is necessary to articulate planning assumptions. These assumptions may be modified as new information becomes available but provide a foundation from which response planning can begin.

Interaction with Community Partners

- Maple Villa will care for ill Residents in the home.

Transfer to hospital will be required if:

1. A Resident requires care involving equipment or skill sets not available in the home and cannot be brought to the home.
2. A Resident requires care involving supplies not available at the home and cannot be brought to the home.
3. Surgery is likely to be required to address care needs.
4. A bone fracture is suspected.
5. A Resident is not palliative but has experienced a life-threatening event.
6. The Physician/NP determines transfer to hospital is necessary.
7. Maple Villa may be able to safely discharge temporarily some Residents to the community to increase surge capacity.
8. Maple Villa may be able to admit non-acute patients from hospital to free up acute care beds.

Home and Community Support Services for HNHB (formerly 'LHINs') will continue its role as conduit for access to LTC services during a pandemic.

Outbreak Management

- Maple Villa will manage outbreaks with assistance and direction from Halton Public Health.

Assistance Required from Halton Public Health Will Include:

1. Communication provided to the home, related to outbreak management
2. Case definition provided.
3. Assistance available to facilitate diagnosis if needed.
4. Direction provided on use of anti-virals, (e.g. duration).
5. The home will disseminate information from Halton Public Health to essential caregivers, families, residents and staff on public health direction and management of the pandemic strain.

Cohorting and quarantine may not be realistic during a pandemic but all reasonable efforts will be made to cohort residents and staff between resident home areas and dining rooms.

Vaccine and Antivirals

- Distribution of vaccine for a pandemic may not be prioritized in the same manner as vaccine for seasonal influenza.
- Maple Villa will only administer a vaccine to its Residents and staff. Family members and volunteers providing direct Resident care will be directed to Halton Public Health to receive vaccine/antiviral.
- Maple Villa will be responsible for the security of its vaccine and antiviral supplies.
- Maple Villa will manage the distribution of antiviral to all Residents and staff as directed by Public Health.
- Antiviral supply may not be available for prophylaxis.

Human Resources

- Maple Villa may experience a reduction in the availability of casual and/or part time workers who may favour alternate employment during the pandemic.
- Staffing will be a critical issue for Maple Villa.
- There will be restrictions prohibiting staff from working at multiple sites.
- Maple Villa will endeavor to provide care using existing staffing resources.

Essential Caregivers, Families, Visitors and Volunteers

- Maple Villa recognizes the importance of essential caregivers and their role to the continuity of care for each resident.
- Families, volunteers and visitors may play a greater role in providing personal care and support for Residents in the home will be utilized to determine commitment for additional support with priority always given to essential caregivers.
- Visitors to the home may be limited or restricted during a pandemic.
- Maple Villa will disseminate information provided by Public Health to its stakeholders.
- Education will be provided to essential caregivers, families, volunteers and visitors on pandemic, self-care and caring for others.

Supplies and Stockpiles

- Access to essential supplies may be disrupted.
- Maple Villa will maintain a three-week inventory of PPE for a pandemic.
- Maple Villa will maintain at a minimum a three-day inventory for current census of food and water and other medical supplies, such as incontinent care products.

ROLES AND RESPONSIBILITIES

Management staff should ensure they are familiar with their legislated professional responsibilities. The *Long-Term Care Homes Act, 2007* which governs LTC homes in Ontario, provide the authority and accountability to LTC homes to:

- Implement surveillance protocols provided by the Ministry of Long-Term Care (MOLTC) for a communicable disease
- Report all communicable disease outbreaks to the Medical Officer of Health

- Comply with the Long-Term Care Homes Act 2007 and Regulations
- Provide information to the MOLTC relating to the operation of the home.

Outbreak Management Team (OMT)

Maple Villa’s OMT will be responsible for organizing available human resources and co-ordinate the home’s pandemic response activities. In accordance with the home’s Infection Prevention and Control Policies and Procedures Manual, the OMT will include, but not be limited to, the following members:

- Administrator
- Director of Care
- ADOC
- IPAC Specialist
- Admin Assist
- FSM/ESM
- Clinical Manager
- Life Enrichment Coordinator
- Maintenance Supervisor
- Halton Public Health
- Respiratory Outbreak Manager
- Medical Director

The OMT will be responsible for overseeing, directing and ensuring the outbreak practices and procedures, as recommended by Public Health guidelines and MOLTC directives and standards, are initiated and followed by staff throughout the home.

Title	Roles and Responsibilities
<p>Outbreak Management Team</p>	<ul style="list-style-type: none"> • Follow MOLTC recommendations, directives, orders and requests • Follow Halton PH orders • Ensure screening protocol will be developed in accordance to MOLTC and Ontario/Halton PH recommendations. • Overseeing, directing and ensuring the outbreak practices and procedures, are initiated and followed by staff throughout the home. • Provide on the spot resource education to any resident, staff/visitor regarding PPE, hand hygiene • Practice and role model appropriate behavior to protect Residents to prevent further spread of the virus (i.e., get immunized, practice respiratory etiquette and hand hygiene, stay home when sick) • Co-ordinate the home’s pandemic response activities • Review and update pandemic and outbreak policies according to best practices • Assist in organizing available human resources • Review the home’s IPAC measures for environmental, engineered controls (ie social distancing, physical barriers, room types and equipment) to ensure optimal control measures are in place • Ensure all entrances and exits to the home are locked, except for the rear entrance which will be designated as the only staff entrance.

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	<ul style="list-style-type: none"> • Ensure all staff, visitors, volunteers, essential caregivers, families and others who enter the home are screened for Acute Respiratory Infection (ARI). • Ensure suppliers are notified to continue using the loading docks as per usual procedure. However, access to the building will be denied until they have completed the screening process at the designated point of access to the building. • Assign staff to complete telephone calls or emails to essential caregivers, families, staff and volunteers to inform them of precautions implemented at the home. • Post signage at all entrances, exits, elevators and units and department bulletin boards indicating WHO has declared the start of a pandemic internationally. Signage will be updated as new information becomes available. • Audit IPAC practices • may also be expected to contribute, as appropriate, to broader health sector planning and response • review visitor surveillance logs and initiate visitors screening/restriction measures as appropriate
<p>Administrator</p>	<ul style="list-style-type: none"> • Planning, organizing, and supervising the delivery of care to resident • Regularly communicates with staff, residents, essential caregivers, families, and community partners to ensure continuity of care and dissemination of information as new information comes available • Ensures budget, and overseeing supply chain capacity • Oversees developing policies for pandemic planning • Ensure IPAC stakeholders (OH&S, SIEU Union, Ministry of Labour, etc) are notified in case of Outbreak with staff involvement • Liaise with OH&S committee to provide direction to DOC/Supervisors regarding ill staff returning to work.
<p>Medical Director</p>	<ul style="list-style-type: none"> • Review pandemic medical practices and disseminate information to all home physicians • Review, update or develop the homes Medical Directives. • Monitor hospital surge capacity and resident need for potential ER/hospital transfers
<p>DOC / IPC Specialist</p>	<ul style="list-style-type: none"> • Ensure heighten surveillance practices in place • Liaise with Halton Public Health and Hospitals, IPAC Hub to use surveillance information to determine severity • Inform staff on their respective units to initiate appropriate components of the pandemic response plan. • Notify department supervisors to inform their respective employees to initiate appropriate components of the pandemic response plan. • Liaise with Coroner, funeral homes for mass fatality management • Liaise with Halton Public Health to inform them of any ill residents, staff, visitors and maintain updated practices as determined by Public Health

