ST. JOSEPH'S CONTINUING CARE CENTRE
EMERGENCY PREPAREDNESS
PANDEMIC PLAN
Outbreak of Communicable Diseases, Outbreaks of a Disease of Public Health Significance, Epidemics and Pandemics

N.B. Post in a Public Place

TABLE OF CONTENTS **PAGE**

D. Pandemic Influenza Information Sheet (Tamiflu)
E. Consent for Influenza Antiviral Medication for Influenza Pandemic

1. BACKGROUND AND PLANNING ASSUMPTIONS / EMERGENCY LEGISLATION

Introduction and Basic Assumptions:

Purpose:
St. Joseph's Continuing Care Centre (SJCCC) is required to plan for continuance of care in the event of an influenza pandemic. For the purpose of this document, reference to SJCCC includes our Centre's Long-Term Care (LTC) Programme and our Complex Continuing Care (CCC) Programme. At St. Joseph's Continuing Care Centre, the Health, Safety and Infection Control Coordinator has developed this *Pandemic Influenza Management Plan* with the assistance of the members of the Leadership and Partnerships Management Team and the Infection Control Team to best anticipate continued operations of the Centre in the event of a pandemic. This plan will be utilized when the local Medical Officer of Health issues a *Pandemic Influenza Alert*. This plan is to be included in the *Emergency Preparedness / Disaster Plan*.

Goals:
- To minimize serious illness and overall deaths through appropriate management of facility resources
- To minimize resident/patient disruption as a result of an influenza pandemic
- To reduce the impact of influenza on residents/patients, families, and staff.

Planning Assumptions:
An influenza pandemic or other disease outbreak will affect the entire healthcare system and the community. Healthcare facilities will have limited capacity. Our facility will not have the same level of support from other healthcare services.

Pandemic Plans must be coordinated with the plans of other organizations in the community and with the local/regional plans; and be consistent with the Ontario Health Plan for an Influenza Pandemic.

"The observations that pandemics do not infect all susceptible persons in the first wave and that subsequent waves occur suggest that preventing disease by reducing exposure is an achievable objective. By limiting exposure, people who are not infected during the first wave may have an increased chance of receiving virus-specific vaccine as it becomes available. In addition, if the virus becomes less virulent over time, persons who fall ill in subsequent waves may have milder illnesses." WHO 2006

The number of healthcare workers available to provide care may be reduced by up to one-third for a variety of reasons.

Usual sources of supplies may be disrupted or unavailable.

A vaccine will not be available for at least 4 to 5 months after the pandemic strain is identified. When available, it will be in short supply.

The only specific drug treatment option for influenza during a pandemic will be antiviral drugs, which must be started within 48 hours of the onset of symptoms. They will also be in short supply and high demand.

Organizations will have to rely on traditional infection prevention and control practices (e.g. hand washing, appropriate personal protective equipment, isolation, etc.) as the main line of defence.

The Province will set priorities for who receives antivirals and vaccines. Ontario will follow the recommendations of the Federal/Provincial/Territorial Pandemic Influenza Committee.

To meet community needs during a pandemic, resources – including staff, supplies and equipment – may have to be reassigned or shifted.

Care protocols may change and practice may have to be adapted as the pandemic evolves.

We will need effective ways to communicate with residents'/patients' families and friends, in order to meet their needs for information but reduce the demands on staff.

Accurate reporting and early diagnosis are essential. Reporting will include all signs and symptoms in order to determine if another strain of the virus is developing.

Ethical Considerations:

Need to be made ahead of time re: which services will be provided; how services will be provided; who will be allowed into the Centre; how limited resources will be used.

- **Individual liberty/Protection of the Public from Harm (i.e. isolation):** They will also ensure that all those involved are aware of the medical and ethical reasons for the measures, the benefits of complying and the consequences of not complying.

- **Proportionality:** Restrictions on individual liberty and measures to protect the public from harm should not exceed the minimum required to address the actual level of risk or need in the community. SJCCC will use the least restrictive measures possible when limiting or restricting liberties or entitlements.

- **Privacy: Individuals have a right to privacy, including the privacy of their health information.** During a pandemic, it may be necessary to override this right to protect the public from serious harm; however, to be consistent with the ethical principle of proportionality, SJCCC will limit any disclosure to only information required to meet legitimate public health needs.

- **Equity:** During a pandemic, SJCCC will strive to preserve as much equity as possible between the needs of residents/patients with influenza and residents/patients who need care for other diseases, and to establish fair decision-making processes/criteria. When SJCCC has to identify residents/patients and staff who will have priority access to antivirals, vaccines or other treatment, they will ensure that everyone is aware of the criteria used to make those decisions. They will also be aware of the impact that these decisions may have on SJCCC.

- **Duty to Provide Care/Reciprocity:** Healthcare workers have an ethical duty to provide care and respond to suffering. During a pandemic, demands for care may overwhelm healthcare workers and their institutions and create challenges related to resources, professional practice, liability and workplace safety. Healthcare workers may have to weigh their duty to provide care against competing obligations (i.e. their own health, family, and friends). To support staff in their efforts to discharge their duty to provide care, SJCCC will strive to ensure the appropriate supports are in place (e.g. resources, supplies, equipment), provide support for staff to fulfill their personal/family

responsibilities, take steps to ease the burden on staff and their families and establish a mechanism to deal with staff concerns and work exemptions.

- **Trust:** is an essential part of the relationship between organizations and their staff, between the public and healthcare workers, and among organizations within a health system. SJCCC will take steps to build trust with staff, families and other organizations before the pandemic occurs and to ensure decision making processes are ethical and transparent.

- **Solidarity:** Stemming an influenza pandemic will require solidarity among community, healthcare institutions, local public Health Units, and Government. Solidarity requires good, straightforward communication and open collaboration to share information and coordinate healthcare delivery.

- **Stewardship:** SJCCC will be entrusted with governance over scarce resources, such as vaccines, antivirals, equipment, and healthcare workers. To ensure good stewardship of scarce resources, SJCCC will consider both the benefit to the public good and equity (i.e. fair distribution of both benefits and burdens). As part of stewardship, SJCCC will determine how resources will be allocated for residents/patients who are at end of life.

- **Respect for Cultural Diversity/Beliefs:** SJCCC will strive to continue to respect residents'/patients' cultural values and religious beliefs throughout a pandemic.

This plan is based on and reflects the pandemic planning and direction from the following:

- ☐ World Health Organization (WHO)
- ☐ Public Health Agency of Canada
- ☐ Canadian Pandemic Influenza Plan (CPIP) for the Health Sector
- ☐ Ontario Health Plan for Influenza Pandemic (OHPIP) and Emergency Management Ontario (EMO)
- ☐ Eastern Ontario Public Health Unit (EOHU)
- ☐ Ministry of Health and Long-Term Care

Emergency Legislation related to Pandemic Planning:

Emergency Management and Civic Protection Act – Public Safety risks in Ontario

On June 20, 2006, Ontario passed Bill 56 legislation to amend the ***Emergency Management Act, (amended 2003)***, the ***Employment Standards Act, (amended 2000)*** and the ***Workplace and Insurance Act, 1997***

- gives the Premier of Ontario and/or Cabinet the power to:
  - order the evacuation of an area, control travel into an area and requisition property
  - stop price gouging
  - authorize those who would not otherwise be eligible to do so, to perform certain duties
  - close certain private or public places if necessary
  - authorize facilities to operate as necessary to address the emergency
  - contains strict guidelines for determining when and if an emergency should be declared

Public Health Legislation as it relates to Pandemic Planning:
Under the ***Health Protection and Promotion Act:***

- physicians, labs, school principals and others must report certain diseases, including influenza to Medical Officers of Health
- persons who pose a risk to the public health may be ordered to do, or to stop doing anything to reduce the risk of disease transmission
- information about patients who are infected with communicable diseases may be disclosed to the Ministry and Medical Officers of Health, while protecting the confidentiality of sensitive health information
- physicians are required to report to the Medical Officer of Health the name and residence address of any person who is under the care and treatment of the physician in respect of a communicable disease who refuses or neglects to continue the treatment in a manner and to a degree satisfactory to the physician
- appropriate action may be taken to prevent, eliminate or decrease a health risk
- premises may be required to be used as temporary isolation facilities

Long-Term Care Facilities Legislation as it relates to Pandemic Planning:

The ***Long-Term Care Homes Act (2007) and Regulation 79/10*** (which govern Long-Term Care facilities in Ontario) in conjunction with the *Accountability Agreements* entered into with these operators require the operators of Long-Term Care facilities to:

- ★ implement surveillance protocols for a particular communicable disease provided by the MOHLTC
- ★ report all communicable disease outbreaks to the Medical Officer of Health
- ★ provide information to the MOHLTC relating to the operation of the facility (e.g., bed occupancy rates, service levels, staffing levels).

Hospital Legislation (Complex Continuing Care) as it relates to Pandemic Planning:

The *Public Hospital Act Regulation 965* requires hospitals to:

- establish and provide for the operation of an occupational health and safety programme for the hospital that shall include procedures with respect to,
  - i) a safe and healthy work environment in the hospital,
  - ii) the safe use of substances, equipment and medical devices in the hospital,
  - iii) safe and healthy work practices in the hospital,
  - iv) the prevention of accidents to persons on the premises of the hospital, and
  - v) the elimination of undue risks and the minimizing of hazards inherent in the hospital environment;
- establish and provide for the operation of a health surveillance programme including a communicable disease surveillance programme in respect of all persons carrying on activities in the hospital;
- report all communicable disease outbreaks to the Medical Officer of Health

Occupational Health and Safety:

The Ministry of Labour enforces the ***Occupational Health and Safety Act (OHSA)*** and the Healthcare and Residential Facilities Regulation.

Under the ***Regulation for Healthcare and Residential Facilities***, employers in healthcare facilities have a duty to establish measures and procedures to protect workers, including:

- Control of infections
- Immunization

- The use of disinfectants
- The handling, cleaning and disposal of soiled linen, sharp objects and waste
- Maintain healthy work environments
- In consultation with Joint Health and Safety Committee in the workplace, develop these procedures and provide workers with relevant training.

