

NISBET LODGE

Nisbet Lodge Long Term Care Pandemic/Epidemic Plan Updated: July 2022

Introduction to the Nisbet Lodge Pandemic/Epidemic Plan

Purpose:

Pandemic/Epidemic has been identified as a specific hazard that could imminently disrupt operations of Nisbet Lodge, the health care system and all aspects of society.

Nisbet Lodge Pandemic/Epidemic Plan was developed to guide Nisbet staff in their response to Pandemic/Epidemic

This plan reflects current information and planning principles as provided by Fixing Long-Term Care Act and Regulation 2022. Pandemic/Epidemic planning is an ongoing and evolving process. As such, this plan will be reviewed on an annual basis and as needed to ensure that it remains aligned with current information and planning directives from the Ministry of Health.

This plan applies to all staff, students, agency staff, tenants, residents, contractors, essential caregivers and visitors.

Goals for Nisbet Lodge's Pandemic/Epidemic Response:

The goals of Nisbet Lodge are aligned with national, provincial and local goals for a Pandemic/Epidemic response which are:

1. To minimize serious illness and overall deaths in the LTC home
2. To minimize disruption to essential LTC services in the home as a result of an Pandemic/Epidemic
3. To contribute to an integrated health services response
4. To assist all entities involved to the extent possible.

Background Pandemic/Epidemics

Pandemic – A pandemic is a disease outbreak that spreads across countries or continents. It affects more people and takes more lives than an epidemic.

Epidemic – An epidemic is when an infectious disease spreads quickly to more people than experts would expect. It usually affects a larger area than an outbreak.

Outbreak – An outbreak is when an illness happens in unexpected high numbers. It may stay in one area or extend more widely.

Types of Outbreak

Respiratory Outbreak :

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A **suspect respiratory outbreak** exists when you have:

- **Two** cases of acute respiratory infections (ARI) occurring within 48 hours with any common epidemiological link (e.g., unit, floor);

OR

- **One** laboratory-confirmed case of influenza

A **confirmed respiratory infection outbreak** exists when you have:

- **Two** cases of ARI within 48 hours with any common epidemiological link (e.g., unit, floor), at least one of which must be laboratory-confirmed;

OR

- **Three** cases of ARI (laboratory confirmation not necessary) occurring within 48 hours with any common epidemiological link (e.g., unit, floor);

Enteric Outbreak :

An **enteric outbreak** exists when you have:

- **Two or more cases** meeting the case definition with a common epidemiological link (e.g. specific unit or floor, same caregiver) with initial onset within a 48 hour period.

Response Level by Pandemic/Epidemic Activity

Nisbet Lodge level of response will depend on the phase of the Pandemic/Epidemic worldwide as well as the level of threat in the community.

Pandemic/Epidemic Planning Assumptions

Certain factors remain unpredictable and will only be known once the Pandemic/Epidemic emerges. These factors include the characteristics of the disease (eg. Attack rate, affected age group, speed of spread), the effectiveness of the response (eg. Vaccines, antiviral drugs) and public behavior.

To ensure that disease uncertainties do not impede planning efforts, it is necessary to work with planning assumptions. It is understood that these assumptions may be modified as new information becomes available.

The following assumptions underlie Nisbet Lodge Pandemic/Epidemic Plan:

- Nisbet Lodge will care for ill residents internally due to an expected surge in hospital usage
- Transfer to hospital is likely to be limited; guidelines for transfer to hospital will be guided by parameters established by the MOH within the context of a Pandemic/Epidemic
- Some residents may be able to be safely discharged to family/POA in the community.

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- Home and Community Care Support Services (HCCSS) Care Coordinator will continue its role as conduit for access to LTC services during Pandemic/Epidemic
- Assistance from Public Health will include: case definition; methods to facilitate diagnosis; direction on use of treatments; information to be disseminated to residents, families, and staff.
- An attack rate of 10-20% is anticipated – it is assumed that residents and staff will become ill from the disease to varying degrees.
- As staffing will be limited, priority will be given to the delivery of essential care to residents.
- Essential Caregivers are likely to play a greater role in providing personal care and support for residents at Nisbet Lodge.
- Access to essential supplies and services is likely to be disrupted.
- It is assumed that we will experience a heightened death rate amongst our resident population.