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	<ul style="list-style-type: none"> • Maintain updated lists of essential caregivers and ensure updated practices and education are in place and followed • Maintain updated lists of ill staff, visitors/support staff/essential caregivers students, volunteers and provide direction to Supervisors with return to work plan in the home.
ADOC/RAI Coordinator	<ul style="list-style-type: none"> • Assist DOC with duties as designate
Clinical Manager/Reg Staff	<ul style="list-style-type: none"> • monitor resident temperatures and symptoms and report all infectious symptoms to DOC/IPC • The College of Nurses of Ontario expects nurses to fulfil their commitments to Residents, the profession and the public by providing nursing care within their individual professional competencies. • It is also the expectation that the nurses keep informed about pandemic plans and public health communication systems. • All RN to have certificate in IPAC core competencies within the last 2 years • Provide on the spot resource support to any resident, staff/visitor regarding PPE, hand hygiene
Admin Assist/HR	<ul style="list-style-type: none"> • Co-chairs OHS committee • Assists with staff scheduling and payroll adjustments • Maintains updated list of multisite employment and informs supervisors in the event of single site employment directive • Coordinates email correspondence to essential caregivers, families, friends and staff from administration
Life Enrichment and Volunteer Coordinator	<ul style="list-style-type: none"> • Develops and implements smaller group activities that are cohorted • Arranges one-to-one visits with residents • Manages permissible visits whether they are indoor, outdoor or virtual
FSM/ESM	<ul style="list-style-type: none"> • Ensures adequate essential supplies such as food, beverages, non-perishables, disposable wares, etc. • Co-ordinates meal services and dining arrangements • Implements and directs cleaning staff on proper cleaning procedures and twice daily cleaning of all high touch areas
Maintenance Supervisor	<ul style="list-style-type: none"> • Considers and arranges additional waste removal • Screen contract workers when essential service is required for equipment repairs (i.e. electrical, plumbing, equipment breakdown, etc.).
All Staff	<ul style="list-style-type: none"> • Continue to provide safe and effective care • Report illness to the designated person responsible for staffing. • Self screen and do not come to work when ill. • Follow directions as provided by OMT and the PHU.
Social Worker	<ul style="list-style-type: none"> • Provide social support for residents family and staff in need • Assist with transitions to social distancing, loss of in-home visitors, etc. • Promote mental health and wellbeing

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 Screener 	<ul style="list-style-type: none"> • Required to wear adequate personal protection equipment. This includes mask, gown, gloves, protective eyewear and access to hand hygiene station. • Complete ARI screening forms as provided. • Those who fail the ARI Screening will be denied access to the home. The screener will inform the DOC and/or designate of any ill staff, visitors and/or volunteers as necessary. • Ensure all staff, visitors and volunteers sanitize their hands upon entering/exiting the home. Use of PPEs as required. • Ensure visitation is restricted based on the home policy. • Follows the directions from the OMT, regarding visitor restrictions.
Halton Public Health Respiratory Outbreak Manager/IPAC HUB	<ul style="list-style-type: none"> • Provide resources and support for OMT and Maple Villa regarding pandemic planning that is coordinated and consistent with MOLTC and Medical Officers of Health directives

Occupational Health & Safety Roles and Responsibilities During a Pandemic

- JHSC shall stay updated with any current changes to government directives, orders, etc. (i.e. Government of Canada, Government of Ontario, Public Health Ontario) and communicate OHS related information to all staff.
- JHSC will need to ensure health and safety policies are updated and available for all employees
- Continue to conduct regular monthly workplace inspections ensuring high risk hazards are immediately identified and addressed.
- Scheduling extra JHSC Meetings as needed
- Posting of meeting minutes on OHSC Information Board; providing minutes to the Union if requested
- Sending out mass emails to employees
- Ensuring appropriate mandatory education is completed and re-assigned if necessary i.e. Doffing and Donning of PPE, Handwashing, IPAC education
- Communicating to employees any helpful resources for dealing with stresses and challenges of a pandemic i.e. mental health support and/or resources
- Providing an informational package to any employee, essential visitor who has not passed the screening checklist and refused entry to the Home i.e. how to self-monitor, self-isolate, etc.

LONG-TERM CARE RESPONSE COMPONENTS

Description of Surveillance Activities

Surveillance is an essential component of any effective infection prevention and control program. Maple Villa will conduct surveillance activities for Residents, staff, students, and family

members. ARI screening will be conducted throughout the year – not just through the influenza season. Signage and hand hygiene stations will be posted at all entrances instructing essential caregivers, families, visitors and contractors to:

- Perform hand hygiene
- Self-screen for ARI symptoms prior to entering the home
- Not enter if they have respiratory symptoms

Active Screening of All Staff and Visitors

- Maple Villa will implement active screening of all staff, visitors, and anyone else entering the home, except for first responders, who should, in emergency situations, be permitted entry without screening.
- Active screening will include daily (at the beginning of shift or visit) symptom screening and temperature checks. Anyone showing symptoms of ARI will not be allowed to enter the home and must be advised to go home immediately to self-isolate and be encouraged to be tested. Additional screening practices including Rapid and/or PCR testing may be implemented if ordered by the Ministry of Health and/or local public health.
- Staff will contact their immediate supervisor/manager or occupational health and safety representative in the home.
- Staff responsible for occupational health at the home must follow up with all staff who have been advised to self-isolate based on exposure risk or symptoms.
- If warranted, a Screener will be placed at the entrance and will be able to conduct active screening. A designate will be provided in the event a Screener is unavailable. All visitors into the home will be documented and logs will be kept for a period of 30 days. These procedures are to be applied seven days a week and 24 hours a day.

Active Screening of All Residents

- Maple Villa will conduct active screening and assessment of all residents, including temperature checks and symptoms to identify if any resident has fever, cough or other symptoms of ARI.
- Residents with symptoms (including mild respiratory and/or atypical symptoms) must be isolated and testing conducted, if appropriate.
- For residents that leave the home for a short day absence [as directed by Halton Public Health or the Chief Medical Officer of Health (or designate)], the home will provide a mask. The resident must wear a mask while out, if tolerated, and be screened upon their return.
- Additional screening practices including Rapid and/or PCR testing may be implemented if ordered by the Ministry of Health and/or local public health.

Anyone that passes screening:

- Able to enter the home
- Must use hand sanitizer
- Will be provided with a mask and the appropriate personal protective equipment (PPE). This PPE must be put on prior to entering the home area
- Will be advised by the screener to self-monitor while in the home and report any symptoms immediately.

Anyone who does not pass the screening:

- Will not be allowed to enter the facility

- Must notify their immediate supervisor/manager and/or Occupational Health and Safety Department
- Instructed to contact their health care provider, Telehealth (1-866-797-0000) or their local public health unit.

