Bob Rumball Home for the Deaf

Epidemic and Pandemic

Emergency Plan

Previously Titled:

Pandemic Plan for Severe Acute Respiratory Illnesses including Influenza and COVID-19

ACKNOWLEDGEMENTS

Many thanks to the **Bob Rumball Home for the Deaf (BRHD)** management team for their dedication in the development, review and revision of this emergency plan. BRHD extends thanks to the entities that offered recommendations for improvement.

DISCLAIMER

This *Plan* was developed by and for the BRHD. It was based on the prevailing best practices at the time of development. It is reliant on the published documents and information, including from the Government of Canada, the Ontario Ministry of Health (MOH), and Ministry of Long-Term Care (MLTC), the Public Health Agency of Canada, Public Health Ontario (PHO), Simcoe Muskoka District Health Unit (SMDHU), the Provincial Infectious Diseases Advisory Committee (PIDAC), the Registered Nurses Association of Ontario (RNAO), AdvantAge, and others too extensive to list.

The application and use of this document are the responsibility of the user, since this is a living document and the information frequently changes. This Plan is intended to help BRHD achieve, demonstrate, and maintain compliance with relevant legislation, and promote quality improvement at the Home. [i]

Where there is discrepancy between this plan and current legislation, Ministry Directives, Public Health Ontario, or best practice documents, please follow the direction of the Chief Medical Officer of Health, current legislation, Ministry Long-Term Care (MLTC), Public Health Ontario (PHO), experts in the field, and evidence-based best practice, where available.

This plan is not intended to replace or supersede government legislation, directives or public health measures. Adapted approaches may be required to address unique, sector-specific, organizational, local or other exceptional circumstances and conditions.

BRHD welcomes any additional review of this plan and subsequent feedback by Simcoe Muskoka District Health Unit (SMDHU) staff and other related entities.

This Plan is a living document and will be reviewed and regularly updated as new information is made available.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS and DISCLAIMER

TABLE OF CONTENTS

SECTION ONE: OVERVIEW 5
- A. Introduction – Epidemics and Pandemics ---------- 5
- B. World Health Organization - Pandemic Periods and Phases ---------- 6
- C. Authority and Legislation ---------- 7
- D. Ethical Framework for Decision Making ---------- 8
- E. Deadly Diseases of Public Health Significance ---------- 9

SECTION TWO: HAZARDS AND RISKS 10
- A. Impact ---------- 10
- B. Mitigation ---------- 11

SECTION THREE: EPIDEMIC / PANDEMIC LEAD 11
- A. Infection Prevention and Control Practitioner's Lead Responsibilities ---------- 11
- B. Consultation ---------- 12
  - (i) BRHD's Outbreak Management Team Members ---------- 13
  - (ii) Potential Entities During an Epidemic / Pandemic ---------- 13

SECTION FOUR: ACTIVATION OF THE EPIDEMIC AND PLAN 14
Specific Roles and Responsibilities; Lines of Authority; Communication
- A. Roles and Responsibilities of International, National, Provincial and Local Parties ------- 14
- B. Roles and Responsibilities of BRHD's Committees, Outbreak Management Team and Staff 16
  - (i) Committees
    - a. Role of the Joint Health and Safety Committee ---------- 16
    - b. Role of Infection Prevention and Control Committee ---------- 17
  - (ii) Role of BRHD's Outbreak Management Team ---------- 17
  - (iii) Role of the IPAC Practitioner in Surveillance and Testing ---------- 19
  - (iv) Staff Responsibilities ---------- 20
    - a. Resident Care ---------- 20
    - b. Exceptions: Admissions, Transfers, Discharges ---------- 22
  - (v) Caregiver and Visitor Responsibilities ---------- 23
- C. Human Resource Management ---------- 23
  - (i) Policy Issues ---------- 23
  - (ii) Contingency Staffing ---------- 24
  - (iii) Emergency Human Resources Measures through Legislative Changes --------- 25
  - (iv) Volunteer Management ---------- 25

D. Communication ---------- 26
- (i) Internal Communications ---------- 26
- (ii) External Communications ---------- 27

E. Education, Training, Retraining ---------- 28
- (i) Staff Training / Retraining ---------- 28
- (ii) Education for Clinical and Non-Clinical Personnel by IPAC Organizations 29
- (iii) Resident, Caregiver and Volunteer Education ---------- 29

F. Supplies and Equipment ---------- 30
- (i) Inventory ---------- 30

G. Finance ---------- 31

H. Building Security ---------- 31

I. Death and Dying ---------- 32
- (i) Faith Practices and Considerations for Death and Dying ---------- 32
- (ii) Mass Fatality Management ---------- 32

SECTION FIVE: ACTIVITIES AFTER THE EPIDEMIC/PANDEMIC IS DECLARED OVER 33

A. Recovery and Continuity Key Activities ---------- 33

SECTION SIX: RELATED PLAN, PROTOCOLS AND POLICIES 36

APPENDICES 37
- A. List of Acronyms ---------- 38
- B. Additional Definitions ---------- 39
- C. Sample – Resident Surveillance Form ---------- 41
- D. Sample – Screening Tool for All Persons ---------- 42
- E. Emergency Response Assistance Sign-up Sheet ---------- 43
- F. Code Silver Test Report and Evaluation - Epidemic / Pandemic ---------- 44
- G. Checklist for Code Silver - Epidemic / Pandemic ---------- 49

ENDNOTES: ---------- 50

SECTION ONE: OVERVIEW

Section. 1. A. INTRODUCTION – EPIDEMICS AND PANDEMICS

This **Code Silver (EMERG-I-0b) Epidemic and Pandemic Plan** outlines measures for ***dealing with, responding to and preparing for epidemics and pandemics*** at **Bob Rumball Home for the Deaf** (BRHD). [ii] [iii] [iv] An epidemic or pandemic could imminently disrupt the operations of BRHD, the health care system and society. An epidemic and/or a pandemic is an urgent situation or condition presenting an imminent threat to the health or well-being of residents, staff and others in BRHD (Home) that requires immediate action to ensure their safety. [v]

Epidemics and Pandemics start out as an **outbreak**.
"An **OUTBREAK** is a sudden rise in the number of cases of a disease. An outbreak may occur in a community or geographical area, or may affect several countries. It may last for a few days or weeks, or even for several years. Some outbreaks are expected each year, such as influenza. Sometimes a single case of an infectious disease may be considered an outbreak. This may be true if the disease is rare (e.g., foodborne botulism) or has serious public health (PH) implications (e.g., bioterrorism agent such as anthrax)." [vi]
***Note**: **BRHD's Outbreak Management Plan** is found under **Code Silver ~ EMERG-I-10a**.*

"An **EPIDEMIC** occurs when an infectious disease spreads rapidly to many people;" [vii] and "is usually contained within a region, or country." [viii] "Canada experienced an outbreak of severe acute respiratory syndrome (**SARS**) in **2003,** *[which was considered an epidemic.]* SARS is an infectious disease **caused by a coronavirus (SARS-CoV)**," which originated in China.[ix] Ontario frequently experiences a **seasonal influenza epidemic** which typically occurs from October to May each year, with peaks occurring between December and February.[x]

***"*A PANDEMIC** occurs when an infectious disease spreads through the global population." [xi]
Pandemics are, therefore, identified by their geographic scale rather than the severity of illness.

- For example, in contrast to **annual *seasonal influenza*** **epidemics**, ***pandemic influenza*** is defined as "when a **new influenza virus emerges and spreads around the world**, and most people do not have immunity" (WHO 2010).[xii]
- **"Cholera, bubonic plague, smallpox, influenza** [and now **COVID-19**] are some of the most brutal killers in human history. And outbreaks of these diseases across international borders, are properly defined as pandemic.[xiii]

A pandemic "**differs** from an **outbreak** or **epidemic** because it:

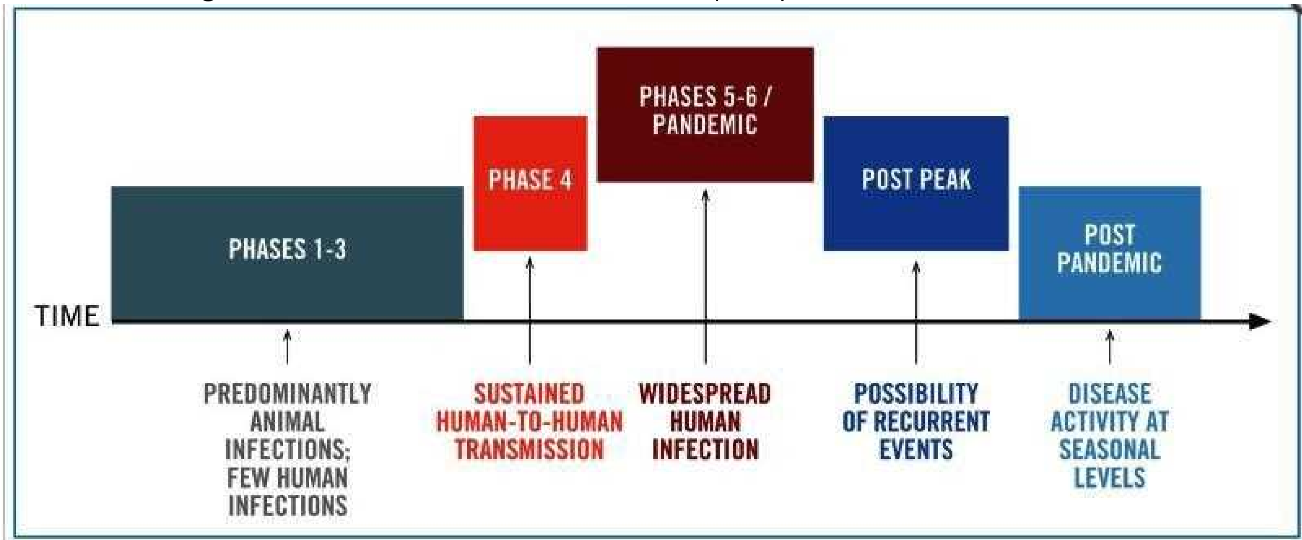
- affects a wider geographical area, often worldwide.
- infects a greater number of people than an epidemic.
- is often caused by a new virus or a strain of virus that has not circulated among people for a long time. Humans usually have little to no immunity against it. The virus spreads quickly from person-to-person worldwide.
- causes much higher numbers of deaths than epidemics
- often creates social disruption, economic loss, and general hardship.[xiv]

***Note:** For a '**List of Acronyms'** refer to **Appendix A**. For '**Additional Definitions'** refer to **Appendix B**.*

Section. 1. B. WORLD HEALTH ORGANIZATION (WHO) - PANDEMIC PERIODS AND PHASES

To provide assistance in pandemic planning and preparedness and help co-ordinate response activities, the World Health Organization (WHO) has categorized the various phases of a pandemic.

World Health Organization Phases for Pandemic Influenza *(2009)* [xv]



Outbreak to Pandemic: Phases from WHO

- The World Health Organization used **six phases of outbreak status as it moved to the pandemic level**.
- **Phases 1–3** correlate with preparedness, including capacity development and response planning activities, while
- **Phases 4–6** clearly signal the need for response and mitigation efforts.
- Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

Definition of Pandemic Phases [xvi]

Phase 1: A virus circulates among animals but with no cases reported of infections in humans.

Phase 2: An animal flu virus is known to have caused infection in humans, and therefore considered a potential pandemic threat.

Phase 3: An animal or human-animal flu virus has caused sporadic cases or small outbreaks in humans, but has not resulted in human-to-human transmission that is sufficient to sustain community-level outbreaks.

Phase 4: Human-to-human transmission of an animal or human-animal flu virus that is able to cause community-level outbreaks. Significant increase in risk of a pandemic. The focus of this phase is to contain the spread of the virus. Countries would be asked to take action such as issuing travel advice. Countries affected by the disease should also consider deploying a pandemic vaccine, and limiting non-essential movement of people from containment areas.

Phase 5: Human-to-human spread of the virus into at least two countries in one region. Strong signal that pandemic is imminent. Countries are required to advise people with respiratory illnesses to stay home. Classes should be suspended and work patterns modified.

Phase 6: Pandemic phase, with human-to-human spread of virus in at least two countries in the same geographic region and extending to at least one other country outside the region. Implementation of contingency plans for health systems at all levels.

***Note**: Although the phases apply worldwide once announced, individual countries will be affected at different times. Countries may want to make further national distinctions based upon their specific situations, e.g., consider whether the potential pandemic virus is causing disease within their own borders, in neighbouring countries, or countries in close proximity*

- "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** *[or more]* **waves.**

- **Previous pandemics have been characterized by waves of activity spread over months *[and years].*** 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**, … At this stage, *[although the virus may return to season levels e.g., seasonal influenza,]* **it is important to maintain surveillance and update pandemic preparedness and response plans accordingly**. An intensive phase of recovery and evaluation may be required." [xvii]
- For example, "in December 2019, a new type of novel coronavirus, **SARS-CoV-2,** was identified in Wuhan, China. … On March 11, 2020, the WHO *(World Health Organization)* declared COVID-19 a global **pandemic**." [xviii] This pandemic lasted over 3 years. On "May 5, 2023, WHO declared that COVID-19 was no longer a global health emergency, marking a symbolic end to the devastating coronavirus pandemic that triggered once-unthinkable lockdowns, upended economies worldwide **and killed at least seven million people worldwide.**" [xix] In the **post-pandemic phase**, as of August 2023, a **SARS-CoV-2 Omicron subvariant, EG.5,** as well, as other subvariants of interest, continue. [xx]

Section. 1. C. AUTHORITY AND LEGISLATION

There are several organizations and pieces of legislation that direct the activities in a pandemic.

Organizations include*:*

- The World Health Organization (WHO)
- Public Health Agency of Canada (PHAC); Public Health Ontario (PHO); and the local public health unit, i.e., Simcoe Muskoka District Health Unit (SMDHU)
- Ministry of Health (MOH) and Ministry of Long-Term Care (MLTC)
- Ministry of Labour (MOL)
- Emergency Management Ontario (EMO)
- Local Ontario Health Teams (OHTs)

Ontario Health Plan for an Influenza Pandemic, 2013 (OHPIP) provides a comprehensive description of the relevant provincial legislation to govern the **pandemic** response [xxi]

Legislation includes:

- *Health Protection and Promotion Act [Canada and Ontario[xxii]]*
- *Quarantine Act [Canada]*
- *Emergency Management Act and Civil Protection Act [xxiii] [Ontario]*
- *Fixing Long-Term Care Act, 2021 [xxiv]* , which govern the BRHD and provide the authority and accountability to the Home to:
    - Implement surveillance protocols provided by the Ministry (MOH / MLTC) for a communicable disease
    - Report all communicable disease outbreaks to the Medical Officer of Health (i.e., through the local Public Health Unit (SMDHU)
    - Comply with the *Fixing Long-Term Care Act* and its Regulations (O. Reg. 246/22)
    - Provide information to the Home relating to the operation of the facility

Section 1. D. ETHICAL FRAMEWORK FOR DECISION MAKING

Individuals and organizations involved in an epidemic and/or 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 *Ontario Health Plan for an Influenza Pandemic 2008 (**OHPIP**)* outlines an ethical framework.[xxv] This ethical framework has been adopted by BRHD and included below.