The **spread of influenza virus** in healthcare settings can be prevented and controlled through the consistent use of best practices in surveillance and infection prevention and control for respiratory infections.

To **reduce the risk to staff of acquiring influenza** in the workplace, all healthcare settings in Ontario are expected to:

- Ensure all staff have the education, training and supervision they need to protect themselves and provide effective care
- Institute appropriate occupational health and infection prevention and control measures
- Provide appropriate personal protective equipment (PPE)

Legislation Governing Health Information as it relates to Pandemic Planning:
Schedule A to Bill 31, the *Health Information Protection Act, 2004* is the ***Personal Health Information Protection Act, 2004***. It includes provisions providing for the disclosure of personal health information to the Chief Medical Officer of Health by health information custodians without the consent of the individuals to whom the information relates where the information is disclosed for a purpose of the ***Health Protection and Promotion Act***.

Legislation governing Regulated Health Professionals:
Under the authority of the *Regulated Health Professions Act, 1991*, the power to register health professionals rests with their individual colleges, not the MOHLTC. Temporary registration in the event of an emergency is possible under the registration regulations of the Colleges.

2. INFLUENZA DEFINITIONS AND SYMPTOMOLOGY

Definitions and Symptomology:

About Influenza: Influenza is a contagious respiratory illness caused by a group of viruses: influenza A, B, and C. Most influenza epidemics are caused by types A and B; type C rarely causes human illness. Influenza can cause mild to severe illness.

Influenza usually starts suddenly. Common symptoms include:

Fever – usually high, lasting 3 to 4 days
Headache – often severe
Aches and pains – often severe,
Fatigue and weakness – can last 2 to 3 weeks
Extreme exhaustion – very common at the start
Stuffy nose, sneezing, sore throat, chest discomfort and cough, and
Nausea, vomiting and diarrhea (in children)

Many different illnesses, including the common cold, can have similar symptoms.

Case Definition for Influenza-Like Illness (ILI) in the General Population:

Influenza-Like Illness (ICI) - Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under five years of age, gastrointestinal symptoms may also be present. In patients under five or 65 and older, fever may not be prominent.

Influenza is highly infectious, transmitted directly from person to person primarily when people infected with influenza cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person (i.e. droplet spread).

The virus can survive for 24 to 48 hours on hard, non-porous surfaces, for 8 to 12 hours on cloth, paper and tissue, and for 5 minutes on hands. It can also be transmitted indirectly when people touch contaminated hands, surfaces, and objects (i.e. contact spread).

The incubation period for influenza is from 1 to 3 days. People with influenza are infectious and able to transmit the virus for up to 24 hours before symptoms appear. Adults are infectious for 3 to 5 days after symptoms appear while children are infectious for up to 7 days after symptoms appear.

When does influenza become a pandemic?

Strains of influenza are circulating throughout the world all the time. Only Influenza A viruses are associated with pandemics.

Influenza pandemics arise when all four of the following occur:

- ☐ a new influenza A virus emerges
- ☐ the new virus can spread efficiently from human to human
- ☐ the new virus causes serious illness and death
- ☐ the population has little or no immunity to the new virus

The majority of new influenza strains emerge in Southeast Asia where human populations have close interactions with pigs and domestic fowl.

Flu Terms:

Seasonal (or annual) flu is a contagious respiratory illness in humans that occurs every year. An annual vaccine is available.

Avian (or bird) flu is influenza infection in birds. Avian influenza viruses occur naturally among wild birds. The A/H7N9 and H5N1 variants are deadly to domestic fowl and can rarely be transmitted from birds to humans. There is no human immunity and no human vaccine is available.

Pandemic flu is a global outbreak that occurs when a new influenza A virus emerges, to which the population has little immunity, that has the capacity to spread easily from person to person and cause serious human illness. An influenza pandemic usually spreads in two or more waves, either in the same year or in successive years. A second wave may occur within 3 to 9 months of the initial outbreak wave and may cause more serious illnesses and deaths than the first. In any locality, the length of each wave of illness is approximately 6 to 8 weeks.

The extent and severity of illness from a pandemic:

- Because the population will have had limited prior exposure to the virus, most people will be susceptible.

- If the pandemic is caused by a recycled influenza strain, children and otherwise healthy adults may be at greater risk because elderly people may have some residual immunity from previous exposure to a similar virus.

- There will be an illness attack rate of 35% over the duration of the pandemic, which means that, over the entire course of a pandemic, about 35% of the population will be sick enough with influenza to take at least a half a day off work.

- At the peak of the first wave, about 20% of the workforce will be sick enough with influenza to take at least a half-day off work.

- About 45% of people who acquire influenza will not require medical care, but they will need health information and advice; about 53% will require outpatient or primary care (antiviral treatment); and approximately 1.5 to 2% will require hospitalization.

- More severe illness and mortality than the usual seasonal influenza is likely in all population groups.

- In the first pandemic wave, at least one-third of deaths are likely to be in people under age 65.

- Subclinical infections will occur. Based on previous pandemics, some people will only experience mild illness or have no symptoms, but still be able to transmit the virus to others.

- Individuals who recover from illness with the pandemic strain will be immune to infection from that strain.

Definition of Respiratory Outbreak

Two cases of respiratory tract illness, one of which is lab confirmed influenza;
Or
Three cases of acute respiratory tract illness occurring within 48 hours in a geographic area;
Or
More than two resident/patient units having a case of acute respiratory illness within 48 hours.

International Surveillance and Alerts: World Health Organization (WHO) Pandemic Periods and Phases

Phase 1: There have been no new influenza virus subtypes detected in humans that would signal the conditions required for a pandemic. Based on past evidence, the influenza viruses detected in animals are considered to be of low risk to humans. Influenza viruses are circulating in animals, especially birds. There are no reports of animal viruses infecting humans.

Phase 2: There have been no new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease. This assessment is based on various factors, such as past history of a similar strain causing serious illness in humans and the extent of the outbreaks in animals.

Phase 3: A new influenza virus subtype is detected in humans. There may be rare instances of an infected individual spreading the virus to other individuals which they have been in close contact with but, in general, there is no evidence of the virus spreading easily among humans.

Phase 4: Small clusters of human-to-human spread of the virus are reported but outbreaks are localized, which suggests that the virus does not spread easily to and among humans.

Phase 5: One or more larger clusters are reported, but human-to-human spread is still localized which suggests that the virus is becoming increasingly capable of infecting humans but may not be fully-transmissible. (There is a substantial pandemic risk.)

Phase 6: The virus is easily transmitted to and among humans, resulting in increased and sustained spread of the virus in the general population.

The Director-General of the World Health Organization (WHO) makes the decision about an elevation of pandemic phases based on reports from countries of the impact of disease.

National Surveillance and Alerts

Canadian Activity Levels (For virus activity in Canada *during a Pandemic Alert Period*)

Public Health Agency of Canada for Pandemic Influenza Activity in Canada:

- **0 indicates no activity in Canada**
- **1 indicates single case or cases observed in Canada (i.e. no clusters)**
- **2 indicates localized or widespread activity observed in Canada**

The Canadian activity level number will be used with the WHO Phase Number to indicate the level of pandemic activity in Canada. This table includes the pandemic period only.

Example of WHO and Canadian Pandemic Activity Levels When Combined			
WHO Phase	**CAN Phase**	**WHO/CAN Phase**	**Definition**
6	0	6.0	Outside Canada increased and sustained transmission in the general population has been observed. No cases have been detected in Canada.
6	1	6.1	Single human case(s) with the pandemic virus detected in Canada. No cluster(s) identified in Canada.
6	2	6.2	Localized or widespread pandemic activity observed in the Canadian population.

3. LEADERSHIP AND PARTNERSHIPS TEAM PANDEMIC PLANNING

Leadership and Partnerships Team

Leadership and Partnership Team will direct and oversee all aspects of an outbreak in SJCCC during a pandemic.

- Executive Director: Responsible for coordinating team meetings, and delegating tasks. Responsible for giving information to members of the news media.
- Chief Nursing Executive
- Nursing Care Coordinator
- Director of Therapeutic Services
- Financial Controller
- Coordinator of Administration Services: Responsible for setting meetings, notifies committee members of any changes. Records and distributes minutes
- Community Engagement Officer
- Director of Support Services
- Health, Safety and Education Coordinator: Coordinates all activities required to investigate and manage outbreak and for education
- Director, Information Systems and Decision Support

Several positions have been deemed essential by the Leadership and Partnerships Management Team. As such, designates have been established to ensure continuity of communications and service for staff and residents/patients. Designates which follow, have been listed to a fourth or fifth level in order to account for possible absenteeism.

Executive Director – Communications Officer

1. Executive Director
2. Community Engagement Officer
3. Financial Controller
4. Director of Therapeutic Services
5. Coordinator of Administration Services
6. Resident and Patient Relations Advisor

Infection Prevention and Control

1. Health, Safety and Education Coordinator
2. Chief Nursing Executive
3. Nursing Care Coordinator

Infection Prevention and Control Support

1. Health Services and Human Resources Assistant
2. Coordinator of Administration Services

*Lobby Deputy (*This is a newly created position. – See appendix A for job description.)

1. Adjuvant
2. Recreation Therapy Assistant
3. Occupational Therapy/Physical Therapy Assistant
4. Resident and Patient Relations Advisor

Information Technology (IT)

1. Director, Information Systems and Decision Support
2. System Administrator

Nursing Department Staffing Coordinators

1. Nursing Administrative Assistant, Long-Term Care
2. Nursing Administrative Assistant, Complex Continuing Care
3. Resident Care Aide Supervisor, Long-Term Care

Clinical Support Workers

1. Chief Nursing Executive
2. Nursing Care Coordinator
3. Charge Nurses
4. Registered Staff
5. Resident Care Aide (RCA) Supervisor
6. Nurse Practitioner

Security**

1. Director of Support Services
2. Supervisor of Environmental Services
3. Maintenance Staff
4. Present contract security company, as requested and scheduled

**A resource pool for security positions will be to be established to ensure 24-hour coverage of the facility.

4. PRE–PANDEMIC ASSESSMENTS AND ON-GOING MONITORING REQUIREMENTS

Assessment and Monitoring of Residents'/Patients' Care Needs

Once pandemic activity has increased, nursing needs to Identify:

- Residents/Patients who can be discharged to family members in the event of an outbreak
- Residents/patients whose needs could be met by Home Care
- Residents/patients who must continue to be cared for in a facility/home
- Residents/patients who are likely to require acute care
- Residents/patients at higher risk of complications from influenza

See Appendix B *Resident/Patient Care Needs Assessment For Pandemic Plan* Form.