Passive Screening

As part of routine measures there will be:

- Reminders to perform hand hygiene
- Reminders to follow respiratory etiquette
- Access to alcohol-based hand rub (ABHR) in an alcohol concentration of 70-90%, tissues, no touch waste receptacles and signage for proper mask use

INFECTION PREVENTION AND CONTROL

Role of DOC in Conjunction with OMT

PHASES 1 and 2
<p>Objectives and Actions:</p> <ul style="list-style-type: none"> • Daily surveillance of symptomatic residents, staff, essential • Maintain updated list annually or as needed of creatinine clearance level for each resident for antiviral dosing. • To detect cluster cases of ARI. • To report the condition of any staff who develop ARI symptoms to the DOC/designate. • It is the expectation staff with ARI/symptoms will not come into work from the onset of symptom or until they have obtained a physician’s note indicating that they are symptom free and fit to return to work in a long-term care setting. • The DOC/designate will alert Halton Public Health of ARI in staff. The DOC will report to the JHSC committee any occupationally acquired infection and report to Ministry of Labour and to the Workplace Safety and Insurance Board within 72 hours. • To implement management of respiratory outbreaks as required and treat flu cases as per outbreak control measures. • To provide annual education and provide seasonal flu vaccine to Residents, staff and volunteers and to report immunization statistics and adverse effects to Halton Public Health. • To promote respiratory (cough etiquette) and hand hygiene to Residents. To notify Halton Public Health of suspected outbreak activity when there are two cases of acute respiratory tract illness within 48 hours, at least one of which must be lab (e.g., influenza, RSV, parainfluenza); OR three cases of acute respiratory illness occurring within 48 hours in a geographic area (e.g., unit, floor); OR Three or more units having a case of acute respiratory tract illness within 48 hours. • To communicate updates to residents, essential caregivers, families, volunteers, contractors/vendors and staff. • Passive ARI screening measures for visitors, vendor, contractors and family members.
PHASE 3

Objectives and Actions:

- To implement active surveillance measures for ARI / screening for visitors, vendors/contractors and family members.
- To notify the DOC/designate of reported or identified ARI. They will alert public health and the LTC Centre of clusters of ARI in staff, report any occupationally acquired infection to the JHSC Committee and notify the Ministry of Labour and the Workplace Safety and Insurance Board within 72 hours.
- The DOC/designate will actively monitor Residents closely for signs and symptoms by:
 - Conducting unit rounds
 - Reviewing shift reports
 - Reviewing the physician/Resident concern communications books
 - Auditing and reviewing physician and nurses progress notes
 - Reviewing the monthly pharmacy antibiotic utilization reports
 - Reviewing lab reports
 - Communicating with the RN/RPN about their clinical observations
 - To implement management of respiratory outbreak as required for suspected outbreak activity when there are two cases of ARI occurring within 48 hours in a geographic area (e.g., unit, floor) OR more than one unit having a case of ARI within 48 hours

PHASES 4 AND 5

Objectives and Actions:

- To activate the Pandemic Plan and Emergency Plan (as needed).
- To maintain active surveillance for monitoring of ARI/in Residents and staff.
- To finalize plans for pandemic vaccine storage and security.
- To establish clinic sites for Residents and staff.
- To develop plans for antiviral storage, security and administration, including staff prophylactic treatment in collaboration with Halton Public Health if required.
- To follow guidelines for pandemic flu and provide education and training to staff for personal preparedness, Resident care and pandemic virus management.
- To ensure the availability of a four-week stockpile of equipment and supplies for each Centre.
- To provide educational material and in-services; i.e. LTC pandemic plan; coping with stress, possible HR issues, cross training, hand hygiene and MOLTC fact sheets; posters, designed to inform the Residents, essential caregivers, families, vendors, staff and visitors; and to heighten awareness and understanding of personal and facility management during a pandemic outbreak.

PHASE 6

Objectives and Actions:

- To implement measures for suspected and confirmed pandemic strain in the home.
- To implement mandatory active screening of staff, visitors, vendors and family members
- Due to an anticipated shortage of staff during a pandemic, a decision will be made by the DOC, JHSC Committee and the OMT to determine if staff who have been ill but not fully recovered are fit to work with restrictions with allowances being made for reassignment of duties to decrease the risk of infection within the home.

- To implement heightened surveillance of Residents and staff illnesses for symptoms of the pandemic virus as directed by Halton Public Health.
- To implement control and support measures for Residents, staff, visitors and essential caregivers, families.
- To implement access restrictions for staff, visitors, essential caregivers, families, volunteers and vendors.
- To implement strict isolation for ill Residents.
- To implement visitation restriction for ill Residents.
- Recommend one contact per visit for each Resident; exceptions will be discussed with the DOC in the event of palliative Residents or unpredicted sudden illnesses.
- To direct staff to cohort to their assigned units as much as possible.
- To administer antiviral as directed by the provincial and local policies for antiviral distribution
- To distribute and administer vaccines as directed by Halton Public Health and the
- MOLTC.
- Report adverse effects to Halton Public Health.
- To investigate and review the outbreak.
- To maintain receipts and strict accounting of additional costs.

Identification and Management of Ill Residents

Early detection and timely response to illness is critical in mitigating transmission. Regular monitoring of residents' health status will identify early changes and will allow for early detection and quick implementation of preventative measures.

Health providers are encouraged to act with an abundance of caution as a proactive measure with any suspect cases.

Confirmation of a positive case in an outbreak and pandemic requires immediate action within the home, and prompt disclosure to Halton Public Health is to ensure implementation of a response plan.

All residents' residents' health status will be monitored during each shift and staff must be made aware of the importance of reporting any changes in health status inclusive of atypical changes.

A resident showing any symptoms that could be related to a virus or other unknown organism will be immediately placed on additional precautions as outlined by the IPAC Lead and Halton Public Health. The additional precautions required may change once the organism has been confirmed.

Notification of any positive case will require immediate consultation with the IPAC team, Medical Director and the MOH for direction in implementing a case management plan as well as implementation of necessary additional IPAC precautions.

Contact Tracing

During a pandemic outbreak, contact tracing of outbreaks can be a very intensive process.. Although contact tracing is primarily the role of IPAC, during an outbreak other support persons may be identified and trained to assist with this work.

The IPAC Lead (and/or delegate), has the responsibility to complete contract tracing for residents in the home. The IPAC Lead (or designate), in consultation with Halton Public Health, will determine the need to complete contract tracing for staff and visitors depending on exposure location.

Cohorting

The priority of preventing or limiting the spread of an organism within the home will be supported by cohorting strategies. The intent is to keep positive, suspect and negative individuals apart to minimize further transmission. Cohorting recommendations may change depending on current state of outbreak.

Cohort areas should be separate areas that are well ventilated. Consideration will be given to resident cognitive and ambulatory function, overall functionality, physical distancing, dining area capacity, cleaning, storage etc.

Staff members should work only with one cohort of residents. If staff are required to work with multiple cohorts, they should move from lowest risk to highest risk of cohorts to minimize risk of transmission. (i.e., from negative to positive cases).

