

## GOOD SAMARITAN SENIORS COMPLEX POLICY AND PROCEDURE

<b>Manual: INFECTION PREVENTION and CONTROL</b>	<b>Subject: PANDEMIC INFLUENZA, COVID-19, &amp; ACUTE RESPIRATORY ILLNESS RESPONSE PLAN</b>
<b>Section: E</b>	<b>Effective Date: June 2022</b>
<b>Approved By: D. Britton</b>	<b>Supersede: March 2006, August 2019, March 2020, May 2020</b>

### POLICY

Pandemic Influenza, Covid-19, and/or Acute Respiratory Illness has been identified as a specific hazard that could imminently disrupt the operation of the Long-Term Care Homes, Retirement Homes, the health care system at large, and society. It is a possible emergency for which appropriate planning is required to ensure all organizations are equipped with the knowledge, skills and resources to respond.

Good Samaritan Seniors' Complex (GSSC) shall ensure it has a comprehensive Pandemic Influenza, Covid-19, and Acute Respiratory Illness management plan based on best practice including direct referral to the following documents:

- PHO: Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection, March 2013
- PIDAC: Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings, 1<sup>st</sup> revision: Feb 2020
- PHO: Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes: 3<sup>rd</sup> edition, June 2022

### GOALS

- To minimize serious illness and mortality;
- To minimize disruption to essential services as a result of a pandemic.

### DEFINITIONS

#### **ACUTE RESPIRATORY ILLNESS**

- Any new onset acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a new or worsening cough or shortness of breath and often fever (also known as febrile respiratory illness, or FRI). It should be noted that elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.

#### **COVID-19 (SARS-CoV-2)**

- Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus;
- Most infected people will develop mild to moderate illness and recover without hospitalization.

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- Most common symptoms: fever, cough, fatigue, loss of taste/smell
- Less common symptoms: sore throat, headache, aches and pains, diarrhea, a rash on skin, or discoloration of fingers or toes, red or irritated eyes
- Serious symptoms: difficulty breathing or shortness of breath, loss of speech or mobility, or confusion, chest pain.

### ***INFLUENZA: (Seasonal)***

Seasonal influenza is an acute respiratory infection caused by influenza viruses which circulate in all parts of the world. There are 4 types of seasonal influenza viruses, types A, B, C and D. Influenza A and B viruses circulate and cause **seasonal epidemics** of disease.

- **Influenza A viruses** are further classified into subtypes according to the combinations of the hemagglutinin (HA) and the neuraminidase (NA), the proteins on the surface of the virus. Currently circulating in humans are subtype A(H1N1) and A(H3N2) influenza viruses. The A(H1N1) is also written as A(H1N1) pdm09 as it caused the pandemic in 2009 and subsequently replaced the seasonal influenza A(H1N1) virus which had circulated prior to 2009. Only influenza type A viruses are known to have caused pandemics.
- **Influenza B viruses** are not classified into subtypes, but can be broken down into lineages. Currently circulating influenza type B viruses belong to either B/Yamagata or B/Victoria lineage.
- **Influenza C virus** is detected less frequently and usually causes mild infections, thus does not present public health importance.
- **Influenza D viruses** primarily affect cattle; not known to infect/cause illness in people.

Seasonal influenza is characterized by a sudden onset of fever, cough (usually dry), headache, muscle and joint pain, severe malaise (feeling unwell), sore throat and a runny nose. The cough can be severe and can last 2 or more weeks. Most people recover from fever and other symptoms within a week without requiring medical attention. But influenza can cause severe illness or death especially in people at high risk.

### ***INFLUENZA: (Avian and other Zoonotic)***

There are four types of influenza viruses: types A, B, C and D:

- Influenza A viruses infect humans and many different animals. The emergence of a new and very different influenza A virus with the ability to infect people and have sustained human to human transmission, can cause an influenza pandemic.
- Influenza B viruses circulates among humans and cause seasonal epidemics. Recent data showed seals also can be infected.