Essential Services and Services that can be curtailed during a Pandemic:

During a pandemic, staff will likely be in short supply; they will have to focus on delivering essential services. During a pandemic:

- **Services that MUST be maintained to provide care and protect residents'/patients' health**
  - life-maintaining medications and treatments (e.g. dialysis, wound care and insulin)
  - basic bathing, peri care and mouth care
  - changing of linens **as needed** only
  - **basic** laundry services (e.g. towels, face cloths, bed linens and pajamas)
  - dietary services for fluids and nutrition

- Housekeeping and disinfection – **enhanced**
- Spiritual Care

- **Services that can be reduced or curtailed**
  - Physiotherapy
  - Occupational Therapy
  - Appointments
  - Recreational activities
  - Hairdressing
  - Foot Care
  - Personal Laundry

- **Outside services scheduled to come in that are essential and those that can be postponed**
  - Oxygen suppliers – essential
  - Laboratory services – essential
  - Pharmacy services -- essential
  - All others can be postponed unless the pandemic lasts a long time, then re-assessment of essential needs must be determined. (See table which follows.)

St. Joseph's Continuing Care Centre Health Services that Could be Maintained, Reduced or Enhanced During an Influenza Pandemic (adapted from *Peel Long-Term Care Pandemic Influenza Plan*)

Type of Service	Level of Care that Must be Maintained	Services that Could be Reduced	Services that May be Enhanced
Personal Care	Face, hands and perineum washed twice daily and as needed to maintain skin integrity. Active care that reduces risk of health complications.	Bathing limited to baths/showers as needed	
Medications	Administered as prescribed		Antiviral administration
Personal Hygiene and grooming		Modify depending on resident/patient health needs, staff availability; defer care of fingernails and feet	
Oral Care	Twice daily		
Assessment of Care Needs	Ongoing	Frequency may be reduced	
Clothing and bedding changes		As needed	
Toileting and incontinence care	Maintain routine toileting and incontinence care. Maintain routine catheter care as ordered.		
Skin and Wound Care	Routine aseptic dressings, sterile dressings and colostomy care		
Assistance with Eating	Provide as needed. Maintain G-tube feeding.		

Oxygen Therapy	Maintain		
Repositioning Bedridden Residents/Patients		Once every two (2) hours or as needed to promote comfort and prevent skin breakdown	
Communications with Families / Decision Makers	Maintain regular communications		May have to increase frequency or change method (e.g. website)
Non-urgent Medical Appointments		Reschedule	
Contract Services	Determine whether services should continue	Defer hairdressing and foot care depending on resident/patient needs (i.e. foot care not deferrable for residents/patients with diabetes)	
Day Programmes		Defer and reschedule depending on resident/patient health needs, staff availability and severity of pandemic	
Social and Recrea-tional Activities		Can be reduced or deferred	
Management of Natural Deaths			Will likely increase

5. SURVEILLANCE

Surveillance: Detecting and Monitoring Influenza

Definition:

Surveillance is the continuous and systematic process of collecting, analyzing, interpreting and disseminating descriptive information to monitor public health and ensure timely interventions to reduce morbidity and mortality.

Surveillance is the essential component of any effective prevention and control programme.

It is unlikely that spread of pandemic strain into Ontario will first be detected at SJCCC, but, because residents/patients are highly vulnerable, a pandemic could spread quickly and easily from the community to SJCCC.

Purpose:

Surveillance is Long-Term Care's primary function.

To ensure early identification of a potential outbreak or an outbreak in its early stages so that control measures can be instituted as soon as possible to protect residents/patients and staff.

Responsibility for Surveillance:

1. Health, Safety and Education Coordinator
2. Charge Nurse on Days / Chief Nursing Executive / Nursing Care Coordinator

3. Registered Nurses (RNs) or Registered Practical Nurses (RPNs) in Charge on every shift including weekends and holiday periods.

Target Groups for Surveillance:

- ➢ Residents and Patients
- ➢ Staff
- ➢ Students
- ➢ Volunteers
- ➢ Family/Friends
- ➢ Visitors

Surveillance for Acute Respiratory Illness (ARI) must be ongoing throughout the year and increased as flu season progresses. If a pandemic is declared in the Province, ARI screening at the door must be maintained.

Resident/Patient Surveillance:

- SJCCC is required to do continuous facility-wide surveillance to establish baseline levels of infection throughout the year.

- Infection rates above the baseline may indicate a seasonal influenza outbreak or the arrival of the pandemic strain in SJCCC.

- The ongoing surveillance programme in place in this facility includes:
  - ➢ Screening of all new admissions using the ARI protocol

  - ➢ Ongoing assessment of residents/patients for signs and symptoms of Influenza Like Illness (ILI)

  - ➢ Whenever there are **two cases of acute respiratory tract illness within 48 hours on one resident/patient unit within SJCCC**, an outbreak must be suspected and tests must be done to determine the causative agent, if appropriate

  - ➢ The Health, Safety and Education Coordinator or delegate reports any potential outbreak to the Eastern Ontario Health Unit

Staff, Student and Volunteer Surveillance:

- ➢ Conducted throughout the year

- ➢ Ensure all staff, students and volunteers are aware of early signs and symptoms of respiratory infection

- ➢ Clear expectation that you will not come into work when ill with ARI (this policy may change during a Pandemic)

- ➢ All are expected to report ILI to the Health, Safety and Education Coordinator or delegate, confidentiality ensured

- Clusters will be reported to the Eastern Ontario Health Unit and to the Joint Occupational Health and Safety Committee

- Any occupationally-acquired infection must be reported to the Ministry of Labour for investigation and to the Workplace Safety and Insurance Board within 72 hours.

    - **A summary of reporting requirements for ARI:**

        - Workers who develop ARI symptoms report their condition to the Health, Safety and Education Coordinator or Delegate.

        - Any occupationally-acquired infection **must be reported to the Ministry of Labour (for investigation) and to the Workplace Safety and Insurance Board (WSIB) within 72 hours**.

Family Members and Visitor (including contractors) Surveillance:

- Anyone entering or carrying on activities within this facility must self-screen for symptoms of ARI each time they enter.

- Signs and hand hygiene stations are to be posted at all entrances instructing family members and visitors to:

    - Perform hand hygiene

    - Self-screen for symptoms of ARI (new cough, new shortness of breath, fever)

    - Not to enter if they have respiratory symptoms

The role of the Eastern Ontario Health Unit:

- Communication
- Coordination
- Education
- Issue travel restrictions
- Screening travelers
- Closing schools
- Restricting public gatherings
- Specific recommendations about recommended measures for this facility and the community

6. GENERAL INFECTION PREVENTION CONTROL MEASURES

General Infection Prevention and Control:

Reduce your risk of contracting influenza by:

- having the annual influenza immunization

- wash your hands often – particularly after coughing or sneezing

- keep two (2) metres or two arms'-lengths away from someone who is coughing or sneezing
- avoid activities where a large number of people gather in enclosed spaces
- thoroughly clean surfaces in St. Joseph's Continuing Care Centre (SJCCC) when someone is ill
- comply with any public health measures recommended
- stay home from work or school when ill
- cover your mouth when coughing using a tissue or sleeve rather than your hands
- do not visit anyone in a Hospital or SJCCC when you are ill

General Infection Prevention and Control Practices in Healthcare Settings:

- Engineering controls such as ventilation systems in accordance with CSA Standards (*Special Requirements for Heating, Ventilation and Air Conditioning [HVAC] Systems in Healthcare Facilities*)
- Routine and additional transmission-based infection control precautions (droplet, contact, airborne), hand hygiene, respiratory hygiene and cough etiquette
- Screening, spatial separation of persons with symptoms, cohorting, surveillance
- Immunization and surveillance
- Use enhanced cleaning protocols
- Education and training
- Personal Protective Equipment
- Others as determined by the Eastern Ontario Health Unit (EOHU) based on Case Definition of the illness

Precautions for Healthcare Workers:

- ***Consistently use droplet/contact precautions:***
    - Wear face protection (e.g. mask and protective eyewear or face shield) when working within two (2) metres of the resident/patient
    - Perform hand hygiene (use alcohol-based hand sanitizer or wash hands: before seeing the resident/patient; after seeing the resident/patient and before touching the face; and, after removing and disposing of personal protective equipment)

- Use examination procedures that minimize contact with droplets (e.g. sit next to rather than in front of)

- Wear appropriate gloves when likely to have contact with body fluids or touch contaminated surfaces

- Wear gowns during procedures and resident/patient care where clothing might be contaminated

- ***Clean and disinfect any communal or shared equipment after use including mechanical lifts.***

Precautions for High Risk Procedures:

Certain respiratory procedures (e.g. nebulizers or aerosol treatments) are considered higher risk. Therefore, maximum worker protection is required.

When residents/patients are diagnosed with influenza, all elective high-risk procedures (e.g. dental care) should be postponed until the illness is resolved. Any non-elective high-risk procedure should be performed using appropriate precautions to reduce the risk of exposure.

Occupational Health Management of Healthcare Workers

Terminology used in occupational health to communicate a worker's ability to remain at or return to work. This ability includes three categories: fit for work, unfit for work, fit with restrictions.

Fit for Work: Fit to work with no restrictions.

a) When **one** of the following conditions applies:
   - ➢ they have recovered from ILI
   - ➢ they have been immunized against the pandemic strain of influenza
   - ➢ they are on appropriate antivirals

   Workers who meet these criteria may work with all residents/patients and may be selected to work in areas where there are residents/patients who, if infected with influenza, would be at high risk for complications.

b) Whenever possible, well, unexposed workers should work in non-influenza areas

c) Asymptomatic workers may work even if influenza vaccine and antivirals are unavailable.