Supplies, Stock Piles and Alternate Suppliers

Recognizing that access to essential supplies may be disrupted:

- Nisbet Lodge will maintain a 3 days inventory of food and water for our current resident census.
- One-month supply of Personal Protective Equipment, hand hygiene products and cleaning supplies will be set aside. Pandemic/Epidemic supplies will be audited annually.

Pandemic/Epidemic Outbreak Management Team

The Pandemic/Epidemic Outbreak Management Team (OMT) will coordinate Nisbet Lodge Pandemic/Epidemic response activities with the following team members included, but not limited to, the following members:

- Executive Director
- Director of Care and ADOC
- Medical Director
- Departmental Directors; Environmental Services; Activation; Dietary Designates
- Educator
- Administrative Staff; Executive Assistant, BSOT
- RAI MDS/Quality Care Coordinator
- Toronto Public Health Liason
- MGH IPAC Team

The OMT will be responsible for overseeing, directing and ensuring the outbreak practices and procedures, as detailed by the MOH directives and standards and Toronto Public Health guidelines, are initiated and followed by staff throughout the facility.

Chain of Command

The Executive Director is responsible for the overall operation of the facility at all times and ultimately, during a Pandemic/Epidemic. The Executive Director or Chair of the Board will serve as media spokesperson for the home.

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The Director of Care (DOC) and IPAC Lead is authorized to manage resident care and infection control requirements during Pandemic/Epidemic with alternates being the Assistant Director of Care (ADOC) or designates. The Director of Care and IPAC Lead or designates have decision making authority related to the outbreak as it relates to resident care, taking into account Public Health and MOH directives and consultation with Nisbet Lodge's Medical Director/Attending Physician.

Department Directors are responsible for ensuring that all OMT decisions, as it relates to their department, are carried out.

Screening & Surveillance

Screening for communicable diseases is a critical process for limiting the spread of infectious diseases like influenza. Within the context of an emerging Pandemic/Epidemic, the WHO and Ministry of Health will issue directives regarding the specifications of the screening tool based on symptoms and geographical areas where the disease originated and/or is active.

Screening is to be conducted on all individuals entering the facility including staff, residents, visitors and any other person/s entering the facility for relevant purposes.

Those individuals with identified symptoms will be prohibited from entering the facility. Screening & security responsibilities will be coordinated by the home as indicated.

Communicable disease surveillance is the collection, analysis and dissemination of information about infectious diseases like influenza. The goal of surveillance is to ensure early identification of a potential outbreak or an outbreak in its early stages so control measures can be instituted as soon as possible to protect residents and staff.

The Infection Prevention and Control Lead (IPAC) is responsible for overseeing screening, surveillance and outbreak management activities. Screening and surveillance tools will be utilized in accordance with Ministry directives, based on the symptoms, other specific criteria related to exposure and case definitions related to the specific causative agent.

In the IPAC's absence, a competent person must be designated to cover IPAC responsibilities

Related Policies

Nisbet Lodge Infection Control Manual includes policies that will provide direction to staff during a Pandemic/Epidemic:

- Routine Infection Control Practices and Procedures
- Outbreak Management
- Management of Febrile Respiratory Illness (FRI)
- Occupational Health

Infection Control and related directives from the Ministry of Health and/or Toronto Public Health will be reviewed on receipt and communicated and integrated into practice within

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Nisbet Lodge by the IPAC, in the event of an emerging and/or actual Pandemic/Epidemic situation.

Surveillance Objectives by Pandemic/Epidemic Phase

Phases 1 & 2 (Inter-Pandemic/Epidemic Period)

- Assess for seasonal influenza
- Detect cluster cases of FRI/ILI
- Passive FRI screening measures for visitors, vendors, contractors and family members (notice at entry for self-assessment)
- Implement management of respiratory outbreak when 2 residents in the same floor have similar symptoms
- Meet with the interdisciplinary team to alert staff about the Pandemic/Epidemic Situation

Phase 3 (Pandemic/Epidemic Alert Period)

- Actively monitor residents for FRI signs and symptoms through floor rounds, reviewing of shift reports, progress notes, diagnostic test results; infection and antibiotic use reports
- Implement management of respiratory outbreak when 2 residents in the same floor have similar symptoms as per guidelines and recommendations from Toronto Public Health.