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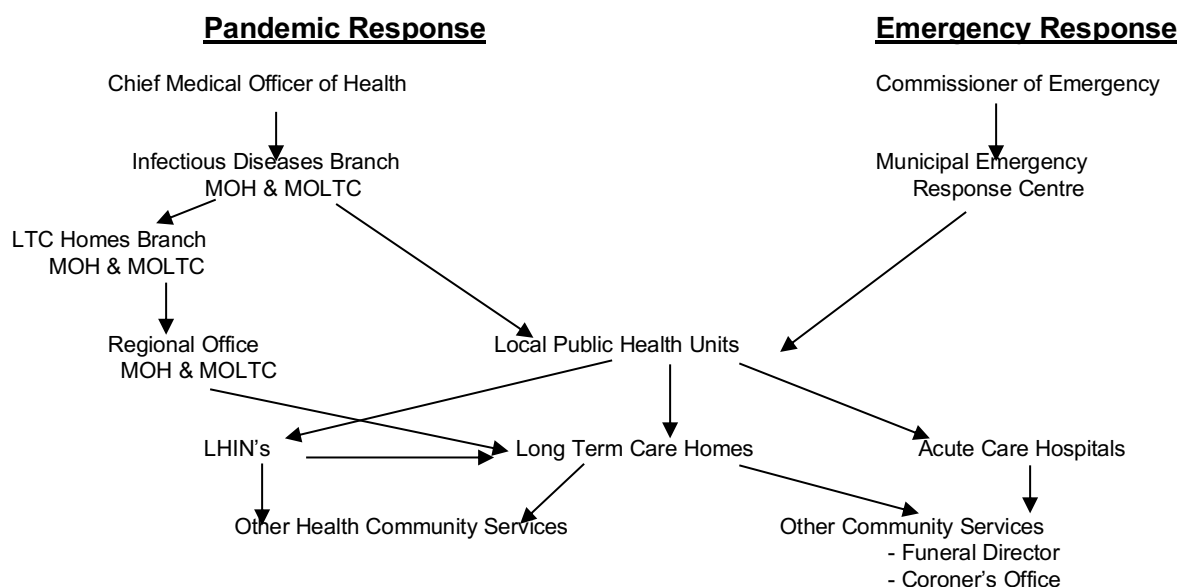
- Influenza C viruses can infect both humans and pigs but infections are generally mild and are rarely reported.
- Influenza D viruses primarily affect cattle; not known to infect or cause illness in people.

Avian, swine and other zoonotic influenza infections in humans may cause disease ranging from mild upper respiratory infection (fever and cough) to rapid progression to severe pneumonia, acute respiratory distress syndrome, shock and even death.

### ***PANDEMIC***

- An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large proportion of the population.
  - Epidemic: a widespread occurrence of an infectious disease in a community at a particular time
- A pandemic is a global epidemic caused by a new virus to which there is little or no pre-existing immunity in the human population.
- Pandemics are impossible to predict; and they may be mild, or cause severe disease or death. Severe disease may occur in certain risk groups, which may correspond to those at risk of severe disease. However, healthy persons are also likely to experience more serious disease than that caused by known/seasonal viruses.

**Figure 1: Emergency Management Roles and Relationships at the Community Level:**



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### Pandemic Preparedness Guidelines

Good Samaritan Seniors' Complex shall:

1. Co-ordinate with other health organizations in the community (e.g., other LTCH's, Retirement Home, hospitals, Home and Community Care, Public Health Unit) re; sharing of human and supply resources, and planning for the care of ill Residents where appropriate.
2. Identify Essential Services/Services that can be curtailed
  - services that must be maintained to provide care and protect Residents' health:
    - nursing, pharmacy
    - oxygen equipment and supplies
    - urgent/medically necessary appointments
    - dietary: staffing, food delivery
    - housekeeping, laundry, maintenance
  - services that can be curtailed:
    - activities
    - non-urgent appointments
    - clinics, e.g., Dental, Vision, Hearing, Footcare
    - physiotherapy, occupational therapy
3. Organize Antiviral and Vaccine Distribution where available:
  - Distribution of vaccine for a pandemic may not be prioritized in the same manner as vaccine for seasonal viruses.
    - GSSC shall administer a vaccine to its Residents and staff.
      - Vaccination of family members and volunteers providing direct Resident care will considered in consultation with the Public Health Unit.
    - The medical director will write a directive to include administration for all Residents with guidelines.
      - GSSC will manage the distribution of antiviral to Residents and staff as directed by Public Health; Antiviral supply may not be available for prophylaxis.
  - The Administrator/Designate will receive, store and track the use of antivirals.
    - Antivirals will be stored in the North Medication Room; this room is locked at all times; fridge is on generator power system in case of hydro failure.
    - Antivirals and vaccine can be administered by Registered Nurses/Practical Nurses.

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4. Identify an Outbreak Management Team (OMT): To ensure staff knows who is responsible in the event of a pandemic, the OMT should direct and oversee all aspects;
  - Outbreak Manager: Administrator, in consultation with the Infection Prevention and Control Lead(a) or designate;
    - Responsible for co-coordinating team meetings
    - Responsible to ensure all decisions are carried out and co-ordinates all activities required to investigate and manage the outbreak/pandemic.
    - Responsible to assess and manage all Resident needs
    - Responsible to assess and manage all staff needs
  - Outbreak Management Team Members shall include:
    - Medical Advisor
    - Public Health Representative
    - Director of Resident Care
    - Clinical Nurse Leader
    - Clinical Nurse
    - Activity Director
    - Nutrition Manager
    - Environmental Services Supervisor
    - Registered Staff and Front-line staff representatives as able
  
5. Assess Resident Care Needs: Assess Resident needs to identify:
  - who could be discharged to family;
  - who could be cared for in the community/retirement homes;
  - who must continue to be cared for in LTCH/RH;
  - who are likely to require acute care;
  - who are at highest risk of complications from viral infection, and limit the risk of exposing them to the pandemic strain, e.g. isolation, and closing doors.
  
6. Required Supplies:
  - Access to essential supplies may be disrupted, preparedness planning will include identifying type and quantity of supplies; GSSC shall endeavor to purchase and maintain a minimum 72 (seventy-two) hour supply on hand, e.g., environmental, laundry, food, incontinence, medical;
    - For PPE, GSSC shall endeavor to maintain a one-month supply in-house;
  
7. Communication:
  - Outbreak Manager will be responsible to assign staff to notify Residents, families, staff during an outbreak
  - Other organizations to maintain communication with may include:

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- Physicians, Hospitals
- Public Health Unit
- Home and Community Care, MOH, MOLTC, RHRA

### 8. Human Resources:

- Health care workers have an ethical duty to provide care and respond to suffering. During a pandemic, demands for care may be overwhelming for workers and their institutions and create challenges related to resources, professional practice, liability and workplace safety.
- The facility will strive to support staff in their efforts to maintain their duty to provide care by having appropriate resources, supplies, equipment available.
- It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff, volunteers, family members and students will be mobilized (where possible) to assist with essential job duties and to provide care to the Residents as much as possible.
- Strategies that could be used to augment staffing concerns:
  - Contracting staff from external agencies;
  - Extending work hours; working 12 (twelve) hour shifts
  - Calling staff back to work; splitting shifts
  - Other staff trained to assist with care (feeding), e.g., clerical, activities;
  - Family members who could assist with care and daily living activities.

### 9. Laboratory Services:

- Ontario's community laboratories have identified a suggested list of tests that would be required to support the provision of basic health care to the population and to those affected by a pandemic illness. The list varies depending on the severity of the pandemic. (see Table 2 of the Ontario Health Plan for an Influenza Pandemic Chapter 8: Laboratory Services March, 2013)

## PANDEMIC RESPONSE GUIDELINES:

### Response Level by Pandemic Phase:

The level of response will depend on the phase of the pandemic worldwide as well as the level of threat in the community. To help ensure an appropriate level of response, Ontario has divided the WHO Phase 6 – Pandemic Activity – into three stages. GSSC will respond accordingly.

