

## Infection Prevention and Control

SECTION: EMERGENCY PLANNING	SUBJECT	POLICY #		
APPROVED BY: VP OF QUALITY AND CLINICAL SERVICES	PANDEMIC, EPIDEMIC & OUTBREAK PLAN POLICY	INF 07-08-01		
		YY	MM	DD
2022		12	21	
PANDEMIC AND OUTBREAK PLANNING				

### PURPOSE

As per the regulatory requirements applying to all emergency plans, under ss. 269(1) of O. Reg. 246/22, emergency plans must include a plan for communicable diseases, diseases of public health significance, epidemics, and pandemic. As such, homes should follow the pandemic and outbreak plan outlined below responding to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, and pandemics.

Government of Ontario and Public Health (PH) directives set a base minimum IPAC standards to be followed. UniversalCare policies implement additional IPAC measures based on the safety risk identified or projected. Additional IPAC measures may apply based on the home's specific area and Public Health requirements.

### POLICY

The Home has a plan that addresses actions to be taken during a pandemic, epidemic and outbreak, and is based on activities within the geographical areas and meets applicable legislation and Public Health (PH) guidelines.

### PROCEDURE

Home's interprofessional team completes the Pandemic, Epidemic & Outbreak Plan

The Pandemic, Epidemic & Outbreak Plan is revised twice per year

The Pandemic, Epidemic & Outbreak Plan is revised with significant changes identified during an outbreak debriefing.

Government of Ontario and Public Health directives set a base minimum IPAC standards must be followed.

UniversalCare policies may implement additional IPAC measures based on the safety risk identified or projected with additional IPAC measures based on the home's specific area and Public Health recommendations

The Pandemic, Epidemic & Outbreak Plan section will address the following areas:

1. Outbreak Management Team Roles and Responsibilities for:
  - IPAC professional that leads IPAC in the Home (see Job Description for accountability and responsibilities)
  - Administrator and Director of Care
  - LTC Home Leadership Members
  - Care staff and volunteers
  - Caregivers and Visitors
2. Outbreak Management Overview: Planning, Implementation, and Recovery
  - Pandemic/Epidemic/Outbreak Pre- Planning
  - Pandemic/Epidemic/Outbreak Protocols and Plans Implementation
  - Post- Pandemic/Epidemic/Outbreak Termination, De-escalation, and Recovery

## Infection Prevention and Control

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3. Services to Residents:

- Outbreak Area(s)
- Isolation, precautions initiation, and cohorting for residents
- Cohorting of staff and services
- Poster
- Break Room
- Floor Plans
- Residents with critical medical conditions
- Residents that require high level of care
- Safety and security of the building and the grounds
- Medications/Treatments
- Pharmacy services
- Assistance with feeding
- Vital signs equipment
- Documentation
- Staffing
- IPAC preventative measures
- Supplies management
- Vaccination program
- Surveillance
- Screening and testing
- Plan review frequency
- Integrated services with extended partners

4. Environmental services

5. Communication strategy

## PANDEMIC, EPIDEMIC & OUTBREAK PLAN

**Purpose:** As per the regulatory requirements applying to all emergency plans, under ss. 269(1) of O. Reg. 246/22, emergency plans must include a plan for communicable diseases, diseases of public health significance, epidemics, and pandemic. As such, Homes should follow the pandemic and outbreak plan outlined below responding to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, and pandemics.

Government of Ontario and Public Health (PH) directives set a base minimum IPAC standards to be followed. UniversalCare policies implement additional IPAC measures based on the safety risk identified or projected. Additional IPAC measures may apply based on the Home’s specific area and Public Health requirements

