Long-Term Care and Services for Seniors Division

Pandemic Plan

Record of Amendments

Amendment Number	Date of Amendment	Amendments Entered By (Name, Initials)
1	Aug 30	IPAC
2	Sept 30	IPAC/Senior Leadership
3	Dec 17, 2020	Recreation/Therapy IPAC/ Senior Leadership
4	March 2021	IPAC
5	May 2021	IPAC
6	November 2021	IPAC
7	July 2022	IPAC
8	October 2023	Emergency Code Committee
9	October 29, 2024	Emergency Code Committee

Foreword

The Long-Term Care and Services for Seniors Pandemic Plan is an annex to the Social Services Plan.

This plan focuses on how the Long-Term Care Homes (LTCHs) will continue to provide care and services to the Resident population during a pandemic emergency. This plan will be modified to include any instructions/precautions given by the Health Department, Ontario Health, the Ministry of Health, the Ministry of Long-Term Care (MLTC); and the Ministry of Labor, Immigration, Training and Skills Development (MLITSD).

The goals of this plan include:

- Providing a safe environment for our Residents, Staff, Volunteers, Visitors, Family Members, and community partners.
- Minimizing serious illness and potential deaths.
- Maintaining essential Resident care.
- Protecting and supporting staff.
- Collaborating as a responsible partner within the healthcare system.

The Long-Term Care and Services for Seniors division has comprehensive policies on infection prevention and control whose content will not be recreated for this document but are available online. See the Infection Control section on policy manager.

Table Of Contents

1. Screening and Surveillance

1.1 Screening guidelines will be followed as per direction from the Ministry of Long-Term Care (MLTC) and Public Health. Passive and active screening will be conducted for all Residents, Staff, Volunteers, and Visitors as per direction of MLTC/Public Health. Staff should not report to work if they are ill.

1.2 Screening for Staff, Volunteers, and Visitors

Please note: Volunteers may be restricted from the Home as per directions from the MLTC and Public Health.

A. Signage will be posted on entry to the building and at reception areas for anyone entering the LTCH to self-identify if they have relevant symptoms and exposure history based on current information supplied by Public Health.
B. All Staff and Visitors must adhere to the guidelines which follow Public Health and the MLTC directions.
C. If experiencing respiratory symptoms, Visitors must not visit the LTCH until symptoms have resolved and required isolation period is completed.
D. Staff are to self-screen at home. Staff and other caregivers with symptoms consistent with the pandemic strain, based on the current information provided by Public Health, are not to attend work and must report symptoms to their supervisor. The Infection Prevention and Control (IPAC) Practitioner/designate will follow up with ill staff and provide direction regarding return-to-work clearance.
E. Daily surveillance will continue for Staff and Residents. Symptomatic staff or Residents, meeting criteria for the pandemic strain, will be reported to Public Health and the ill Staff/Resident will be swabbed for diagnostic purposes. Staff who failed screening are not permitted entry to the building and will be sent home and instructed to speak to the IPAC Practitioner/designate for return-to-work direction. Ill Residents will be promptly isolated and swabbed.
F. There will be a process in place to contact any Staff who is off sick/symptomatic to check on their status.

1.3 Active Screening for Resident Admissions and Re-admissions or Returning Residents

A. LTCH should conduct symptom screening (over the phone where possible) for new admissions, readmissions, or returning Residents.
B. Admissions and re-admissions to the Home will follow current MLTC directives regarding isolation and symptom screening. Daily temperature and symptom screening for all Residents will continue as per MLTC directives (as applicable). A symptomatic Resident, and/or any that tests positive must be promptly isolated under droplet and contact precautions. The LTCH will contact Public Health to report the positive case and discuss prevention and control measures for the Resident and the Home to prevent further transmission.

1.4 Confirmed Exposure or Transmission

A. The LTCH must consult with Public Health if exposure to, or transmission of symptoms consistent to the pandemic strain to Staff, Residents, Volunteers, or Visitors has been confirmed, to determine any additional public health actions.
B. Surveillance:

(1) Testing: If required, there will be a process in place to conduct surveillance testing using the frequency and process outlined by Public Health and MLTC.
(2) IPAC Practitioner/designate to complete line listing and forward to Public Health and the Ministry of Labour, Immigration, Training and Skills Development (MLTSD).

C. Each Home will ensure:
(1) There is informed consent for the surveillance testing.
(2) There are adequate resources to conduct surveillance testing; including personnel, testing kits, personal protective equipment (PPE), and space requirements.
(3) Staff who conduct surveillance testing are trained to conduct tests and have access to the training resources.