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

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If a pandemic has been declared elsewhere in the world, but there is no pandemic activity in the country, province or community, organizations 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 while providing routine daily care or activities
- staff reporting ILI symptoms to their supervisor/manager/director

**NOTE: ILI = INFLUENZA LIKE ILLNESS**

Residents with ARI or ILI symptoms should be noted on the surveillance form. This form should be easy to use and include Resident identification and location, date of onset of symptoms, a checklist of relevant signs and symptoms, including fever, diagnostic tests and results where appropriate. Any suspected outbreak should be reported immediately to the Administrator/Designate.

### **OMT Responsibilities:**

1. Ensure all entrances and exits to the GSSC are locked where appropriate; except for the main entrances which will be designated as the only entrances.
2. Ensure all staff, visitors, volunteers, families and others who enter GSSC are screened for Acute Respiratory Infection (ARI).
3. Ensure suppliers are notified to continue using the rear doors for deliveries as per usual procedure. However, access to the building will be denied until they have completed the screening process at the designated point of access to the building.
4. Assign staff to complete telephone calls to families, students and volunteers to inform them of precautions implemented.
5. Notify Director of Resident Care to inform staff on their respective units to initiate appropriate components of the pandemic response plan.
6. Notify department supervisors to inform their respective employees to initiate appropriate components of the pandemic response plan.
7. Post signage and information at entrances/exits, nursing stations, and bulletin boards regarding precautions and relevant direction to keep everyone informed; signage/information will be updated as new information becomes available.

### **Screener Responsibilities:**

1. Wear at minimum a face mask during screening of all persons and if any contact is made the screener is to perform hand hygiene; additional PPE may be required upon direction and includes gown, gloves, protective eyewear.
2. Complete ARI screening forms as provided.
  - a. Those who fail the ARI Screening will be denied access to GSSC. The screener will inform the Administrator/Designate of all failed screenings.

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3. Direct all persons to sanitize their hands upon entering/exiting GSSC.
4. Ensure visitation is restricted based on the current direction from the OMT.

**RN/RPN Responsibilities**

1. The College of Nurses of Ontario expects nurses to fulfil their commitments to Residents, the profession and the public by providing nursing care within their individual professional competencies.
2. It is also the expectation that the nurses keep informed about pandemic plans and public health communication systems.

**All Staff Responsibilities:**

1. Report illness to the Administrator/Designate.
  - a. Administrator/Designate to provide direction to Directors/Managers/Supervisors regarding ill staff returning to work.
2. Follow directions as provided by OMT.

**Visitor Responsibilities**

1. Follow directions of OMT for the duration of the pandemic.
2. Complete hand hygiene upon arrival, before leaving the Resident's room and before leaving GSSC.
3. Use personal protective equipment (PPE) as instructed by staff.
4. Visit only one Resident and exit GSSC immediately after the visit.

**Section B: Pandemic Activity in the Country or Province, but No Pandemic Activity in the Community**

When there is pandemic activity in the country or province, but not in the community, the organization will take a more active approach to surveillance, including:

- having a person actively screen family members and visitors
- actively seeking out signs or symptoms in Residents by, for example:
  - conducting unit rounds, and reviewing unit reports, communication books
  - reviewing medical and/or nursing progress notes on the Residents' charts
  - reviewing pharmacy antibiotic utilization records
  - reviewing laboratory reports, staff verbal reports based on clinical observations

The Administrator/Designate will review the results of surveillance data for any signs of the pandemic strain and continue with normal reporting procedures to the local public health unit.



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*At this phase, the following responsibilities should be initiated in addition to those noted above in Section A.*

**OMT Responsibilities**

1. Continue activities as outlined above in Section A.
2. Submit daily data on any illness cases and deaths as directed by Public Health.