<b>PANDEMIC/EPIDEMIC/OUTBREAK PLAN</b>	
<b>Outbreak Management Team Roles and Responsibilities</b>	
<b>Role</b>	<b>Expected actions include, but are not limited to</b>
IPAC professional that leads IPAC in the Home	<ol style="list-style-type: none"> <li>1. Carry out infectious disease surveillance and analyze the resulting data</li> <li>2. Consult, collaborate, report to internal (registered staff, all care staff, program mangers, dietary and environmental services managers, etc.) and external teams (PH, Ontario Team Hubs, Ministry of Labour (MOL), Ministry of Long-Term Care (MLTC), etc.)</li> <li>3. Initiate and schedule Outbreak Management Team (OMT) Meetings</li> <li>4. Lead outbreak management for the Long-Term care Home (LTCH)</li> <li>5. Communicate and provide updates to interdisciplinary teams, PH, MLTC of outbreak progress</li> <li>6. Provide Infection Prevention and Control (IPAC) education and training to staff</li> <li>7. Oversee IPAC education and training provided to residents and visitors</li> <li>8. Ensure IPAC measures are in place for staff, residents, visitors: screening, hand hygiene, posters, signage, isolation, line listing, cohorting of staff and residents, admission, readmission, absences, communal dining, testing, cleaning, Personal and Protective Equipment (PPE) usage, auditing, reporting, documentation, and any other education when and as recommended within PH guidelines and ministry directives</li> <li>9. Conduct audits for PPE donning/doffing, IPAC measures, screening, cleaning &amp; disinfection, hand hygiene and any other applicable audits and address/follow up any concerning findings from audits</li> <li>10. Monitor PPE stockpile</li> <li>11. Address any non-compliance IPAC measures as per inspection reports</li> <li>12. Conduct immunization clinics for staff</li> <li>13. Participate in annual and as needed review of pandemic and outbreak plan</li> </ol>

## PANDEMIC, EPIDEMIC & OUTBREAK PLAN

PANDEMIC/EPIDEMIC/OUTBREAK PLAN	
Administrator, Director of Care	<ul style="list-style-type: none"> <li>a. Monitors staffing levels and created staffing plans</li> <li>b. Creates and implements staff contingency plan as needed</li> <li>c. Works with IPAC lead to assess return to work early measures</li> <li>d. Ensures that there are alternates planned for each manager in case of illness</li> <li>e. Ensures communication to residents, families, staff</li> <li>f. Provides regular, proactive, timely communication with residents and their families, SDM's, essential caregivers, etc.</li> <li>g. Ensure Home is in compliance with pandemic plan</li> </ul>
LTC Home Leadership Members	a. Support Home with implementation of pandemic plan and IPAC measures as needed
Registered Nursing Staff	<ul style="list-style-type: none"> <li>a. Conduct daily active surveillance to identify resident cases</li> <li>b. Reports to IPAC lead/designate any reportable diseases and exposures</li> <li>c. Initiates isolation precautions as required if resident cases meet case definitions</li> <li>d. Obtains testing specimens</li> <li>e. Provide regular and timely communication/ updates to residents, SDMs, families regarding the health status of</li> <li>f. Implements IPAC measures in collaborates with IPAC lead/designate</li> </ul>
Care Staff and Volunteers	<ul style="list-style-type: none"> <li>a. Compliance and adherence with IPAC practices</li> <li>b. Compliance with Infection Control Policies, Procedures and Protocols</li> <li>c. Attend IPAC education and training</li> </ul>
Caregivers and Visitors	<ul style="list-style-type: none"> <li>d. Compliance and adherence with IPAC practices</li> <li>e. Compliance with Infection Control Policies, Procedures and Protocols</li> <li>f. Attend IPAC education and training</li> </ul>

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Outbreak Management Overview: Planning Implementation, and Recovery	Target Date	Position Responsible
<b>Procedures and Tasks</b>		
<b>Pandemic/Epidemic/Outbreak Pre- Planning</b> <ul style="list-style-type: none"> <li>1. Conduct ongoing surveillance of diseases among residents, staff, and visitors to detect, prevent, and manage the spread of pandemic pathogens</li> <li>2. Ensure registered staff informs IPAC lead/designate of all infections</li> </ul>	<b>Ongoing</b>	<b>IPAC Lead</b>