Unfit for Work:

Defined as a medically-determinable illness that prevents an employee from performing the regular or modified duties of their occupation. Ideally these staff members should not work, however, they may be asked to work during a pandemic if they are well enough to do so.

Fit for Work with Restrictions:

Allows for re-assignment of duties or re-integration into the workplace in a manner that will not pose an infection risk to the worker or to the residents/patients and/or other individuals in the workplace.

- ★ Symptomatic staff members who fall into this category should only work with residents/patients who have ILI.
- ★ Workers who must work with non-exposed residents/patients must wear a mask if they are coughing and they must be meticulous with hand hygiene and should not be caring for immunocompromised residents/patients, nor residents/patients with chronic heart or lung disease, etc.

7. STAFFING CONTINGENCY PLAN

Optimizing Deployment of the Workforce:

In order to provide continuity of care in the face of a staffing crisis, it will be necessary to identify staff with skills other than their current position requires. For example, a Recreation Therapist may have worked as a Healthcare Aide and is able to toilet, transfer and feed residents/patients, or a secretary may provide housekeeping services.

Certain programmes/services will need to be suspended to allow for redeployment of staff to other areas. A pandemic questionnaire will be distributed to staff (and any new staff members) to identify areas of *competencies" when the need arises (see appendix C). Although individuals may have prior experience in any of these areas, they will not work in these capacities, replace staff or assist staff during non-pandemic times.

*Competencies are defined as the skills, knowledge and judgment required to deliver a particular health service. A competency-based approach identifies the competencies required and the competencies available to deliver the services that people need during an influenza pandemic.

The Role of Volunteers: It is anticipated that volunteers will play an essential role in a pandemic.

Volunteers will be used primarily in areas such as:
Primary screener
Maintenance
Housekeeping duties
Feeding

8. ANTIVIRALS AND VACCINE

Antivirals and Vaccine:

Antivirals (anti-influenza drugs) can be used to treat and prevent influenza. During a pandemic, Ontario will use its supply primarily for treatment of the ill.

- ➢ Must be started within 48 hours of onset of symptoms
- ➢ Provincial policy for prophylactic use of antivirals is in accordance with the national policy and ethical framework for decision-making
- ➢ Monitor antiviral adverse effects and/or resistance

Tamiflu, an antiviral, is a written prescription medication requiring a written prescription by a licensed physician who MUST verify that the employee's health meets appropriate prescribing criteria by conducting a consultation before issuing a prescription. A medical directive to the pharmacy will allow the medication to be dispensed. Education on the possible side effects associated with taking antivirals must be provided (see Appendix D).

Vaccine is the most effective means to prevent disease and death from influenza during a pandemic; however, it will take 4 to 5 months after the virus is identified to develop a vaccine.

- ➢ Prioritization of vaccination administration will be determined by the Canadian Pandemic Influenza Committee decisions will be based on epidemiology of the pandemic strain. **We will take our direction from the Eastern Ontario Health Unit (EOHU).**

- ➢ Ontario will follow the national recommendations for priority groups adapting as required to meet provincial needs, using the ethical framework for decision making. **We will take our direction from the EOHU.**

- ➢ Ontario has a vaccine distribution system already in place. This system will differ slightly during a pandemic. The vaccine will still be shipped to the Health Units, which will then organize mass vaccination clinics.

- ➢ **Adverse Effects to influenza vaccination are reportable under the *Health Protection and Promotion Act*.**

Storage and Tracking Systems for Antivirals and Vaccine

- During a pandemic, the Ministry Emergency Operations Centre will be responsible for coordinating the distribution of antivirals and vaccine to local public Health Units across the Province. Local Public Health Units will be responsible for coordinating distribution among healthcare organizations at the local level.

- SJCCC must have the capacity to safely store antivirals and monitor distribution. Vaccine distribution will be coordinated by the public health system.

- **At SJCCC:**

    - Identify person responsible for receiving, storing and tracking use of antivirals for residents/patients:

      Registered Staff on each resident/patient unit

    - Identify where antivirals will be stored, and how SJCCC's supply will be kept secure: **Antivirals will be stored in each secured Medication Room. Vaccine will be kept in the temperature-controlled vaccine refrigerator in Office #1181 (in the Administration corridor).**

    - Have a contingency plan in case of equipment malfunction
        - ➢ **Ice Packs are kept in the resident/patient unit fridges.**

- ➢ **Ice Packs are placed in the special temperature-monitored coolers marked 'Vaccine' that are kept stored in the secured Medication Room.**
- ➢ **The vaccines are placed within these coolers.**
- ➢ **Temperature will be monitored hourly, if possible, and a record will be maintained.**

- Establish medical directives to administer antivirals and vaccine

- Obtain consent from residents/patients or their decision makers for treatment with antivirals and/or immunization during a pandemic (See Appendix E: *Consent for Influenza Antiviral Medication for Influenza Pandemic*).

- Set out the role of pharmacy on contract with SJCCC in providing access to antivirals and backup services.

  Pharmacy's *Pandemic Plan* and contract are specific as to their role and back-up services.

- SJCCC should communicate clearly to staff that it maintains only a small supply of antivirals on site.

- SJCCC will keep records of who has received antivirals (i.e. name of receiver, name of person who administered, signatures, similar to those used for narcotics, as well as antiviral uptake, effectiveness and any adverse reactions or resistance to antivirals).

- SJCCC will work with the EOHU to determine the monitoring and adverse reaction information to be gathered and reported on antivirals.

9. INVENTORY SUPPLIERS and ALTERNATES

Identify required supplies/alternative supply chains:

- The type and quantity of supplies (other than antivirals and vaccine) are identified, purchased and a one-month stockpile is maintained

- Traditional supply chains may be disrupted:

- Establish relationships with alternative suppliers/sources, including:

  - **Equipment suppliers**
  - **Food suppliers**
  - **Medical suppliers**
  - **Pharmacies**
  - **Oxygen suppliers**
  - **Attending physicians**
  - **Coroner**
  - **Other healthcare providers who provide contracted services to SJCCC**

10. COMMUNICATION PLANS

Communication Plans

- ★ The Nursing staff or delegate will contact all residents'/patients' families to notify them of the outbreak/pandemic using a prepared script.
- ★ It may be necessary to use the employee Automated Emergency Notification System (Fanout) for conveying emergency information to staff.
- ★ To ensure communication consistency, SJCCC will use influenza fact sheets and other materials provided by the EOHU or the MOHLTC, including *Important Health Notices*.
- ★ Only the Executive Director or delegate can make statements to the media or make media releases.
- ★ An information station will be designated at the main entrance to the facility. Directions and updates for staff, family, visitors and residents/patients will be posted at this site and maintained by the information Technology (IT) support positions as directed by the Health, Safety and Education Coordinator /the communications designate.
- ★ E-mail, memorandums, website, intranet, dashboard, and a possible pandemic information phone line (for staff to call-in) will be the primary modes of communications to staff.
- ★ Maintain up-to-date contact lists for staff and residents'/patients' families/next of kin or caregivers: **This information is always available on the resident's/patient's electronic record, and in their financial files.**
- ★ For breakdown of our internal communications systems: **follow Code Orange contingency plan for loss of communications.**
- ★ For outbreak notification, SJCCC has the ability to place a message on the telephone system and on our two websites (English and French).

11. SECURITY AND PHYSICAL PLANT

Security and Physical Plant

- ★ May require additional or different security procedures to lock down the facility and to safeguard antiviral supplies.
- ★ During a pandemic, access to the facility will be restricted to the main entrance. The main entrance will require security to control access to the facility in order to secure supplies and provide safety to those living and working in the facility. It is imperative that all staff, residents/patients and visitors abide by this restriction.

  - All people who enter the building may be required to sign the register and sign out when leaving.

  - All people who enter the building will be required to screen for ARI/ILI.

12. IMMUNIZATION

Residents'/Patients' Immunization Status

- Encouraged to receive annual influenza vaccines, unless contraindicated.
- Encourage to receive one dose of pneumococcal vaccine during their lifetime.
- If the influenza immunization status of a resident/patient is not available or unknown, the resident/patient is considered unvaccinated and vaccination must be offered.
- The immunization record of the resident/patient is stored in Momentum.
- **If the resident/patient is being transferred: the receiving healthcare facility must be informed about:**
    - **his/her immunization status,**
    - **a *Transfer Sheet*,**
    - **a *Face Sheet*, and**
    - **status of the facility (Are we in outbreak?)**

Staff and Volunteers' Immunization Status

- Annual immunization against influenza is strongly encouraged for all persons carrying on activities in SJCCC unless medically contraindicated: including, employees, students, attending physicians, both healthcare and non-healthcare contract workers and volunteers.
- **Annual influenza immunization is a standard of care**

  "Healthcare workers involved in direct resident care should consider it their responsibility to provide the highest standard of care, which includes undergoing annual influenza vaccination. In the absence of contraindications, refusal of healthcare workers who are involved in direct resident care to be immunized against influenza implies failure in their duty of care to their patients." National Advisory Committee on Immunization 2005/06

- **During any Influenza outbreak,** staff members who have confirmed or presumed influenza or who have not been immunized and are not taking antiviral prophylaxis will be excluded from working. (Exclusion policies may change during an influenza pandemic).
- All staff members who receive vaccine for seasonal influenza from a source other than SJCCC must provide proof of influenza immunization. Only the following will be accepted as proof:
    - A personal immunization record documenting receipt of the current season's influenza vaccine signed by a healthcare professional or,
    - A signed physician's note indicating immunization or,
    - Documented immunization from another Home or institution.
    - If this documentation is unavailable, SJCCC will not consider the staff member to be immunized.

Visitor Immunization

- Visitors – including families – to SJCCC should have their annual seasonal influenza immunization.

- It is not the responsibility of SJCCC to verify their immunization status beyond informing them using appropriate visible signs.