**RN/RPN Responsibilities**

1. Ensure increased surveillance on units for signs of ARI.
2. Residents returning from any stay outside of GSSC must be screened for ARI.
3. Follow directions from OMT and continue responsibilities as outlined above in Section A.

**Screener Responsibilities**

1. Follow directions from OMT and continue responsibilities as outlined above in Section A.

**All Staff Responsibilities**

1. Follow directions from OMT and continue responsibilities as outlined above in Section A.

**Section C: Pandemic Activity in the Community**

If the pandemic has spread into the area, the local public health unit will notify the organization.

The organization shall:

- activate its pandemic plan
- activate its emergency plan if appropriate
- report the initial control measures that have been instituted
- request an Investigation Number/Outbreak number if available
- discuss with the local public health unit if and which Residents should be tested (e.g., only Residents 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 laboratory.
- Notify the required Regulatory bodies (i.e. MOH, MOLTC, RHRA) and continue to activate its pandemic plan and, if necessary, its emergency plan.

**Note:**

In order to track outbreaks, investigation/outbreak numbers will continue to be assigned. Once the local public health unit has confirmed the presence of the pandemic strain in the community, nasopharyngeal (N/P) swabs may no longer be required. If N/P swabs are required, the local

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public health unit will be responsible for supplying the organization with swabs.

All specimens must include the patient's name, the home's name and the Investigation Number. The Public Health Laboratory will not process incompletely labeled or leaking specimens.

Some laboratory services may be curtailed during a pandemic so some testing may only be done if essential; (complete the laboratory notification sheet, fax it to the laboratory, and follow up with a phone call to inquire if the testing will be done).

**At this phase, Good Samaritan Seniors' Complex complete Pandemic Influenza, Covid-19, and ARI Response Plan should be activated. The following responsibilities should be initiated in addition to those noted above in Sections A and B.**

#### **OMT Responsibilities**

1. Ensure all unnecessary contracted services are cancelled.
  - a. The OMT will determine which contracted services are essential as per the Business Continuity Plan.
2. In the absence of directives from the MOH, MOLTC, RHRA, and/or Public Health, consideration will be given to cohorting staff, if feasible.
3. Complete closure of the GSSC will be determined as per directives from the MOH, MOLTC, RHRA, and/or Public Health.
4. Submit daily data on illness cases and deaths as directed by Public Health.
5. Ensure that all documentation required is completed and submitted as directed.
6. Activate enhanced environmental cleaning and disinfection procedures.

#### **RN/RPN Responsibilities**

1. The RN/RPN on each unit will cancel all planned Resident outside visits and appointments unless deemed medically necessary.
2. Residents are always to remain in their unit and all activities will be unit based.
3. Should any Resident need to transfer to another health care facility, submit a completed Patient Transfer Authorization to request a transfer authorization number.
  - a. Note: Outbreak Form will be delivered at time of pandemic outbreak.
4. The RN/RPN on the unit must inform the receiving facility of the Resident's current infection control status and obtain the name of the person to whom the information was reported. This information will be recorded in the Resident's progress notes.
5. All staff are expected to assist with housekeeping and dietary duties when there is a staffing shortage in those departments and when not attending to Residents' needs.

#### **All Staff Responsibilities**

1. Follow directions from OMT and continue responsibilities as outlined above in Sections

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A and B.

### **PANDEMIC SUPPORT MEASURES**

GSSC shall redeploy all management employees to the front line as appropriate within their scope of practice; such redeployment shall be done as often as needed and for a length of time to be determined on a case-by-case basis. Management duties during a pandemic may be curtailed and/or deferred as necessary, and safe, in order for front line support to be given.

GSSC shall adopt and maintain appropriate surveillance and infection prevention and control practices to help with early identification of illness. Surveillance and tracking of symptoms of illness helps us to:

- prevent transmission of droplet-spread respiratory infections to others;
- quickly detect and contain clusters and outbreaks of common respiratory infections; and
- detect and contain any new or virulent microorganism causing illness.