The current status of the pandemic and residents' status within the site (related to the pandemic organism), will guide cohorting plans. Cohorting recommendations may change through the course of the pandemic depending on these factors.

Work Self-Isolation

In exceptional circumstances asymptomatic staff critical to operations, but who have been advised to self-isolate (either from travel, high-risk exposure, or testing positive), "work self-isolation" means continuing to work (where appropriate) while using appropriate personal protective equipment and undertaking active self-monitoring, including taking their temperature twice daily to monitor for fever, and immediately self-isolating if symptoms develop.

For staff who have been advised to Work Self-Isolate, refer to *How to Self-Isolate While Working: Recommendations for Health Care Workers* which can be found at www.publichealthontario.ca

Staff under work self-isolation need to identify themselves to their occupational health and safety department. During work, at a minimum, a mask must always be worn, including in common areas.

Personal Protective Equipment

Maple Villa will provide an adequate supply of personal protective equipment (PPE) to staff, essential caregivers, family, volunteers and students or any support workers as appropriate. The PPE must always be readily available and accessible to staff during suspected outbreak, heightened surveillance and declared outbreaks.

There will be a eight-week stockpile of PPE available. During a pandemic outbreak, Maple Villa will have access to the MOLTC PPE stockpile by initiation of contact with the Ministry Emergency Operations Centre.

The ***Urgent Pandemic PPE Order Supply*** form can be used when there is less than 7-days supply left at Maple Villa. The form can be found and submitted from the following website: <https://hospital.sw.ccac-ont.ca/ppeexternal/> or <https://hmmscovid19.ca/>

The DOC/designate and managers will closely monitor the use of supplies and ensure adequate replenishment of PPE stock is done routinely. Education and training will be provided on the proper use and application of PPE in the regular influenza season and enhanced training and monitoring during a pandemic virus outbreak. The goal of the training is to increase the safety of the LTC work environment, promote Resident safety through proper use of PPE and hand hygiene, reinforce safe practices and limit the transmission of infection.

Universal Masking

Universal masking is intended to reduce the risk of transmitting viruses from staff or essential visitors to residents or other staff, at a time when no symptoms of illness are recognized, but the virus can be transmitted. Universal masking may be implemented as directed by Halton Public Health or the Chief Medical Officer of Health (or designate).

It is important to understand that surgical/procedure masks can be used for independent goals: as a source control and/or as part of the equipment used as Personal Protective Equipment (PPE).

- Source control = to prevent the worker from spreading their illness to others
- Personal Protective Equipment = to stop the spread of illness from residents to workers or to other residents

Residents – When necessary, Residents will be encouraged to wear/be assisted to wear a medical mask or nonmedical mask when receiving direct care from staff, when in common areas with other residents (with the exception of mealtimes), and when receiving a visitor as tolerated.

For staff, visitors and/or residents who are unable to wear a mask due to a medical condition or are unable to put on or remove their mask without assistance from another person will consult with the Director of Care at Maple Villa for further direction.

Exceptions to the masking requirements:

- children who are younger than two years of age
- any individual (staff, visitor or resident) who is being accommodated in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* or the *Ontario Human Rights Code*.

- if entertainment provided by a live performer (that is, a general visitor) requires the removal of their mask to perform their talent, provided the performance is in accordance with all applicable laws including regulations.

Use of N95 Masks

All health care workers providing direct care to or interacting with a suspected, probable (i.e. placed in precautions as high risk contact, in an outbreak zone of the facility or recently transferred from a facility in outbreak) or confirmed cases are to wear a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves, unless directed by Halton Public Health or the Chief Medical Officer of Health (or designate).

Eye Protection

From an occupational health and safety perspective, appropriate eye protection (e.g., goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspect or confirmed cases, and in the provision of direct care within 2 metres of residents in an outbreak area unless directed by Halton Public Health or the Chief Medical Officer of Health (or designate).

In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres of a resident(s).

Donning and Doffing of PPE:

Refer to page 70-71: <https://www.publichealthontario.ca/https://www.publichealthontario.ca/-/media/documents/bp-rpap-healthcare-settings.pdf?la=en/media/documents/bp-rpap-healthcare-settings.pdf?la=en>

To protect workers from the risk of occupational exposure to the pandemic virus strain, precautions that will be used include: hand hygiene, physical distancing (6ft), routine practices, droplet and contact precautions for routine care and airborne precautions when performing aerosol-generating procedures. In addition to droplet precautions, the use of N95 respirators (instead of surgical masks) when in a room/area with a confirmed case of the pandemic virus.

Staff who are within two metres of a Resident, exhibiting symptoms and staff who are exposed to aerosol generating treatments, are required to wear an N95 mask.

The home will implement mask fit testing for all employees to be repeated every two years and a record of the recommended mask fit maintained in the personnel files. Education will be provided, and staff supported to properly apply and remove fit tested masks.

The use of surgical/procedural versus N95 masks will be determined based on the pathogen of the virus in consultation with Public Health Ontario.

Hand Hygiene

Hand hygiene practices will be consistent across the home following the recommendations from Public Health Ontario. The current hand hygiene policy and procedure will be reviewed and updated to reflect the following:

1. indications for hand hygiene;

2. how to perform hand hygiene;
3. selection of products used for hand hygiene;
4. management of product dispensing containers;
5. hand care;
6. use of alcohol-based hand rubs with appropriate placement of product; and
7. hand hygiene compliance and feedback through auditing

The following recommendations from '*The 4 Moments of Hand Hygiene in HealthCare*' will be adhered to. All staff, Residents, visitors and volunteers will perform hand hygiene:

1. BEFORE initial patient/patient environment contact
2. BEFORE aseptic procedure
3. AFTER body fluid exposure risk
4. AFTER patient/patient environment contact

In addition, Residents will be expected to perform and/or be assisted to perform hand hygiene after toileting, before leaving their room and prior to any nourishment and mealtimes.

Cleaning and Disinfecting

Safety of staff, residents, and visitors is paramount. Maple Villa will follow the best practices as outlined by the Provincial Infectious Diseases Advisory Committee. This resource will include the Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition which can be found here:

<https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf>

Additional environmental cleaning shall be conducted for frequently touched surfaces, including trolleys and other equipment that move around the home. These high touch surface cleaning will be signed for twice daily. Dining rooms will be cleaned and sanitized between meal sittings.

Policies and procedures regarding staffing in Environmental Services (ES) departments will allow for surge capacity (e.g., additional staff, supervision, supplies, equipment).

Maple Villa will use an accelerated hydrogen peroxide product to expedite effectiveness. In the event the hydrogen peroxide product is not effective against the virus strain, Maple Villa will consult with the PHU to determine suitable cleaning and disinfecting product and procedures.

Following a discharge of a resident from the home, Maple Villa employees will follow the Checklist for Discharge (Total) Cleaning of All Rooms. Refer to the Appendix for a copy of this checklist.

Staff Education and Training

The DOC and IPAC committee will ensure the following:

- All staff are trained and knowledgeable regarding principles and procedures for infection control
- Training needs are assessed
- Appropriate training and retraining are provided
- Impact of training is monitored and reviewed.