Immunization Status Report

- The Centre must keep an updated list of staff and resident/patient vaccination status throughout the flu season.

13. EDUCATION

Education:

- Preparedness will include ongoing education of staff, volunteers, residents/patients, and residents'/patients' families about influenza and SJCCC's *Pandemic Plan*.

- A significant amount of information will focus on infection prevention and control practices and measures to protect the health of staff and residents/patients.

Education Plans should consider:

- The person/position responsible for the training/education programme: Health, Safety and Education Coordinator

- The education required for staff, including staff who do not routinely care for residents/patients but might have to during a pandemic

- Education for volunteers

- Education required for residents/patients, Residents' Council, families which may include training family members to assist with some aspects of care during a pandemic (e.g. bed baths, feeding and toileting)

- Education for visitors

- Methods for training staff and volunteers quickly for new and altered roles (e.g. job descriptions and duties sheets) are developed and available

- Approaches to training (e.g. team-based approaches) will ensure any temporary workers receive appropriate support and supervision, and cross-training to ensure staff members are able to cover one another's duties

- Frequency of training (e.g. during orientation, then annually or more frequently if threat of pandemic is imminent)

- Training resources (e.g. pamphlets, fact sheets, formal presentations, public awareness campaigns)

- Every effort will be made to ensure that education provided by SJCCC is consistent with that provided by other Homes and healthcare organizations in the community and Province.

Education Programmes should include but not be limited to:

- SJCCC's influenza *Pandemic Plan*

- The importance of hand hygiene and proper hand hygiene technique

- Appropriate cleaning and disinfection of equipment (i.e. any equipment that is shared between residents/patients) must be cleaned and disinfected after each use

- Appropriate use of PPE which includes application, removal and disposal of gloves, gowns, face protection, including mask and protective eyewear or face shield

- Risks associated with infectious diseases such as ARI – including ILI

- Benefits of case finding/surveillance

- Principles and components of routine infection control practices

- Risks of transmission

- Procedures that are considered high risk and why

- Individual staff responsibility to keep other staff and residents/patients safe

- Employer's responsibility to protect workers' health

- Risks, benefits and myths regarding immunization

- Information about influenza morbidity, mortality, transmission, as well as prevention of influenza, and the requirement for annual influenza vaccination

- SJCCC's annual immunization and exclusion policy for staff and visitors

- Changes to exclusion policies during a pandemic and why

14. PANDEMIC RESPONSE

Pandemic Response

Response Level by Pandemic Phase:

Ontario has divided the WHO Phase 6 – Pandemic Activity – into 3 stages

No Pandemic Activity in the Country, Province or Community

- If declared elsewhere in the world, but not in this Country, Province or Community
    - SJCCC can continue to use a passive approach to surveillance, which includes:
        - Allowing family members and visitors to self-screen
        - Looking for ILI symptoms in residents/patients while providing daily care or activities
        - Staff reporting ILI symptoms to their supervisor or Health, Safety and Education Coordinator
        - Residents/patients with ILI symptoms should be noted on the *Daily Surveillance Form*
        - The completed form should be forwarded to Health, Safety and Infection Coordinator daily
        - Any suspected outbreak should be reported to the Health, Safety and Education Coordinator immediately

Pandemic Activity in the Country or Province, but none in the Community

SJCCC will take a more active approach to surveillance, including:

- Having a receptionist or volunteer screen family members and visitors
- Actively seeking out signs and symptoms in residents/patients by:
    - ➢ Conducting resident/patient unit rounds
    - ➢ Reviewing resident/patient unit reports, which will provide information on any elevated temperatures
    - ➢ Reviewing outbreak records
    - ➢ Reviewing medical and/or nursing *Progress Notes* on residents'/patients' charts
    - ➢ Reviewing pharmacy antibiotic utilization records
    - ➢ Reviewing *Lab Reports*
    - ➢ Asking resident/patient unit staff for verbal reports, based on their clinical observations
    - ➢ Use all available sources of information within SJCCC
    - ➢ Method used should be practical in that setting

- ➢ The Health, Safety and Education Coordinator or delegate will review the results of surveillance data for any signs of pandemic strain

- ➢ The Health, Safety and Education Coordinator will continue to use the normal reporting procedures to report to the EOHU

Pandemic Activity in Community

- If spread into Community, the Eastern Ontario Health Unit will notify SJCCC.

SJCCC will:

- Activate our *Pandemic Plan*

- Activate our emergency plans if appropriate (e.g. there is a loss of essential Community Services)

- Maintain active surveillance, using outbreak reporting forms provided by the EOHU

Pandemic Activity within our Facility

Please note that Steps 1 through 6 occur simultaneously.

When an outbreak of the pandemic strain is **suspected or confirmed** at SJCCC, we take the following steps:

STEP 1:

Notify the Liaison or Designate

- Notify the Medical Officer of Health or designate by phone about the potential or confirmed outbreak and submit the outbreak reporting forms by fax (until electronic reporting systems are established)

  EOHU: 613-933-1375 or fax 613-933-7930

- Give the Medical Officer of Health or designate the name of the Health, Safety and Education Coordinator and back-ups at SJCCC responsible for the outbreak investigation along with their contact information:

- **Primary: Shivon Konink, Health, Safety and Education Coordinator at 613-933-6040 ext. 21181**

  Alternate: Chief Nursing Executive or Nursing Care Coordinator or Charge Nurse on Days

- Report the initial control measures that have been instituted

- Request an Investigation Number (formerly referred to as Outbreak Number)

  - ➢ Record the Investigation Number on all lab submission forms

- Discuss with the EOHU if and which residents/patients should be tested

- Only residents/patients with acute symptoms early in the pandemic
- How to obtain sampling kits
- How many and which specimens will be collected during the initial investigation, and
- How they will be stored and submitted to the lab
    - All specimens must include:
        - the resident's/patient's name,
        - SJCCC's name, and
        - the Investigation Number.
    - Make sure the specimen does not leak.

STEP 2:

Implement Occupational Health/ Infection Prevention and Control Measures

To take steps to minimize risks and to help protect staff and residents:

- Implement droplet and contact precautions and control measures.
- Notify all staff quickly of the potential or confirmed outbreak.
- Make supplies e.g. hand sanitizer, masks, eye protection, available as necessary.
- Reinforce the need for proper hand hygiene before and after providing care to each resident/patient.
- Enforce appropriate use and removal of PPE by staff, volunteers, and family members providing direct care to ill residents/patients.
- The appropriate level of precaution should be driven by the procedure being undertaken and the residents'/patients' symptoms.
- Reinforce the importance of droplet and contact precautions for staff providing direct care.
- Refresh and reinforce training on the use of these precautions.

Droplet and Contact Precautions

- Hand hygiene i.e. using alcohol-based sanitizer or washing hands:
    - before seeing the resident/patient;
    - after seeing the resident/patient and before touching the face; and
    - after removing and disposing of PPE.
- Face protection (mask/protective eyewear/face shield) when providing direct care within two (2) metres of the resident/patient.

- Examination procedures that minimize contact with droplets (e.g. sitting next to rather than in front of a coughing resident/patient).
- Appropriate gloves when the worker is likely to have contact with body fluids or to touch contaminated surfaces.
- Gowns during procedures and patient care activities where clothing might be contaminated.
- Any communal or shared equipment must be cleaned and disinfected after use.

STEP 3:

- **Notify appropriate individuals:**

  MOHLTC (for Long-Term Care): Follow the Critical Incident reporting process.

  Executive Director

  Health, Safety and Education Coordinator

  Medical Directors:
  Dr. S. Patel
  Dr. G. Foley

  Chief Nursing Executive

  Nursing Care Coordinator

  Nurse Practitioner

  Environmental Supervisor

  Food Services Manager

  Resident/patient representatives

  Pharmacist: **Medical Arts Pharmacy: 613-933-0670 or 613-933-5384, ext. 739**
  or fax: 613-938-9119

  Staff, using the Automated Emergency Notification System (Fanout)

  Volunteer and Recreation Supervisor - to notify volunteers and students (family members/caregivers)

  Others as appropriate

STEP 4:

Hold an initial meeting of the Leadership and Partnerships (Pandemic) Team

- Confirm an outbreak exists and ensure that all members of the Team have a common understanding of the situation

- Adopt a working case definition or criteria that will be used to identify residents/patients or staff with influenza caused by the pandemic strain (case definition for residents/patients may be different from that developed for staff)

- Residents/patients who meet this case definition will be considered a case regardless of the results of lab testing unless another diagnosis is confirmed

- Review the control measures necessary to prevent the virus from spreading and confirm that the Health, Safety and Education Coordinator or designate is responsible for ensuring that agreed-upon control measures are in place and enforced, and for modifying control measures depending on the epidemiology of the pandemic strain

- Identify/confirm the appropriate signs/information to be posted in SJCCC and the appropriate locations

- Institute exclusion policies and the staffing contingency plan

- Enforce proper use of PPE

- Report the outbreak to appropriate people/institutions outside of SJCCC, such as:
    - MOHLTC Long-Term Care Duty Inspector
    - Residents'/patients' attending physicians
    - Other healthcare providers
    - Families of ill residents/patients
    - Families of all residents/patients at SJCCC
    - Coroner's office
    - Funeral directors
    - Ministry of Labour if any staff members are affected

- Implement SJCCC's influenza pandemic communication plan (e.g. distribute internal communications for resident/patient, family and staff groups)

- Determine if education sessions are required for staff members and who will conduct them

- Confirm how and when daily communications will take place between SJCCC and the EOHU

- Ensure that contact telephone numbers are available 24 hours a day, seven days a week for both the EOHU and SJCCC

- Clarify the role of the EOHU and the availability of public health services, including lab testing

- Decide how frequently the Leadership and Partnerships Team will meet and set the next meeting

STEP 5:

Monitor the outbreak/continue ongoing surveillance

- To provide ongoing surveillance to identify new cases and update the status of ill residents/patients and staff
- During a pandemic, SJCCC will continue to report cases of ILI and deaths to the EOHU
- The Health, Safety and Education Coordinator or designate will update the pandemic outbreak reporting forms and submit them to the EOHU via fax daily or as directed by the EOHU
- Once the pandemic strain is suspected/identified at SJCCC, staff will treat all subsequent cases of ILI with similar symptoms as influenza unless that diagnosis is ruled out.
- Staff must continue to self report new infections to the Health, Safety and Education Coordinator to ensure that appropriate precautions are being taken in the workplace to protect workers and residents/patients
- Use pandemic outbreak reporting forms provided by the EOHU to collect surveillance data about residents/patients with ILI
- Confirm the population at risk at SJCCC, including:
    - The total number of residents/patients and the number of all staff, including casual workers and non-patient care staff, employed at SJCCC, and volunteers
    - Have an up-to-date *Immunization Record* for all of the above.
    - Include all this information when notifying the EOHU
- Continue to collect resident/patient and staff surveillance information throughout the pandemic, staff resources permitting.
- SJCCC will collect the following surveillance information on **residents/patients**:
    - New cases with all appropriate information
    - Residents/patients who have recovered
    - Status of ill residents/patients including notation of issues such as worsening symptoms, clinic and/or x-ray diagnosis of pneumonia
    - Number of residents/patients receiving antiviral prophylaxis
    - Number of residents/patients receiving antiviral prophylaxis who go on to develop ILI (i.e. signs of antiviral resistance)
    - Adverse reaction to any prescribed antiviral medication or vaccine, or discontinuation of antiviral prophylactic medication

- Transfers to acute care hospitals
- Deaths, include cause of death as indicated on *Death Certificate*, if possible

- SJCCC will collect the following surveillance information **on staff**:
  - New staff cases including all appropriate information: must have at least two (2) symptoms to be included on line listing
  - Status of ill staff
  - Staff who have recovered and their return to work date
  - Staff who still have symptoms but are considered fit to work and are working at SJCCC with restrictions (e.g. caring only for residents/patients with ILI, and using appropriate PPE)
  - Number of staff receiving antiviral prophylaxis and number who go on to develop ILI (i.e. signs of antiviral resistance)
  - Adverse reaction to any prescribed antiviral medication or vaccine, or discontinuation of antiviral prophylactic medication.

STEP 6:

Implement control measures for residents/patients

- To decide how to manage, contain and care for ill residents/patients within SJCCC.
- At a minimum, SJCCC should consider identifying higher-risk residents/patients and making arrangements to separate them from residents/patients with ILI. **See Resident/Patient Acuity List.**
- Residents/patients with ILI should be restricted to their rooms as long as it does not cause the resident/patient undue stress or agitation and can be done without applying restraints.

★ **Cohort Resident/Patient and/or Restrict Residents/Patients to their Unit During the Outbreak:**

- Whenever possible, residents/patients with ILI should be in single rooms or cohorted in one unit.
- In those units, steps should be taken to avoid crowding and to maintain at least two (2) metres of separation between residents/patients.
- If residents/patients with ILI are cohorted in one resident/patient area, they should avoid contact with residents/patients in the remainder of SJCCC.

Morgue

- Due to the potential loss of life due to the extent of illness, local funeral homes and morgues will need to be part of the plan in order to safely care for the deceased. In the event that local morgues/funeral homes are unable to receive the deceased, the alternate is to use the garage as a temporary Morgue and follow page "DIS-9" protocol in the *Fire and Disaster/Emergency Preparedness Manual*.

★ **Admissions, re-admissions and discharges:**

- SJCCC collaborates with acute care hospitals, the EOHU and Champlain Local Health Integration Network (LHIN) to make decisions about admissions and re-admissions during a pandemic

- Decisions will be affected by resident/patient needs, staffing levels at healthcare facilities in the community as well as by the course of the pandemic. The protocol may vary depending on the regions/area affected by the pandemic and the available staff

- If there is pandemic activity in the community but not at SJCCC, SJCCC will take extra precautions not to admit someone with ILI into SJCCC

- All new admissions are screened using the ARI protocol

- When SJCCC has active cases, admissions and re-admissions are generally not permitted, but this protocol may change depending on community needs

- Factors to guide decisions about admissions include:
  - The status of the pandemic
  - The residents'/patients' health needs and the advice of the resident's/patient's attending physician
  - Staffing levels at SJCCC
  - Access to antivirals
  - SJCCC's ability to provide appropriate accommodation and care services that require particular expertise
  - The resident/patient or their substitute decision-maker has given informed consent
- If there is local pandemic activity, SJCCC may consider discharging residents/patients to family members if they can be cared for appropriately in a family member's home. **See List following.**

★ **Medical Appointments**

- Non-urgent appointments should be rescheduled

★ **Transfers to Hospital**

- Likely to be restricted

- Transfer procedures may change

- Work with the Provincial Transfer Authorization Centre (PTAC) and hospitals to develop protocols and criteria for transferring residents/patients to hospital (e.g. residents/patients requiring life sustaining services, such as hemodialysis)

We will use the following procedures unless informed otherwise:

- When any resident/patient is to be transferred to the hospital from SJCCC with pandemic activity, SJCCC will advise the receiving hospital and PTAC
- The hospital Infection Control Practitioner (ICP) must be provided with the details of the case to ensure control measures are in place when the resident/patient arrives at the hospital
- The ***Transfer/Discharge Record*** will be used to provide the required information
- All transfers from one healthcare facility to another must follow a transfer authorization process at all times
- For transfer request, use the PTAC web-based application

★ **Transfer to Another Long-Term Care Home**

- Not normally recommended during an outbreak
- During a pandemic, this policy may change in order to ensure residents/patients receive appropriate care
- Consult the Medical Officer of Health or designate re transfers to other Long-Term Care Homes or health facilities.
- Use PTAC process as above

★ **Communal Meetings**

- All residents/patients should be restricted to their units as much as possible
- Postpone all previously scheduled events
- The Leadership and Partnerships Team will discuss restricting activities and revisit the issue as the outbreak progresses
- Public Health Unit will provide advice on extent to which organizations should limit larger gatherings of people

STEP 7:

Implement control and support measures for staff and volunteers:

Deploying staff:

- SJCCC is internally accountable for its own staffing.

- We will deploy staff as well as other temporary staff and workers as required to maintain adequate levels of care, making use of transferable skills and delegated acts as required.

Supporting staff:

- SJCCC will work with the unions to identify supports that will help staff provide care during a pandemic such as:

    - Assistance with transportation

    - Accommodation and meals

    - Access to counseling and psychosocial support to help staff cope with job-related stress or with anxiety about the pandemic (Employee Assistance Programme [EAP])

    - Flexible scheduling that gives staff time to fulfill family responsibilities with family-related needs

    - Assistance with babysitting children (i.e. if schools are closed or staff member is working extra shifts), caring for elderly family members, and caring for pets.

Reporting Influenza in Staff

- Staff and volunteers who develop ILI should report their illness to the Health, Safety and Education Coordinator

- Occupationally-acquired influenza is reportable to the Ministry of Labour and the Workplace Safety and Insurance Board. During periods when influenza is circulating in the community, it may be difficult or impossible to determine if influenza was acquired in the facility or community setting.

Excluding staff, students, and volunteers from SJCCC:

- Ideally, staff, students and volunteers with ILI should be excluded from work until they are fully recovered.

- The length of time that ill workers should be excluded will be determined by the Health Unit based on the epidemiology of the pandemic strain.

- If providing safe care becomes an issue due to staffing problems, they may allow staff, students and volunteers to work before they are fully recovered. If this is necessary, staff, students and volunteers with ILI should be restricted to non-direct care or to working with residents/patients with symptoms of ILI and should use appropriate PPE. They should not be deployed to care for high-risk, medically-fragile patients.

- During a seasonal outbreak, non-immunized staff members who are not taking antivirals are excluded from work.

- During an influenza pandemic, this measure may not apply until a vaccine has been developed or until there is an adequate supply of antivirals.

- If there is an adequate supply of antivirals, staff is required to provide proof that they are taking prescribed medications.

- Guidelines related to antiviral use will be finalized and communicated at the beginning of the pandemic, based on strain epidemiology.

- If issues arise re compliance with work exclusions, they should be discussed with the Leadership and Partnerships Team.

Cohort Staff:

- To minimize movement between resident/patient areas, especially if some areas are unaffected.

- Staff could be restricted to working one particular area or group of residents/patients.

- Ability to cohort will depend on number of available staff

- May not be required if staff taking antivirals and using appropriate infection prevention and control practices

Policies for Managing Staff who Work at Other Facilities:

- If seasonal outbreak, SJCCC may restrict staff movement so as not to transmit virus between facilities

- If flu pandemic, the virus is widely circulating and will be present in many institutions, restricting staff movement will be ineffective.

- If there are significant staff shortages throughout the healthcare system, everyone will be needed to work. There may be few restrictions on staff, students and volunteers working in other facilities.

- The only exception would be a Home/facility with no pandemic activity. Workers will be excluded from that facility unless they have proof of taking antivirals.

STEP 8:

Implement control measures for visitors:

Notifying Visitors and Volunteers

- Activate the pandemic/emergency communication plan and activities.

- Post signs at all entrances indicating the situation (e.g. pandemic activity in the community and/or pandemic activity within SJCCC).

- Advise visitors of the potential risk of either introducing influenza into SJCCC or acquiring influenza within SJCCC, and of the visiting restriction, if applicable.

- In the event of an outbreak, family members of ill residents/patients will be contacted.

- Use other communication systems as appropriate (e.g. website, e-mail) to maintain communications with family members and visitors.

Visitor Restrictions:

- During seasonal outbreaks, visitors are encouraged to postpone visits whenever possible.

- During a pandemic, this policy may not be practical; we may need family members to assist with care.

- All visitors who choose to visit during an outbreak shall be required to:
    - Wash hands on arrival, before leaving the resident's/patient's room, and before leaving the building
    - Use PPE as instructed by staff
    - Visit only one resident/patient and exit SJCCC immediately after the visit – unless they are assisting in providing care for residents/patients

- SJCCC will develop visitation restrictions based on the nature of the pandemic

- Complete closure of visitation is NOT recommended, as it may cause emotional hardship to both the residents/patients and the relatives.