Ethical Values: The core ethical values for consideration during a pandemic response include the following. It is understood that more than one value may be relevant in any given situation and some values may be in tension with others.

- Individual liberty / protection of the public from harm: e.g., isolation of residents:
    - *BRHD will explain the reasons for isolation, the benefits and consequences of not complying*
- Proportionality:
    - *BRHD will consider the risk when implementing restrictive measures and try to use the least restrictive measures while maintaining safety*
- Privacy
- Equity
- Duty to provide care / reciprocity:
    - *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." [xxvi]***
    - *During an epidemic and/or 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.[xxvii] 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 this Epidemic and Pandemic Plan, attend educational sessions related to epidemic/pandemic*

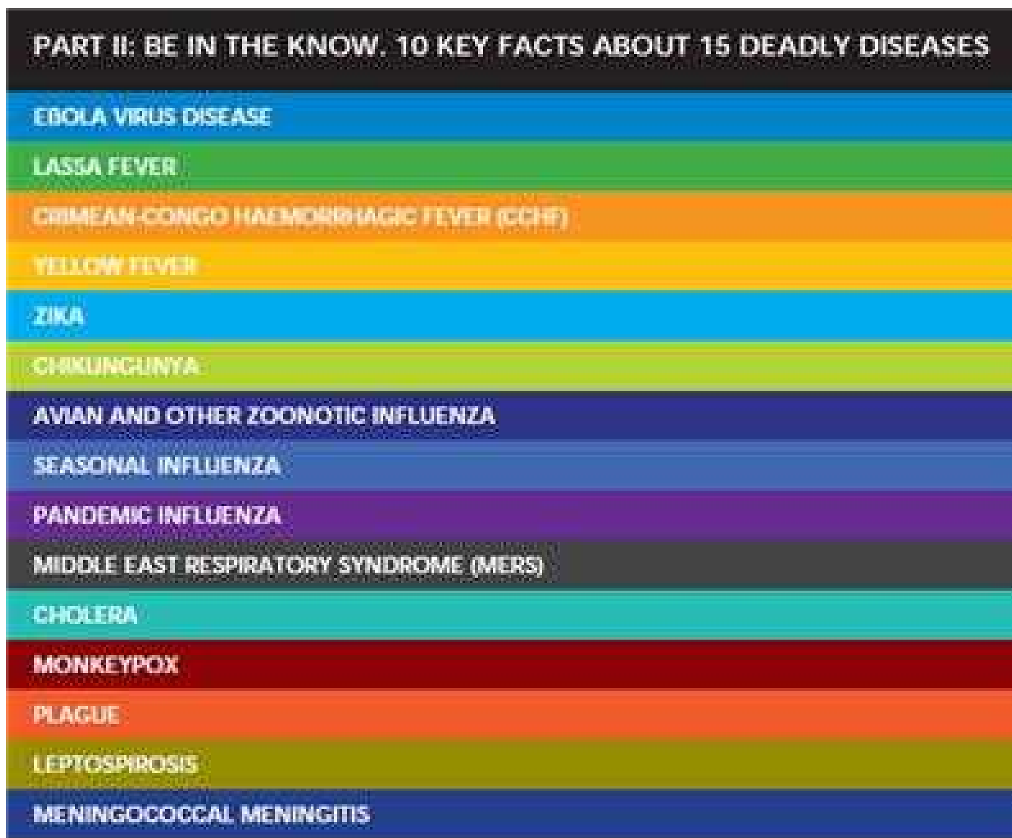
planning and assist their families to prepare for an epidemic/pandemic. A one-page questionnaire that health care workers can utilize to assist them in their preparation for a pandemic can be found in the OHPIP.[xxviii]

- Trust [xxix]
- Solidarity
- Stewardship
- Family-centred care
- Respect for emerging autonomy. [xxx]

Section 1. E. DEADLY DISEASES OF PUBLIC HEALTH (PH) SIGNIFICANCE

- There are many **diseases of PH significance** [xxxi] that can become an **outbreak** and can further cause or have the potential to cause, **endemics and pandemics**. *(Refer also to Code Silver – EMERG-I-10a ~ Outbreak Management Plan.)*

- **Managing Epidemics– key facts about major deadly diseases**," published by WHO in Sept 2018, "***examines and explains <u>in detail</u> a total of 15 different infectious diseases and the necessary responses to each and every one of them.*** These diseases were selected because they represent potential international threats for which immediate responses at the very start of an outbreak are critical." [xxxii]
  Note: *Open the reference link and click on the specific disease for details about that disease.*



- The World Health Organization (WHO) offers a free online course for outbreaks of known and emerging epidemic-prone diseases in the 21st century, e.g., **Avian influenza, Cholera, Ebola, Plague, Yellow fever, Meningitis, MERS, Influenza, Zika, Rift Valley Fever, Lassa fever, Leptospirosis**, etc.” if interested in learning more about these diseases. [xxxiii]

- Current information is provided by the **Association for Professionals in Infection Control and Epidemiology** (APIC) about emerging pathogens and infectious diseases, which have the **potential for outbreaks that cannot be controlled include: Candida Auris, Mpox** *(Monkey Pox),* **Polio, COVID-19** *(SARS CoV-2),* **Invasive Group A Strep** *(iGAS)* **and Measles**. [xxxiv]

- The **Government of Canada** [xxxv] has **pandemic emergency preparedness and response** information on specific diseases, including but not limited to, **COVID-19** [xxxvi] [xxxvii]**, Influenza** [xxxviii]**, Mpox** [xxxix]**; Ebola** [xl]**,** and **Small Pox.** [xli]

- The **CDC** (Centers for Disease Control and Prevention) has a **travel advisory** for international travelers visiting various countries. In Aug 2023, there was a travel advisory for visitors to Canada re **Polio** (level 2 of 4).[xlii]

Return to Table of Contents

SECTION TWO: - HAZARDS and RISKS [xliii]

“Pandemics have occurred throughout history and appear to be increasing in frequency, particularly because of the **increasing emergence of viral disease from animals**.” [xliv]

- “Influenza is the most likely pathogen to cause a severe pandemic. Exceedance probability (EP) analysis indicates that **in any given year, a 1% probability exists of an influenza pandemic that causes nearly 6 million pneumonia and influenza deaths or more globally**.” [xlv]

Section 2. A. IMPACT [xlvi]

An epidemic has similar risks on a smaller scale as a pandemic, as outlined below.

Pandemics can cause, over a wide geographic area:

- Significant widespread increases in **morbidity** *(serious illness / suffering)* and **mortality** *(death)* and have disproportionately higher mortality impacts on the low- and middle-income countries with weak health systems. As of May 5, 2023, **“COVID-19 killed at least seven million people worldwide.”** [xlvii]
- Significant **economic damage** worldwide, both in the short-term and long-term to economic growth, e.g., loss of disposable income and spending, related to absenteeism, non-essential business closures, loss of employment; Infection Prevention and Control (IPAC) costs to mitigate infection transmission; and health system financial impact in managing the short and long-term demand for certain treatments for affected individuals, etc.
- Significant **social disruption** with the use of pandemic mitigation measures, e.g., isolation, quarantine, lockdowns, cohorting, avoidance of groups and crowded areas, etc.
- **Individual behavioural changes**, such as **fear**-induced aversion to workplaces and other public gathering places, which may result in negative economic growth during pandemics.
- Political stresses and tensions, resulting in **political instability**.

Section 2. B. MITIGATION [xlviii] – ***preparedness and response***

- **SMDHU - Strengthen core public health (PH) infrastructure**, including water and sanitation systems, **situational awareness.** Mitigate outbreaks and endemics that can lead to pandemics.

- **BRHD's** plan is intended to **mitigate the impact of epidemic and pandemic as outlined above**. Mitigation strategies include but are not limited to:
  - **Contingency planning:** to ensure all staff are prepared and ready with the knowledge, skills and resources (supplies, equipment and staffing) to respond. [xlix]
  - **Communication / Increase messaging to reduce transmission**:
    - Find and share reliable information to enhance staff, resident and others' knowledge about the disease, e.g., know signs and symptoms, and how the disease spreads; [l]
      Note*: Refer also to BRHD's policy "****Chain of Transmission****" –* ***INF-II-12***
  - **Prevent/reduce transmission**, e.g.:
    - IPAC routine practices;
    - Encourage residents, staff and visitors to stay up to date with immunizations if available,
      - ***Resident Immunization Consent Forms – NUR-VI-Forms***
      - ***Employee Medical Form ~ MRC-104***
    - Stay home if you're sick;
    - Based on a time-limited risk assessment, avoid unnecessary travel and large social gatherings; and
    - Detect, protect and treat: Find, isolate, report, test each case or as directed by SMDHU, and provide care and treatment to every case, to break the chains of transmission
    - Isolate the sick and quarantine their contacts,
    - Rapidly identify and extinguish any outbreaks within the Home. that could lead or contribute to an epidemic or pandemic.
    - Comply with the direction of SMDHU[li]
  - Arrange for emergency **insurance** (e.g., for outbreaks, epidemics and pandemics affecting BRHD); and
  - Continue to **learn and innovate** / find new ways to prevent infections, save lives, and minimize impact. Share lessons learned.

Return to Table of Contents

SECTION THREE: EPIDEMIC / PANDEMIC LEAD

Section 3. A. Infection Prevention and Control Practitioner (IPAC) Lead Responsibilities

The **IPACP,**[lii] who is the Assistant Director of Nursing and Personal Care (ADONPC) at **BRHD, *or their designate as assigned,* is the LEAD person responsible to be involved in, and ensure**: [liii] [liv]

1. The Code Silver – **Epidemic and Pandemic Plan** is **TESTED annually,** including arrangements with the entities that may be involved in or provide emergency services to BRHD.[lv] [lvi]
   Note: *If conducting a* ***Mock Emergency Test****, you* ***must notify the appropriate emergency entities at least 24 hours PRIOR*** *to conducting the Mock Test, as per the non-emergency contact numbers. The entities/entity will likely inquire as to the mock emergency details, e.g., date, time, type of test, and other external entities involved, as appropriate.*

2. The Code Silver – **Epidemic and Pandemic** **PLAN** is **REVIEWED, EVALUATED AND UPDATED**, including the **updating** of all emergency **contact information of the entities**:
(a) at least **annually**, and
(b) **within 30 days** of the **Epidemic and Pandemic Plan** being activated and **declared over**.[lvii] [lviii]

Any **changes to the Code Silver – Epidemic and Pandemic Plan** will be identified and the following notified of the changes:

- The staff, volunteers and students, by notification and training as appropriate;
- The Residents' Council (RC) and Family Council (FC) if any, by providing an update at their respective meetings; and
- The entities, by providing a copy of the updated emergency plan for their review and feedback.

In evaluating and updating the plan as required BRHD will ensure that the entities involved in an emergency response, are offered an opportunity to provide feedback.[lix] [lx]

3. To **CHAIR** the **BRHD Epidemic and Pandemic Team meetings** held at BRHD and represent BRHD at external Epidemic and Pandemic meetings.

4. The following, as applicable, are **CONSULTED** [lxi] when developing and/or updating the Code Silver – Epidemic and Pandemic Plan:

- BRHD OMT members, staff, including the registered nursing staff, and managers
- The Residents' Council (RC) and the Family Council (FC), if any; [lxii] and
- The relevant external **entities**, as appropriate. [lxiii] [lxiv] (Refer to Section 3. B.

5. BRHD **RETAINS RECORDS** of the **testing** of the Code Silver Plan (EMERG-I-10b) that is activated in response to an endemic or pandemic (mock or actual); of **changes made to improve the plans**;[lxv] **consultations**,[lxvi] and the current **contact information** for relevant entities that may be involved in the emergency plans.[lxvii]

6. A copy of the **CODE SILVER PLAN ~ EMERG-I-10b is available in the BRHD's EMERGENCY MANUAL** located in the front vestibule, and in each Care Centre (CC). In addition, BRHD's emergency plans are located in the Home's computer system on the "S" drive, and on the BRHD website. Physical copies of the plan are made available upon request.[lxviii]

Section 3. B. CONSULTATION

The IPACP will consult the following when developing, evaluating and/or updating the Code Silver – Epidemic and Pandemic Plan. [lxix] [lxx]

- BRHD **OMT members**, staff, including the registered nursing staff, and managers
  Note*: The SMDHU representative is invited to participate in developing, updating, testing, evaluating and reviewing the Code Silver Plans (EMERG-I-10a and EMERG-I-10b), which relate to a matter of Public Health significance, i.e., Outbreaks, Epidemics and Pandemics.* [lxxi]
- The **Residents' Council (RC)** and the **Family Council (FC), if any**; [lxxii] and
- The relevant external **entities**, as appropriate. [lxxiii] [lxxiv]

***Note**: Records of the consultation will be retained.*

Section 3. B. (i). Outbreak Management Team (OMT) Members

BRHD's OMT includes, but is not limited to the following members: [lxxv]

- IPACP / ADONPC
- The Director of Nursing and Personal Care (DONPC) - back-up for the IPACP
- Administrator
- Manager of Nutrition and Environmental Services (MNES)
- SMDHU (Medical Officer of Health) Representative
- Medical Director
- Social Services Manager / Volunteer Co-ordinator
- Pharmacist (Silver Fox Pharmacy)
- PSW Supervisor
- Resident Care Supervisor

Section 3. B. (ii). Potential Entities and their Role During an Epidemic / Pandemic

The following **Entities** may be involved in or provide emergency services to BRHD during an epidemic / pandemic includes, but is not limited to: [lxxvi] [lxxvii]

- **SMDHU** ~ During an epidemic or pandemic, SMDHU will serve as a resource and be intricately involved with the IPACP during any outbreak of the epidemic or pandemic at BRHD. SMDHU is invited to participated in developing, updating, testing, evaluating and reviewing this emergency plan.[lxxviii]
- **Medical Director**, Dr. Kelley Wright ~ will provide medical advice and direction for the BRHD residents during an epidemic or pandemic affecting BRHD, e.g., medical treatment orders for resident care, antivirals, vaccinations, etc., as appropriate
- **Life Labs** ~ testing supplies, test reports etc.,
- **Public Health Ontario** – Outbreak Labs ~ reporting disease, etc.
- **Silver Fox Pharmacy** (SFP) - *ensure all residents have timely access to all drugs that have been prescribed for them.* [lxxix] ***Note**: Follow Code Green's Appendix 8 – **Drug Provision Plan**, including SFP policy #13.8, as required.*
- **IPAC Hub** - Royal Victoria Hospital (RVH) ~ IPAC resource
- **Paramedic services** [lxxx] (Transport of residents – Staff to ensure notification of affected resident & resident health status prior to resident transfer.)
- **Pro Resp** (oxygen supplies and equipment)
- **Barrie & Area Ontario Health Team (OHT)** [formerly the LHIN] [lxxxi] ~ IPAC resource, etc.
- **Ministry of Long-Term Care** – monitors outbreak, epidemic and pandemic activities, including requests status and summary reports
- **North Simcoe Muskoka (NSM) Hospice Palliative Care Network** (NSMHPCN) ~ Palliative Care and End-of-Life service for residents, if required during epidemic / pandemic.
- **Coroner** ~ notification and potential investigation in resident death during any outbreak, epidemic and/or pandemic. [lxxxii]