All training and education will be done in-person and online Surge Learning. Training will be done annually and as needed based on outbreak/pandemic status.

Education will be provided to staff, residents, essential caregivers, and families using approved resources provided by Halton Public Health and MOLTC both before and during a pandemic.

In consultation with Halton Public Health, signage will be posted at all entrances, and where appropriate throughout the home on hand hygiene, PPE use, physical distancing, etc.

In the event of more highly infectious and transmissible pandemic strains, it is expected that the home will follow the advice on required precautions and training set forth by the MOLTC, MOL and PHU.

RESIDENT CARE

Standard Care

The RN/RPN staff will ensure that the basic standard care is given to each Resident according to their established plans of care. The RN/RPN staff will continue to update the care plans during a pandemic outbreak. The DOC and RN/RPN will collaborate to identify care needs.

The level of care to be provided to Residents during a pandemic is dependent upon the staffing levels available. The minimum basic care will be provided as follows:

- Essential personal care (essential bathing limited to baths/showers as needed only; face hands and perineum twice daily and as needed to maintain skin integrity).
- *Medication administration*
- Personal hygiene and grooming may be modified depending on staff availability
- Oral care BID
- Ongoing assessment of care needs
- Clothing and bedding will be changed only as needed
- Routine toileting and continence care will be based upon the Resident's individual need to maintain skin integrity. Routine catheter care will be maintained as ordered.
- Skin and wound care management including routine aseptic dressings and sterile dressings, and colostomy care must be maintained.
- Assistance with eating as needed. G-tube feeding, and maintenance will be maintained as ordered
- Oxygen therapy as required (a one-month stockpile of O2 supplies will be available for use)
- Bedridden Residents will be repositioned every two hours and as needed
- Maintain regular communication with the relatives/substitute decision makers of Residents in the Centre to keep them updated and reassured about the situation and discourage unwarranted visiting
- Non-urgent medical appointments will be cancelled and rescheduled
- Residents with ARI/Pandemic strain will automatically be placed on Additional Precautions, isolated in a designated area in or cohorted in a room/unit with Residents exhibiting like symptoms
- All Residents with ARI will be restricted to their rooms with no exceptions

- Ensure that appropriate respiratory outbreak signage indicating additional precautions and updates are posted for staff, family, visitors and other services
- In consultation with PHU, the OMT will decide which Resident-based contract services/activities can be curtailed during the pandemic flu outbreak (e.g. foot care, hairdressing, activation programs, physiotherapy, psychiatry visits, etc.)
- The DOCs/designates will ensure that Resident prescriptions for pandemic vaccine are obtained from the attending physicians or Medical Director
- RN/RPN staff will ensure consent for administration of antiviral and pandemic vaccinations are obtained from the Residents or SDM
- Ensure advance directives are updated with SDM of Residents who are ill and appropriate changes made accordingly

Triage

The OMT will decide whether there will be movement of the ill Residents to cohort them to their rooms or assign specific areas for the ill Residents.

- Residents returning from hospital and new admissions will be screened and monitored closely for ARI/symptoms.
- RN/RPN will update the Daily Report of Infections form
- The RN/PRN will follow Halton Public Health to guide decision-making regarding ongoing infections.
- The RN/RPN will initiate the Outbreak Line Listing and notify the DOC.

Criteria for Location

An assessment of care needs will determine where the Resident will be best cared for. Residents requiring extraordinary care (e.g. Residents requiring Renal Dialysis, Emergency Orthopedic Surgery etc.) will be evaluated to determine the best location to meet their care needs.

If a Resident has been determined eligible to go home temporarily with family members, the home's multidisciplinary team will:

- provide support, education, medication, and personal care items to facilitate transfer of care activity to the community setting collaborate with the Home and Community Support Services for HNHB to determine eligibility for home care services.

NOTE: This temporary transfer will not be considered a discharge to community unless the family/Resident wishes a permanent discharge.

Resident, Essential Caregivers, Family and Volunteer Education

The DOC and IPAC Committee will collaborate to deliver education to Residents, essential caregivers, families and volunteers. Education will include but not be limited to:

- Hand Hygiene
- Cough Etiquette
- Infection Control and Prevention Measures
- Donning and Removing of Personal Protective Equipment

- Pandemic virus (historical and current facts)
- Altered roles and assistance with Activities of Daily Living
- Feeding programs

Educational resources will be communicated via email or virtual meetings as required for pandemic.

ANTIVIRAL AND VACCINE MEDICATIONS

Distribution

- Halton Public Health units will be responsible for the release of the vaccine to health care facilities and agencies that can administer the vaccine to the patients/clients and their own employees.
- Antiviral and vaccine medications (if available) will be distributed according to government directives.
- To be effective antiviral medications must be taken within 48 hours after the onset of virus-like symptoms and within 12 -24 hours to be most effective.
- The Medical Directives for the administration of antiviral and vaccine medications and the administration of epinephrine, if needed due to an adverse reaction, will be obtained from the Medical Director.
- The current list for non-immunized staff members will be maintained by the DOC/designate.
- The current list for the immunization status of Residents will be maintained by the DOC/designate.
- Tracking Sheets to monitor staff antiviral and/or vaccine uptake will be maintained by the DOC/designate
- A policy for the prophylactic use of antiviral medications during an outbreak/pandemic will be provided by the MOLTC and/or Medical Director of the home.
- Consent forms will be developed and signed by all Residents currently residing in the home or substitute decision maker (SDM), as well as all new admissions.

Storage/Tracking

- Maple Villa will designate a locked area to accommodate vaccines and antiviral medication
- The home must ensure they have a designated cold chain storage location, which will be monitored to ensure viability of vaccine.
- Vaccine fridge must maintain temperatures in the range of two to eight degrees Celsius.
- The vaccine fridge temperatures will be monitored two times daily by the RN/RPN.
- An emergency generator using diesel fuel is maintained in the home.
- During a pandemic there may be multiple disruptions in service, some of which may be for extended periods of time. It is also possible re-fueling may not occur as normal. Therefore, the emergency generator will be used only for essential Resident and staff safety.
- The Pharmacy will provide the home with enough supply of Epinephrine 1:1000 to be stored in the Emergency Medication box for the treatment of anaphylaxis post administration of Pandemic antiviral /vaccine medications.

- The RN/RPN will receive, store, and track the administration of antivirals and vaccines.

Monitoring of Adverse Response to Medications

- The RN/RPN will obtain informed consent prior to administration of any vaccine or antiviral.
- The DOC and RN/RPN will reinforce the importance of reporting any adverse effects post administration of the vaccine or the antiviral.
- RN/RPN report all adverse reactions to the physician and POA.
- The DOC will report all adverse reactions to the Medical Director, Halton Public Health and MOLTC (CIS Report)

HUMAN RESOURCE MANAGEMENT

In the event of a pandemic outbreak, labour legislation, (e.g. *Employee Standards Act of Ontario*) and collective agreements will continue to guide decisions.

It is expected that the following issues will need to be addressed:

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

Contingency Staffing

Contingency staffing shall be initiated when staffing absentee levels decrease by 25%.

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff, volunteers, family members and students will be mobilized to assist with essential job duties to provide care to the Residents and maintain the home.