GSSC shall notify all staff and families promptly of a potential or confirmed pandemic affecting the organization. Immediate actions to be put in place include:

- Signage/direction in all required locations;
- Droplet/contact precautions and control measures for all ill Residents immediately upon the development of symptoms;
  - Supplies (sanitizer/masks/gowns/eye protection) available in accordance with precautions;
  - Reinforce need for proper hand hygiene before/after providing care to each Resident.
  - Enforce appropriate application and removal of PPE by staff, volunteers and family members providing direct care to ill Residents.

Hand hygiene is the most important measure in preventing the spread of all infections, including influenza, covid-19, and acute respiratory illnesses.

GSSC shall have accessible hand hygiene stations in appropriate locations throughout the organization, and signage instructing everyone on when and how to practice hand hygiene. It is essential to ensure that staff/care providers have quick easy access to PPE required for droplet/contact precautions (i.e., alcohol-based hand sanitizer, surgical masks, eye protection, gloves, gowns).

### **Droplet and Contact Precautions**

Precautions to prevent and control the spread of droplet/contact spread illnesses include:

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- Hand hygiene with sanitizer or soap and water;
- Application of gloves when interacting with the Resident or the environment;
- Wearing a surgical/procedure mask covering the nose and mouth when providing direct care within one meter of the Resident;
- Wearing protective eye wear when providing direct care within one meter of the Resident;
- Minimize contact/exposure to droplets (e.g., sit next to rather than in front of a coughing Resident when taking a history or conducting an examination);
- Wearing a gown during procedures/care activities where clothing may be contaminated;
- Any communal or shared equipment must be cleaned and disinfected after use

### **Criteria for Selecting Masks**

- Securely covers the nose and mouth
- Substantial enough to prevent droplet penetration
- Where an N95 is required; a fit tested and approved mask shall be provided

### **Criteria for Selecting Eye Protection**

- Eye protection must provide a barrier to splashes from the side
- May be safety glasses or face shields
- May be single use disposable or washable before reuse
- Prescription eye glasses are not acceptable as eye protection in most cases

### **Criteria for Selecting Alcohol-based Hand Sanitizer**

- Minimum 70% alcohol (isopropanol or ethanol)

### **Use of Volunteers and Family Members**

- The OMT will oversee the redeployment, education and cross training of available staff, volunteers, family members and students; a list of cross trained staff shall be maintained. Specific services and programs may be suspended to make additional staff available to assist with essential services.
- Agency Staff Agency staff may be utilized to fill in staffing vacancies as required.
- Consideration will be given to alternate work assignments as deemed necessary to maintain essential services.

### **Excluding Staff, Students, and Volunteers**

- Staff and volunteers who develop respiratory symptoms (including ILI) should report their illness immediately to their Administrator/designate.

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- Staff, students, and volunteers with respiratory symptoms (including ILI) shall be excluded from work until they are fully recovered. The length of time that ill persons should be excluded will be determined by public health authorities based on the epidemiology of the pandemic strain.
  - In the event of staff shortage that affects our ability to provide safe care, GSSC may allow staff, students and volunteers to work before they are fully recovered.
    - If this is necessary, staff, students and volunteers with respiratory symptoms (including ILI) should be restricted to non-direct care or to working with Residents with respiratory symptoms (including ILI) and should use appropriate PPE.
    - They should NOT be deployed to care for high risk, medically fragile patients.

During a seasonal influenza outbreak, non-immunized staff who are not taking antivirals are excluded from work. During a pandemic, this measure may not apply until a vaccine has been developed or until there is an adequate supply of antivirals available.

### **Cohort Staff and Residents**

- For the health and wellbeing of everyone, Residents, staff, students, visitors, and volunteers should minimize their movement between units and within the building in general.
  - Strict isolation of ill Residents is recommended and staff assignments should be as consistent and repetitive as possible to limit exposure to ill Residents.

