Pandemic Plan		Policy Manual Section: **Section 4 - Emergency Management Planning**
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PURPOSE

To prepare for a possible influenza pandemic and provide consistent pandemic plans. To respond to and manage an influenza pandemic in the home. To reduce the impact of an influenza pandemic on individuals and society.

PROCEDURE

Seasonal Influenza vs Influenza Pandemic

An influenza pandemic will be different from seasonal influenza in several ways. During an influenza pandemic, there will be more people needing care, and fewer health care and essential services workers available to work. Influenza pandemic will be caused by a new strain of influenza A that can spread easily from person to person. It can occur at any time of the year and may strike in 2 or 3 waves, several months apart. Each wave may last for 2 or 3 months. Most people will have little or no immunity to the new virus, so there will be more serious illness and greater numbers of deaths. It could infect 30-50% of the population.

Planning Assumptions

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. Once available, the vaccine will be in short supply and high demand. 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. The efficacy of antivirals against the pandemic strain is unknown. Although antivirals can be used as a preventative, they will in short supply and high demand. Ontario will not have a large enough supply of either anitvirals or vaccines (when it is first developed) and therefore the province will have to set priorities of who receives them. Ontario will follow the recommendations of the Federal/Provincial/Territorial Pandemic Influenza Committee for priority groups for immunization and antiviral treatment and prophylaxis. During the course of the pandemic, priority groups may change based on epidemiology of the pandemic strain, (i.e. the nature of the virus, the people most effected). The organization will have to rely on traditional infection prevention and control practices (droplet/control precautions, hand hygiene, appropriate PPE's, separating sick individuals) as the main line of defense. Care protocols may change and practices may have to be adapted. The organization will need effective ways to communicate with residents' family and friends, in order to meet their needs for information but also to reduce the demands of staff.

PROCEDURE

COVID-19 PANDEMIC -NEW

On March 11,2020 the World Health Organization (WHO) made the assessment that the global COVID-19 outbreak can be characterized as a pandemic which is the "worldwide spread of new

disease" . A vaccine is available across Canada and the US. New news is happening daily with updates to affected areas and restrictions put in place. Bay Havens Management Team is constantly keeping Staff, Families and Residents up-to-date.
After 2.5 months of Global Clinical Experiences and updated scientific and epidemiological evidence, routes of transmission for COVID-19 reveal the following:

- COVID-19 cases and clusters demonstrate that Droplet/ Contact transmission are the routes of transmission.
- The majority of Cases are linked to person-to-person transmission through close direct contact with someone who is positive for COVID-19.
- There is no evidence that COVID-19 is transmitted through airborne route.

- Ontario's Chief Medical Office has strongly advised the following to help mitigate the spread of COVID-19 until further notice

o **Avoid all non-essential travel outside of Canada**; If you decide to travel outside of Canada with children, they will be required to self-isolate for a period of 14 days upon return.

o Immediately ***suspend all large events or public gatherings** over 250 people Including colleges and universities (immediately look at virtual options)

o **All licensed child care centers to actively screen** children, parents, staff and visitors for any symptoms and travel history that may be related to COVID-19 (based on current case definition)
o **All Ontarians to practice social distancing** as much as possible until further notice.

Preparation Plans/Assumptions:

Ontario is working with its partners in the health care system implementing a robust plan to monitor for, detect and, if needed, isolate any cases of the 2019 novel coronavirus. The Ministry of Health is taking several steps to ensure the health and safety of Ontarians. This includes:

- monitoring hospitals for potential cases of the virus in individuals with travel history to areas under a travel health advisory for COVID-19
- adding the 2019 novel coronavirus as a designated disease reportable under Ontario's public health legislation, enabling local public health units to quickly and effectively take all necessary measures to investigate, complete lab tests and do case and contact management to prevent and control further spread of the infection
- ongoing planning with federal and provincial/territorial partners and readiness to coordinate with other provinces/territories
- meeting with hospitals, paramedics and local public health units near Pearson International Airport to provide further information on the federal border screening measures

PPE is being sent to high risk areas where COVID-19 is spreading fast or there is an outbreak. If we go into COVID-19 outbreak we can go to the link ecoliguistics@ontario.ca to get PPE sent to us for front line workers. Usual sources of supplies may be disrupted or unavailable. Bay haven has stocked up on pandemic essentials as we can. During the course of the pandemic, priority groups may change based on epidemiology of the pandemic strain, (i.e. the nature of the

virus, the people most effected). The organization will rely on traditional infection prevention and control practices (droplet/control precautions, hand hygiene, appropriate PPE's, separating sick individuals) as the main line of defense. Care protocols may change and practices may have to be adapted. The organization will need effective ways to communicate with residents' family and friends, in order to meet their needs for information but also to reduce the demands of staff.