***Note:** Refer to current Emergency and Non-emergency **contact info of the entities** at the front of the BRHD Emergency Manual, which IPACP will ensure is reviewed and updated as necessary annually.*[lxxxiii] [lxxxiv]

Return to Table of Contents

SECTION FOUR: - ACTIVATION OF THE EPIDEMIC AND PANDEMIC PLAN [lxxxv]

Specific Roles and Responsibilities / Lines of Authority, Including **Communication** [lxxxvi] [lxxxvii]

Section 4. A. Roles and Responsibilities of International, National, Provincial and Local Parties [lxxxviii]

- All parts of the health system have a role in preparing for, and responding to, an epidemic and pandemic. The impact of an epidemic and pandemic will reach beyond the health sector and be experienced by all parts of society. Clearly-defined roles and responsibilities, and clear lines of communication, are essential so that both planning, and response activities are coordinated. The Table below outlines lines of authority, and general roles and responsibilities of health system partners during a pandemic. [lxxxix] [xc]

Party	Lines of Authority & Roles and Responsibilities during an Epidemic and Pandemic
World Health Organization (WHO)	Coordinate international **response activities** under the International Health Regulations Perform **international surveillance** and provide an **early assessment** of an epidemic and/or pandemic severity in order to help countries determine the level of intervention needed in the response **Declare a pandemic,** and declare the **end of the global health emergency**. [xci] **Select the pandemic vaccine strain** and determine the time to begin production of the pandemic vaccine, once available.
Government of Canada	**Liaise with WHO and Public Health Agency of Canada (PHAC)**, and other national and international organizations, to **co-ordinate the Canada's national pandemic response**.
Public Health Agency of Canada (PHAC)	**Coordinate national pandemic response activities**, including nation-wide **pandemic plans**, surveillance, international liaison and coordination of response.
MOH (through the Ministry of Emergency Operations Centre (MEOC)	**Liaise with PHAC and other provinces and territories** Collaborate with Public Health Ontario (PHO) to use surveillance information to determine severity. Develop **recommendations and provincial response strategies** for the provincial health system, as well as others affected by public health measures **Communicate with provincial health system partners** through situation reports, Important Health Notices (IHNs), the Health Care provider Hotline, the Health Stakeholder Teleconferences, the MOH / MLTC website and other methods. **Develop and issue directives, orders and request** as per *Health Protection and Promotions Act (*HPPA), *Fixing Long-Term Care Act, 2021*, and other relevant **provincial legislation.** **Communicate with the public** through media briefings, the MOH website, and other methods. **Solicit and respond to feedback and input** from provincial health system partners **Deploy supplies and equipment** from the MOH / MLTC stockpile to health workers and health sector employers.

Public Health Ontario (PHO) (through the MEOC)	Support the MOH / MLTC to **use surveillance information to determine severity**. **Lead and coordinate the provincial planning and surveillance strategy** **Coordinate and provide provincial laboratory testing.** Provide **scientific and technical advice** to the MOH / MLTC (i.e., advice on IPAC measures). **Generate knowledge translation tools and offer training opportunities** to supplement the MOH / MLTC's recommendations, directives and response strategies
Ministry of Labour (MOL)	Provide **Occupational Health and Safety** (OHS) **advice to the MLTC** (through the MEOC); Enforce the OHSA and its regulations. Receive notification of outbreaks from BRHD and any associated staff illness. Conduct inspections, including during outbreaks at Home and speak with staff.
Government of Ontario	Responsible for **planning and managing** the province's pandemic response through MOH.
Ministry of Health (MOH)	**Responsible** for leading provincial pandemic planning in the province. Describes the province's role and **sets out expectations** for local health authorities
Emergency Management Ontario	**Coordinate the provincial response to a pandemic**, with an **emphasis on no-health system impacts** and consequences.
Ontario Health Teams (OHT)	Liaise between transfer of payment (TP) organizations and the MOH / MLTC Coordination admissions and transfers to LTCHs based on legislation and MLTC direction in an emergency. Participate in the **coordination of local care and treatment** in the community
Public health units (PHUs); *Simcoe Muskoka District Health Unit (SMDHU)*[xcii]	**Follow** provincial and federal governments, the Medical Officers of Health **recommendations, directives, orders and requests** **Develop and issue orders** Lead local *[Simcoe Muskoka area]* implementation of the **surveillance strategy** Lead **local implementation of immunization** *(if immunization is developed)* Participate in the **coordination of local care and treatment** **Lead local implementation of public health measures** **Medical Officer of Health** will **work closely with the MOH** As MOH / MLTC directives are issued to hospitals, **LTC Homes** *[e.g., BRHD]* and other health sector stakeholders, SMDHU will **ensure the health response in the Simcoe and Muskoka areas is co-ordinated and consistent with MOH / MLTC directives.** Continue to provide other public health services.
BRHD Employees - Management and Staff	**Follow MOH / MLTC recommendations, directives, orders and requests** **Follow PHU orders** Continue to provide **safe and effective care** Participate in the coordination of **surveillance, care and treatment activities** Continue to use evidence-based, or if none prevailing best practice information and documents, **be knowledgeable on and utilize current effective practices** **Practice and role model appropriate behaviour to protect Residents to prevent further spread of viral infection** *(i.e., IPAC Routine Practices and Additional Precautions)*

Public, including visitors, families, etc.	**Follow public health measures**, IPAC routine practices, e.g., staying at home when not feeling well, or symptomatic; performing respiratory etiquette, hand hygiene, and keeping commonly touched surfaces clean **Follow MOH /MLTC and PHU orders**, and **BRHD's direction.** **Stay healthy**
BRHD	**. Comply with FLTCA O. Reg. 246/22 and any new MLTC regulations, Directives** and **Guidance** **. Follow SMDHU Medical Officer of Health** (MOH) **Orders, and SMDHU staff IPAC direction.** . Follow the BRHD **Epidemic and Pandemic Plan** (EMERG-I-10b); and **in the event of an outbreak** in the Home, implement the **Outbreak Management Plan (EMERG-I-10a).** **. Liaise with appropriate entities,** as required. *(Entities are listed in Section Three)*

SECTION 4. B: Roles and Responsibilities of BRHD's Committees, OMT and Staff [xciii]

S.4. B. (i). BRHD's Committees

S.4. B. (i). a. Role of Joint Health and Safety Committee (JHSC)

The JHSC, an advisory body, helps raise awareness of health and safety (H&S) issues in the workplace, recognizes and identifies workplace risks and develops recommendations for the employer to address these risks. [xciv] The JHSC members are mutually committed to improving H&S conditions in the workplace at all times, including during an outbreak, epidemic and pandemic. Members identify potential health and safety (H&S) issues and bring them to the employer's attention and must be kept informed of H&S developments in the workplace by the employer.

It is expected that in the event of an epidemic and pandemic, the JHSC will employ the recommendations of the Ontario Health Plan for an Influenza Pandemic (OHPIP).[xcv]

BRHD managers and supervisors are responsible to recognize hazards, assess risks associated with hazards, control risks and evaluate controls. They are to develop measures, procedures and training to protect the H&S of workers in consultation with JHSC. [xcvi]

BRHD employees who become ill with the Pandemic strain as a result of working at the Home will be required to **report their illness to their supervisor/designate**. The supervisor will ensure that proper documentation is completed to **notify the Ministry of Labour (MOL) and the JHSC within four days**, and the **WSIB as appropriate**. Staff requiring work restrictions will provide medical instructions to demonstrate their limitations and action will be taken to accommodate the staff member where appropriate.[xcvii]

Occupational Health and IPAC Practices during the Pandemic Period include the following:

<u>*Ongoing Activities:*</u>

- Accessible **hand hygiene stations**

- **Available and accessible personal protective equipment** *(PPE)*, as appropriate
- Comply with the requirements of the IPAC Program, including reinforcing **IPAC Routine Practices, Point of Care Risk Assessments** (PCRA), and taking the necessary "**additional precautions**" based on the specific circumstances
- Continue **reporting requirements**
- Implement **precautions for cleaning /disposing of equipment and cleaning the environment**
- Staff are fit-tested for N95 masks or equivalent. [xcviii]

New Activities:

- Provide accurate, complete and timely **information** about the epidemic and pandemic
- Establish criteria to assess staff who are "fit to work". The SMDHU may assist with establishing these criteria.
- Follow the **Code Silver ~ Outbreak Management Plan *(EMERG-I-10a)*** during an infectious outbreak in the Home.
- Employ practices to limit contact with the virus, e.g., cohorting of staff and residents, etc.

S.4. B. (i). b. Role of Infection Prevention and Control Committee *(IPACC)*

The IPACC, chaired by the IPACP, works closely with the OMT. The committee meets quarterly, and is responsible:

- To provide and **maintain an effective IPAC Program,** that recognizes, and helps prevent and control the development and spread of infectious diseases, promotes wellness and maintains quality of life and health of residents and staff.
- To **collaborate with SMDHU** and **disseminate information** as available in a timely manner
- To ensure **adherence to current IPAC policies and procedures** and provide guidance and management of specific IPAC issues.
- Facilitate IPAC best practices and current guidelines *(including related PIDAC documents)* regarding the disease /virus causing the epidemic / pandemic are incorporated into training/ retraining at BRHD.
  - The **IPACP/**designate will monitor the MOH/MLTC website(s) for updates, and provide training/retraining to staff as required.
- For IPAC activities such as planning, monitoring, auditing, evaluating, updating and co-ordinating training/retraining, as required.

S.4. B. (ii). Role of BRHD's Outbreak Management Team *(OMT)* [xcix]

*Note: For **members of the OMT** refer to Section 3*

In the event of an epidemic or pandemic affecting BRHD, the IPACP is the Lead.

- The IPACP will notify the Outbreak Management Team (OMT) members and arrange an OMT meeting, which the IPACP will Chair. ***Note:*** *The DONPC is the back-up for the IPACP.*
- The IPACP will ensure the records of all meetings, communication, assignments, etc. are maintained.
- The Administrator will consult with the IPACP of the Home, who has the required IPAC expertise, when responding to epidemic, pandemic and infectious outbreak matters. Both the IPACP and the Administrator

will receive supportive assistance from the other members of the OMT, particularly in their respective areas of expertise.

- During an epidemic and pandemic, BRHD's OMT is responsible to:
  - **Meet regularly** to ensure the following activities are implemented.
  - **Implement this Epidemic and Pandemic Plan**, under the direction of the IPACP.
  - Initiate, **implement,** oversee, direct and ensure, the **IPAC program**, including the **IPAC related policies and procedures**, protocols and plans, as appropriate. *(Refer to "Related Policies/ Protocols / Plans" in this Plan)*
  - Ensure the **essential care, treatment and service of all residents, as directed by the BRHD management, who are members of the OMT.**
  - Increase frequency of **cleaning and disinfecting high touch surfaces**
  - Follow the **MOH / MLTC *current* legislation, directives and guidelines,** which may involve revising IPAC policies and procedures, and communicating the changes/updates to all affected individuals, and retraining of staff, caregivers and others, as required.
  - Follow the **SMDHU direction**.
  - Ensure ongoing surveillance /screening of residents, staff and others at the Home based on the case definition, and conduct / encourage testing as appropriate. *(Refer to Appendices C and D for sample Resident Surveillance and Screening forms.)*
  - Ensure **reporting requirements** are met as required, e.g., statistical information to MLTC, SMDHU, etc.
  - Implement the **Code Silver** ~ **Outbreak Management Plan** (**EMERG-I-10a**), if there is an infectious outbreak in the Home.
  - Use **SMDHU as a resource** and/or direction on managing the epidemic, pandemic, and outbreak as applicable in the following areas:
    - Communicate current status and information about the epidemic / pandemic
    - Case definition, declaration on an outbreak, and end-of-outbreak status, in the event of an outbreak of the infectious disease in the Home
    - Facilitate testing/diagnosis, and epidemiological tracing, as needed.
    - Advise on admissions and transfers during the epidemic and/or pandemic
  - The OMT under the direction of the IPACP, may **assist the <u>hospital</u> to resolve a surge capacity issue**, as required and approved by the MLTC.

    Note*: If the Home is in an outbreak, all* ***transfers, discharges, appointments and admissions s****hould be done in consultation with the SMDHU. (Refer to Code Silver ~ Outbreak Management Plan EMERG-I-10a, for additional information.)*

    <u>*Possible actions **if hospital anticipating a "Surge Capacity"**,*</u> pending Ministry approval that the resident will not lose their bed after the pandemic, and the **resident/SDM's consent:**
    - Resident and/or family members voluntarily choose to discharge the Resident.
    - Clearance is granted by BRHD's Medical Director to discharge the Resident to the community and/or family member (dependant on family member's ability and willingness to provide care).

    <u>*Possible Actions **when hospital(s) at maximum capacity**, with MLTC and OHT's approval*</u>
    - BRHD to stop admissions of LTC Residents from the community.

- BRHD to accept hospital patients as LTC beds become available.

These actions are dependent on:

- Changes to care protocols and MOH/ MLTC Directives and legislations.
- BRHD's ability to maintain adequate minimum staffing levels and equipment to safely provide care for hospital patients and BRHD's Residents.
- No additional risk to the BRHD's Resident population.
- Existing legislation – Refer to **S.4. B. (iv). b. Exceptions: Admissions, Re-admissions, Discharges below.**

Resident transfers to the hospital during an epidemic or pandemic

BRHD will avoid any unnecessary resident transfers to the hospital. However, under the following circumstances, a resident may need to be transferred to the hospital:

- A Resident /substitute decision maker (SDM) **consented** to and requires care involving equipment or skill sets not available in BRHD and cannot be brought to the Home.
- A Resident requires care involving supplies not available at the Home and cannot be brought to the Home.
- Surgery is likely to be required to address care needs.
- A bone fracture is suspected.
- The SMDHU or the resident's Attending Physician determine that a resident's transfer to hospital is necessary, or advisable to protect the resident, which may include the transfer of a non-infected resident.

S.4. B. (iii). Role of the IPACP/Designate in Performing Surveillance and Testing

Surveillance and testing are essential components of any effective IPAC program. The goal of surveillance and testing during an epidemic/pandemic in the Home is to **ensure early identification of a potential case or an outbreak in its early stages so control measures can be instituted as soon as possible to protect Residents and staff**.

- Ensure **education, training/retraining** as appropriate to residents, staff and volunteers, students, caregivers and visitors, to promote understanding of the virus/diseases causing the epidemic/pandemic and promote good IPAC routine practices, including but not limited to hand hygiene, when necessary, and as required.
- **Monitor** residents for signs and symptoms of virus infection. *(Refer to 'Sample - Resident Surveillance Form'* ***Appendix C****)*
- Ensure **screening** of staff, caregivers, visitors and others to **detect cases** of suspected, probable and /or confirmed virus. *(Refer to '****Sample Screening Tool for All Persons****' –* ***Appendix D****)*
- Ensure the **IPACP receives the report** of any resident and/or staff who has virus symptoms
- **Notify SMDHU** of any suspected outbreak activity; and initiate laboratory testing, to be collected for confirmation purposes.
- Ensure the advice and direction of SMDHU is followed.
- Continue to liaise with SMDHU throughout the epidemic/pandemic as necessary (e.g., cases, deaths, restrictions, changes in direction).
- Ensure **communication internally and externally** of epidemic/pandemic precautions and ongoing status updates.