Phase 4 and 5 (Pandemic/Epidemic Alert Period)

- Initiate heightened surveillance for monitoring of FRI in residents and staff when indicated
- Review Pandemic/Epidemic and Emergency Plans
- Finalize plans for Pandemic/Epidemic vaccine storage and security
- Develop plans for antiviral storage, security and administration, including staff prophylactic treatment in collaboration with public health
- Provide educational material and in-services related to the Pandemic/Epidemic Plan; Infection Control Measures; distribute/post written material to inform residents, families, vendors, staff and visitors of current situation and to heighten awareness of personal and facility management during a Pandemic/Epidemic outbreak

Phase 6 (Pandemic/Epidemic Period)

- Implement mandatory active screening of staff, visitors, vendors and family members utilizing FRI screening tool as provided by MOH
- Implement heightened surveillance of residents and staff illnesses for symptoms of the Pandemic/Epidemic Influenza/Coronavirus as directed by Public Health
- Implement outbreak management measures for suspected and confirmed Pandemic/Epidemic strain in home

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|---|
| <p style="text-align: center;">Staff Responsibilities during PHASE 6 of a PANDEMIC/EPIDEMIC as declared by WHO/MOH</p> |
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A) Phase 6 - Pandemic/Epidemic Influenza/Coronavirus Observed Internationally

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No Activity in Canada

Outbreak Management Team (OMT) Responsibilities

- Initiate regular meetings, receive and review information and updates from the MOH and Toronto Public Health and integrate into Pandemic/Epidemic Plans, making modifications as required.
- Ensure all staff and visitors, volunteers, families and others who enter the home are screened for Febrile Respiratory/Influenza Type Illness (FRI/ILI). Those who meet the screening requirements and cleared are permitted to enter the home.
- Notify visitors families of precautions implemented within the home and the means for receiving information updates.
- Post signage at all entrances, exits and elevators and bulletin boards indicating that the WHO has declared the start of an Influenza/Coronavirus Pandemic/Epidemic internationally. Update signage as new information becomes available.

Screeener Responsibilities

Screening protocols will be developed by the OMT with direction from the MOH and TPH.

- The screener may be required to wear adequate personal protective equipment as directed including mask, gown, gloves, protective eyewear and have access to hand hygiene products
- Complete FRI/ILI screening forms as directed.
- Deny access to those who fail the FRI/ILI Screening. Notify the IPAC/ADOC of all ill staff, visitors or volunteers.
- Ensure all staff, visitors, volunteers sanitize their hands upon entering/exiting the home.
- The screener will ensure visitation policy of the Home is being followed as per guidelines from MOH.
- The screener will follow the directions from the OMT in regards to visitor restrictions.

All Staff Responsibilities

- Report personal illness to the designated person responsible for staffing.
- Ill staff to take direction from IPAC/ADOC regarding returning to work.
- Follow directions as provided by OMT.

Visitor/Essential Caregiver Responsibilities

- Follow directions of OMT for the duration of the Pandemic/Epidemic.
- Wash hands on arrival, before entering and after leaving the residents room and before leaving the facility.
- Use Personal Protective Equipment (PPE) as instructed by staff.
- Visit only one resident and exit the home immediately after the visit

B) Phase 6 Pandemic/Epidemic Activity observed in Canada or Ontario NOT in Greater Toronto Area

Outbreak Management Team

- Continue activities as outlined in section A.

Nursing Responsibilities

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- IPAC to ensure increased surveillance on units for signs of FRI/ILI
- Residents returning from any stay outside of the home must be screened for FRI/ILI for 48 hours after readmission
- Follow directions from OMT and continue responsibilities as outlined above in Section A

Screener Responsibilities

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

All Staff Responsibilities

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

C) Phase 6 - Pandemic/Epidemic Activity Observed in the Community GTA

At this phase, the homes complete Pandemic/Epidemic response plan should be activated. In addition to those noted above in sections A and B, the following responsibilities should be initiated.

OMT Responsibilities

- Cancel all non-essential services
- Complete closure of the home will be determined as per directives from the MOH and Public Health

Nursing Responsibilities

- The RN/RPN on each Team will cancel all planned non-urgent resident visits and non-urgent medical appointments
- Residents are to remain in their rooms at all times and all activities will be floor based.
- Any resident requiring transfer to another health care facilities will require a transfer authorization number
- The RN/RPN on the Team 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, documenting this information on the resident's progress notes.