<b>PANDEMIC/EPIDEMIC/OUTBREAK PLAN</b>		
<b>Outbreak Management Overview: Planning Implementation, and Recovery</b>	<b>Target Date</b>	<b>Position Responsible</b>
24. Consult with PH regarding IPAC measures 25. Implement IPAC measures 26. Assess implementation of roles and responsibilities of staff 27. Implement strategies/interventions while awaiting medications, vaccinations, prophylactics, and therapeutics as per PH, MOH 28. Implement PH, MOH directives, MLTC IPAC measures such as isolation, line-listing 29. Implement directives from PH, MOH regarding testing 30. Continue reviewing all alerts and directives 31. Review and update policies as per PH, MOH, MLTC 32. Ensure and reinforce IPAC measures in place 33. Ensure and reinforce signage in place 34. Ensure and reinforce communication to residents, families, staff, PH, MOL, MLTC, Medical Director 35. Ensure and reinforce training/education for residents, families, and staff 36. Ensure and reinforce PPE stockpile availability and access 37. Ensure and reinforce ongoing implementation of IPAC audits 38. Ensure and reinforce ongoing implementation of cleaning and disinfection practices 39. Ensure and reinforce staffing levels 40. Implement staff contingency plan if needed	<b>With outbreak</b>	<b>IPAC Lead</b>
<b>Post- Pandemic/Epidemic/Outbreak Termination, De-escalation, and Recovery:</b> 41. Determine termination of pandemic and emergency response 42. Continue and discontinue IPAC measures as per PH, MOH, MLTC 43. Consult with PH regarding IPAC measures and de-escalation measures 44. Continue with surveillance of diseases among residents, staff, and visitors to detect, prevent, and manage the spread of pandemic pathogens 45. Update policies and protocols as per PH, MOH, MLTC 46. Communication terminations, de-escalation, and recovery to residents, families, and staff 47. Schedule OMT debriefing meeting 48. Assess staffing and implement staff contingency plan if needed	<b>Pandemic de-escalation</b>  <b>With PH Confirmation to clear the Outbreak</b>	<b>IPAC Lead</b>  <b>IPAC Lead</b>
	<b>Within 30 days after an Outbreak</b>	<b>Department Managers/ IPAC Lead</b>

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
<p>Depending on the stage of the pandemic, epidemic or outbreak will implement:</p> <p><b>Assemble outbreak management team:</b> The team should include the local public health unit along with Home's team members such as the IPAC Lead, Director of Care, Administrator, the Environmental Lead, departmental leads/managers, health care staff (as applicable), UniversalCare corporate team members and other appropriate team members</p>	<b>With each outbreak</b>	<b>IPAC Lead</b>
<p><b>Identify Outbreak Area(s):</b> With the local public health unit, determine if all or only part of the Home will be considered an outbreak area. This will depend on where the disease cases are in the Home and how much residents, staff move between different parts of the Home and the layout of the Home</p>	<b>With each outbreak</b>	<b>IPAC Lead</b>
<p><b>Isolation, precautions initiation, and cohorting for residents</b></p> <ol style="list-style-type: none"> <li>1. Isolation for affected residents by infection status/unit/identified outbreak areas/risk of exposure in collaboration with Public Health Unit and according to the cohorting guidelines, Government and Public Health Directives</li> <li>2. Residents in the outbreak area/s should not mix with those in the non-outbreak area(s)</li> <li>3. Follow maximum isolation in the room as per Ministry and PH directives</li> <li>4. Facilitate internal transfer for residents by disease (e.g., COVID-19 (+)) status in collaboration with PH</li> <li>5. If not able to cohort residents discuss with PH</li> <li>6. Communication to residents/SDM as applicable regarding cohorting/internal transfer/transfer to hospital</li> <li>7. Communicate/advise/brief teams with updates or notifications on outbreak/epidemic/pandemic:               <ol style="list-style-type: none"> <li>a. Residents, Families, Staff</li> <li>b. UniversalCare Corporate Team: Director of Clinical Services and Director of Senior Living, IPAC Manager</li> <li>c. Public Health</li> <li>d. Ontario Health Teams</li> <li>e. Ministry of Long-Term Care</li> <li>f. Hospital IPAC Team</li> <li>g. Unions</li> </ol> </li> </ol>	<b>With each outbreak</b>	<b>IPAC Lead/ Department Managers</b>