### **Joint Occupational Health and Safety Committee (JOHSC)**

The JOHSC members are mutually committed to ensuring the health and safety of everyone at GSSC. The JOHSC is an advisory body and are a key element of a well-functioning workplace internal responsibility system.

It is the expectation that in the event of a pandemic, the JOHSC will employ the recommendations in chapter 7 of the Ontario Health Plan for Influenza Pandemic.

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<b>GENERAL ROLES / RESPONSIBILITIES</b>	
<b>MOHLTC through the MEOC (Ministry of Emergency Operations Centre)</b>	<ul style="list-style-type: none"> <li>• Liaise with Public Health Agency of Canada (PHAC) and other provinces/territories</li> <li>• Collaborate with Public Health Ontario (PHO) to use surveillance information to determine severity</li> <li>• Develop recommendations and provincial response strategies for the provincial health system, as well as others affected by public health measures</li> <li>• Communicate with provincial health system partners through situation reports, Important Health Notices (IHNs), the Health Care provider Hotline, the Health Stakeholder Teleconferences, the MOHLTC website and other methods</li> <li>• Develop and issue directives, orders and request as per Health Promotion and Protection Act (HPPA), Long-Term Care Homes Act, Retirement Homes Act and other relevant provincial legislation</li> <li>• Communicate with the public through media briefings, the MOHLTC website, RHRA website and other methods</li> <li>• Solicit and respond to feedback and input from provincial health system partners</li> <li>• Deploy supplies and equipment from the MOHLTC stockpile to health workers and health sector employers</li> <li>• Deploy antiviral Is from the MOHLTC stockpile to community-based pharmacies and other dispensing sites</li> </ul>
<b>Local Health Integration Network (LHIN)</b>	<ul style="list-style-type: none"> <li>• Liaise between organizations and the MOHLTC/RHRA</li> <li>• Participate in the coordination of local care and treatment</li> </ul>
<b>Public Health Units (PHUs)</b>	<p>Undertake various roles as described in the Ontario Public Health Standard on Infectious Disease Prevention and Control Promote.</p> <ul style="list-style-type: none"> <li>• Follow MOHLTC/RHRA recommendations, directives, orders and requests</li> <li>• Develop and issue orders</li> <li>• Lead local implementation of the surveillance strategy</li> <li>• Lead local implementation of immunization</li> <li>• Participate in the coordination of local care and treatment</li> <li>• Lead local implementation of public health measures</li> <li>• Continue to provide other public health services</li> </ul>

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POLICY AND PROCEDURE**

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<b>GENERAL ROLES / RESPONSIBILITIES</b>	
<b>Employer</b>	<ul style="list-style-type: none"> <li>Recognize hazards and assess risks associated with hazards</li> <li>Control risks and evaluate controls</li> <li>Develop measures, procedures and training to protect the health and safety of health workers in consultation with the JOHSC</li> <li>Review and revise measures and procedures in light of current knowledge and practice in consultation with the JOHSC</li> <li>Report injuries and workplace-acquired infections to the MOL, JOHSC, and union in accordance with the OSHA and its regulations</li> <li>Take every precaution reasonable for the protection of health workers, and participate in the Internal Responsibility System (IRS)</li> </ul>
<b>Directors Managers Supervisors</b>	<ul style="list-style-type: none"> <li>Ensure workers comply with OSHA and its regulations</li> <li>Ensure the required PPE is properly used</li> <li>Advise workers of any actual or potential danger to health and safety</li> <li>Take every precaution reasonable in the circumstances for the protection of workers and participate in the IRS</li> <li>Provide training and support, and support safe and effective care</li> <li>Follow MOHLTC recommendations, directives, orders and requests</li> <li>Follow PHU orders, and participate in surveillance activities</li> <li>Participate in the coordination of local care and treatment</li> <li>Practice and role model appropriate behavior to protect Residents to prevent further spread of illness (i.e., get immunized, practice respiratory etiquette and hand hygiene, stay home when sick)</li> </ul>
<b>Employees</b>	<ul style="list-style-type: none"> <li>Follow workplace precautions and participate in training</li> <li>Use precautions as required by their employer Report hazards to their supervisor Participate in the IRS</li> <li>Participate in training and request support when needed</li> </ul>
<b>ICP/IPC Committee or Designate and OHS Management Representative</b>	<ul style="list-style-type: none"> <li>Provide expert advice to health sector employers, supervisors and others about implementation of MOHLTC recommendations and other IPAC &amp; OHS measures and procedures</li> <li>Assist in the development and/ or provision of training and education relevant for health workers and others in the workplace</li> <li>Work collaboratively with each other and with JOHSCs</li> </ul>
<b>JOHSC</b>	<ul style="list-style-type: none"> <li>Participate in the recognition of hazards and assessment of associated risks and provide advice to the health sector employer on the development of controls, such as measures, procedures, training</li> <li>Participate in the evaluation of controls Exercise their function and powers under the OSHA</li> </ul>