All Staff Responsibilities

Follow directions from OMT and continue responsibilities as outlined above in Sections A and B

Resident Care

Assessment of Resident Care Needs

During the Pandemic/Epidemic Period (Phase 6), Nisbet Lodge IPAC will assess resident care needs in order to identify:

- Who could go home to family members
- Who must remain in the LTC home
- Who is likely to require acute care
- Who is at high risk of complications

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The level of care to be provided to residents during a Pandemic/Epidemic is dependent upon the staffing levels available. The following are determined as basic care:

- Medication administration
- Ongoing assessment of health status and critical care needs
- Bed baths to maintain skin integrity; baths and showers only as required
- Oral Care BID
- Clothing and bedding changed only as needed
- Continence Care based upon individual needs to maintain skin integrity; routine catheter care will be maintained as ordered
- Bedridden residents will be repositioned every 2 hours and as needed to promote comfort and prevent skin breakdown. The technique of pressure point off-setting will be utilized in conjunction with full turning and re-positioning
- Skin and wound care management
- Assistance with eating as required
- G-tube feeding maintained as ordered
- Surveillance and Infection Control procedures as noted here-in and as directed by the IPAC.

Non-essential services are to be cancelled and non-urgent medical appointment should be rescheduled. The OMT will decide what contact services/activities can be curtailed during the Pandemic/Epidemic flu outbreak (physiotherapy; NLOT team visits; dental services; podiatry etc.)

Antiviral and Vaccine Medications

Distribution

- Antiviral and vaccine medications (if available) will be distributed according to government directives
- Antiviral medications must be administered as per directions from TPH and OMT.
- The Medical Directives for the administration of antiviral and vaccine medications and the administration of epinephrine, if needed due to an adverse reaction, will be obtained from the Medical Officer of Health (MOH) in Phase 5-6.
- The enumeration list for antiviral being distributing to staff will be maintained by the IPAC or designate
- Family members and volunteers who are assisting with resident care will receive antiviral medication through authorized sources external to Nisbet Lodge
- The current list for non-immunized staff members will be maintained by the IPAC or ADOC
- Tracking Sheets to monitor staff antiviral and vaccine uptake will be maintained by the IPAC or designate.
- The DOC and IPAC or designates will deliver antiviral/vaccine medications to all resident home areas and oversee the administration of the antiviral/Pandemic/Epidemic vaccine by the registered nurse.
- Pandemic/Epidemic consent forms for Vaccines will be developed and signed by all residents or Substitute Decision Makers (SDM) currently residing in the Home, as well as for all new admissions.

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Storage/Tracking of Vaccines

- Nisbet Lodge will designate a locked area to accommodate vaccines and antiviral medication in the 3rd floor medication room as directed.
- The master key to access vaccines will be kept with the Charge Nurse and duplicate with DOC and maintenance.
- Nisbet Lodge will ensure that we have a designated cold chain storage location (3rd Floor medication room) monitored to ensure viability of the vaccine.
- The Vaccine fridge must maintain temperatures in the range of 2 to 8 degrees Celsius.
- The vaccine fridge temperatures will be monitored 2 times a day by the Charge Nurse / designate and monitors daily when vaccine is made available.
- Nisbet Lodge will ensure that the vaccine fridge is connected to an emergency outlet to avoid cold chain failure in the event of a power outage.
- The emergency generator used by the facility can operate at full capacity for a maximum of 72 hours before requiring refueling.
- During a Pandemic/Epidemic there may be multiple disruptions in service, some of which may be for extended periods of time. It is also possible that refueling may not occur as normal. Therefore, the emergency generator will be used for essential resident and staff safety
- Pharmacy will provide a stockpile of epinephrine 1:1000 to be stored in the stat box for use of anaphylaxis, post administration of Pandemic/Epidemic antiviral vaccine medications.
- The IPAC or designate will receive, store and track antiviral and vaccine medications use when they are delivered.

Monitoring of Adverse Response to Medications

- The IPAC will educate the staff on the adverse effects to be reported following the administration of Pandemic/Epidemic vaccination and the antiviral.
- Adverse reaction and resistance will be monitored using the MOH Adverse Event Following Immunization form.
- Any adverse reactions to vaccinations will be reported to IPAC lead, DOC and Public Health
- Adverse reactions will be reported to the Medical Director/Attending Physician monitored by the OMT

Communication Plans

Internal Communication

- The ED/Administrator will be responsible to ensure that the Pandemic/Epidemic Communication Plan is implemented
- The Director of Care/ADOC/IPAC Lead is responsible for communication to the ED/Administrator, with a resident status report provided on a daily basis.
- The Medical Director/Attending Physician will be notified in the event of a Pandemic/Epidemic Outbreak in the facility.
- The Command Post will be located in the Board Room. The Board Room will be equipped with computer network access; and teleconference abilities. The Outbreak Management Team (OMT) will meet as soon as possible after the outbreak is declared

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and as needed thereafter via zoom in the designated command post. The OMT has the overall responsibility for overseeing, directing and ensuring outbreak practices and procedures as recommended by MOH and Public Health are communicated and initiated to all staff in all departments.