2. Occupational Health and Safety and Infection Control

2.1 All staff receive annual education on routine practices and additional precautions (contact and droplet). This training includes proper hand hygiene, cough etiquette, environmental cleaning, and donning/doffing of PPE.

2.2 Staff will adhere to the Outbreak Management policy.

2.3 The LTCH will maintain a minimum three-month supply of PPE including gowns, gloves, masks with eye protection, N95 respirators, and face-shields. Supply counts will be recorded weekly or as determined by MLTC. Respirator fit testing will be completed at orientation and retesting will be done for all LTCH staff every 2 years. These records are maintained by Corporate Occupational Health and Safety and the Division Health and Wellness Coordinator.

2.4 Test kits are available and a process to be followed for collecting specimens.

3. Resident Population During a Pandemic

3.1 LTCH occupancy rate will strive to remain at 97% and will adhere to MLTC direction. Each Home will ensure there is an area which can be secured, containing a percentage of the Home's beds, as directed by the MLTC, and is used as an isolation area in the event of a confirmed outbreak attributed to the pandemic strain.

3.2 Homes will only admit those Residents who can be safely cared for.

3.3 The Homes are to follow the outlined MLTC guidelines for Residents' absences and visits.

3.4 Any Residents who are symptomatic and are not in single rooms will be moved into designated private rooms where possible.

3.5 The remaining Resident population would include the existing Resident population who are not able to be discharged to another setting and can be managed at the LTCH and newly admitted Residents as directed by the MLTC and Medical Officer of Health.

4. Essential Services

4.1 In the event of a pandemic, all Region of Durham Adult Day Programs (ADPs) will be closed, and the Staff will be reassigned. Admissions to LTCH may stop, unless otherwise directed by Public Health and MLTC.

4.2 Depending on staffing levels within the LTCH, non-essential services may be curtailed, including but not limited to footcare, dental care, hairdressing, congregate recreation programs, and Resident banking. Therapy and other appointments would be cancelled or curtailed to urgent only. Business continuity plans have been developed and are maintained through finance for pharmaceuticals, food, and other supplies.

5. Essential Duties and Essential Staffing Plan

5.1 The Long-Term Care and Services for Seniors Division will have a staffing plan outlining coverage and on call personnel for weekends and holidays.

5.2 Each LTCH will have identified the essential tasks, stopped tasks, and tasks that can be safely reassigned to others based on staffing levels of 75%, 50%, 25% (see Appendix A – Essential Duties During Prolonged Staff Shortage).

5.3 Each service department in the LTCH has determined the minimum staffing requirement to maintain limited operations (see Appendix B – Minimum Staffing Levels During Prolonged Staff Shortage).

5.4 At the approval of the Administrator/Designate, staff schedules will be adjusted or essential duties can be changed, including re-deployment, and staff may be requested to shelter in the LTCH. Staff will be required to sign in and out.

5.5 Additional Staff could be hired and trained in each Home, depending on resources and if required (i.e., screening staff).

5.6 In the event of severe staff shortage, the Home, will seek assistance from:

A. Other Regional Departments through the Region Emergency Operations Centre (REOC)
B. Nurse staffing agency
C. If required, will consult with the Ontario Health at Home and the IPAC Hub, to access emergency staffing resources from the Mobile Enhancement and Support Team (MEST).
D. Additional staff as needed.

6. Cross Training

6.1 The LTCH will work toward all staff being trained and certified in eating assistance to be able to provide eating assistance to Residents.

6.2 Staff may receive pre-pandemic training in the following areas, where applicable:

A. Washroom assistance and transferring
B. Obtaining vitals
C. Basic housekeeping skills
D. Basic food preparation and inventory control
E. Clerical duties

6.3 Breaking the chain of transmission of a virus should be forefront. Redeployed Staff can be trained quickly and safely to fill this role. Minimizing the infection control portion of cleaning during outbreaks should be a last resort.

7. Communication Plan

7.1 Up-to-date signage for the LTCH will be maintained by the Administrator or designate.

7.2 Each LTCH maintains an emergency fan out list for afterhours emergencies.

7.3 The LTCH will utilize the RAVE notify system to keep Staff and Family members up to date on any changes to programs and services, Visitor restrictions etc. All RAVE messages will be vetted through the Administrator or designate and the Director of Long-Term Care and Services for Seniors or designate prior to distribution.

7.4 The LTCHs will also utilize emails, newsletters, a dedicated webpage, resident home area/general staff meetings, and attend Resident/Family Council meetings to communicate key messages.

7.5 There will be an update released by the Director of Long-Term Care and Services for Seniors every two weeks as required.