- **Implement any necessary access restrictions** for residents (e.g., admissions /transfers), staff, visitors, students, volunteers and contractors/vendors, as directed.
- Ensure **symptomatic staff report the illness/symptoms and do not come to work.**
    - Review 'Return to Work' criteria with affected individuals
- Ensure MNES/designate manager reports to the **Joint Health and Safety Committee** (JHSC) any occupationally acquired infection; and report to Ministry of Labour (MOL) and to the **Workplace Safety and Insurance Board** (WSIB) within 72 hours.
- Implement **Code Silver- Outbreak Management Plan** (EMERG-I-10a) in the event of an infectious outbreak of the disease.
- Ensure **records of activities associated with surveillance and testing are retained.**
- **Forward receipts related to additional epidemic/pandemic costs to Director of Finance.**

S.4. B. (iv). Staff Responsibilities during an Epidemic / Pandemic

All Staff

- **Follow directions** from OMT and IPACP.
- Continue responsibilities e.g., care and service to residents
- **Stay healthy.**
- Practice good **IPAC routine practices.**
- Practice **social distancing** (2 metres)
- **Self-monitor** for any signs and symptoms of the illness, which would be dependent on the virus circulating
- **Report illness** to the designated person responsible for staffing.
- **Stay home if not feeling well.**
- **A**ssist the residents to the extent possible; and help with housekeeping and dietary/nutrition tasks/duties, when not attending to Residents' needs, during a staffing shortage.
- Follow the direction of the specific disciplines as outlined in the **Code Silver - Outbreak Management Plan** (EMERG-I-10a) in the event of an infectious outbreak of the disease in the Home.
- **Ensure enhanced cleaning and disinfecting of the environment.**

RN/RPN and Nursing Staff Responsibilities

- The College of Nurses of Ontario (CNO) 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 epidemic/pandemic plans and public health communication systems.
- Provide and maintain the optimal level of resident care possible.

S.4. B. (iv). a. Resident Care
The RN/RPN staff will ensure that the basic standard care* is given to each Resident according to their established plans of care during an epidemic/pandemic. The nursing managers and supervisors will collaborate to identify residents' care needs through monitoring and assessing, communicate and provide the care and treatment as required, and continue to update their plans of care with any significant changes.

Adhere to the Home's Code Silver – Outbreak Management Plan (EMERG-I-10a) for resident care details if residents are affected by the virus/disease; and to the applicable IPAC policies and procedures, which can be found in *SECTION SIX: Related Plan, Protocols and Policies.*[c]

- Ensure nursing staff are educated about the virus and trained/retrained on any changes to providing care and treatment, e.g., additional precautions, cohorting, admissions, transfers,
- Ensure increased surveillance on units for signs/symptoms of virus. Report any resident with signs or symptoms of the virus.
- In the event of an outbreak in the Home and residents become seriously ill and there are related deaths in the Home:
- 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 Orthopaedic Surgery etc.) will be evaluated to determine the best location to meet their care needs.

  Identify
  - Who could go home to family members temporarily, if needed?
  - Who could be discharged home temporarily with home care services?
  - Who must continue to be cared for in the Home?
  - Resident transfers to another LTC home are not recommended at this time. BRHD will collaborate with the OHT regarding any potential transfers in the event of an emergency.
  - If a Resident has been determined eligible to go home temporarily with family members, the Home's staff will:
  - Provide support, education, medication and personal care items to facilitate transfer of care activity to the community setting
  - Collaborate with the OHT to determine eligibility for home care services.

  Note: *This temporary transfer will be considered a temporary discharge to community unless the family/Resident wishes a permanent discharge. It should be noted that the family are still responsible to pay the accommodation fees and if the Home is in outbreak the resident may not be allowed to return to the Home until the Outbreak is over.*

* The **level of care to be provided** to Residents during an epidemic/pandemic is **dependent upon** the available **staffing levels**. 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 care must be given twice daily to maintain skin integrity.
- Oral care BID
- Medication administration. **Note:** With the attending physician's approval, consideration should be given to reduce the medication administration passes to BID, where possible for **non-critical-time scheduled medications**[ci]
- Personal hygiene and grooming may be modified depending on staff availability Care of fingernails and feet may not be available.
- Ongoing assessment of care needs.
- Clothing and bedding will be changed as needed vs. weekly.
- 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 (BRHD has 2 oxygen concentrators available).
- Bedridden Residents will be repositioned every two hours and as needed.
- Maintain regular communication with the relatives/substitute decision makers (SDMs) of Residents, to keep them updated and reassured about the situation and encourage adherence to the current Visitor Policy (INF-II-115).

- Non-urgent medical appointments will be cancelled and rescheduled.
- **Any Resident with virus** (suspected, confirmed or exposed) will be quarantined, isolated in a separate room (preferably their own room) or cohorted with other residents with a like illness.
- SMDHU will be notified if a Resident has the virus infection. The Resident will be tested for the specific virus (e.g., Influenza, COVID-19) that is the cause of the epidemic/pandemic. IPACP will direct staff based on the resident/SDM's direction (e.g., advanced directives, cohorting, dedicated equipment etc.) and SMDHU advice, which may involve a transfer out of the Home for treatment in a hospital or care facility dedicated to the isolation and treatment of the infectious virus.
- Ensure that appropriate **signage** indicating additional precautions and updates are posted for staff, residents, caregivers, visitors and external entities.
- Conduct **Point-of-care Risk Assessments** to determine appropriate PPE to wear.
- The OMT will decide which Resident-based contract services/activities can be curtailed during the pandemic (e.g., foot care, hairdressing, activation programs, physiotherapy, psychiatry visits, etc.).
- Vaccination against the virus for residents and staff will be encouraged, if available. Nurse will obtain an informed consent from the Resident/SDM, for administration of vaccine upon their agreement to receive the vaccine.
- Ensure advance directives are updated based on any Resident/SDM changes.
- If a hospital transfer of a symptomatic resident is required, check with the SMDHU for current transfer protocol/algorithm and ensure the emergency personnel are aware of the resident's infectious status, to ensure appropriate additional precautions are taken.

S.4. B. (iv). b. Exceptions: Admissions, Re-admissions, Discharges

Admissions to BRHD during Pandemic – Charges for Accommodation

Note: *Similar regulatory provisions may be made in a future pandemic.*

- O. Reg. 246/22 **ss. 243** outlines **eligibility exceptions** under special circumstances, where a person consented to a move into the Home, but did not move into the Home before the regulatory exception provision was effective. With consent, it affects the persons category placement on the wait list.
- O. Reg. 246/22 **ss. 244(1**) outlines exceptions to **the processing of admissions to a LTC Home from the community,** with consent, during a pandemic.
- O. Reg. 246/22 ss, **240.4(1)** and **s. 296** outline exceptions to charges for accommodation if the resident was **admitted from the hospital** under special circumstances to BRHD during a pandemic. The provisions helped to keep the hospital beds open for patients with acute care needs.
- O. Reg. ss. 245(1)(2) outlines exceptions for a resident **seeking re-admission** to a Home if the resident was discharged during the pandemic.

Discharges during a pandemic: [cii]

- BRHD will discharge a resident (long or short-stay), if the resident/SDM provides a written request to be discharged.
- **Before the resident leaves BRHD, the nursing staff will communicate to the resident/SDM:**
    - written instructions regarding the resident's care
    - the need to take all reasonable steps to ensure that the care required is given to / or received by the resident
    - That BRHD is not responsible for the care, safety and well-being of the resident once the resident is discharged, and the resident /SDM assumes full responsibility for the care, safety and well-being of the resident once the resident is discharged, and
    - when the resident is ready to return to the home, the resident/SDM/or another person acting on behalf of the resident will need to contact **Barrie & Area OHT** placement co-ordinator to arrange for re-admission.

S.4. B. (v). Caregiver and Visitor Responsibilities

The BRHD **Visitor Policy** *(INF-II-115)* will be implemented, and includes at minimum:

- The process for visitor access during an epidemic or pandemic, and
- Ensures that essential visitors will continue to have **access** to BRHD during an outbreak, an epidemic or a pandemic, **subject to any applicable laws**. [ciii]

Visitors must:

- Follow directions of SMDHU, IPACP and the OMT for the duration of epidemic/pandemic.
- Review the Visitor Policy as updated.
- Practice good IPAC routine practices, including but not limited to good hand hygiene upon arrival, before leaving the Resident's room and before leaving the Home.
- Use personal protective equipment (PPE) as instructed by staff.
- Visit only one Resident and exit the Home immediately after the visit, unless authorized for and assisting in providing care for Residents.

SECTION FOUR C: HUMAN RESOURCES MANAGEMENT

S. 4. C. (i). Policy Issues

In the event of an epidemic and/or pandemic affecting BRHD, labour legislation, (e.g., *Employee Standards Act of Ontario*) and collective agreements will continue to guide decisions. In the absence of any agreement between the employer and the union, the provisions in the **collective agreement shall be enforced unless they are superseded by legislation, Orders in Council and/or Ministry Directives.**

Unions within BRHD will be consulted with respect to labour issues impacted by a pandemic. It is expected that the following issues will need to be addressed:

- Absenteeism
- Refusal of Work
- Leave of Absence / Administrative Leave
- Compassionate Leave

- Staff exclusion criteria
- Overtime
- Sick leave
- Return to work
- Compensation
- Cross training of staff
- Redeployment of staff
- Vacation entitlements

S.4. C. (ii). Contingency Staffing [civ]

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff will be mobilized to assist with essential job duties to provide care to the Residents and maintain the Home.
Consideration should be given to 12-hour shifts upon agreement from staff.
Existing volunteers, family members and students will be mobilized to assist with tasks, including meal time assistance, ***if allowed*** entry during the epidemic / pandemic*. Training* will be provided as required. BRHD is committed to providing optimal service delivery in the Home at all times.

Use of Volunteers Caregivers and Loved Ones of Resident

The OMT will oversee the redeployment, education and cross-training of available staff, volunteers, caregivers, loved ones, e.g., family members, and students, and adhere to the Directives and Regulatory changes, as applicable. Minimal staffing levels have been established and will be used, if required.
BRHD will consult as necessary with their legal counsel about challenges and how best to ensure adherence to legislation. ***Note****: Legislation and or MLTC direction may change frequently.*

Cross Trained Staff

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

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.
Agency staff dedicated to the BRHD is preferred to avoid exposure and/or transmission of the infection/virus between different health care facilities.

Staff - Self and Family Care Guidelines

Education will be provided to the staff to encourage good practices for personal preparedness and their 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 will decide the availability of staff support services including, but not limited to:

- Meals
- Rest areas between overtime shifts

- Assistance to employees through the **Employee Assistance Program** (EAP), which provides the following services to assist employees with benefits, as needed:
  - 24 hour/day service
  - Phone counselling, e-mail counselling and teleconferencing

  Note: *A supervisor/manager can call to set up for critical incident counselling.*

S.4. C. (iii). Emergency Human Resources Measures through Legislative Changes

- BRHD will endeavour to provide resident care and services using existing staffing resources, including available agency staff as needed.
- The Home may experience a significant reduction in the availability of casual and/or part time workers who may:
  - favour alternate employment during the epidemic or pandemic,
  - may need to take time off to ensure the anti-viral medication is effective, if they have not received a vaccine, or a vaccine is not available and anti-viral medication is able for the specific virus; or
  - may need to be placed on quarantine/self-isolation if they are positive for the virus.
- Staffing may be a critical issue for the Home.
- Ministry **made regulatory changes during the COVID-19 pandemic** to facilitate hiring, onboarding and orientation of new hires and staffing.
  - Refer O. Reg. 246/22 ss. **254(3)** regarding exceptions to obtaining a Police Record Check (PRC) and Declaration from **newly hired staff or acceptance of a volunteer** during a pandemic.
  - Refer to O. Reg 246/22 s. **256** re screening measures (PRC) and declarations for **new members of the BRHD's board of directors**, board of management or committee of management or other governing structure during a pandemic.

  Note*: All new hires during a pandemic will be tracked to ensure the full onboarding and orientation requirements are met within the required time parameters.*
  - The DONPC hours per week under **ss.77(4**) of the FLTCA, do **not** apply during a pandemic.
  - IN the event of a pandemic, exceptions to the 24/7 RN staffing in the Home 24/7 were made. Refer to O. Reg. 246/22 s. 49(1)3.
- There are no current legislative restrictions prohibiting staff from working at multiple healthcare sites. During an outbreak, epidemic or pandemic emergency however, MLTC or the Chief Medical Officer of Health (CMOH) may order **through legislation,** that BRHD work with their employees, **asking them to limit the number of work locations** or healthcare facilities that they work in, **or may Order through legislation that staff only work in one LTC Home or healthcare facility at a time**, to prevent virus transmission.
- Compensation will be based on the collective agreement, unless otherwise identified.

S.4. C. (iv). Volunteer Management

The volunteers, where permitted, 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. Persons under 18 years of age require a reference, but do not require a Police Check with vulnerable sector screening (VSS). Persons 18 years or over, must have a Police Check with VSS prior to volunteering.
Note: *MLTC may alter legislation to facilitate rapid onboarding of staff. Attention should be given to any time period restrictions, e.g., must have a police record check with VSS within 3 months.*

Staff and Volunteer Recognition [cv]

- Recognition and appreciation are closely tied to how important employees and volunteers feel, and how BRHD demonstrates appreciation for their work.
- Volunteerism *is hard work*, particularly during an epidemic and pandemic situation. **Employees** do it on top of their day-to-day work responsibilities, expectations from family and friends, and often by sacrificing social time. BRHD will recognize the volunteerism of employees, volunteers and community donors with the understanding that a sincere thank you goes a long way.