- Visiting restrictions should be discussed by the Leadership and Partnerships Team and take into account family/visitor access to antivirals

Restrictions on Ill Visitors:

- **Under the ARI screening protocol:**
    - Visitors who are ill are asked not to enter SJCCC until they have recovered
    - During a pandemic, if there are severe staff shortages, visitors with ILI may be allowed to enter SJCCC and assist in providing care for residents/patients before they are fully recovered
    - If this is necessary, they will be restricted to assisting with non-direct care or to working with residents/patients with symptoms of ILI and will use appropriate PPE

- Ill residents/patients should be visited in their room only.

- Visitors should remain in the ill resident's/patient's room and not visit other residents/patients.

Communal and Other Activities:

- Visits by outside groups shall not be permitted
- Visits to multiple residents/patients will be restricted, unless the visitor is assisting with care and ADL

STEP 9:

Distribute antivirals if available

Antiviral Medication for Prevention/Prophylaxis

- During a pandemic, supplies of antiviral medication for prevention will be made available to residents/patients based on the case definition.
- Antivirals will be administered and tracked using Pharmacy policies and procedures and Medication Administration Policies and Procedures, along with the *Standards of Practice of the Ontario College of Nurses*, including any specific methods requested by the MOHLTC and/or the Eastern Ontario Health Unit.
- The Federal and Provincial Government have created a national antiviral stockpile to be used to treat and protect identified priority groups.

Antiviral Medication for Treatment

- To be effective, antiviral treatment must be started within 48 hours of onset of symptoms.
- The earlier treatment is started, the more effective it is
- Treatment decisions are the responsibility of the attending physician
- SJCCC has medical directives and consent forms on file that allow them to administer antivirals to residents/patients who are ill with ILI

Administration of Oseltamivir

- There are two categories for receipt of antivirals:
    - People who require antivirals for treatment
    - People who require them for prevention/prophylaxis
- One category does NOT have priority over the other
- Antivirals will be administered to both resident/patient groups simultaneously
- Antivirals will be supplied to SJCCC as needed, based on available supplies and demand in the community

- The antivirals will be distributed based the case definition
- SJCCC may make arrangements with the pharmacy to assist in dispensing and administering antivirals.

STEP 10:

Distribute vaccine if available

Vaccine Distribution and Administration Roles and Responsibilities

- The **Federal Government** is responsible for vaccine procurement and supply
- The **Province** is responsible for coordinating vaccine distribution for Ontario
- The **Health Unit** will be responsible for coordinating immunization programmes in their areas
- **SJCCC** is responsible for maintaining an up-to-date list of staff and residents/patients who should have priority access to flu vaccine – based on case definition
- The Health Unit will inform SJCCC about how vaccine will be distributed and administered
- SJCCC will be asked to monitor and report to the EOHU any adverse reactions to vaccine
- SJCCC will work with the local Health Unit to determine the information to be gathered and reported.

Immunization Strategy

- **Ontario's Health Plan for an Influenza Pandemic** is based on a "pull" strategy that asks people to attend mass vaccination clinics
- **At SJCCC**, a "push" strategy will be used – the vaccines will be given in the Centre. The Health Unit will be responsible for distributing and tracking vaccine use
- SJCCC will be responsible for administering the vaccine based on information from the Health Unit in accordance with the case definition.

STEP 11:

Declaring the Outbreak Over

The length of time from the onset of symptoms of the last case until the outbreak is declared over will be one incubation period plus one (1) period of communicability for the pandemic strain. (Note: This may be longer than the 8-day period used for seasonal influenza.)

Because SJCCC may have sporadic seasonal influenza activity during a pandemic, the Outbreak Management Team may need to differentiate between seasonal and pandemic cases in declaring the end of the pandemic outbreak.

The Leadership and Partnerships Team will determine whether ongoing surveillance is required to:

- Maintain general infection prevention and control measures outlined in Step 2
- Monitor the status of ill residents/patients, update the line listing and communicate with the Health Unit
- Monitor any deaths that occur, including whether individuals who die had been a line-listed case, and inform the public Health Unit.

The Health, Safety and Education Coordinator/delegate will notify the Health Unit when SJCCC has gone the recommended length of time without a new case.

The Health Unit will be responsible for declaring the outbreak over and for notifying the MOHLTC and other organizations in the community.

SJCCC must notify the MOHLTC with the appropriate appendix of the *Critical Incident Report* that the outbreak has ended.

Investigate the Outbreak

- When outbreak declared over, create an outbreak investigation file containing:
    - Copies of lab and other results
    - Copies of all meeting minutes and other communications
    - Any other documentation specific to the investigation and management of the outbreak
    - SJCCC and the Health Unit will jointly complete the Ministry *Pandemic Outbreak Form* as required.
- For seasonal flu outbreaks, this report is due within three (3) weeks of the outbreak being declared over
- Timelines may be adjusted during a pandemic, depending on the availability of staff to complete the reports
- Copies of all documents related to the outbreak (e.g. outbreak forms, line listings) are to be kept on file by the Health, Safety and Education Coordinator

STEP 12:

Review the Pandemic Outbreak

- Meet with Health Unit staff and other community partners to review the course and management of the outbreak of the pandemic strain at SJCCC and in the community

- Identify what was handled well and what could be improved

- Submit the report to the Infection Control Committee, Joint Health and Safety Committee and a copy to the Executive Director

15. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Access to Personal Protective Equipment (PPE)

- Accessible hand hygiene stations in appropriate locations

- Signage instructing all staff, visitors and volunteers on when and how to practice hand hygiene

- Ensure that staff have quick, easy access to PPE required for droplet and contact precautions such as:
    - hand sanitizer,
    - facial protection (mask and protective eyewear or face shield),
    - gloves, and
    - gowns

Hand Hygiene

- Most important measure in preventing the spread of all infections, including influenza

- Staff, volunteers and residents/patients shall be instructed in proper hand hygiene

- Do not use resident/patient sinks for hand hygiene unless there is no other alternative

Staff and Volunteers:

- Should perform hand hygiene:

    - Before direct contact with a resident/patient

    - After any direct contact with a resident/patient and before touching the face

    - After removing and disposing of PPE – including gloves

    - Before performing invasive procedures

    - Between certain procedures on the same resident/patient where soiling of hands is likely, to avoid cross-contamination of body sites

    - After contact with blood, body fluids, secretions and excretions

- After contact with items known or likely to be contaminated with blood, body fluids, Secretions and excretions, including respiratory secretions (e.g. oxygen tubing, used tissues, masks, items handled by residents/patients)

- Before preparing, handling, serving or eating food and before feeding a resident/patient

- Waterless alcohol-based hand sanitizer is as effective as hand washing if hands are not visibly soiled.

- If hands are visibly soiled, they must be washed with soap and running water.

- If soap and running water are not available, cleanse hands first with detergent-containing towelettes to remove visible soil and then use alcohol-based hand sanitizer

- Resident/patient sinks should NOT be used by staff and volunteers for hand hygiene unless no other alternative is available

- Take care to avoid contamination and use an alcohol-based hand sanitizer after hand washing

Residents/Patients

- Essential at all times
- Hands should be cleaned frequently but especially after using the bathroom and before meals

Criteria for Selecting Alcohol-based hand sanitizer:

- 60 % to 90 % alcohol (isopropanol or ethanol)

Masks and Eye Protection or Face Shield

A mask is used by a healthcare provider (in addition to eye protection) to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions or within two (2) metres of a coughing resident/patient. A mask should be placed on a coughing resident/patient when outside their room, if tolerated, to limit dissemination of infectious respiratory secretions.

A N95 respirator is used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route. N95 respirators should also be work for aerosol-generating procedures that have been shown to expose staff to undiagnosed tuberculosis, including sputum induction.

Appropriate mask use:

- Select a mask appropriate to the activity;
- Masks should securely cover the nose and mouth;
- Change mask if it becomes wet;
- Do not touch mask while wearing it;
- Remove mask correctly immediately after completion of task and discard it into an appropriate waste receptacle;
- Do not allow the mask to hang or dangle around the neck;
- Clean hands after removing the mask;

- Do not re-use disposable masks; and
- Do not fold the mask or put it in a pocket for later use.

Eye protection is to be worn (in addition to a mask/respirator) to protect the mucous membranes of the eyes when it is anticipated that there is a risk of splashing procedures of high-risk procedures such as irrigation of a wound, while suctioning, and when cleaning bedpans or basins. Eye or face shields are indicated in the same way but offer greater protection against particles spread from airborne illness or where high-risk procedures generate a great deal of expectoration.

Appropriate use of eye protection:

- Eye protection must be removed immediately after the task for which it was used and discarded into waste container or placed in an appropriate receptacle for cleaning; and
- Eye protection includes; safety glasses, safety goggles, face shields and visors attached to masks. Prescription eye glasses are <u>not acceptable</u> as eye protection (although they may be worn underneath face shields and some types of protective eyewear).

Gloves

- Staff and volunteers should wear gloves when they are likely to have contact with body fluids or touch contaminated surfaces
- Gloves are an additional protective measure and are not a substitute for proper hand hygiene
- Gloves should be put on before entering and removed prior to leaving the resident's/patient's room or dedicated bed space
- Gloves should fit the wearer to prevent cross-contamination through contact
- Gloves should be changed between procedures on the same resident/patient
- Hands must be washed immediately after removing gloves
- When a gown is worn, the cuffs of the gloves must cover the cuffs of the gown
- Single-use gloves should not be reused or washed
- Gloves should be changed whenever a tear of leak is suspected

Gowning

- Long-sleeved gowns should be worn during procedures and resident/patient care where clothing might be contaminated.
- Gowns should be removed before leaving the resident's/patient's room or dedicated space

Recommended Process for Removing Personal Protective Equipment (PPE):

After the healthcare provider has completed resident/patient care and is more than two (2) metres' distance from the resident/patient:

- Remove gloves and discard using a glove-to-glove/skin-to-skin technique
- Remove gown – discard in linen hamper in a manner that minimizes air disturbance
- Perform hand hygiene
- Remove eye protection and discard or place in clear plastic bag and keep for decontamination, as appropriate
- Remove mask by ear loops or ties and discard
- Perform hand hygiene

This is the minimum procedure.