7.6 Additional means of communication will be determined by Corporate Services (e.g.: Regional website, intranet, etc.).

8. Security

8.1 LTCHs will secure all entrances to the building, except for the main entrance.

8.2 During active screening, the front entrance will be staffed with a screener from 5:30am-8:00pm. Essential visitors who come to the home when the screener is not present must follow all screening processes outlined in posted signage.

9. Attachments/Appendices

9.1 Appendix A - Essential Duties and Staffing Levels During Prolonged Staff Shortage

9.2 Appendix B - Minimum Staffing Levels During a Prolonged Staff Shortage

Appendix A – Essential Duties and Staffing Levels During Prolonged Staff Shortage

Please Refer to Home Staffing Plan

RNs

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
75%	- CIS notification and reporting. - Monitor nursing care of high-risk residents. - Notify families of residents with any updates or significant change. - Deployment of staff. - Emergency Coordinator (EC). - 911 emergency care of residents.	- Fridge temps on vaccine fridge. - Line listing and communication to Public Health (PH). - Nursing Supplies - Providing residents with eating assistance - EC role - Committee meetings, program work.	- Clerical – fridge temps, fax line listing to PH, nursing supplies. - Maintain line listing, communication to Public Health - MGMT - Notifying family of resident updates/significant change (MGMT). - Other disciplines – surplus staff deployed can porter, provide eating assistance and supervise dining rooms. - ES can assume EC role (codes, staff).
50%	- Close admissions. - Cancel non-urgent resident medical appointments. - Oversee building and high-risk resident care. - Assist RPNs and PSW with resident care. - 911 emergency care of residents.	- As above plus: Non-urgent diagnostics and lab work.	- Re-deploy RN Admissions Nurse. - HR- discuss with union - re: 12-hour shift operation (LVM exempt).
25%	- Assist with discharging residents to home. - Re-allocate residents and empty beds to cohort residents and staff to facilitate acuity and possible closure of an RHA. - Oversee building and high-risk resident care. - Assist with stage 3 and high risk wound care. - 911 emergency care of residents. - 12 hour shifts from 8 hour (LVM already doing).	As above plus: - Any nursing clerical work that can be delegated will be.	

RPNs

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
75%	- Medication pass - Dealing with pharmacy (order clarification, phone calls etc.). - G-Feeds. - Wound Care. - High risk treatment creams including documentation of weekly skin reassessments. - Process physician orders. - Documentation of day-to-day resident concerns. - EA Duties. - Manage emergency situations related to resident care.	- Application of low-risk treatment creams. - Weekly skin reassessment of low risk and documentation delegated as required. - (**check with MLTC regs**). - Dining room supervision. - Problem solving - Eating assistance to residents - Deployment of staff - Oversee PSW's - Ordering RHA nursing supplies. - Clerical nursing duties (faxing, referrals to other disciplines and services, phone calls from family/visitors) - Care conferences.	- Delegate low risk treatment creams to PSW - Delegate to RAI/ documentation team - Porter residents - Dining room supervision - Problem solving - Eating assistance to residents - Deployment of staff - MGMT - Oversee PSWs – MGMT - Supplies - Clerical can record and distribute prepared RAVE calls
50%	- Close admissions - Reduce medication passes (four times a day [qid] to two times a day[bid]), short acting to long acting meds - G-Feeds - Decrease frequency of wound care dressings. - Decrease frequency of **all** treatment creams. - High level documentation only	As above plus: - EA duties	- EA duties go to ES department - Re-deploy RAI/ doc team prn. - A Clinical Pharmacist and Physician/NP available to look at medication compression. - Update MLTC - HR- discuss with union - re: 12-hour shift operation.
25%	- Close admissions - G-Feeds - Reduce medication to high risk/priority meds only (insulin, antibiotics, antipsychotics, pain) - Complete only high priority wound care – stage 3 and up. - Document by exception only	As above plus: - RAI MDS documentation - Care planning, assessments and medication reviews. - Delegate phone calls etc.	- Deploy RAI/doc team full time - All home staff on deck to help with phone calls to families, cohorting, discharging residents to home. - Wound care to RN, NP, MNP, nursing mgt. - Ask for any corporate staff to aid with phone calls

	- 12 hour shifts from 8 hour. - Ask families to take resident home if able.		- Update MLTC