- The time of the daily meeting will follow established MOH/Public Health Daily Updates
- Critical information from the OMT meetings will be communicated to staff through MEMOs. Information relevant to staff, volunteers and family members will be communicated through MEMOs and emails as per updates.
- In the event of altered Work Schedules and Assignments – these will be posted daily on the Notice Board in the 3rd floor.
- Signage will be posted at all entrances to inform visitors of the facilities outbreak status during the Pandemic/Epidemic.
- Signage promoting hand hygiene, cough etiquette, proper use of PPE and social distancing will be posted throughout the facility, at reception, in each of the elevators and at each entrance to the resident care floors.

External Communications

- All media inquiries are to be directed to the ED/Administrator/Chair of the Board.
- External telephone greetings will include information and directions related to the outbreak, with details provided by the OMT. This will be initiated in Phase 6, if there is an outbreak in the facility, with telephone messages maintained 24 hours a day.
- Fact sheets developed by the MOH will be communicated to families, visitors, staff and volunteers in regards to the Pandemic/Epidemic.
- The Registered staff on each unit is responsible for contacting and responding to family questions and concerns regarding resident's condition and changes to treatments.
- Email / Teleconferences will be used to communicate whenever possible.

Security

Emergency supplies will be kept in a secure location with identified persons accessing and signing out critical supplies. All people entering the facility will need to be cleared according to screening criteria. Screeners will deny access to those individuals who do not meet clearance criteria. In the event that individuals do not comply with access and restriction guidelines, the screener will notify the ED/Administrator, DOC, ADOC, IPAC or designate in charge of the facility to assist in facilitating compliance. Police are to be contacted in escalating situations of non-compliance.

Human Resources Plan & Considerations

Several positions have been deemed essential by the facility's Executive and Management Team. As such, designates have been established to ensure continuity of operations and communications. The designates have been listed to a 3rd or 4th level in order to account for possible absenteeism.

Directors - Overall Facility Management and Communications Officer

1. ED
2. Director of Care
3. Director of Dietary

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Senior Nursing Management – Pandemic/Epidemic Management

1. Director of Care
2. ADOC
3. IPAC Lead
4. Nurse Managers

Infection Prevention and Control (IPAC)

1. IPAC Lead
2. Nurse Managers
3. Director Of Care / ADOC
4. Skin & Wound Coordinator
5. RAI-MDS Coordinator

Staffing and Communications Administration

1. Executive Assistant, Business Coordinator
2. Resident and Tenant Services Manager
3. Accounting Assistant
4. Department Managers

Education – Staff, Volunteers & Visitors

1. IPAC Lead
2. Staff Development Coordinator
3. RAI-MDS Manager
4. Quality Improvement Manager
5. Skin & Wound Nurse

Security & Screening

1. IPAC Lead
2. Environmental Director
3. Director of Programs & Volunteer Services
4. Resident and Tenant Services Manager
5. Director of Food Services

In-House Medical Director

Medical Director

Attending Physician

Department plans which are included later in this document, propose critical staffing levels by department, critical tasks, cross training for alternate roles and redeployment of available staff. (Departmental Specific Considerations and Operational Continuity Plans in the Event of Phase 6 Pandemic/Epidemic – Activity within Nisbet Lodge)

Human Resource Considerations

Changes in Staffing Levels, Patterns and Redeployment

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High rates of absenteeism associated with a Pandemic/Epidemic may constitute an Emergency Situation and necessitate changes to staffing, chains of command, hours of work or employee responsibilities. These changes will be initiated in accordance with legal and legislative considerations. In a Pandemic/Epidemic situation, volunteers, family members and agency staff may be utilized to assist staff in their duties, ensuring that the individuals are not functioning beyond their capabilities. In the event that extreme staff shortages, family members and non-unionized staff will be asked to help.

Personal and Emotional Support for Employees at Work

Recognizing that a Pandemic/Epidemic situation will create personal and emotional stress for employees, Nisbet Lodge will provide assistance as resources permit, and as it is safe to do so.