If a staff member believes their hands have become contaminated during any stage of PPE removal, they should perform hand hygiene before proceeding further.

16. ENVIRONMENTAL CLEANING

Environmental Cleaning

- Increase routine disinfection and cleaning with special attention to commonly-touched surfaces such as door handles, hand rails, and toilets.
- May use commercial, pre-packaged disinfectant wipes that are easily accessible to all staff to allow efficient cleaning of equipment and surfaces
- Follow our *Environmental Cleaning* protocol (Environmental Services Policy #6-M-680).
- Procedures are established for assigning responsibility and accountability for routine cleaning of all environmental surfaces including furniture (e.g. bed rails, bedside table, telephone and non-critical resident/patient care items such as the call bell)
- Disinfection methods will be reviewed annually
- Environmental surfaces will be cleaned frequently using **hospital grade disinfectant**
- **Resident/patient care items will be cleaned and disinfected between each resident/patient use, including mechanical lifts**
- Components of an effective cleaning process include a sufficient quantity of detergent-disinfectant in the correct concentration applied with a clean cloth, and a contact time that complies with manufacturer's label and workplace safety requirements.
- Routine practices are used in the handling of soiled linen:
    - Do not allow soiled linen to contact any surface
    - Do not allow soiled linen to contact personal clothing/uniforms

  - Handle soiled linen with gloves
  - Wash hands after handling soiled linens

- Routine practices are applied to handling clinical waste. Double-bagging of waste is NOT required.

- Disposable dishes and cutlery are NOT required.

Cleaning Resident/Patient Care Equipment

- Remind staff, students and volunteers of the guidelines for cleaning, and disinfecting resident/patient care equipment

- Disposable equipment should be used whenever proper cleaning of the equipment can no longer be done

- Soiled resident/patient care equipment should be handled in a manner that prevents exposure of skin and mucous membranes and contamination of clothing or the environment

- Equipment should be cleaned and disinfected prior to and between uses

References:

Annex B, *Best Practices for Prevention of Transmission of Acute Respiratory Infection in all Healthcare Settings*, Provincial Infectious Diseases Advisory Committee (PIDAC) and Public Health Ontario

The Ontario Health Plan for Influenza Pandemic (OHPIP) MOHLTC, 2009

A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, Public Health Division and Long-Term Care Homes Branch, MOHLTC, September 2014

Influenza Prevention and Surveillance Protocol for Ontario Long-Term Care Homes, MOHLTC, 2004

Chateau Gardens Lancaster *Emergency Preparedness Pandemic Plan, 2007*

St. Joseph's Villa, Dundas Ontario

Ontario Association of Non-Profit Homes and Services for Seniors

Long-Term Care Homes Act, 2007 and Reg. 79/10

APPENDIX A

JOB DESCRIPTIONS FOR A PANDEMIC

Communications Liaison

Responsible to: Executive Director

Responsibilities:

- To provide information to the media;
- To provide information to staff.

-Identifies restrictions (Internal/External) in contents of news release information from Executive Director;
-Ensures that all news releases (Internal/External) have the approval of the Executive Director;
-Directs calls from those who wish to volunteer;
-Posts general notices to keep staff updated on the disaster situation;
-Observes all staff, volunteers and residents/patients for signs of stress and inappropriate behaviour;
-Participates in event debriefing; and
-Identifies gaps and facilitate any required improvements.

Reference: *Ontario Hospital Association IMS for Healthcare Facilities*, Fall 2005

Lobby Deputy

To maintain safe and effective care to residents/patients, the Lobby Deputy will be stationed at the main entrance.

This position will need to be manned from 0600 hours until 2300 hours daily.

All staff, volunteers and "trained" visitors are to report to the Lobby Deputy. This person will be supported by the Staffing Coordinator and the Information Technology (IT) communication designates.

Responsibilities:

- Job priority/job deployment of staff to designated essential positions identified within SJCCC and outward from there depending on availability of staffing resources.

-Organizes and direct aspects relating to the Operations of the Centre;
-Carries out directives of the Executive Director or designate;
-Ensures that resident/patient care areas are adequately staffed;
-Reports areas of concern to the Executive Director or designate;
-Observes all staff, volunteers and residents/patients for signs of stress and inappropriate behaviour;
-Participates in event debriefing; and
-Identifies gaps and facilitate any required improvements.

APPENDIX B

RESIDENT/PATIENT CARE NEEDS ASSESSMENT FOR PANDEMIC PLAN

Residents/patients who can be discharged to family members	Residents/patients whose needs could be met by Home Care	Residents/patients who must continue to be cared for at SJCCC	Residents/patients who are likely to require acute care	Residents/patients at higher risk of complications from influenza

OCTOBER 2021

APPENDIX C

HUMAN RESOURCES SKILL TRAINING QUESTIONNAIRE FOR STAFF

In order to provide continuity of care in the face of a staffing crisis **due to a pandemic**, it may be necessary to deploy staff to areas other than their current position. It is important that this survey is completed and returned to your Department Manager.

Please remember that this is a survey of your skills only and does not mean that you would work in these capacities, replace staff or assist staff during non-pandemic times.

Name: _____

Please check all areas that apply:

- Feeding residents/patients;
- Toileting and transferring including mechanical lifts;
- Obtaining vital signs;
- Basic housekeeping skills;
- Basic food preparation and inventory control;
- Medication administration.

OCTOBER 2021

APPENDIX D

PANDEMIC INFLUENZA
INFORMATION SHEET FOR PRIORITY GROUPS

What is Pandemic Influenza?

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

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

What is influenza?

Influenza, commonly called "the flu", is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). Symptoms of flu include fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. The flu causes severe illness and life-threatening complications in many people, and can cause death.

People of any age can get the flu. It spreads easily from infected people through coughing and sneezing. Flu also spreads through touching unwashed hands, or surfaces and objects that have been contaminated by the influenza virus.

The Use of Antiviral Medication

Antiviral drugs are effective for treating and preventing influenza. When an antiviral drug is given to prevent influenza, the protection is virtually immediate.

During a pandemic, Ontario would use existing supplies of antiviral drugs to help slow the spread of the disease until a vaccine becomes available. At St. Joseph's Continuing Care Centre, we have purchased a bulk order of Tamiflu for prophylactic purposes for business continuity and employee protection.

What is Oseltamivir (Tamiflu)?

Oseltamivir is a drug used to treat or prevent influenza. When given within 36 to 48 hours of symptoms starting, this medication shortens the length of time people are ill by 1-2 days and helps prevent complications. It can also be given to people who have been exposed to influenza to stop them from getting sick. It prevents about 70 to 80 percent of influenza when used this way.

During a pandemic, it is recommended that selected individuals remain on the drug for the duration of the pandemic wave, or until protection through immunization is available.

How is this Medication Taken?

Oseltamivir is taken by simply swallowing a pill. It should be taken with a meal or snack (this is particularly important for the first dose).

What side effects are associated with this medication?

Studies show that 1 to 9 percent of recipients of this drug report some mild nausea and vomiting. Nausea is worst with the first dose of the medication. Taking the medication with a snack or meal may help to reduce these symptoms.

In Nursing Home residents, 1 to 3 percent may also report headache.

What are the recommended doses?

Treatment dose is 75mg twice daily for five (5) days (total of 150mg per day).

Preventative dose is 75mg once daily. Prophylaxis should be continued until the outbreak is declared over or to a maximum of six (6) weeks in the event of a pandemic.

Who should not take Oseltamivir?

Studies so far have found no evidence that this drug is harmful in pregnancy. However, data are limited, and the use of any medication during pregnancy should be limited only to those situations where the potential benefit to the mother and fetus justifies the possible risk.

Information is not yet available as to whether this drug is excreted in breast milk. Use of antiviral drugs in mothers who are breastfeeding should be limited to circumstances in which the potential benefit to the mother and baby justifies the potential risk.

The Use of Vaccine

Vaccines are the best way to protect against some very serious infections. Influenza vaccine protects adults and children 6 months of age and older (for whom contraindications are not present) against influenza, which can be a serious illness for some people.

Much of the illness caused by the flu can be prevented by annual flu vaccination. Anyone who wants to avoid getting the flu should consider getting vaccinated.

A vaccine cannot be developed for pandemic influenza until a novel strain is identified. The manufacturers of vaccine will also require lead time to produce vaccine for priority groups.

More information of contraindications and adverse events of the pandemic vaccine will become available once the vaccine has been developed.

Health workers providing resident/patient care or services within two (2) metres of a resident/patient with influenza-like illness during a pandemic shall use procedure/surgical masks.

Reference

Durham Region Health Department – *Pandemic Influenza Plan, 2006*

OCTOBER 2021

APPENDIX E

CONSENT FOR INFLUENZA ANTIVIRAL MEDICATION FOR INFLUENZA PANDEMIC

In the event of an influenza pandemic (a disease outbreak impacting a large geographical area and a large portion of the population) with noted suspicious cases within our Centre, it is essential that antiviral medication (Tamiflu) be administered **as early as possible** to reduce the spread of the virus.

Influenza antiviral medications are drugs that suppress the ability of influenza virus to reproduce. When used correctly, they can reduce the duration of symptoms and complications from an influenza virus infection.

Tamiflu has been associated with very few side effects. These side effects may include nausea and vomiting (and may occur less often if the medication is taken with food).

Tamiflu dosage must be adjusted for persons with impaired renal function. This medication would be prescribed by the Physician to each resident/patient on an individual basis with careful consideration of age, medical condition and interactions with present medication.

You are asked to sign for advanced permission to administer an antiviral medication **only in the event of an Influenza Pandemic.**

If you have any questions or concerns, please speak with the Registered Nurse or your Physician before you sign this consent form.

_____ _____

Signature of Resident/Patient or Substitute Decision Maker Date

Received: _____ _____

Registered Nurse Signature Date