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**References:**

MOHLTC: Ontario Health Plan for an Influenza Pandemic, 2013

[http://www.health.gov.on.ca/en/pro/programs/emb/pan\\_flu/pan\\_flu\\_plan.aspx](http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx)

MOHLTC: Emergency Management Unit, A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes, 2005

<http://www.ontla.on.ca/library/repository/mon/13000/258406.pdf>

World Health Organization

<https://www.who.int/news-room/fact-sheets>

Region of Peel: Peel Long Term Care Pandemic Influenza Response Plan

<https://www.peelregion.ca/ltc/resources/pdfs/pandemic-plan.pdf>

Centre for Disease Control: Seasonal Flu vs. Pandemic Flu

<https://www.cdc.gov/flu/pdf/freeresources/seasonal-flu-vs-pandemic-flu-update.pdf>

Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection, 2013

<https://www.publichealthontario.ca/-/media/documents/bp-prevention-transmission-ari.pdf?la=en>



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**Appendix: ONLINE RESOURCE LINKS**

**Centers for Disease Control and Prevention (CDC)**

CDC – Emergency Infectious Diseases Issues

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

**College of Nurses of Ontario (CNO)**

College of Nurses of Ontario – Nursing Standards

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

**Infection Prevention and Control Canada (IPAC Canada)**

Pandemic Influenza

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

**Ministry of Health and Long-Term Care (MOHLTC)**

MOHLTC – Emergency Management Unit (EMU)

[http://www.health.gov.on.ca/english/providers/program/emu/emu\\_mn.html](http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html)

Influenza Pandemic Planning, General Plans, Presentations and Resources

[http://www.health.gov.on.ca/en/pro/programs/emb/pan\\_flu/pan\\_flu\\_plan.aspx](http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx)

What you should know about a flu pandemic

[http://www.health.gov.on.ca/en/pro/programs/emb/pan\\_flu/default.aspx](http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/default.aspx)

\* Ontario Health Plan for an Influenza Pandemic 2013

[http://www.health.gov.on.ca/en/pro/programs/emb/pan\\_flu/pan\\_flu\\_plan.aspx](http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx)

**Public Health Agency of Canada (PHAC)**

\* Canadian Pandemic Influenza Plan for the Health Sector

<http://www.phac-aspc.gc.ca/cpip-pclcpi/>

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**World Health Organization (WHO)**

World Health Organization website

<http://www.who.int/en>

Influenza

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

Pandemic influenza preparedness and response: a WHO guidance document.

[http://www.who.int/influenza/resources/documents/pandemic\\_guidance\\_04\\_2009/en/index.html](http://www.who.int/influenza/resources/documents/pandemic_guidance_04_2009/en/index.html)

Coronavirus disease

[https://www.who.int/health-topics/coronavirus#tab=tab\\_3](https://www.who.int/health-topics/coronavirus#tab=tab_3)