Supports will vary depending on the nature of individual and overall circumstances and may include:

- Provision of nourishment
- On-site laundry for uniforms
- Over-night stay in areas to be designated at time of need (provide a cot)
- Resources for personal and emotional support are available through The Employee Assistance Program; in addition, as available, the Chaplain and all Department Managers will be the internal contact for employees with personal and emotional concerns.

Employees at Work and other Employment considerations:

During a Pandemic/Epidemic, some employees will develop symptoms of disease while at work. The individuals must **immediately leave** the workplace and should not return to work until they feel well enough to return to their duties.

Staff working in LTC homes or health care institutions in addition to Nisbet, are not to work/move between facilities when one is in outbreak or as directed by Public Health. Employees working in more than one health care facility are to comply with ministry directives as it relates to a given Pandemic/Epidemic situation.

Refusal by employees to work in areas affected by Pandemic/Epidemic will be considered in accordance with a legal and legislative context.

Education & Training

Staff will be provided training on the following topics:

- Nisbet Lodge Pandemic/Epidemic Plan
- Related Infection Control Policies and Procedures
- Personal Protective Equipment
- Hand Hygiene and “The 4 Moments”
- Communication Strategies associated with Pandemic/Epidemic

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- Self-Care
- Cross Training for alternate roles
- Screening Survey

Visitor Management

Notifying Visitors and Volunteers

The LTC home will activate its Pandemic/Epidemic/emergency communication plan and activities in Phase 5 of the Pandemic/Epidemic. Signs will be posted at entrances indicating the status of the current situation.

Visitors will be advised of the potential risk of either introducing disease/illness into the Home or acquiring disease/illness within the Home, and of visiting restrictions, if applicable.

In the event of an outbreak at the home, family members of ill residents and family members of residents on the affected floor will be contacted immediately.

Other communication systems will be used to convey information as appropriate as noted in the communications section of this document.

Screening of Visitors

- All visitors are required to be screened in order to enter the Home
- Number of visitors allowed per resident will be based directions from Public Health and MOH.

Visitor Restrictions

In seasonal outbreak situations, visitors are encouraged to postpone visits whenever possible. During a Pandemic/Epidemic, this policy may not be practical as family members may be needed to assist with resident care. All visitors/Essential Caregivers who are cleared as part of the screening process and in the facility during an outbreak shall be required to:

- Perform hand hygiene on arrival, before leaving the resident's room and before leaving the facility
- Use PPE as instructed by staff
- Visit only one resident and exit the home immediately after the visit. If they are assisting in providing care for residents, they will perform hand hygiene between residents
- If visiting an ill resident, the visitor will check in with the registered staff before entering the resident's room and follow all precautions as communicated and posted. Visits are to occur in the resident's room throughout the visit. The visitors are not to visit other residents unless otherwise directed.

The OMT will evaluate the need to restrict visitors based on the nature of the Pandemic/Epidemic and consider individual resident needs such as in end-of-life and palliative situations.

Mass Fatality Management

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In a Pandemic/Epidemic outbreak with mass fatality rates, it may be anticipated that a RN or RPN will pronounce death in the event that this cannot feasibly be done by a physician.

Temporary Morgue Site

Nisbet Lodge has identified P2 Storage as the temporary morgue site. This location provides direct access to an outside parking area.

Departmental Specific Considerations & Operational Continuity Plans in the Event of Phase 6 Pandemic/Epidemic – Activity within Nisbet Lodge

Resident Care/Nursing Department

Application of Out-of-Hospital Premises Inspection Program (OHPIP) Assumptions related to Pandemic/Epidemic:

- Duration of First Wave Pandemic/Epidemic - 6 to 8 weeks
- Impact Rate: 25-30 % for 103 residents (plans based on 25-30% impact rate)

Clinical Assumptions

Total number of residents at Nisbet Lodge: 103

Residents anticipated to contract Influenza

25% of 103 residents = **27 residents**

Current Hospitalizations for Acute Care Needs

1-3 residents week currently = **24 residents**

Common Reasons for Hospitalizations

Assessment post fall/Treatment of Fractures

Heart Failure

Pneumonia

Implications: Residents who are typically hospitalized for acute care needs may need to be cared for internally due to surge in hospitalizations

Deaths

3 per month occurring under usual circumstances; potential increase to 8 due to limited access to acute care facilities for above noted needs

In Pandemic/Epidemic, anticipate 25% related to Influenza/Coronavirus – 16 deaths

Total Deaths: 24 residents

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Stable Residents

103 – 26 (Flu) - 24 (Acute Care) - 24 (Deaths) = **29 stable residents**

Possible Relocation of Residents to Alternate Units

The OMT will determine the potential benefit and feasibility of co-horting residents by floor, based on medical status and care needs. The following model is presented for consideration by the OMT.