<b>PANDEMIC/EPIDEMIC/OUTBREAK PLAN</b>		
<b>Services to Residents</b>	<b>Target Date</b>	<b>Position Responsible</b>
<p>h. Staffing agencies</p> <p>i. Schools – student placements</p> <p>8. Review outside appointments to decide priority and risk to resident regarding re-scheduling Reschedule all non-essential appointments</p> <p>9. Tray service for isolation process, i.e., assign staff: Reusable dishware and utensils used for all residents including those on Additional Precautions.</p> <p><b>Cohorting of staff and services</b></p> <p>10. If there are outbreak areas and non-outbreak areas, assign staff to only one area for all of their shifts, if possible, during outbreak period</p> <p>11. Staff who have already worked in the outbreak area should be assigned to the outbreak area, assignment to non-outbreak areas should be avoided</p> <p>12. Prioritize assigning staff members to look after only one of the groups: disease positive or disease negative residents</p> <p>13. Staffing assignments should ideally be organized for consistent cohorting in specific resident areas to limit staff interactions with different areas of the Home</p> <p>14. Where possible, change rooms and break rooms should be on the floor to limit mixing of staff between floors or units, especially in an outbreak</p> <p>15. Staff assignments should remain as consistent as possible</p> <p>16. Identify staff pathway to reach COVID-19 Isolation Room/Unit</p> <p>17. Identify staff movement pathway by cohorting status</p> <p>18. Identify Nurses' Pathway for Medication Administration</p> <p>19. Designated equipment - [e.g., COVID-19 &amp; non COVID-19 &amp; different areas of the building] (i.e., medication carts, treatment carts, stetoscope, otoscope, thermometers, lifts, slings, etc.); May need additional Medication/Treatment Cart to support cohorting when necessary</p> <p>20. Restrict access between affected &amp; non affected area (such as separation doors)</p> <p>21. One (1) point of entry to the isolation area/unit (if possible)</p> <p>22. Allied health professionals should be cohorted based on infection status (confirmed infection, exposed or no infection) Staff access/redeployment: Hospital, Home and Community/Health Units, Staffing Agency</p>	<p><b>With each outbreak</b></p>	<p><b>IPAC Lead</b></p>



PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
23. Restrict access between affected & non affected area (consider separation doors) 24. One (1) point of entry to the isolation area/unit (if possible)		
<b>Poster</b> to identify cohorted/isolation areas including Front Door/ Separation 25. All posters Protected/Laminated to allow cleaning & disinfecting	<b>With each outbreak</b>	<b>IPAC Lead</b>
<b>Break Room:</b> <ol style="list-style-type: none"> <li>1. Sign to identify staff maximum capacity</li> <li>2. Poster: 2 meters physical distancing</li> <li>3. Break Room Instructions</li> <li>4. Cleaning and disinfecting supply</li> <li>5. PPE supply</li> <li>6. Poster Hand Hygiene</li> </ol>	<b>With each outbreak</b>	<b>IPAC Lead</b>
<b>Editable Floor Plans identifying by status of:</b> <ol style="list-style-type: none"> <li>1. Occupancy/accommodation</li> <li>2. Isolation room</li> <li>3. Cohorting</li> <li>4. Separation Doors areas</li> <li>5. Disease status: resolved/exposure/symptomatic/asymptomatic/pending/suspected/confirmed</li> </ol>	<b>With each outbreak</b>	<b>IPAC Lead</b>
<b>Identify residents with critical medical conditions</b> and at high risk as per below but not limited to: COVID-19; Falls Diabetes Type 1 and 2; Diabetes and dialysis; Diabetes and obesity; Dialysis; Behavioural and Responsive Behaviour monitoring; Mental Health illness; Cardiomyopathy; Pulmonary Hypertension; High Blood Pressure; Congenital Heart Disease; Heart failure; Coronary artery disease; Lung Cancer; Cystic Fibrosis; COPD; Severe and moderate Asthma; Cancer any type; Blood disorders (sickle cell anemia; thalassemia Long-term use of prednisone or similar drugs that weaken your immune system; HIV/AIDS; Organ and bone marrow transplant; Chronic liver disease; Long term use of prednisone; Down syndrome	<b>With each outbreak</b>	<b>IPAC Lead</b>