Ethical Considerations

During a pandemic, there will be difficult decisions to be made about what services will be provided, how services will be provided, who will be allowed into the home and how limited resources will be used. Described following is an ethical framework that will be considered during the decision-making process.

Individual Liberty/Protection of the Public from Harm – It may be necessary to restrict individual liberty to protect the public from serious harm. The organization will need to weigh the benefits of protecting the public from harm against the loss of liberty of some individual (isolation) and ensure that all those involved are aware of the medical and ethical reasons for measures, the benefits of complying, and the consequences of not complying. Bay Haven will use the least restrictive or coercive 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, the organization will limit any disclosure to only that information required to meet legitimate public health needs.

Equity – During a pandemic, the organization will strive to preserve as much equity as possible between the needs of the residents with pandemic disease and residents who need care for other diseases, and to establish fair decision-making processes. When we have to identify residents and staff who will have priority access to antivirals, vaccines or other treatment, we will ensure that everyone is aware of the criteria used to make those decisions and the impact these decisions have on the home. We will use tables established by the Emergency Management Branch of the MLTC for decision making on priority groups for vaccines and antiviral drugs during a pandemic. Priority groups may change based on recommendations from the National Advisory Committee on Immunization (NACI), depending on demographics and age-related morbidity and mortality (i.e. epidemiology) of the pandemic strain.

Duty to Provide Care/Reciprocity – Health care workers have an ethical duty to provide care to the suffering. During a pandemic, demands for care may overwhelm health care workers and organizations and create challenges related to resources, professional practice, liability and workplace safety. Health care workers may have to weigh their duty to provide care against competing obligations such as to their own health, family and friends. Bay Haven will strive to ensure appropriate supports are in place (resources, supplies, equipment) and establish mechanisms to deal with staff concerns and work exemptions.

Trust – Trust is an essential part of the relationship between the organization and their staff, between the public and health care workers, and among organizations within the health system. Bay Haven will take steps to build trust with staff, families and other organizations before the pandemic occurs to ensure decision making processes are ethical and transparent.

Solidarity – Stemming a pandemic will require solidarity among community, health care institutions, local public health units and government. Solidarity requires good, straightforward communication and open collaboration to share information and coordinate health care delivery.

Stewardship – Organizations will be entrusted with governance over scarce resources. To ensure good stewardship of scarce resources, Bay Haven will consider both the benefit to the public good and equity (fair distribution of both benefits and burdens). As part of stewardship, Bay Haven will determine how resources will be allocated for residents who are at end of life.

Respect for Cultural Diversity/Beliefs – Bay Haven will strive to continue to respect residents' cultural values and religious beliefs throughout a pandemic.

Emergency Management Roles and Responsibilities

An Influenza pandemic will have an impact through society and will involve the broader emergency management system. Bay Haven will refer to "A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes" by the Emergency Management Unit Ministry of Health and Long-Term Care December 2005, for Emergency Management Roles and Relationships at the Provincial and Community Levels. Also we will refer to The Simcoe Muskoka Health Sector Emergency Planning Committee- Pandemic Influenza Plan for County of Simcoe and The District of Muskoka September, 2010
http://www.simcoemuskokahealth.org/docs/default-source/topic-emergencyprep/interagency-influenza-pandemic-plan-2010ff4ee75f97be6bc38c2dff0000a8dfd8.pdf?sfvrsn=0
**This can be adapted and utilized for coordinated planning response to COVID-19.

Coordinate Planning with Other Health Organizations

Because a pandemic will affect the whole community, Bay Haven is connecting with other health organizations, MOH, MOLTC, LHIN, SMDHU etc., to familiarize ourselves with others' plans and functions during a pandemic and to identify opportunities to collaborate and share resources.