SECTION FOUR D: COMMUNICATION [cvi]

Communication can be through various modes, e.g.:

- Phone, individual calls, paging, teleconferences, skype/virtual meetings
- Email, TTY, Newsletters, handouts / mail outs, postings, signage, notices, reminders, public announcements, media

BRHD uses a variety of information technology (IT) devices and programs, e.g., computers, laptops, personal digital devices, TTY, phones, cameras, Point Click Care and Point of Care databases, eMARs, and other Maintenance and inventory programs.
In the event of communication failure with these or other IT devices or programs refer to the BRHD Emergency Manual ~ Code Grey – Loss of Communication *(EMERG-I-06c).*

S.4. D. (i). Internal Communication [cvii]

- The Boardroom will be used as the Command Centre, since it is equipped with teleconference capabilities, projection and computer network access. If physical distancing is required, the Chalet may be used as an alternate Command Centre, as it provides greater space.
- The **Administrator**/designate is a member of the OMT and responsible for **communication** about the epidemic and/or pandemic to the **Board Director** *(Derek Rumball).*
- The **IPACP**/designate is the Lead person during an epidemic / pandemic and is responsible to ensure that the BRHD's Epidemic and Pandemic Plan is communicated and implemented.
- The **Administrator** will work with the IPACP /designate and ensure the following receive notification at the beginning of the epidemic / pandemic, any **status updates** as required, and at the end of the epidemic/pandemic:
  - staff, students, volunteers, residents/SDMs, caregivers, Residents' Council (RC) and Family Council (FC), if any, visitors and contractor service providers.
- The **Medical Director** is a member of the OMT, and a valuable resource to the OMT. The Medical Director is informed if an infectious outbreak, epidemic and/or pandemic affecting BRHD is declared, updated with any significant changes, and notified when the outbreak is declared over. The Medical

Director subsequently notifies the medical team of attending physicians when an outbreak is declared and when it is declared over.
  - **Department managers**, who are members of the OMT will meet as required and ensure vital information, including any impact the information has on their position, is communication to their staff.
- Work schedules and alternate assignments will be posted daily at reception for volunteers and family members who have volunteered to assist.
- Manager of Social Services may survey volunteers, caregivers, and family members regarding their ability to provide volunteer assistance at the Home, if permitted by SMDHU and MLTC.
  - A voluntary list of staff e-mail addresses and/or phone number for text messages will be maintained for those who wish to receive updated epidemic / pandemic information.
- Handouts, as appropriate and available, will be provided to families, visitors, staff and volunteers regarding the epidemic / pandemic. *Refer also to BRHD's* ***current "Visitor Policy" ~ INF-II-115.***
- Signage, including PHO and MLTC required signage will be posted, and the information disseminated as appropriate. Signage for Additional Precautions may be found in BRHD's ***"Routine Practices and Additional Precautions" policy ~ INF-II-118.***
- The RN/RPNs responsible for residents on the specific care centre(s) are responsible for notifying designated persons re any changes to residents' condition, care or treatment and ensure ongoing communication, as applicable.
- Manage any complaints
- During any periods of visitor restrictions, BRHD staff will make every effort to facilitate communication with various groups (e.g., family meetings), and between residents and their loved ones, by using teleconferences Zoom, Skype, Face Time, or by other available electronic means.

S.4. D. (ii). External Communications [cviii]

- The IPACP will immediately notify the MLTC via the Critical Incident System (CIS), or the After-hours action-line 1-888-999-6973 [cix] in the event BRHD is **affected by an outbreak in the Home during an epidemic or pandemic,** and follow the Code Silver ~ **Outbreak Management Plan (EMERG-I-10a).**
- If there is an ***epidemic*** **of a certain disease limited to an area around BRHD,** as confirmed by SMDHU, **BRHD will notify MLTC of the epidemic regardless of whether the Home is affected by the outbreak.** However, it is assumed that **MLTC does not require a CIS report** for notification of **a pandemic that does not involve an outbreak in BRHD, since** a pandemic, affects the global population and will be declared by the WHO.
- Administrator, or applicable manager will notify the appropriate entity, contractor etc., of any changes or precautions required in the event of an epidemic or pandemic. *(Refer to the list of applicable entities in Section Three. Refer to the introduction of the Emergency Manual, to access the* ***emergency and non-emergency contact numbers for applicable entities****, as required.)*
- All media inquiries and general inquiries regarding epidemic / pandemic are to be directed to the Administrator, who will collaborate with SMDHU prior to delivering any media messages.
- MOH and SMDHU will provide epidemic / pandemic resources and updates on their websites.
- SMDHU will be notified in the event of any suspicious or confirmed infections, and MLTC will be notified of any infectious outbreak, as per ***Code Silver ~ Outbreak Management Plan (EMERG-I-10a).***
- Signage will be posted at the main entrance and throughout the Home as applicable, to inform and/or remind visitors, contractors, etc., of any relevant epidemic or pandemic notices, e.g., changes in BRHD

rules, e.g., visitation, IPAC routine practices (e.g., hand hygiene), outbreak status, need for PPE, signs and symptom surveillance, sign-in etc.

SECTION FOUR E. EDUCATION, TRAINING and RETRAINING [cx] [cxi]

- BRHD **staff, volunteers, and students** will receive training on emergency plans during their orientation, and at least **annually** thereafter.[cxii]
- The training will be based on that staff member's responsibilities, prior to that person performing his/her responsibilities.[cxiii]

  Exception: In the event of a **pandemic** the training under ss.82 (3) does **not** apply and instead, the training under s.82 of the FLTCA must be provided, e.g.:

  (a) **within one week** of when the person begins performing their responsibilities, with respect to the matters set out I paragraphs 1, 3, 4, 7, 8, of ss.82(2) of the FLTCA; [cxiv] i.e.,

  Orientation *- Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:*

  1. The Residents' Bill of Rights.

  3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

  4. The duty under section 28 to make mandatory reports.

  7. Fire prevention and safety.

  8. Emergency and evacuation procedures.

  9. Infection prevention and control.

  And (b) **within three months** of when the person begins performing their responsibilities, with respect to the remaining matters out in ss. 82(2) of the FLTCA, i.e., [cxv]

  2. The long-term care home's **mission statement**.

  5. The **protections afforded by section 30.**

  6. The long-term care home's policy to **minimize the restraining of residents**.

  10. **All Acts, regulations, policies** of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

  11. Any **other areas provided for in the regulations.**

S.4. E. (i). Staff Retraining / Retraining [cxvi]

- All staff will receive annual retraining / reassessment on the Emergency Plan through Surge Learning and related Qs and As. [cxvii] [cxviii] If staff at that time, or at any time are assessed as requiring further retraining, this will be done by the employee's supervisor in a manner considered appropriate, e.g., repeating the training, 1:1 etc..[cxix]
- During the annual testing of the emergency procedure, any staff assessed as requiring further training will be retrained, based on his/her responsibilities during the emergency procedure.[cxx]
- IPACP/designate will consult with registered nursing staff and the JHSC to ensure the following:
  - IPAC training/retraining needs will be assessed
  - Appropriate IPAC training and retraining are provided, as required
  - IPAC practices will be monitored, and additional training provided as needed.

- The learning objectives for **the epidemic and pandemic training** may include, but not be limited to, the following:
  - Overview of the Epidemic and Pandemic Plan *(EMERG-I-10b)*
  - Communication, including MOH/MLTC Directives/legislative changes/orders/policy changes, as applicable
  - Epidemic / pandemic background information, specific to the type of virus causing the epidemic/pandemic, including the case definition, and signs and symptoms
  - IPAC measures (Basic and Advanced as appropriate), including surveillance, screening, PPE donning and doffing, and hand hygiene, obtaining a nasopharyngeal swab (registered nursing staff)
  - Managing mass casualties (registered nursing staff)
  - Occupational Health and Safety
  - Business Continuity, including staffing
  - Resident Care and Services during an epidemic / pandemic
  - Personal and Family Care (IPAC measures when not at work and self-monitoring) [cxxi]
    *(**Note:** The resource from the OHPIP Pandemic Influenza Plan 2008 was adapted. The OHPIP also identifies objectives of each program listed above.)*
- Education will be provided to staff, residents/substitute decision makers (SDMs), visitors, students and volunteers, as appropriate, using approved fact sheets and resources, before and during a pandemic when required.

S.4. E. (ii). Education for Clinical and Non-Clinical Personnel by IPAC organizations

As outlined in ***Section One B***., the following organizations provide **current information on emerging pathogens and infectious diseases**:

- **WHO,** offers a free online course for outbreaks of known and emerging epidemic-prone diseases in the 21st century. [cxxii]
- **APIC** provides information about emerging pathogens and infectious diseases, which have the **potential for outbreaks that cannot be controlled**. [cxxiii]
- **Government of Canada** [cxxiv] has **pandemic emergency preparedness and response** information on specific diseases. [cxxv] **Public Health Ontario (PHO)**

In addition:

- **PHO** offers online learning, presentations and information. [cxxvi]
- **SMHDU** offers a wealth of information through their website “Resources and Tools” [cxxvii]

S.4. E. (iii). Resident, Caregiver, and Volunteer Education

- The IPACP /designate will collaborate to deliver education to staff, residents, caregivers and volunteers, as required, including but not limited to:
  - IPAC routine practices and additional precautions (INF-II-118)
  - Responding to an epidemic, pandemic or outbreak as per the Code Silver emergency plans *(EMERG-I-10a and 10b)*

SECTION FOUR F. SUPPLIES AND EQUIPMENT [cxxviii]

During a pandemic, BRHD 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 an epidemic and pandemic, the following measures will be instituted.

In addition to the Epidemic and Pandemic Plan, BRHD supplies and equipment include:

- Personal Protective Equipment (PPE) including gowns (disposable and cloth), masks (surgical/procedure masks and fit-tested N95 respirators); disposable gloves, eye protection (shield, goggles); Alcohol-based hand rub / hand sanitizer
- Care equipment, e.g., sphygmomanometers (blood pressure machines), suction machines, thermometers (tympatic/ear, thermal, and single-use disposable thermometers)
- Cleaning /disinfectant supplies
- Continence supplies
- Food, water
- Resource materials about the virus/disease circulating

S.4. F. (i). Inventory

- To facilitate sufficient inventory in the event of an epidemic, pandemic or outbreak, inventory checks will be done to **ensure sufficient quantities of supplies and equipment**, including but not limited to PPE*, ABHR, disinfectant wipes* testing supplies, cleaning & disinfectants supplies and equipment, resident care and treatment supplies and food and water.
- BRHD will maintain a **four-week inventory of PPE** as defined in the Ontario Health Plan for an Influenza Pandemic (OHPIP)[cxxix], and as outlined in Code Silver – Outbreak Management Plan ~ EMERG-I-10a
- During the pandemic/outbreak, the "**burn-rate**" of PPE (rate at which the Home is using the PPE) may need to calculated weekly or more frequently. [cxxx]

  *The **formula for calculating quantities** of gloves and personal protective equipment is as follows: 25 staff encounters per Resident per day x 31 days x 35 per cent.* [cxxxi] *The formula for calculating quantities of N95 masks is under review by the MOH/MLTC, Emergency Management Unit (EMU).*
- All supplies are to be checked for **expiration dates** and **rotated** on a regular basis to prevent stock expiration. [cxxxii]
- BRHD will maintain a list of required supplies the supplier/entity and alternate supplier if available, since access to essential supplies may be disrupted.
- Director of Nursing and Personal Care (DONPC) will implement the **Drug Provision Plan,**[cxxxiii] including the **Silver Fox Pharmacy (SFP) policy #13.8,** as required**.** *Refer to **Code Green's Appendix 8** - Evacuation (EMERG-I-02).*
- BRHD will maintain at a minimum three-day inventory for current census (64 residents) of **food and water** and other medical supplies, such as incontinent care products. Manager of Nutrition and Environmental Services (MNES) will implement the **Food and Fluid Emergency Plan**, as required. (*Refer to **Code Green's Appendix 9** - Evacuation [EMERG-I-02])* [cxxxiv]
  - A seven-day stockpile of **non-perishable** food items for Residents will be included in the list of essential supplies.

SECTION FOUR G. FINANCE

BRHD staff will ensure that epidemic/pandemic related expenses and income are tracked and monitored, as appropriate, including:

- cash flow
- payroll, additional staff required to perform additional IPAC measure; staff absenteeism, overtime, agency use, etc.
- staff training and orientation costs
- PPE and cleaning/disinfecting supplies and equipment, individualized equipment for isolation/quarantine
- WSIB
- legal services, and
- EAP expenses, as applicable

SECTION FOUR H. BUILDING SECURITY

- BRHD has several building security features including cameras inside the building and the ability to electronically restrict access to all entrances to the Home. BRHD staff, resident/SDMs, visitors, volunteers and students use a swipe card to enter the building. The Nursing Administrative Assistant/designate has the ability to establish and alter the swipe card accessibility electronically. Staff will maintain access to staff restricted areas in addition to the resident related areas. However, during an epidemic/ pandemic emergency, the traffic flow in and out of the Home, for all persons, will be redirected to the front of the building, to facilitate screening. Screening tables for all persons will be set up in the interior front entrance area.
- Signage will be posted at the front entrance, directing staff and visitors to the screener, located just beyond the front vestibule area. The screener will screen all individuals who enter the Home for infectious status and monitor the identification of all parties entering and exiting the Home. Screeners may provide information about the screening process and the outbreak (epidemic/pandemic) status of the home, as provided by the communication from the OMT.
- In the event of an emergency, the reception area staff/designate will direct emergency service personnel as required *(without screening).*
- Steps will be taken to minimize staff and Resident movement throughout the Home. For example, staff will be cohorted to their care area and breaks will be taken in a designated area on the care centre. All Residents' activities will be restricted to their specific care area, where possible
- All delivery persons will be directed to the common entrance to be screened and granted access to deliver goods/supplies to designated areas.

SECTION FOUR I. DEATH AND DYING

S.4. I. (i). Faith Practices and Considerations for Death and Dying

BRHD has 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 an epidemic/pandemic outbreak result in additional deaths over and above the number of deaths expected from all causes occurring in the epidemic/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 strain of the epidemic/pandemic virus **may be new**, and it is therefore unknown at this time whether autopsies would be expected in resident(s) who died of a new type of virus.

Where faith-based practices dictate how a deceased body should be handled, the wishes of the family will be adhered to, if at all possible. If the family will not be available for consultation, local religious and ethnic communities may be consulted to obtain information and guidance. It is important to recognize that there may also be a significant loss of people and expertise/skill sets within the faith community during an epidemic/pandemic as a result of staff/volunteer absences and an increased demand for faith groups and faith-based organizations to provide mental/spiritual health and social services. Further, there may be an increased need for faith leaders to address rumours, misinformation, fear and anxiety.[cxxxv] These factors may impact the availability of faith-based support from external resources.

The Home’s Pastor and/or Health Care Team will provide information and support regarding special considerations for faith-based groups. All Residents are treated with respect and dignity in the process of dying and death.

S.4. I. (ii). 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 resident is terminally ill and there is no available treatment to restore health or the resident 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 population of the health care setting, the benefit to the resident’s family and friends and any potential restrictions in policy and legislation. [cxxxvi]

In an epidemic/pandemic outbreak, it is anticipated that an RN or an RPN will pronounce death. The CNO will be contacted for clarification of responsibilities for RN/RPN during an epidemic/pandemic, as required.

Death Certification

At present, only physicians and NPs can ***certify*** the death of Residents. This practice may be altered to reflect an emergency epidemic/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 an epidemic/pandemic outbreak, the reporting may be altered. Direction will be taken from the Medical Officer of Health to guide the reporting process.

The new Resident Death Notice (RDN) is in place for all deaths. ***Note****: Please refer to the new April 17, 2023 memo from the Ministry of the Solicitor General, addressed to All Long-Term Care Homes and Coroners, regarding "****Resident Death Notice (RDN) Updates and Education Modules,****" for additional information.*

Temporary Morgue Sites

- At present, there is no morgue capacity at the Home. Direction will be taken from the Medical Officer of Health and SMDHU.

Safekeeping of Personal Belongings after Death

- At present, Power of Attorney and/or family members are required to remove the personal belongings within 24 hours following the death of the Resident.
- The Home will advise of the need to pick the belongings up as soon as possible.
- The Home will adhere to the families' directions for disposal of personal belongings and/or donations.
- Public storage may be presented as an option.