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
<p><b>Identify residents that require high level of care</b></p> <ol style="list-style-type: none"> <li>1. Review assignment distribution based on staffing at baseline, above baseline</li> <li>2. Continue to provide care as identified in the plan of care</li> <li>3. Establish access to Medical Care professionals, RN/EC availabilities, including up to date on-call list and on-site visits schedule</li> <li>4. As available consider virtual care</li> <li>5. Establish access to medical equipment and treatments</li> </ol>	<b>Ongoing</b>	<b>DOC</b>
<p><b>Safety and security of the building and the grounds:</b></p> <ol style="list-style-type: none"> <li>1. Review Homes review fobs, pass swipes currently in circulation.</li> <li>2. Mag locks functioning</li> <li>3. Continue fire drills/codes/evacuation: Table top scenarios discussion for of Fire Evacuation plans based on minimum staffing</li> <li>4. Follow, post, and review Ministry Directives as they arrive</li> </ol>	<b>Ongoing</b>	<b>Environmental Manager</b>
<p><b>Medications/Treatments</b></p> <p><b>Emergency/Contingency box medications:</b></p> <ol style="list-style-type: none"> <li>1. Review content to ensure all listed and are approved medication is in place</li> <li>2. DOC, Medical Director and Pharmacist to identify any other medication that should be part of the Emergency Box during the pandemic/epidemic/outbreak, such as antiviral medication</li> <li>3. Ensure enough government stock medication is in place and check expiration dates</li> </ol>	<b>Ongoing</b>	<b>DOC Inter-professional Team</b>
<p><b>Review/request updated Pharmacy Pandemic plan regarding:</b></p> <ol style="list-style-type: none"> <li>1. Delivery</li> <li>2. Pharmacist access</li> <li>3. Potential interruptions</li> <li>4. Access to additional medication carts</li> </ol>	<b>Ongoing</b>	<b>DOC/ Pharmacy</b>
<p><b>Medication Administration:</b></p> <ol style="list-style-type: none"> <li>1. Medication supply in place</li> </ol>		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
<p>2. Isolated residents, to administer medication by cohorting status as much as possible, or last to be administered the medication</p> <p><b>High alert medications should be prioritized:</b></p> <ol style="list-style-type: none"> <li>1. Pharmacy may provide report of residents on high alert medication necessary for their medical condition/disease management</li> <li>2. Medication administration compression (last option)- in consultation with Pharmacy and prescriber</li> <li>3. Treatments to skin/pressure injuries:</li> <li>4. Pressure ulcers completed by RN/RPN</li> <li>5. Treatments to be treated based on orders, staggered to accommodate staffing and shuffling times.               <ol style="list-style-type: none"> <li>b. Treatments to skin injuries that require application of cream/ointment educate and delegate to PSW</li> <li>c. Training for PSW in all locations for Medication Administration</li> </ol> </li> </ol> <p><b>PSW inform RN/RPN of any abnormal findings</b></p>	Ongoing	DOC/ Pharmacy
<p><b>Assistance with feeding/hydration:</b></p> <ol style="list-style-type: none"> <li>a. Volunteers over age 18 may feed</li> <li>b. Feeding training (video) <a href="https://youtu.be/zZ-6Rp6hkhY">https://youtu.be/zZ-6Rp6hkhY</a></li> <li>c. College/University if allowed, hire RN/RPN Students</li> <li>d. Connect with the preceptors that have been in the Home for their clinical practice (Colleges and Universities open during pandemic for communication)</li> <li>e.</li> </ol>	Ongoing	DOC/Nutrition Manager
<p><b>Documentation:</b> continue documenting in the electronic health record</p>	Ongoing	DOC
<p><b>Vital signs equipment:</b></p> <ol style="list-style-type: none"> <li>1. In resident rooms for all COVID-19 cases, disinfect before and after each use</li> <li>2. All other infections disinfect before and after each use</li> </ol>	Ongoing	DOC
<p><b>Death of a Resident and pronouncing:</b></p> <ol style="list-style-type: none"> <li>1. Home's Policy and Procedure to be followed</li> </ol>	Ongoing	DOC