In the event of staff shortage, Maple Villa will utilize A-Supreme Nursing & Homecare Services at 416-781-7687 and website: <https://www.asncare.com/>

Use of Volunteers and Family Members

The OMT will oversee the redeployment, education and cross training of available staff, volunteers, family members and students.

Maple Villa will collaborate with their Labour Relations Consultant to ensure adherence to legal and legislative considerations and to discuss staffing challenges.

Listing of Cross Trained Staff

The OMT will maintain the list of cross trained staff. Specific services and programs may be suspended to make additional staff available to assist with essential service.

Maple Villa will utilize Resident Services Assistants to assist with non-direct care tasks.

Agency Staff

Agency staff may be utilized to fill in staffing vacancies as required. Consideration will be given to alternate work assignments as deemed necessary to maintain essential services.

Self and Family Care Guidelines

Education will be provided to the staff and family members to encourage good practices for personal preparedness and family care. It is expected staff will make every effort to secure child care, elder care and transportation arrangements to enable them to continue to work without disruption.

Staff Support Services

The OMT of the home will decide the availability of staff support services including, but not limited to:

- Transportation assistance
- Meals
- Overnight accommodation
- Rest areas between overtime shifts

Maple Villa's Employee Assistance Program provides the following services for pandemic assistance:

- 24 hour/day service
- During critical incidences, they can provide counselling services
- They can provide phone counselling, e-mail counselling and teleconferencing
- They can provide mental health supports and resources

Volunteer Management

The volunteers will be trained to assist with certain limited aspects of care and steps will be taken to ensure they are not functioning beyond their capabilities. Additional volunteers may be recruited as deemed necessary. Volunteers who present to the home unsolicited will be screened for suitability and placed according to the needs of the Centre.

COMMUNICATIONS

Internal Communications

- The Administrator/designate will be responsible to ensure that the Pandemic Plan is communicated and implemented
- The Administrator/designate is responsible for communication to the Ministry of Long-Term Care. A status report will be provided daily or as requested.
- The Medical Director and all attending physicians will be notified in the event of a Pandemic Outbreak

- The Outbreak Management Team will meet daily and ad hoc in the designated location.
- The minutes of the OMT meetings and updated pandemic information received from MOLTC and the Medical Officer of Health (MOH) will be posted in a visible location that is accessible to all staff
- Vital information will be communicated by the Supervisors immediately to their staff upon advisement by the OMT.
- Work schedules and alternate assignments will be posted daily at reception for volunteers and family members who have volunteered to assist.
- A voluntary list of staff e-mail addresses will be maintained for those who wish to receive updated pandemic information during the outbreak.
- Signage will be posted each all entrances to inform of the home's outbreak status during the Pandemic.
- Signage promoting hand hygiene, cough etiquette, proper use of PPE and social distancing will be posted throughout the home as applicable.
- In the event of loss of telephone or computer service, refer to the Emergency Plan.

External Communications

- Refer to the home's Emergency Plan to access the list of external contractors.
- All media inquiries and general inquiries regarding pandemic are to be directed to the Administrator. The Administrator will be responsible for providing information to the news media.
- Maple Villa may wish to survey family members and volunteers regarding their ability to volunteer to assist at the home during pandemic outbreak.
- Regular communication will be provided to families, visitors, staff and volunteers regarding the Pandemic.
- The RN/RPN on each floor is responsible for contacting and responding to family questions and concerns regarding Residents' condition and changes to treatment.
- Virtual meetings, teleconferences and email will be used to communicate whenever possible.

Types of Communication

General Updates

General updates refer to communication for the larger community (staff, residents, and families) and include information on visitor protocols, outbreak information, measures being taken by the facility, and activities.

Health Status Updates

The most important concern for families is to have health updates on their family member living in the personal care home. During a pandemic or outbreak, prepare for multiple enquiries from families.

Communication with family **must** occur when there is a change to the resident's health (i.e. fluid intake, eating, behaviour), whether they have been identified as a close contact to the infection, are showing symptoms, have been tested, waiting for testing, contracted the infection or have been cohorted.

As this is resource intensive, it is ideal if clinical staff directly involved with caring for the resident provide the health status updates to family.

Family-Initiated Communications

When a clinical team member cannot respond immediately to family-initiated communication, it is imperative to enlist the assistance of other staff who can provide a call back with a status update (at minimum), and estimated call back time from the clinical team.

EMERGENCY PLANNING

Supply Chain Capacity / Stockpiling of Essential Supplies

During a pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated the demand will be high worldwide and traditional supply chains may break down. In preparation for a pandemic, the following measures will be instituted:

1. The home will maintain a 21-day stockpile of essential supplies.
2. A seven-day stockpile of non-perishable food items for Residents will be included in the list of essential supplies.
3. The home will maintain 24 hours' worth of potable water for Residents and staff. Water service can be obtained from Brights Water at 1-877-696-3609.
4. All supplies are to be checked for expiration dates and rotated on a regular basis to prevent stock expiration. The Administrator will determine the frequency of the stock rotation.
5. The Administrator will make recommendations for appropriate secure storage areas for the 21-day stockpile of essential supplies. Further direction regarding this issue is anticipated.

Building Security / Traffic Flow

1. Existing security measures within the home will be maintained and the following additional procedures will be implemented in a pandemic outbreak.
2. The home will decide how to lock down all entrances and exits in order to control points of access and maintain security.
3. Signage will be posted to direct staff and visitors to the screening station and to provide information about the screening process and the outbreak status of the home, as provided by the communication from the OMT.
4. The recommendation is that a common entrance and exit is utilized with a screener in place for all individuals entering and exiting the home.
5. The screener will be responsible to screen for infectious status and monitor the identification of all parties entering and exiting the home.
6. In the event of an emergency, the reception area staff will direct emergency service personnel as required.
7. Steps will be taken to minimize staff and Resident movement throughout the home. For example, staff will be cohorted to their units. All Residents' activities will be restricted to individual units.

8. All delivery persons will be directed to the service entrance to be screened and granted access to deliver goods/supplies to designated areas.

Visitor Management

Notifying Visitors and Volunteers

During a pandemic, visitors will be advised of the potential risk of either introducing the virus into the home or acquiring the virus within the home, and of the visiting restrictions, if applicable.

In the event of an outbreak at the home, family members of ill Residents and family members of Residents on the affected unit/floor will be contacted immediately. Where possible, the home will keep a telephone list of frequent visitors who should be contacted and advised of the outbreak.

Other communication systems will be used to convey information as appropriate (e.g., company website, mass e-mail distribution) to maintain communications with family members and visitors.

Screening of Visitors

- All visitors are required to be screened in order to enter the home.
- The home will reserve the right to limit the number of visitors at one time based on direction from local public health, provincial and/or federal government orders.

Visitor Restrictions

Visitors are encouraged to postpone visits whenever possible. During a pandemic this policy may not be practical. The home may need family members to assist with Resident care. All visitors who choose to visit during an outbreak shall be required to:

- Perform hand hygiene on arrival, before leaving the Resident's room and before leaving the home.
- Use PPE as instructed by staff.

Visiting restrictions will be determined by the Medical Officer of Health.