Return to Table of Contents

SECTION FIVE: ACTIVITIES AFTER THE EPIDEMIC / PANDEMIC IS DECLARED OVER

S.5. A. RECOVERY AND BUSINESS CONTINUITY

The aim of recovery is to allow the Home to emerge from an epidemic/pandemic in as healthy a state as it was prior to the epidemic/pandemic. The epidemic / pandemic will likely come in waves as variants and subvariants of the original virus that caused the epidemic/pandemic are formed. Every attempt must be made to balance the available resources (physical and human) to expedite recovery while preparing for the next wave of pandemic.

Action After the Epidemic/Pandemic is Declared Over	Assigned "A" +/or Completed "C" by

IPACP
• Notify Administrator, managers, staff, and residents when the epidemic / pandemic is declared over.
• Invite the following persons, who were involved in the emergency, to participate in a meeting and provide feedback in an evaluation of the epidemic/pandemic: [cxxxvii]
  o Administrator, managers, Medical Director, and representatives from the staff, residents, students, volunteers, caregivers, visitors, and external entities involved in the emergency as applicable and available.[cxxxviii] *(Entities are listed in Section Three #4.)*
  Note*: IPACP – to chair the meeting.*
  o <u>Complete</u> the ***Code Silver Test Report and Evaluation ~ Epidemic and Pandemic Plan*** (***Appendix F)*** to obtain recommendations for improvement to the plan, as appropriate.
  Note: *Ensure that if any applicable entities that were unable to attend the evaluation meeting, are given an opportunity to provide feedback.*[cxxxix]
• Amend CIS to MLTC, indicating **Epidemic**/Pandemic has been declared over, if a CIS was submitted at the start of the emergency. [cxl]
	•

***Note**: Follow direction of MLTC re need for a CIS submission, revision and closure.*

- Ensure the completed "**Code Silver Test Report and Evaluation**" ***(Appendix F)*** is forwarded to the Administrator and a copy provided to the IPACP.
- Prepare information for Administrator to notify staff, residents, caregivers/families, and others, e.g., entities, as applicable, that the epidemic/pandemic was declared over and identify how this impacts them. [cxli]
- Direct staff to return to routine infection surveillance for a return wave of the infection/virus
- Maintain communication with SMDHU
- Review the Code Silver ***- Epidemic and Pandemic Plan*** (***EMERG-I-10b***), and **update** as applicable, with any approved recommendations for improvement, **within 30 days** after the event was declared over.[cxlii]

  ***Note**: If any changes were made to improve the plan, maintain a written record of the changes made.*[cxliii]
- Ensure follow through of Code Silver Plan if revised, including:
  - communicating changes made to the Plan;
  - updating on S Drive (archive former version)
  - updating plan on website, and

  arrange for updating training/retraining of staff as required (as outlined below).
- Review data / statistics as reported and summarize information such as: age specific mortality. morbidity and attack rates, containment measures
- Encourage staying up to date with immunization against the disease/virus, e.g., influenza, SARS-CoV-2, if vaccine available.

All Managers

- **Each department head** to **debrief** their respective staff, volunteers and students after the emergency, e.g., by memo, at a meeting, etc. Explain that the Emergency Plan was tested (planned or unplanned), and how to return to normal operations in the Home. After the evaluation has been conducted, identify any approved recommendations to be implemented; and whether there are any changes to processes at BRHD that may impact them. [cxliv] [cxlv]
- Maintain a written record of the **debrief** and all records related to the emergency.
- Determine what equipment and supplies were used, and assign staff to replace /disinfect, and/or return, as appropriate, to their normal location, including the *Command Centre Bag*.[cxlvi]
- Assess and re-build infrastructure (e.g., staffing positions, schedules, volunteer reserve)
- Summarize information related to staff injuries throughout the epidemic/pandemic, e.g., notifications of persons injured as reported to WSIB and MOL / MLITSD, as applicable. ***Note**: Since the Epidemic/Pandemic may last for an extended period of time, ensure that staff related injuries/illness/death etc., were reported within the 72 hours of occurrence, throughout the emergency.*

• **Each department head** to summarize and evaluate **departmental economic costs** of the epidemic/pandemic (consider overtime, work days lost, additional supplies, etc.) Forward information to both the Director of Finance and the Administrator. ***Note:*** *Discussion with the Director of Finance may be required.* • Revise competencies/key skills for staff and volunteers as necessary to support job functions based on what was learned during epidemic/pandemic. • Review the relevant policies and procedures, tools, business plan, etc., that were used during the emergency and revise as necessary.	

Administrator • **Debrief residents / RC, caregivers, family /FC if any,** after the emergency. e.g., by memo, at a meeting, etc. Explain that the Emergency Plan was tested (planned or unplanned), and that BRHD is taking measures to return to normal operations in the Home. After the evaluation has been conducted, identify any approved recommendations to be implemented; and whether there are any changes to processes at BRHD that may impact them. [cxlvii] [cxlviii] • Ensure all managers debrief their respective **staff, students, and volunteers,** after the emergency. • Maintain a written record of the **debriefings** and all records related to the emergency. • Maintain communication with local partners/entities	•

Administrator and Management Team
• Review the ***Code Silver Test Report and Evaluation*** (***Appendix F***), including the recommendations for improvement to the plan.
• Determine if anyone experienced **distress** during the emergency, and if so, ensure that the person is provided with an opportunity to discuss their concerns and/or given appropriate emotional support.[cxlix]
  ○ BRHD has an EAP, for eligible staff.
• Ensure documentation is complete
• Decide which recommendations for improvement are approved or rejected.
  ○ Record decisions about each recommendation on the Code Silver Test Report and Evaluation form.
 	
• If the Code Silver – Epidemic and Pandemic Plan needs to be revised ensure the recommendations for improvement are forwarded to the IPACP/designate; and ensure the plan is revised within 30 days after the emergency was declared over.
• Ensure implementation of all approved recommendations. [cl]	

Director of Finance • Evaluate individual and economic costs of the epidemic/pandemic (consider overtime, work days lost, additional supplies, etc.)	

Administrator / IPACP- Prior to the end of the year: • Ensure that Code Silver – Outbreak Management Plan **was tested** (planned or unplanned) during that calendar year. • Complete the ***Checklist for Code Silver ~ Epidemic and Pandemic Plan*** (*Appendix G)*	

Return to Table of Contents

SECTION SIX: RELATED PLANS, PROTOCOLS and POLICIES [cli]

Policies/ Protocols / Plans – Ref #	Title
EMERG-II-10a	BRHD's **Code Silver**: Outbreak Management Plan
EMERG-I-02	BRHD's **CODE GREEN**: Evacuation, including: *Appendix 8 – Drug Provision Plan with Silver Fox Pharmacy policy #13.8.*[clii] *Appendix 9 - Food and Fluid Emergency Plan* [cliii]
INF-II-12	Chain of Transmission
INF-II-16	Influenza Protocol
INF-II-27	Hand Hygiene Program
INF-II-30	Gloves
INF-II-33	Masks / Respirators
INF-II-36	Protective Eyewear
INF-II-39	Gowns and Aprons
INF-II-114	Qualitative Fit Testing of N95 Masks
INF-II-115	Visitor Policy
INF-II-118	Routine Practices and Additional Precautions
INF-II-119	COVID-19 Immunization Policy
INF-II-120	Cohorting
INF-III-20	Signs and Symptoms of Infection
INF-V-02	Cleaning and Disinfecting
INF-V-15	Resident Room Terminal Cleaning – Isolation Precautions
INF-V-16	Handling of Soiled Laundry and Briefs
ENV-VII-01	Infection Control in the Laundry
ENV-IX-13	Hazardous Waste Handling; and "Waste Disposal Guideline"
HR-V-21	Sick Policy and Absence from Work Reporting
MRC-104	Employee Medical Form
NUR-VI-Forms	Resident Immunization Consent Forms

Return to Table of Contents

APPENDICES

Appendix A: **List of Acronyms**
Appendix B: **Additional Definitions**
Appendix C: **Sample – Resident Surveillance Form**
Appendix D: **Sample – Screening Tool for All Persons**
Appendix E: **Emergency Response Assistance Sign-up Sheet**
Appendix F: **Code Silver Test Report and Evaluation ~ Epidemic / Pandemic**
Appendix G: **Checklist for Code Silver ~ Epidemic / Pandemic**

APPENDIX A: LIST OF ACRONYMS

Acronym	Description
ADL	Activities of Daily Living
LHIN	Local Health Integration Network
CDC	Centers for Disease Control and Prevention
CNA	Canadian Nurses Association
CNO	College of Nurses of Ontario
CPAP	Continuous Positive Airway Pressure *(aerosol generating medical device)*
DONPC	Director of Nursing and Personal Care
EMU	Emergency Management Unit
HCW	Health Care Worker
ILI	Influenza-Like Illness
IMS	Incident Management System
IPAC	Infection Prevention and Control
IPACC	Infection Prevention and Control Committee
IPACP	Infection Prevention and Control Practitioner
JHSC	Joint Health and Safety Committee
LTC	Long-Term Care
LTCH	Long-Term Care Home
MLTC	Ministry Long-Term Care
MOH	Ministry of Health
MOL	Ministry of Labour
OHPIP	Ontario Health Plan for an Influenza Pandemic
OHSA	Occupational Health and Safety Act
OMT	Outbreak Management Team
PHAC	Public Health Agency of Canada
PHO	Public Health Ontario
PIDAC	Provincial Infectious Diseases Advisory Committee
PPE	Personal Protective Equipment
PSW	Personal Support Worker
RPN	Registered Practical Nurse
RN	Registered Nurse
RNAO	Registered Nurses Association of Ontario
SARS	Severe Acute Respiratory Syndrome
SDM	Substitute Decision Maker
SMDHU	Simcoe Muskoka District Health Unit
SARI	Severe Acute Respiratory Infection
TTY	Teletype
WHO	World Health Organization
WSIB	Workplace Safety and Insurance Board

Return to Table of Contents

APPENDIX B: ADDITIONAL DEFINITIONS

This is not an exhaustive list, but provides important definitions and common terms that may not be included in the body of this emergency plan.

Additional Precautions: Precautions (i.e., Contact Precautions, Droplet Precautions, Airborne Precautions) that are ***necessary in addition to Routine Practices*** for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g., contact, droplet, airborne). [cliv]
Note: *Refer to BRHD's Policy **INF-II-118 "Routine Practices and Additional Precautions"** for more information.*

Cleaning: The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning **physically removes rather than kills microorganisms**. It is accomplished with water, detergents and mechanical action. [clv]

COVID-19 - COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2 (*severe acute respiratory syndrome coronavirus 2*). It can be very contagious and spreads quickly. COVID-19 most often causes **respiratory symptoms** that can feel much like a cold, the flu, or pneumonia. … COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease. Most people with COVID-19 have mild symptoms, but some people become severely ill. Some people including those with minor or no symptoms will develop Post-COVID Conditions – also called "Long COVID."

Disinfection*:* The ***inactivation of disease-producing microorganisms***. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place. [clvi]

> ***Disinfectant*****:** A product that is used on surfaces or medical equipment/devices which results in disinfection of the equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant. [clvii]

Exposure: Proximity or contact with a source of a disease agent in such a manner that effective transmission of the agent or harmful effects of the agent may occur. [clviii]

Hand Hygiene: Hand hygiene relates to the removal of visible soil and the removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol-based hand rub (ABHR) or soap and running water (for a minimum of 20 seconds contact time with soap). [clix] [clx]
Note: *Refer to BRHD's Policy INF-II-27 **"Hand Hygiene Program"** for more information.*

Incident Management System (IMS) [clxi] : a tool / standardized framework used to facilitate the management of public health services to respond to incidents or emergencies with public health impact. Their tool can be used to effectively manage any size incidents including local and multi-jurisdictional incidents or emergencies. IMS improves communication, coordinates resources (e.g., human resources, supplies and equipment), and facilitates cooperation and coordination between agencies.

Influenza: Influenza is an acute, highly contagious, respiratory disease caused by any of three viruses: **influenza A, B and C.** [clxii] ***Note***: *Refer to BRHD's Policy **INF-II-16 "Influenza Protocol"** for more information.*

Influenza-like Illness (ILI): The term ILI can be used casually, but when used in the surveillance of influenza cases, can have a strict definition. The World Health Organization defines an illness as an ILI if the patient has a fever greater than or equal to 38 C° and a cough, which began in the last 10 days. If the patient requires hospitalisation, the illness is classified instead as a **severe** acute respiratory infection (SARI).[clxiii]

Isolation: separates sick people with a contagious disease from people who are not sick. It is a public health practice to protect and prevent others from being exposure to the disease.[clxiv]

Quarantine: separates and restricts the movement of people who were ***exposed*** to a contagious disease ***to see if they become sick***. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. It is a public health practice to protect and prevent others from being exposed to the disease if the person in quarantine is contagious.[clxv]

Reverse isolation: protects the resident/patient from the other people, usually because the patient has a weakened immune system and can't fight against the bacteria and other infections that live on and around us all the time. Reverse isolation entails a private room with a special air ventilation system. Everyone that goes into the room would be required to wear masks, gloves and a gown and to use ABHR/hand washing thoroughly before donning PPE. No gifts like flowers would be allowed in the room. Extra precautions would be taken to cleanse and disinfect anything that would be taken in. [clxvi]

Routine Precautions: Routine practices are a set of infection control strategies and standards designed to protect workers from exposure to potential sources of infectious diseases. Routine practices are based on the premise that all blood, body fluids, secretions, excretions, mucous membranes, *(e.g., urine, feces, vomit, nasal secretions, sputum, saliva, wound drainage, etc.),* non-intact skin or soiled items are potentially infectious. These practices apply to all professions in which workers may become exposed to infectious microorganisms through contact with blood and body fluids. [clxvii] ***Note***: *Refer to BRHD's Policy* ***INF-II-118 "Routine Practices and Additional Precautions"*** *for more information.*

Severe Acute Respiratory Infection (SARI): The World Health Organization (WHO) case definition of a SARI is anyone with an acute respiratory infection with symptoms within 10 days of presentation, cough, fever, and hospitalization. This is used to standardize global influenza surveillance with the caveat not all cases will be captured.[clxviii]

Source: is an infectious agent or *germ* and refers to a virus, bacteria, or other microbe.[clxix]

Transmission: The modes or routes of transmission are airborne, contact (direct and indirect), droplet, fomites and vector borne. ***Note***: *Refer to BRHD's Policy* ***INF-II-12 "Chain of Transmission"*** *for more information.*

TTY technology: gives the deaf and hard of hearing a text-based system for communicating over phone lines among themselves or with hearing individuals. [clxx]

Return to Table of Contents

APPENDIX C: ***Sample*** **– Resident Surveillance Form**

Care Centre ____Resident Assessments (twice daily)   Date: ____________________

Rm #	Resident	AM: Temp	AM: Symptoms	AM Follow-up	PM: Temp	PM: Symptoms	PM Follow-up

Symptoms: e.g. fever, cough, shortness of breath, hypoxia (O2 Saturation)

Follow-up: e.g. Precautions (isolation); Line list; Notify IPACP, Notify Physician

Return to Table of Contents

Appendix D: *Sample* – Screening Tool for All Persons

The following information must be completed by ALL PERSONS coming into BRHD / the Home,
except emergency first responders in an emergency situation. *NEW– Apr 17/20 Lower temp = fever*

SCREENING TEST for COVID-19

DO NOT ENTER THIS FACILITY **if you have:**

1. A **fever** (equal to or greater than 37.8 degrees C) and /or onset of (or worsening of a chronic) **cough, or shortness of breath** **AND any** of the following WITHIN 14 DAYS prior to onset of illness:
   - **Travelled to** any impacted area **- OR**
   - Had **close contact with a confirmed or probably case of COVID-19 - OR**
   - Had **close contact with a person with an ARI** *(acute respiratory illness)* **who has travelled to** any impacted area **AND in whom laboratory diagnosis of COVID-19 is not available, inconclusive, or negative** ***(if the specimen quality or timing is in suspect in the negative results).*** **- OR**

2. A **fever** (equal to or greater than 37.8 degrees C) and/or **onset of cough** or **worsening chronic cough, shortness of breath** AND in whom **laboratory diagnosis of COVID-19 is inconclusive.** (Typical symptoms) **For further description of Case Definition, refer to "Case Definition Footnotes"* **– OR any**

3. Atypical symptoms include: digestive symptoms, including **nausea, vomiting, diarrhea,** abdominal pain; **runny nose**; new loss of smell or taste; unexplained fatigue/malaise; delirium (acutely altered mental status and inattention); falls (increase); acute functional declines; exacerbation of chronic conditions; chills; headache; croup (barking cough); or *Atypical signs: unexplained tachycardia; drop in blood pressure; unexplained hypoxia (oxygen level under 90%)*

No essential visitor is allowed into the Home with any typical or atypical signs or symptoms of COVID-19, whether during an outbreak or not in an Outbreak.