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
2. Coroner's Office direction		
<b>Minimum Staffing:</b> 1. Staffing Plan reviewed monthly when not in outbreak and weekly when in outbreak 2. Fan Out List: updated and accessible 3. Staffing: <ul style="list-style-type: none"> <li>• Internally revise assignments based on staffing level</li> <li>• Managers and Coordinators roles may change and reassign to floor duties:</li> <li>• Corporate staff on site/on call</li> <li>• Human Resources to be consulted for temporary switch shifts, temporary 12 hours shifts and temporary shared shifts</li> <li>• Home Mangers Time Off Contingency Plan</li> </ul>	<b>Every 6 month And within 30 days post outbreak cleared</b>	<b>DOC</b>
<b>Infection Prevention and Control Preventative Measures</b> 1. Set up Outbreak Management Teams during respiratory season in preparation for potential outbreaks. 2. Ensure members of the Outbreak Management Team have been identified and ready to assemble as part of outbreak preparedness plan 3. Review Ministry and Public Health Directives 4. Screening/screeners: Ensures control measures are in place as per the direction of Ministry and Public Health. 5. Entrance active screening and testing for staff, volunteers and visitors 6. Residents screening available in the electronic health record for daily and post an absence  <b>Posters:</b> in place and not limited to: Hand hygiene; PPE Donning/Doffing; Physical distancing; Cough etiquette; Mask application/removal; signs and Symptoms for not coming to work and not visiting  <b>IPAC Training/education</b> to staff and visitors not limited to PPE Donning and Doffing, Hand Hygiene <b>IPAC auditing:</b> PPE usage; Environmental cleaning & disinfection; hand hygiene; IPAC self assessment; any other audits deemed necessary as per PH and MOH  <b>Supplies Management</b>	<b>Ongoing  with each outbreak</b>	<b>IPAC Lead</b>



<b>PANDEMIC/EPIDEMIC/OUTBREAK PLAN</b>		
<b>Services to Residents</b>	<b>Target Date</b>	<b>Position Responsible</b>
<ol style="list-style-type: none"> <li>1. Provide regular, timely communication to residents, families, SDMs, staff</li> <li>2. Ensure staff contingency plan is in place</li> <li>3. Ensure non-compliance items are corrected after inspections</li> <li>4. Post-outbreak – ongoing monitoring for re-emergence of symptoms or complications</li> <li>5. Reopening Services – Follow Ministry Directives and Public Health recommendations:               <ol style="list-style-type: none"> <li>a. Essential services</li> <li>b. Non-essential Services</li> <li>c. Admission/re-admission</li> <li>d. Re-opening to visitors</li> </ol> </li> <li>6. Pandemic Plan Debriefing/Revision</li> <li>7. Vaccination policies and procedures</li> </ol>		
<b>Integrate LTC/Retirement Homes as a partner of Health care System:</b> <ol style="list-style-type: none"> <li>1. Hospital</li> <li>2. HOME AND COMMUNITY/Health Units</li> <li>3. Public Health</li> </ol>	<b>Ongoing</b>	<b>IPAC Lead</b>

<b>PANDEMIC/EPIDEMIC/OUTBREAK PLAN</b>		
<b>Environmental Services</b>	<b>Target Date</b>	<b>Position Responsible</b>
<p><b>Cleaning and Disinfection of Non-Critical Equipment:</b> Stetoscope; Otoscope; BP Machine; Pulse and Oximeter; thermometer; medication cart; Weight scale; heights equipment; lifts; slings; tubs</p> <p><b>Cleaning and Disinfection of Decorations:</b> Christmas wreath; Christmas Tree and Decorations, etc.</p> <ol style="list-style-type: none"> <li>1. Cleaning and Disinfecting with the Clorox 360 machine</li> <li>2. Clorox 360 machine: staff training on how to use</li> </ol> <p><b>Housekeeping Department Cleaning in the following areas:</b></p>	<b>Ongoing</b>	<b>Environmental Manager Department Managers</b>