Visiting Ill Residents

The screener will direct the visitors to see the RN/RPN prior to visiting. The home will post additional precaution signage on the entrance of ill Resident's rooms. The RN/RPN will advise visitors about any restrictions and instruct them in the proper use of PPE, if required. Ill Residents and their visitors should remain in the Resident's room throughout the visit. The visitors shall not visit other Residents unless otherwise directed.

Communal and Other Activities

Visits by outside groups (e.g., entertainers, community groups) shall not be permitted. Visits to multiple Residents will be restricted.

A staff member/pastoral care, social worker or volunteer will be made available to assist managing and controlling issues that may arise with visitors to the home during the pandemic (e.g. emotional situations resulting from anxiety and shock due to pandemic situations and illness and death of a loved one).

MASS FATALITY MANAGEMENT

Death Pronouncement

According to the College of Nurses of Ontario (CNO), the College's practice standard for Resuscitation states a nurse may pronounce death in situations of expected death, meaning the client is terminally ill and there is no available treatment to restore health or the client refuses the available treatment. Pronouncing death is to declare death has occurred. There is no legal definition of pronouncing death and no legal requirement that a physician pronounce death.

When deciding if it is appropriate for nurses to pronounce death within a particular setting, consideration must be given to the client population, the benefit to the client's family and friends and any potential restrictions in policy and legislation. In a pandemic outbreak, it may be anticipated a RN and RPN will pronounce death. The CNO will be contacted for clarification of responsibilities for RN/RPN during a pandemic.

Direction will be taken from the Chief Coroner's Office or Medical Officer of Health where changes to death pronouncement may occur.

Death Certification

At present, only physicians and NPs can certify the death of Residents. This practice may be altered to reflect a pandemic situation.

Additionally, the *Coroners Act* includes other circumstances in which a nurse would need to report a death to the Coroner for investigation. In a pandemic outbreak, the reporting may be altered. Direction will be taken from the Chief Coroner's Office or Medical Officer of Health to guide the reporting process.

Temporary Morgue Site

At present, there is limited morgue capacity at the home. The availability of offsite surge morgue capacity will be located at Smiths Funeral Home in Burlington (Mainway). Direction will be taken from the Chief Coroner's Office, Medical Officer of Health and Halton Public Health.

Faith Practices and Consideration for Death and Dying

Maple Villa have both ethno-culturally and religiously diverse Resident populations. It is recognized some faith-based groups have special considerations when dealing with death and dying. Should a pandemic result in additional deaths over and above the number of deaths expected from all causes occurring in the Pandemic period, special consideration may need to be given to ensure these practices are adhered to as much as possible while dealing with this surge.

The Gentle Care Committee at the home will provide information and support regarding special considerations for faith-based groups. The health care team will be encouraged to consult with the Gentle Care Committee to ensure Residents are treated with respect and dignity in the process of dying and death according to their chosen faiths.

RECOVERY AND BUSINESS CONTINUITY

Post Pandemic Recovery Activities and Business Continuity Planning – "Return to

Normal”

The aim of recovery is to allow Maple Villa to emerge from a pandemic outbreak in as healthy a state as it was prior to the outbreak. As the outbreak will likely come in waves, every attempt must be made to balance the available resources (physical and human) to expedite recovery while preparing for the next wave of pandemic.

Key Actions:

Priority	Key Actions
Immediate	<ul style="list-style-type: none"> • Debrief • Assess resources and re-stock supplies and equipment • Evaluate individual and economic costs of the pandemic (consider overtime, work days lost, additional supplies, etc.) • Resume routine surveillance and normal work schedules • Provide updates (written) to staff, Residents, essential caregivers, families and volunteers
Intermediate	<ul style="list-style-type: none"> • Review data for information such as: age specific mortality, morbidity and attack rates, vaccine efficacy, antiviral efficacy, community containment measures • Return to routine surveillance • Evaluate lessons learned
Gradual	<ul style="list-style-type: none"> • Maintain communication with local partners • Assess and re-build infrastructure (e.g. volunteer reserve) • Revise competencies/key skills for volunteers as necessary to support job functions based on what was learned during pandemic • Revise the Pandemic, Emergency and Business Continuity Plans as appropriate

APPENDIX

Recommendation Summary of PPE Use

Setting	Individual	Activity	Type of PPE or procedure
Long-term care home	Health care worker	Providing direct care to suspect or confirmed residents, including nasopharyngeal and oropharyngeal swab collection	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Surgical/procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
	Health care worker	Providing CPAP and/or open suctioning to suspect or confirmed resident	Droplet and Contact Precautions using a N95 respirator when providing CPAP. Manage in single room with door closed. Keep the number of people in the room during the procedure to a minimum.
	Environmental service workers	When entering the room of a resident suspected or confirmed	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Surgical/ procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield)
	Administrative areas	Administrative tasks that do not involve contact with resident suspected or confirmed	<ul style="list-style-type: none"> • Routine Practices
	Visitors	Entering the room of a suspect or confirmed resident should be kept to a minimum	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Surgical/procedure mask • Isolation gown □ Gloves • Eye protection (goggles or face shield)

Taken from: IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 found here: <https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>

Checklist for Discharge (Total) Cleaning of All Rooms

		YES	NO
1.	Are the curtains removed before starting to clean if visible soiled?		
2.	Check to see if the mattress and pillows and chairs are not torn.		
3.	Are clean cloths, mop, (all supplies) and solution used to clean the room?		
4.	Fill one bucket of the disinfectant so it is the correct strength.		
5.	There is to be no double dipping with used cloths.		
6.	Use several cloths to clean a room.		
7.	Always work from top to bottom; clean to dirty; washroom last.		
8.	Clean all surfaces and allow for the appropriate contact time.		
	a) door handles		
	b) light switches		
	c) call bell and cord		
	d) light cord		
	e) pull cord in washroom		
	f) overbed table		
	g) bedrails and bed controls		
	h) soap dispenser		
	i) telephone		
	j) inside drawers, drawer handles		
	k) TV control		
	l) mattress		
	m) pillow		
	n) chair		
o) commodes/high toilet seat			
9.	Are the following discarded?		
	a) soap		
	b) toilet paper		
	c) paper towels		
	d) mouthwash, toothbrush, toothpaste		

Room: _____ Signature: _____ Date: _____

High Touch Cleaning Schedule

High Touch Area Cleaning Schedule

High Touch Points to be Cleaned in all areas listed include: doorknobs, elevator buttons, light switches, toilet handles, facets, hand soap and sanitizer containers, counters, hand rails, touch screen surfaces, keyboards, telephones, etc., where applicable

Use appropriate use of Lemon Quat - use as instructed.