Date	Person's First & Last Name (PRINT)	Passed Screening test; Identify Temp:	Worker – no outbreak: If any typical or atypical symptoms, worker needs Nurse to assess, obtain COVID-19 test, PHU notified & sent home to self-isolate	Outbreak - Critical Worker screening: If typical or atypical symptoms. Nurse to assess, N/P swab, notify PHU, determine whether worker may "work self-isolate" with appropriate PPE	Worker report during shift any resident or personal signs /symptoms of COVID to your supervisor.	Leaving Home Temp:	Leaving Home: Any cough, fever, SOB, n, v, d, runny nose, or new loss of smell or taste? If yes, send for testing & self-isolation
		T.				T.	
		T.					
		T.					
		T.					
		T.					
		T.					
		T.					
		T.					
		T.					
		T.					
		T.					
		T.					
		T.					

Return to Table of Contents

Appendix E: Emergency Response Assistance Sign-up Sheet

As you have been hearing on the news and reading in the newspapers, there is much discussion about *[… e.g., the possibility of an Epidemic / Pandemic Outbreak. No one knows for sure as to when or how this will occur.]* As a result, Bob Rumball Home for the Deaf is in the process of developing an emergency response plan to support the operation.

As part of this plan, we are compiling a list of people who may be able to assist us with various tasks in the event of an emergency such as a Pandemic Outbreak or a sudden reduction in staffing levels. The assignment would not involve working with known resident(s) affected by the virus.

Please indicate (√) below if you are willing to assist in the event of an emergency.
Please return the completed form by email to the Administrative Assistance at the Reception Desk or by email to CBurns@bobrumball.org

Thank you for your time and cooperation.

Name: ____

Preferred Phone # _________________

E-mail: ____

Check if interested	Preferred Volunteer Assistance
	Mealtime Assistance to non-affected residents, as permitted
	Delivering/Serving meals to non-affected residents, as permitted
	Light housekeeping duties, e.g., disinfecting handrails, etc.
	Delivering/folding clean **laundry**
	Screening staff and visitors
	Assist with scripted **telephone** messages
	Friendly Visiting to non-affected residents, as permitted
	Other
Time Available	
Specify Days	
Evenings	

Return to Table of Contents

APPENDIX F: Code Silver Test Report and Evaluation - Epidemic / Pandemic

Instructions:

This report template is available for completion electronically. To be completed to the extent possible, by the IPACP, as soon as possible after the emergency is declared over. The following additional persons ***if involved*** in the emergency, are encouraged to participate and provide feedback: on-site manager(s), Medical Director, SMDHU rep, and other relevant external entities (e.g., Silver Fox Pharmacy, Life Labs, RVH- IPAC Hub rep); [clxxi] and representatives from involved staff e.g., senior RN, resident, caregiver/family, and volunteer, as appropriate. ***Note**: The IPACP should bring the Evaluation from any related Outbreaks that occurred during the Epidemic/Pandemic.*

Type of Emergency: Epidemic _______ *(Identify type);* **or Pandemic** *(Identify Type)* **_________________**

Actual Epidemic/Pandemic (Y/N) _____; - ***OR*** **- Mock Epidemic / Pandemic (Y/N) _____**

If mock, identify type (roll-play, table-top, etc.) ____

Code Silver – Epidemic and Pandemic Plan *is to be tested* ***annually***.[clxxii]

Date Epidemic/Pandemic **declared** by WHO**: ___________________________**(MMM/DD/YYY)

Date Epidemic/Pandemic **declared over** by WHO: ___________________________(MMM/DD/YYY)

Attendees:

NAME	Position		NAME	Position

*List **external entities, involved including emergency services as applicable,** if **NOT in attendance**, so they can be given the opportunity for feedback* [clxxiii] *(Note: IPACP/designate to contact. Refer to list of potential entities in the "Consultation" Section 3. B. of this plan).*

____

____

Did BRHD experience one or more Outbreaks **of the same virus** *(or its subvariant)* in the Home during the Epidemic / Pandemic? Y/N ______

If yes, identify the start and end dates of the Outbreak(s). *Refer to the Code Silver Test Report and Evaluation ~ Outbreak Management Plan(s) completed after the outbreak was declared over by SMDHU?*

Outbreak type: ____________________; Start date: _________________; End date: ________________

Outbreak type: ____________________; Start date: _________________; End date: ________________

During the Epidemic / Pandemic, were there any related resident or staff hospitalizations or deaths? (Y/N)
Total # of related **Resident Hospitalizations** during the emergency: **_____; # immunized: _________**
Total # of related **Resident Deaths** during the emergency: **_____; # immunized: _________**

Total # of related **STAFF Hospitalizations** during the emergency: **_____; # immunized: _________**
Total # of related **STAFF Deaths** during the emergency: **_____; # immunized: _________**

Check the list of activities that BRHD experienced during the Epidemic / Pandemic and identify any related concerns and recommendations for improvement.

Check if Relevant	Activity Experienced During Epidemic/Pandemic	Concerns	Recommendations
	Timely **notification and information** about Epidemic / Pandemic virus/disease was provided, e.g., at the beginning, during, and after the emergency is declared over.		
	There were **changes to** legislation, e.g., FLTCA, O. Reg. 246/22; new Directives; Guidelines or other requirements requiring a change to BRHD policies/ procedures, processes, etc.		
	IPAC Education training/retraining was provided during the epidemic / pandemic to refresh IPAC routine practices and additional precautions, as applicable.		
	Ethical decisions had to be made during emergency, e.g., restrictions based on risk; provision of care based on staffing levels; stewardship of supplies/equipment; respect for resident's autonomy		
	Communication: The staff, residents, volunteers, caregivers/loved ones, visitors were kept informed of the status of the epidemic/pandemic, required information and impact of changes on them.		
	Lead and staff responsibilities, including the OMT were clearly communicated and completed as assigned.		
	Entities listed in Section 3. B. (ii) are appropriate and provided the services as outlined.		
	The **JHSC** and the **IPAP Committee** were actively involved in the emergency event and performed their duties as outlined in the Plan		

	There was ongoing **surveillance and testing** of residents, staff, visitors, volunteers and others, as required.		
	Contingency staffing plan was implemented.		
	Volunteer assistance was provided. (If yes, identify volunteer assignments)		
	PPE, cleaning and disinfecting supplies and equipment were available and accessible throughout the epidemic/pandemic		
	Notification of the emergency being declared over was provided to		
	Other:		

What went well?

What didn't go well?	**Recommendation for improvement?** *(Bring forward recommendations from the Activities Experienced list above.)*

Was a CIS report required to be submitted at the beginning of the epidemic/pandemic? Y/N ______
If yes, has the IPACP amended the CIS report to indicate the **epidemic/pandemic is declared over?** Y/N ______
If no, assign to IPACP/designate: ________________________________ *(name)*

Did any person(s) experience distress as a result of the emergency? Y/N ___
If yes, list names of person(s) who experienced distress, and indicate whether emotional support was provided.

Person's name who experienced distress	**Emotional Support Provided**	**Follow-through required**

Signature of IPACP: _____________________________
Ensure this report and supporting documentation are forwarded to the Administrator.

Note: *The IPACP should retain a copy of this test report and evaluation.*

The remainder of the evaluation is to be completed by the IPACP with the Management Team

Date of meeting: ________________________________

Persons in Attendance:

____

____

Ensure completion of the following:

- CIS report submitted for epidemic and/or pandemic, if required.
- IPACP contacted the entities who were involved in the epidemic/pandemic but were unable to participate in the evaluation, and provided them with an opportunity for feedback.[clxxiv]
- **Clean/disinfection, return, replace, supplies and equipment as required.**

The **IPACP** will ensure the **review of the existing Code Silver Plan** (EMERG-I-10b) **annually,** discuss any recommendations for improvement **with the Management Team**. *(Refer to recommendations as listed above, and any additional recommendations that were received.)*

The following are the Authorized Recommendations for Change

#	**Authorized Recommendations for Change,** including any changes to Code Silver Plan ~ Epidemic and Pandemic Plan, if any:	**Assigned to**	**Date of Implementation**
1.			
2.			
3.			
4.			

Note: *Authorized changes for improvement are to be promptly implemented and documented.[clxxv]*

The following are the Rejected Recommendations

#	**Rejected Recommendations, if any:**	**Reason for Rejecting the Recommendation for Change**
1.		
2.		
3.		

Code Silver Plan (EMERG–I–10b)

Within 30 days after the test/emergency is declared over, the emergency plan must be **reviewed and updated,** if necessary, based on the authorized recommendations, and in consultation with required parties.[clxxvi]

Retain all supporting documentation, e.g., completed templates, testing, changes made to improve the Plan, training records, etc.[clxxvii]

If the Code Silver Plan (EMERG–I–10b) requires updating, assign to **IPACP/designate**: ___________________**.**
If changes were made to the Code Silver Plan ~ Epidemic and Pandemic Plan, indicate how staff, volunteers, students, RC, FC if any, and entities were involved / informed of changes, and will be given any training/retraining, as required.

- ______ New staff / volunteers & students will review the updated Epidemic and Pandemic Plan as part of their **orientation.** *(If the plan was revised, ensure orientation materials include revised version.)*
- ______ Existing staff **Surge Learning updated, or retraining** by alternate method e.g., memo
- ______ Volunteers, Students, RC, FC if any, and relevant entities given an opportunity for feedback and **advised of changes to the emergency plan**, which is available on BRHD's website, & internally in Emergency Manual, as appropriate.
- ______ The revised Plan was updated in the Home's Emergency Manuals, and the electronic emergency Plan was sent to Fred /**Director of IT**, for posting on the **BRHD website** and the former version of the Plan removed.

After a review of this form, are there any additional follow-through activities required? Y/N___

- If yes, identify what other tasks need to be completed, and the assigned person to complete the task.

Tasks Need to be Completed:	Assigned to:

Retain this record as part of the Home's quality management activities.

Name of person(s) completing report:

IPACP: ______________________*(Print);* _____________________ *(Signature)*
Ensure the Administrator has a copy of the completed evaluation and all relevant documentation.

Date of completion: _________________________*(within 30 days after the emergency was declared over).* [clxxviii]

Return to Table of Contents

APPENDIX G: Checklist for Code Silver - Epidemic / Pandemic

(End of year check and summary – To be completed by the IPACP, and retained by the Administrator.)

The **IPACP** ensured that:

- The **Code Silver Plan ~ Epidemic and Pandemic Plan (EMERG-I-10b) was TESTED at least annually.** Y/N ____; and
- The **Code Silver "PLAN"** *EMERG-I-10b* **was reviewed,** and **updated** as necessary:
  (a) at least **annually**, including the updating of all **emergency contact information of the entities**, (Y/N) ____; and
  (b) ***within 30 days*** of the activated emergency being **declared over**.[clxxix] (Y/N) ____;
  If the Code Silver Plan (EMERG-I-10b) was changed, the Emergency Manuals and the website have the most current version of the Plan. (Y/N) ____

- The **related documentation** for **all activation(s) & review(s)** of the **Code Silver Plan** *(EMERG-I-10b)* **occurred in the calendar year** (planned and/or unplanned) are completed, compiled, and retained as per the retention requirements, including but not limited to:
  - The **Code Silver Test Report and Evaluation** *(Appendix F)*
  - The **debriefing** of staff, and volunteers and students, if any; [clxxx]
  - Any **changes made to the Code Silver Plan,** *(when reviewed at least annually and 30 days after the activated emergency is declared over),* and
  - **When the emergency plan is changed, consultation with the entities**, and the RC and FC, if any, as appropriate; and
  - Any related training/retraining records.

- Total number of times **Code Silver – Epidemic and Pandemic Plan was activated or tested** in the year? ____ *(at minimum every year).*

Identify any recommendations for improvement that will be **carried over** to the **next year** for prompt implementation:

#	Recommendation(s) carried over to next year	Reason for implementation delay	Assigned to	Date to be Implemented
1.				
2.				

Signature of the IPACP ____________________________ Date: ____________________________

Forward copy of completion form to the Administrator.