Care Designations by Floors

| | |
|-------------------------------|--------------------------------|
| Floor 3: Acute Care | Floor 8: Heavy Care |
| Floor 4: Heavy Care | Floor 9: Heavy Care |
| Floor 5: Heavy Care | Floor 10: Heavy Care |
| Floor 6: Light to Medium Care | Floor 11: Light to Medium Care |
| Floor 7: Heavy Care | |

The Nisbet Lodge Penthouse will be converted to semi-private rooms, as needed.

Minimal Staffing Requirements - By Unit

R = Registered Staff PSW = Personal Support Workers

| Floor | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total | Total Hrs |
|------------------|---|---|---|---|---|---|---|----|----|-------|-----------|
| <i>PSW Hours</i> | | | | | | | | | | | |
| Full Shift | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 24 | 180.00 |
| 4 hr shift | | | | | | | | | | 0 | 0.00 |
| 5.5 w/end | | | | | | | | | | 0 | 0 |
| Restorative | 2 | | | | | | | | | 2 | 15 |
| Resto 4 Hrs | | | | | | | | | | 0 | 0 |
| Float | | 2 | 2 | 2 | | 2 | | 2 | 2 | 12 | 90 |
| Eve 4.5 Hrs | | | | | | | | | | 0 | 0 |
| Night 4.5 hrs | | | | | | | | | | 0 | 0 |
| | 5 | 5 | 4 | 5 | 3 | 4 | 3 | 5 | 4 | 38 | 285 |

| Floor | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total | Total Hrs |
|------------------|---|---|---|---|---|---|---|----|----|-------|-----------|
| <i>RPN Hours</i> | | | | | | | | | | | |
| RPN Hours | | | | | 3 | | 2 | | | 5 | 37.50 |
| Drs Day | 1 | | | | | | 1 | | | 2 | 15.00 |

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|---|---|---|---|---|---|---|---|---|---|----|-------|
| Week | | | | | 1 | | | | | 1 | 7.50 |
| Day Once a month | 1 | | | | | | | | | 1 | 7.50 |
| Day Bi weekly MDS | | | | | 1 | | | | | 1 | 7.50 |
| Eve Once a month | 1 | | | | | | | | | 1 | 7.50 |
| Night Audit Monthly End of the month | 1 | | | | | | | | | | 7.50 |
| | 4 | 0 | 0 | 0 | 5 | 0 | 3 | 0 | 0 | 11 | 90.00 |

| | | | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|---|---|-------|
| <i>RN</i> | 3 | | | | | | | | | 3 | 24.00 |
| | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 24.00 |

| Floor | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total | Total Hrs |
|---------------------------------------|---|---|---|---|---|---|---|----|----|-------|-----------|
| <i>Elevators</i> | | | | | | | | | | | |
| Elevator Day 7.5 hrs. | 1 | | | | | | | | | 1 | 7.50 |
| Elevator afternoon 7.5 hrs | 1 | | | | | | | | | 1 | 7.50 |
| Ward Clerk W/E 7.5 hrs | 1 | | | | | | | | | 1 | 7.50 |
| PSW Audits 7.5 hrs (every 3 weeks) | 1 | | | | | | | | | 1 | 7.50 |
| | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 30 |

| | | |
|---|-----|--------|
| Required per day without any special assignments: | | |
| | No. | Hrs. |
| PSW | 38 | 285.0 |
| RPN | 5 | 37.50 |
| RN | 3 | 24.00 |
| Elevator Operator – D | 1 | 7.50 |
| Elevator Operator – Aft | 1 | 7.50 |
| PSW – Night 5.5 hrs | 0 | 0 |
| PSW – 4 hr shift | 0 | 0 |
| PSW – Restorative | 2 | 15 |
| PSW – Float | 12 | 90 |
| PSW – Eve 4.5 hrs | 0 | 0 |
| TOTAL | | 466.50 |