Pandemic Outbreak Management Team and Chain of Command

The Pandemic Outbreak Management Team is comprised of members from the Infection Control Program Committee and the Emergency Management Planning Committee which will oversee all aspects of an outbreak in the facility during a pandemic. The Staff Pool Coordinator is responsible for contacting the appropriate individuals whose services have been obtained in agreement form in the event of an emergency and coordinates employees as to scheduling and duties. The Nursing Station in the nursing home is the designated command post unless otherwise stated.

Assess Residents' Care Needs

The DON/ADON/RN will assess resident care needs to identify which residents could be discharged to family members, residents whose needs could be met by home care, residents who must continue to be cared for in the facility and residents who are likely to require acute care.

Whenever possible, residents with pandemic disease will be cohorted in one unit. Steps will need to be taken to avoid crowding and to maintain at least two metres (six feet) separation between residents. If residents with the pandemic disease are cohorted in one unit, they should avoid contact with residents in the remainder of the home.

Identify Essential Services/Services That Could Be Curtailed

During a pandemic, Bay Haven will likely be short staff and will have to focus on delivering essential services. Services that MUST be maintained to provide care and protect residents' health must be provided (i.e. life-maintaining medications such as insulin). Services that could be reduced or curtailed would be recreational activities, therapy services and appointments within and outside the home.

Identify Required Supplies/Alternative Supply Chains

Bay Haven will maintain a one-month supply of supplies and equipment needed during a pandemic. In addition, FutureMed Health Care Products have prepared a Pandemic Plan and will keep two months typical usage of supplies on a normal basis. See FutureMed Pandemic Plan following for further explanation. See other suppliers' pandemic plans following.

Identify/Train Human Resources

Extraordinary measures may need to be taken during a pandemic due to staff shortages. The DON/ADON/RN will ensure direct care staff have the credentials or essential training to assist with care and make use of transferable skills and delegated acts as required. For example, clerical staff could be taught how to feed residents. Family members could be trained to help with care and activities of daily living. Because of anticipated staff shortages, staff who develop the pandemic disease may be allowed to work, but they will be restricted to non-resident care or to the care of residents with pandemic-like illness. Meals and accommodation for staff will be supplied if available and as necessary.

Review Security and Physical Plant

During a pandemic, Bay Haven may require additional or different security procedures, such as the ability to lock down the facility and safeguard antiviral supplies. The Administrator will be responsible for security of the physical place during pandemic outbreak.

Control Measures for Visitors and Volunteers (including family)

Signs will be posted at all entrances indicating the situation. Visitors will be advised of the potential risk of either introducing the pandemic disease into the home or acquiring the pandemic disease within the home, and of the visiting restrictions, if applicable. During a pandemic it may not be practical to encourage visitors to postpone visits as family members may be needed to assist with care. Visitation restrictions will be based on the nature of the pandemic.

Communication

Communication with family members during pandemic will need to be maintained either by phone, postings, radio or on the web site. There may be a need to have a designated organized runner or messenger system as back-up for communication systems and power failures. Bay Haven will follow the "Communication Plan for Incident Management" in the event of pandemic including plans for speaking with the media.

Review of Pandemic Outbreak

The local public health unit will take direction from the MOHLTC and Public Health Ontario, and distribute information to public health partners. When the pandemic wave is over, the Outbreak Management Team will meet with local public health unit staff and other community partners to review the course and management of the outbreak of the pandemic strain in the home and in the community to identify what was handled well and what could be improved. Reports will be submitted to the Professional Advisory Committee, Infection Control Committee, Emergency Management Planning Committee and to the Continuous Quality Improvement Committee.

Continuing Education and Reviewing the Influenza Pandemic Plan

Education and training in pandemic planning is the responsibility of the Staff Development Director. Pandemic educational material will be made available to staff, residents and family members.

This pandemic plan will be reviewed and revised when necessary and not less than once annually.

RELATED DOCUMENTS

See policy and procedure for Inter-facility Communication During and Outbreak in section 1 of IPC manual.

REFERENCES

Fixing Long-Term Care Act, 2021; Ontario Regulation 246/22 General

COVID-19 REFERENCES

Simcoe Muskoka District Health Unit
www.smdhu.org/coronavirus.

World Health Organization
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Ministry of Long-Term Care
www.ltchomes.net

Ministry of Health

www.ontario.ca/page/ministry-health