Return to Table of Contents

ENDNOTES

[i] MLTC. Long-Term Care Emergency Preparedness Manual. May 2022.
[ii] Fixing Long-Term Care Act (FLTCA), 2021. s.90.
[iii] O Reg. 246/22 ss. 268. (2).
[iv] O Reg. 246/22 ss. 268. (4).1. i.
[v] O Reg. 246/22 ss. 268. (15).
[vi] https://apic.org/Resource_/TinyMceFileManager/for_consumers/IPandYou_Bulletin_Outbreaks_Epidemics_Pandemics.pdf
[vii] https://apic.org/Resource_/TinyMceFileManager/for_consumers/IPandYou_Bulletin_Outbreaks_Epidemics_Pandemics.pdf
[viii] https://www.ontario.ca/page/pandemic#section-0
[ix] https://www.thecanadianencyclopedia.ca/en/article/epidemic#:~:text=Canada%20experienced%20an%20outbreak%20of,such%20as%20the%20common%20cold.
[x] https://www.bing.com/search?q=when+does+seasonal+influenza+start+and+end%3F&qs=n&form=QBRE&sp=-1&pq=when+does+seasonal+influenza+start+and+end%3F&sc=0-43&sk=&cvid=4DB522DE82B049E8BF9D72C4BF998B17
[xi] https://www.ontario.ca/page/pandemic#section-0
[xii] https://www.who.int/teams/environment-climate-change-and-health/emergencies/disease-outbreaks#:~:text=Environmental%20factors%20influencing%20the%20spread,diseases%20prone%20to%20cause%20epidemics
[xiii] https://www.mphonline.org/worst-pandemics-in-history/#:~:text=Cholera%2C%20bubonic%20plague%2C%20smallpox%2C,in%20its%2012%2C000%20year%20existence
[xiv] https://apic.org/Resource_/TinyMceFileManager/for_consumers/IPandYou_Bulletin_Outbreaks_Epidemics_Pandemics.pdf
[xv] https://www.ncbi.nlm.nih.gov/books/NBK143061/figure/ch4.f1/?report=objectonly
[xvi] https://www.ncbi.nlm.nih.gov/books/NBK143061/
[xvii] https://www.ncbi.nlm.nih.gov/books/NBK143061/#ch4.s1
[xviii] https://www.thecanadianencyclopedia.ca/en/article/epidemic#:~:text=Canada%20experienced%20an%20outbreak%20of,such%20as%20the%20common%20cold.
[xix] https://www.cbc.ca/news/health/who-pandemic-not-emergency-1.6833321
[xx] https://www.cbc.ca/news/canada/manitoba/covid-subvariant-eg5-manitoba-1.6931942
[xxi] *Ontario Health Plan for an Influenza Pandemic 2013*, Chapter 2, pp. 11-18. Retrieved November 12, 2008, from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html
[xxii] https://www.ontario.ca/laws/statute/90h07
[xxiii] https://www.ontario.ca/laws/statute/90e09
[xxiv] Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 (ontario.ca)
[xxv] http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx
[xxvi] Canadian Nurses Association. *Code of Ethics for Registered Nurses*, 2008. p.9
[xxvii] Canadian Nurses Association. *Ethics in Practice for Registered Nurses*. p.8
[xxviii] Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic,* 2013 p. 8A-22. Retrieved November 2008 http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html
[xxix] Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic 2008*, p. 2-8. Retrieved November 2008. http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html
[xxx] Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic 2008*, p. 2-8. Retrieved November 2008 http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html
[xxxi] https://www.simcoemuskokahealth.org/docs/default-source/topic-infectiousdisease/diseases-of-ph-significance-final.pdf?sfvrsn=2
[xxxii] https://books.google.ca/books?hl=en&lr=&id=aGNnDwAAQBAJ&oi=fnd&pg=PA2&dq=managing+epidemics+WHO&ots=YO-LQ1rxh7&sig=i5L3nOl-Qxf1DObSQ9IaCNJuH5w#v=onepage&q=managing%20epidemics%20WHO&f=false
[xxxiii] https://openwho.org/courses/pandemic-epidemic-diseases
[xxxiv] https://apic.org/emerging-infectious-diseases/?gclid=EAIaIQobChMI27rI9bzagAMVWcvjBx01WwP5EAAYAiAAEgL3lPD_BwE
[xxxv] https://www.canada.ca/en/public-health/services/emergency-preparedness-response.html
[xxxvi] https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html
[xxxvii] https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html
[xxxviii] https://www.canada.ca/en/public-health/services/diseases/flu-influenza/pandemic-flu.html
[xxxix] https://www.canada.ca/en/public-health/services/diseases/mpox.html
[xl] https://www.canada.ca/en/public-health/services/diseases/ebola.html
[xli] https://www.canada.ca/en/public-health/services/diseases/smallpox/health-professionals/national-case-definition.html
[xlii] https://www.cdc.gov/outbreaks/index.html
[xliii] O. Reg.246/22 ss. 268. (3)(b).

[xliv] https://www.ncbi.nlm.nih.gov/books/NBK525302/ Chapter 17. Pandemics: Risks, Impacts, and Mitigation.
[xlv] https://www.ncbi.nlm.nih.gov/books/NBK525302/ Chapter 17. Pandemics: Risks, Impacts, and Mitigation.
[xlvi] https://www.ncbi.nlm.nih.gov/books/NBK525302/ Chapter 17. Pandemics: Risks, Impacts, and Mitigation.
[xlvii] https://www.cbc.ca/news/health/who-pandemic-not-emergency-1.6833321
[xlviii] https://www.ncbi.nlm.nih.gov/books/NBK525302/ Chapter 17. Pandemics: Risks, Impacts, and Mitigation.
[xlix] https://www.merriam-webster.com/words-at-play/epidemic-vs-pandemic-difference
[l] https://myrnao.ca/content/rnao-updates-and-resources-covid-19-rnao-members-and-other-health-professionals#ncovModal. And https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---13-march-2020
[li] https://myrnao.ca/content/rnao-updates-and-resources-covid-19-rnao-members-and-other-health-professionals#ncovModal. And https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---13-march-2020
[lii] O. Reg. 246/22 ss. 269. (3).
[liii] O. Reg. 246/22 ss. 268. (3).
[liv] O. Reg. 246/22 ss.269. (3).
[lv] O. Reg. 246. ss. 268 (10)(a).
[lvi] FLTCA. s.90. (2).
[lvii] O. Reg.246/22 ss.268. (8).
[lviii] FLTCA. s.90. (2).
[lix] O Reg. 246/22 ss.268. (9).
[lx] O. Reg.246/22. ss.268. (5) 3.
[lxi] O. Reg. 246/22 ss.268. (3).
[lxii] O. Reg. 246/22 ss.268. (3)(c).
[lxiii] O. Reg. 246/22 ss.268. (3)(a).
[lxiv] O. Reg. 246/22 ss.269. (4) 4-5.
[lxv] O. Reg. 246/22. ss.268. (10)(d).
[lxvi] O. Reg. 246/22 ss. 268. (3)(a).
[lxvii] O. Reg.246/22 ss. 268. (3)(4)4 and 5.
[lxviii] O. Reg.246/22 ss. 268. (7).
[lxix] O. Reg. 246/22 ss.268. (3).
[lxx] O. Reg. 246/22 ss.268. (9).
[lxxi] O. Reg. 246/22 ss.269. (2).
[lxxii] O. Reg. 246/22 ss.268. (3)(c).
[lxxiii] O. Reg. 246/22 ss.268. (3)(a).
[lxxiv] O. Reg. 246/22 ss.269. (4) 4-5.
[lxxv] O Reg. 246/22 ss.269. (1). (f).
[lxxvi] O. Reg. 246/22 ss.268. (3)(a).
[lxxvii] O. Reg. 246/22 ss.269. (4) 4-5.
[lxxviii] O. Reg. 246/22 ss.269. (2).
[lxxix] O. Reg. 246/22 ss.268. (4) 7.
[lxxx] https://www.simcoe.ca/paramedicservices/Pages/Station-Locations.aspx
[lxxxi] https://www.doctorkelleywright.com/
[lxxxii] https://www.ontario.ca/page/office-chief-coroner-and-ontario-forensic-pathology-service
[lxxxiii] O. Reg. 246/22. ss.268. (12).
[lxxxiv] O. Reg. 246/22. ss.268. (8).
[lxxxv] O. Reg. 246/22. ss.268 (5).1. and 4.
[lxxxvi] O. Reg. 246/22 ss. 268. (3).
[lxxxvii] O. Reg. 246/22 ss. 268. (5).3.
[lxxxviii] O. Reg. 246/22. ss.268. (5)1.
[lxxxix] *Ontario Health Plan for an Influenza Pandemic 2013*
[xc] O. Reg. 246/22. ss. 268. (5).2.
[xci] O. Reg. 246/22. ss. 268. (5).1.
[xcii] http://www.simcoemuskokahealth.org/HealthUnit/About.aspx
[xciii] O. Reg. 246/22. ss.268. (5).
[xciv] Ministry of Labour. Guide for health and safety committees and representatives. May 2019.
[xcv] Ministry of Health and Long-Term Care. (2008). Ontario Health Pandemic Influenza Plan 2008, (OHPIP) Chapter 7. Retrieved November 12, 2008 from http://www.gov.on.ca/english/providers/program/emu/pan_flu_plan.html.
[xcvi] OHPIP. Chapter 5. P. 10.
[xcvii] Ministry of Health and Long-Term Care. (2008). Ontario Health Pandemic Influenza Plan 2008, Chapter 7. Retrieved November 12, 2008 from http://www.gov.on.ca/english/providers/program/emu/pan_flu_plan.html. 7-9.

[xcviii] Canadian Standards Association. *CSA for Occupational Health and Safety. Selection, Use and Care of Respirators.* Retrieved November 12, 2008. http://ohs.csa.ca/standards/personal_protective/Respiratory/Z94-4-02.asp
[xcix] O Reg. 246/22 ss.269. (1). (f).
[c] O. Reg. 246/22. ss.269.
[ci] https://www.ismp.org/guidelines/timely-administration-scheduled-medications-acute
[cii] O. Reg. 246/22. s.160.
[ciii] O. Reg. 246/22. ss. 267(1)
[civ] O. Reg. 246/22. ss.269. (c)
[cv] https://www.realizedworth.com/2019/04/30/why-employee-volunteer-recognition-is-important/
[cvi] O. Reg. 246/22. ss.268. (5)3. and (6).
[cvii] O. Reg. 246/22. ss. 268. (6).
[cviii] O. Reg. 246/22. ss. 268. (5).3.
[cix] O. Reg. 246/2. ss.115. (1)5.
[cx] O. Reg.246/22. ss. 268. (14) (a)(b).
[cxi] O. Reg.246/22. ss.268. (14) (a)(b).
[cxii] FLTCA. ss. 82. (2)8; and ss. 82. (4).
[cxiii] FLTCA ss.82. (6).
[cxiv] O. Reg. 246/22 ss. 259 (3)
[cxv] O. Reg. 246/22 ss. 259 (3)
[cxvi] O. Reg.246/22. s. 260.
[cxvii] O. Reg.246/22. ss. 260. (1).
[cxviii] O. Reg.246/22. ss. 268. (14) (a)(b).
[cxix] O. Reg.246/22. ss. 260. (3).
[cxx] O. Reg.246/22. ss. 260. (3)(b).
[cxxi] http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx
[cxxii] https://openwho.org/courses/pandemic-epidemic-diseases
[cxxiii] https://apic.org/emerging-infectious-diseases/?gclid=EAIaIQobChMI27rI9bzagAMVWcvjBx01WwP5EAAYAiAAEgL3lPD_BwE
[cxxiv] https://www.canada.ca/en/public-health/services/emergency-preparedness-response.html
[cxxv] https://www.canada.ca/en/public-health/services/diseases/smallpox/health-professionals/national-case-definition.html
[cxxvi] https://www.publichealthontario.ca/en/Education-and-Events/Online-Learning/IPAC-Courses
[cxxvii] https://www.simcoemuskokahealth.org/JFY/HPPortal/ResourcesTools.aspx
[cxxviii] O. Reg. 246/22. ss. 268. (4)3.
[cxxix] http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/docs/ch_05.pdf. Chapter 5. P.19.
[cxxx] https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html
[cxxxi] Emergency Management Unit, Ministry of Health and Long-Term Care. A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes (2005). p 58.
[cxxxii] O. Reg. 246/22 ss.268. (4) 3.
[cxxxiii] O. Reg. 246/22 ss.268. (4) 7.
[cxxxiv] O. Reg. 246/22 s.268(4)6.
[cxxxv] Ontario Ministry of Health and Long-Term Care. (2006). *Guide to Influenza Pandemic Preparedness for Faith Groups.* Retrieved September 16, 2008, from http://www.health.gov.on.ca/english/public/program/emu/pan_flu/faith/faith_guide.html
[cxxxvi] College of Nurses of Ontario. (2006). *Pronouncing Death*. Retrieved February 9, 2007, from http://www.cno.org/prac/yau/2005/06_pronouce_death.htm
[cxxxvii] O Reg. 246/22 ss. 268. (9).
[cxxxviii] O. Reg.246/22. ss. 268. (9).
[cxxxix] O. Reg.246/22. ss. 268. (9)
[cxl] O. Reg. 246. s.115. (1)1.
[cxli] O. Reg. 246/22. ss. 268. (6).
[cxlii] O. Reg.246/22. ss.268. (8)(b).
[cxliii] O. Reg.246/22. ss.268. (10) (d).
[cxliv] O. Reg.246/22. ss.268. (13).
[cxlv] O. Reg. 246/22. ss. 268. (6).
[cxlvi] O. Reg.246/22. ss.268. (13) (b).
[cxlvii] O. Reg.246/22. ss.268. (13)(a).
[cxlviii] O. Reg. 246/22. ss. 268. (6).
[cxlix] O. Reg.246/22. ss.268. (13) (c).
[cl] O. Reg.246/22. ss.268. (13)(a).

[cli] O. Reg. 246/22. ss.269.
[clii] O. Reg. 246/22 ss. 268. (4) 7.
[cliii] O. Reg. ss.268. (4)6.
[cliv] https://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf?la=en.
[clv] https://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf?la=en.
[clvi] https://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf?la=en.
[clvii] https://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf?la=en.
[clviii] https://medical-dictionary.thefreedictionary.com/exposure#:~:text=Proximity%20or%20contact%20with%20a,or%20interacts%20with%20the%20organism
[clix] https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene
[clx] https://www.cdc.gov/handwashing/when-how-handwashing.html#:~:text=Lather%20the%20backs%20of%20your,for%20at%20least%2020%20seconds
[clxi] http://www.simcoemuskokahealth.org/Topics/EmergencyPreparedness/Incident-management
[clxii] https://www.merriam-webster.com/dictionary/influenza
[clxiii] https://en.wikipedia.org/wiki/Influenza-like_illness
[clxiv] https://www.hhs.gov/answers/public-health-and-safety/what-is-the-difference-between-isolation-and-quarantine/index.html
[clxv] https://www.hhs.gov/answers/public-health-and-safety/what-is-the-difference-between-isolation-and-quarantine/index.html
[clxvi] https://www.quora.com/What-exactly-is-reverse-isolation
[clxvii] https://www.ccohs.ca/oshanswers/prevention/universa.html
[clxviii] https://www.bing.com/search?q=what+is+a+severe+acute+respiratory+infection%3F&qs=n&form=QBRE&sp=-1&ghc=1&pq=what+is+a+severe+acute+respiratory+infection%3F&sc=0-45&sk=&cvid=8211A01FB1044FF7A81B870E4BC9D7EB&fbg=0
[clxix] https://www.cdc.gov/infectioncontrol/spread/index.html
[clxx] https://www.bing.com/search?q=technology+for+the+deaf+tty+&qs=n&form=QBRE&sp=-1&pq=technology+for+the+deaf+tty+&sc=0-28&sk=&cvid=37A952EEB5494D418E8AD88A107B249B
[clxxi] O. Reg. 246/22 ss.268. (9).
[clxxii] O. Reg.246/22. ss.268. (10)(a).
[clxxiii] O. Reg. 246/22 ss.268. (9).
[clxxiv] O. Reg.246/22. ss.268. (9).
[clxxv] O. Reg. 246/22. ss.168. (2) 6. ii.
[clxxvi] O. Reg.246/22. ss.268. (8).
[clxxvii] O. Reg.246/22. ss.268. (10) (d).
[clxxviii] O. Reg.246/22. ss.268. (8).
[clxxix] O. Reg.246/22 ss.268. (8).
[clxxx] O. Reg.246/22 ss.268. (13).

Return to Table of Contents