PROJECTED STAFFING AVAILABILITY - Nursing Department

38 FT - 25% impacted by illness = 9 down = 29
- available

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- 8 PT - 25% down = 2 down = 6 available. Assume that 50% of these individuals are working at another location on a FT basis and not available to Nisbet Lodge = 3 are available

Due to reduced availability of staff, shifts and schedules may be modified and extended

Deployment of staff from other Departments to Assist with other Tasks

| | CURRENT | OFF | REDEPLOY | |
|--------------|---------|-----|----------|----------------------|
| Reception | 2 Day | 1 | 0 | Voice mail |
| Admin | 2 | 0 | 2 | Exe Asst / Acct Asst |
| Management | 10 | 3 | 3 | PSS / 2 Nur |
| Program | 5 | 2 | 1 | Sonia |
| HK & Laundry | 8 | 2 | 2 | TG/Shiheena |
| Maintenance | 2 | 0 | 0 | |
| Dietary | 10 | 3 | 0 | |

Redeployed staff may assist with the following tasks, and others that may emerge that are appropriate to the capabilities of the persons involved:

- Feeding assistance
- Washing face, hands resident
- Toileting/ Brief changing
- Transferring/Turning & Positioning
- Linen Changes/ Soiled Linen Handling & garbage disposal / Laundry
- Portering residents and supplies as required
- Screening

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Training will be provided to staff capable of assisting in the above noted area.

The Director of Care will:

- develop and maintain a list of critical suppliers and an alternate along with contact information
- establish and maintain an inventory record of critical Pandemic/Epidemic supplies

Environmental Services

Assumptions

Housekeeping & Laundry staff:

8

Illness affected : 20% of 8 staff = 2 The remaining staff = 6

Maintenance Staff: 2

Influenza affected : 20% of 2 staff = 0 The remaining staff = 2

Critical Tasks

Housekeeping & Laundry

- 1) Priority Laundry
 - a. Gowns as required
 - b. Linens as required
- 2) Floors 2 to 12
 - a. Cleaning as needed
 - b. Heightened environmental cleaning related to influenza
 - c. Garbage disposal

Maintenance Staff:

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- 1) Garbage disposal - Total bins/week
With disruption of garbage pick-up, consider holding area in:
a .Underground parking lot
- 2) Maintaining heat (HVAC)
- 3) Maintaining Air Quality
- 4) Elevator maintenance
- 5) Ensuring functioning of back-up generator
- 6) Maintaining critical equipment on floors
- 7) Addressing repairs that pose a safety risk
- 8) Building security

Director of Environmental Services will identify and document alternate suppliers and service providers for critical services

Staff available for cross training

- Evening cleaning staff
- 1 maintenance staff as available

The Director of Environmental Services will develop and maintain a list of critical suppliers and service providers and an alternate along with contact information.

Dietary Department

Food Services Delivery Decisions:

- All food services provided on the floors with affected residents and in the event that floor based co-horting occurs as outlined previously. This will be determined by the OMT based on current status.
- Staffing Levels will be impacted by 20%
- 8 identified as essential for 19 hours/ per week period: 2 cooks; 1 Cleaning/sanitizing; 5 aides

Critical Task / Roles:

- Production of Food – 1 early cook & 1 late cook
- Receiving of supplies – twice a week
- Cleaning & sanitation- daily
- Transporting food to floors can be re-assigned to non-dairy staff
- Remaining dietary staff serving – dining room

Cross-training will be done to ensure primary and alternates for roles of cook, cleaning/sanitation

Resident Menu/Plan - Ensure availability of 3 day emergency menu plan available in regular texture and pureed and clear fluids

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Other considerations - Plan for food to be available to staff and an increased need for paper products and disposable cutlery

The Director of Food and Services will develop and maintain a list of critical suppliers and an alternate along with contact information.

Finance Department

Critical Tasks:

- Payroll – ensure cross training for computer based payroll system and implement paper system for tracking in/out and working hours in the event that the system is not operational
- Accounts Payable – be prepared to prepare cheques manually if computer systems not functioning
- Deposits and payments to critical suppliers – to have cash on hand to facilitate payment of key suppliers
- Accounts receivable and Accounts payable updates. Ensure written instructions.

The Chief Financial Officer has prepared an emergency operational plan includes details to ensure continuity of critical tasks, includes operating bank information and bank services contact person, and a list of those with signing authority. This document is to be updated with changes as they occur.

The CEO is aware of the location of this emergency operational plan.

Current staffing: 2