Tasks	Week-1 [Dates: _____]							Week-2 [Dates: _____]						
	M	T	W	T	F	S	S	M	T	W	T	F	S	
	AM	PM	AM	PM	AM	PM	AM	AM	PM	AM	PM	AM	PM	
Basement - "P1 & E-1"														
Stairwell to basement (doorknobs/railings)														
Staff Washroom (Womens)														
Staff Washroom (Mens)														
Staff Lunch Room														
Basement Locker Room														
Elevator Button														
Tabletops/Countertop Space														
Conference Room														
Maintenance Room														
All Keys to All doors on 1st Floor														
Dining Room 1st Floor														
Tub Room 1st Floor and 1st Floor Hsk Closet														
1st Floor Soiled Linen / Clean Linen Closets														
First Floor & Laundry - "L"														
Stairwell to 2nd Floor (doorknobs/railings)														
Staff Washroom (Womens)														
Staff Washroom (Mens)														
Elevator Button														
Tabletops/Countertop Space														
1st Floor Hall Way Rails Both Sides														
Life Enrichment Room/Staff Punch Clock														
Nursing Station and Med Room														
Laundry Room and Service Hallway														
Outside Drs (Side/Main and Service Entrance)														
2nd Floor - "P2"														
Stairwell to 2nd Floor (doorknobs/railings)														
Staff Washroom (Womens)														
Staff Washroom (Mens)														
Elevator Button														
Tabletops/Countertop Space														
2nd Floor Hall Way Rails Both Sides														
All Keys to All doors on 2nd Floor														
Dining Room 2nd Floor 1/2														
Nursing Station and Med Room														
Tub Room 1st Floor and 1st Floor Hsk Closet														
2nd Floor Soiled Linen / Clean Linen Closets														
2nd Floor - "P3"														
Stairwell to 2nd Floor (doorknobs/railings)														
Staff Washroom (Womens)														
Staff Washroom (Mens)														
Elevator Button														
Tabletops/Countertop Space														
2nd Floor Hall Way Rails Both Sides														
Dining Room 2nd Floor 1/2														
All Keys to All doors on 2nd Floor														
Nursing Station and Med Room														
Tub Room 1st Floor and 1st Floor Hsk Closet														
2nd Floor Soiled Linen / Clean Linen Closets														

Tasks	Use appropriate use of Lemon Quat - use as instructed.														
	Week-1 (Dates: _____)							Week-2 (Dates: _____)							
	M	T	W	T	F	S	S	M	T	W	T	F	S	S	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
2nd Floor Solid Linen / Clean Linen Closets															
Main Kitchen "H2/H7"															
Telephone/Radio															
Walkin Fridge/Freezer Door Handles															
Fridge/Freezer Doors															
Oven Handles															
Dishwasher Handles															
Drawer Handles															
Counter tops cooks area/Prep. Space															
Diningroom Door Handles															
Cupboard Handles															

High Touch Points to be Cleaned in all areas listed include: doorknobs, elevator buttons, light switches, toilet handles, facets, hand soap and sanitizer containers, counters, hand rails, touch screen surfaces, keyboards, telephones, etc., where applicable

Pandemic Contingencies

Worst case scenario is that staff absenteeism is 25% or greater and experiencing 3-5-day delay in shipment of essential supplies i.e. food.

OVERALL ISSUE	ACTION PLAN
Staff shortage And Delayed/Disrupted Supply Delivery	<ul style="list-style-type: none"> • 12-hour shifts • Solicit volunteers (staff, resident family members) i.e. meal service, laundry • No vacations • All staff and management on call • Contact Home and Community Support Services for HNHB and staffing agencies for possible assistance • Multitask duties • Employee's families to assist
Nutrition / Dietary	<ul style="list-style-type: none"> • Plan/utilize contingency menus • Disposable dishes, cutlery • Canned foods • Already prepared foods • Baby food and canned puddings for therapeutics • Educate essential caregivers, families and volunteers on proper feeding techniques • Maintain 4 – 7 day inventory of food
Laundry / Linen	<ul style="list-style-type: none"> • Minimize usage • Purchase wet wipes • Maintain minimum of 3 day inventory • Increase hours of laundering with decreased manpower • Purchase disposable aprons to protect resident clothing at mealtime
Medical Care	<ul style="list-style-type: none"> • 24 hour on-call physician
Nursing (washing, toileting, mouthcare)	<ul style="list-style-type: none"> • Disposable medical equipment • Disposable incontinent products • Basic hygiene • Increase incontinent product changes to decrease changing of bed linens and clothing • Sufficient supplies for treatment/dressings etc. • Surplus supply of disposable gloves, masks, hand sanitizer, gowns
Environment: Housekeeping/Infection control Waste Removal Maintenance	<ul style="list-style-type: none"> • Bathrooms sanitized • Touch surface cleaning x 2 daily • Ensure sufficient supply of chemicals for cleaning and sanitizing • Increase supply of garbage bags and paper towels • Increase pick-ups • Ensure proper handling and disposal • Repairs only for inoperable or unsafe equipment
Hospital Transfers (emergency only)	<ul style="list-style-type: none"> • If possible, transport residents across to hospital by walking/wheelchairs

MAPLE VILLA LTCC PANDEMIC PLAN

Residents: (Emotionally) -may be bored, restless, agitated, aggressive, frightened	<ul style="list-style-type: none">• Alter programming to include activities that can be conducted in confined areas, small groups, little or no equipment/set-up needed• Utilize essential caregivers, families and volunteers
Resident Death	<ul style="list-style-type: none">• Contact funeral home/coroner if required• Move body to an appropriate holding area if necessary
Resident Admission	<ul style="list-style-type: none">• Will occur only in emergency situations

7-Day Emergency Menu

Online Resource Links

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/ncidod/eid/index.htm>

College of Nurses of Ontario (CNO)

<http://www.cno.org/en/learn-about-standards-guidelines/standards-and-guidelines/>

Infection Prevention and Control Canada (IPAC Canada)

<https://ipac-canada.org/pandemic-h1n1-resources.php>

Ministry of Health and Long-Term Care (MOLTC)

http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html

Influenza Pandemic Planning, General Plans, Presentations and Resources

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx

What you should know about a flu pandemic

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/default.aspx

Ontario Health Plan for an Influenza Pandemic

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx

World Health Organization (WHO)

World Health Organization <http://www.who.int/en>

Influenza

<http://www.who.int/mediacentre/factsheets/fs211/en/>

Pandemic influenza preparedness and response: a WHO guidance document

http://www.who.int/influenza/resources/documents/pandemic_guidance_04_2009/en/index.html

Public Health Ethics Framework:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/ethics-framework-guide-use-response-covid-19-pandemic.html#a3>

Provincial Infectious Diseases Advisory Committee

Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition:

<https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf>

Public Health Ontario

<https://www.publichealthontario.ca/>

Halton Region Emergency Program and Plan:

<https://www.halton.ca/Repository/By-law-No-39-18-Halton-Region-Emergency-Program>

Halton Region Emergency Management:

<https://www.halton.ca/For-Residents/Emergency-Preparedness/Emergency-Management>

Ontario Health Plan for an Influenza Pandemic:

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/docs/ch_01.pdf

Infection Prevention and Control Measures for Healthcare Workers in Acute Care and Long-term Care Settings:

<https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/guidance-infection-prevention-control-measures-healthcare-workers-acute-care-long-term-care-settings.html>

Ethical guidance for people who work in long-term care: What is the right thing to do in a pandemic?

<https://brainxchange.ca/Public/Files/COVID-19/Ethical-Guidance-for-LTC-v1-4-23-20.aspx>