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	Target Date	Position Responsible
<p>1. Resident Room</p> <ul style="list-style-type: none"> <li>• Disinfect horizontal surfaces and high touch areas</li> <li>• Clean up any spills</li> <li>• Replenish hand sanitizer where needed</li> <li>• Only urgent cleaning as requested</li> </ul> <p>2. Resident Washroom</p> <ul style="list-style-type: none"> <li>• Clean as required and as directed by Charge Nurse</li> </ul> <p>3. Spa Rooms</p> <ul style="list-style-type: none"> <li>• Clean/disinfect sink</li> <li>• Clean/disinfect toilet</li> <li>• Empty waste containers</li> <li>• Replenish supplies, bath tissue, paper towels, soap, etc.</li> <li>• Clean up spills</li> </ul> <p>Depending on the stage on the pandemic all spa rooms may not be in use therefore staff can allocate their time elsewhere (i.e. enhance cleaning/disinfecting of high touch areas)</p> <p>4. Hallways</p> <ul style="list-style-type: none"> <li>• Disinfecting handrails</li> <li>• Remove debris from the floor</li> <li>• Clean up any spills</li> <li>• Replenish hand sanitizers where needed</li> </ul> <p>5. Dining Rooms</p> <ul style="list-style-type: none"> <li>• Wipe/disinfect tabletops</li> <li>• Wipe/disinfect chair arms</li> <li>• Empty waste containers</li> </ul>	<p><b>Ongoing</b></p> <p><b>Enhanced frequency per day with Outbreak</b></p>	<p><b>Environmental Manager</b></p>

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	Target Date	Position Responsible
<ul style="list-style-type: none"> <li>• Replenish supplies (paper towel, soap, sanitizer, etc.) where needed</li> <li>• Remove debris from the floor</li> </ul> <p>6. Lounges</p> <ul style="list-style-type: none"> <li>• Wipe/disinfect high touch areas</li> <li>• Remove debris from the floor</li> <li>• Replenish sanitizer where needed</li> </ul> <p>7. Elevators</p> <ul style="list-style-type: none"> <li>• Wipe/disinfect elevator buttons inside and outside of the elevator.</li> <li>• Wipe/disinfect handrails if applicable</li> </ul> <p><b>Laundry Department:</b></p> <p>EVS Manager/Laundry Services Team will be working with the Nursing Department to reduce the laundry poundage by implementing the following measures:</p> <ul style="list-style-type: none"> <li>• Changing bed linen only as needed</li> <li>• Eliminate the use of table linen</li> <li>• Reduce the volume of personal clothing by changing residents only when needed. If residents are on isolation patient gowns can be used instead of dressing residents or have them remain in their night clothing</li> <li>• Use disposable wipes, bed pads and incontinent products to help further reduce the laundry poundage</li> <li>• Ensure there is a supply of disposable bed pads, wipes and incontinent product. These items should be included in the plan for pandemic supplies</li> </ul>	<p><b>Ongoing</b></p>	<p><b>Environmental Manager</b></p>





## PANDEMIC, EPIDEMIC & OUTBREAK PLAN

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	Target Date	Position Responsible
<p>a. Discuss service continuity with External Stakeholders during pandemic planning.</p> <p>D. Public Health</p> <p>a. Maintain contact information for your Home's designated Public Health Representative</p> <p>b. Contact Public Health and inform them that you are working with limited staff in housekeeping. They may provide additional direction to ensure IPAC measures are being achieved.</p>	<b>Ongoing During an Outbreak/Epi demic/Pande mic</b>	<b>IPAC Manager</b>

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Communication Strategy	Target Date	Position Responsible
<p><b>Communication</b></p> <ol style="list-style-type: none"> <li>1. Communication provided to residents, family members, staff and volunteers with changes during the pandemic and epidemic</li> <li>2. Weekly updates to residents, family members, staff and volunteers are communicated during an outbreak</li> <li>3. Communication is provided in different formats:               <ul style="list-style-type: none"> <li>• Electronically via email</li> <li>• Letters hard copy</li> <li>• Posters</li> <li>• Communication boards</li> <li>• Verbally</li> <li>• By phone</li> <li>• Care conference</li> <li>• Meetings</li> </ul> </li> </ol>	<b>Ongoing</b>	<b>IPAC Manager/ Administrator/ DOC</b>