PSWs

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
75%	- Assisting with mobility, transfers, turning and repositioning. - Assisting residents with personal hygiene (mouth care, skin care) as per their NCP - Showering/tub bathing twice weekly including linen change. - Continence care (toileting or product) as per residents NCP. - Apply low risk resident treatment creams. - Dressing residents - Dining room assistance including portering, serving and feeding. - Nourishment passes. - POC documentation	- Reduce to one shower/tub bath weekly. - Reduce linen change to prn. - Decrease the number of residents fully dressed if appropriate.	- Provide assistance to other RHAs based on acuity under direction of RN (ALL) - Obtain assistance from other disciplines re: dining room duties (ALL) - Facial shaving of residents. - Portering of residents to and from dining room (REC, ES). - Serving in the dining room (Dietary). - Nourishment passes (REC, Dietary, MGMT - Linen/bed making (ALL) - Inform MLTC
50%	- Close home to admissions. - Assisting residents with personal hygiene (mouth care, skin care) as per their NCP. - Assisting with mobility, transfers, turning and repositioning. - Essential bed baths or showers. - Continence care (toileting/product) - Dining room assistance that includes feeding only. - Nourishment passes. - POC by exception	As above plus: - All scheduled showers/tub baths. - Non-essential documentation. - Stop resident full day dressing unless against resident wishes.	- Mechanical lift spotter assistance. (Therapy, ES, MGMT) - Two-person transfer assist (Therapy, MGMT) - HR- union to negotiate 12-hour shifts.
25%	- Close to admissions - 12-hour shifts - Face, hands, continence, and peri care for non-independent residents.	As above plus: - 8-hour shifts	- All hand on deck. Re-deploy all surplus department staff to

	- Assisting with mobility, transfers, turning and repositioning. - Resident to receive food/fluids. POC documentation by exception.		assist with essential duties as applicable.

Food Services

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
75%	- Meal/nourishment preparation - Meal Service in dining room - Dish and pot washing - Ordering of supplies - Disinfecting and cleaning of server areas - Nourishment delivery - Pandemic menu implemented - Production menus prepared and circulated	- High level deep cleaning of equipment - Pots and pans sent to kitchen (completed on RHAs)	- Eating assistance - Assistance with nourishment carts - Dish washing
50%	- Meal/nourishment preparation - Meal Service - Dish and pot washing - Ordering of supplies - Minimal documentation based on MLTC directives - Nourishment delivery - Disinfecting tables and work area - Pandemic menu implemented	As above plus: - Reduce delivery days from suppliers to utilize MW on RHA - Discontinue food to St. Vincent's - Menus to be adjusted based on supplies	- Eating assistance - Assistance with nourishment carts - Dish washing
25%	- Meal/ nourishment Preparation - Meal Service in dining room - Dish and pot washing - Tray delivery to resident rooms - Ordering of supplies - Minimal documentation based on MLTC directives - Disinfecting tables and work area - Pandemic menu implemented	As above plus: - Dish/pot washing (paper products to be used)	- Tray delivery - Disinfecting tables and work area All staff on deck Management staff and other available depts. Any available corporate staff (all departments) to home.

Assumptions:

- Meal hours would be staggered
- All staff available to assist with meal service.
- Menus will be adjusted, ingredients, supplies & staffing available to cook

Environmental Services

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
75%	- High touch surfaces focus on staff/visitors/service providers hand contact points. High risk touch surfaces will be maintained on 2 shifts. - Isolated residents' rooms 2 x daily cleaning of High touch surfaces. - Most regular duties will be achieved. - Manager/supervisors assist staff and train and monitor redeployment personal	- Deep cleaning - Project work, - Painting, - Minor maintenance-(non-H&S related) - Grounds - Wheelchair cleaning hours will be reallocated	**ES Staff to cross train for:** - Meal service - Porter - Answer call bells - Bed making/changing - Assist PSW's - Front door screening - Security - Kitchen help **Redeployed Staff cross trained for:** - Surface cleaning - Floor care - Front door Screening - Washroom cleaning - Possible resident room/common area cleaning - Laundry services - Refilling supplies/stock
50%	- IC cleaning will be the primary focus - IC cleaning and garbage removal address safety conditions as required - Some floor maintenance - Public and staff washrooms and lunch areas - Isolated residents' rooms 2 x daily cleaning - Resident room cleaning will be prioritized	As above plus: - Personal clothing washing will be minimal as residents may/should be moved to gowns and room isolation - Laundry staffing hours will be reallocated to assist in resident ADL's - Some afternoon staff hours will be reallocated - Administration will assume their own office cleaning - Mechanical Maintenance to assist with some cleaning duties like garbage/linen removal	As above plus: - Staff/redeployment staff will wash linens and gowns if disposable products/linens are not available from suppliers - Some OT is to be expected
25%	IC cleaning will be the primary focus IC cleaning and garbage removal - Spot moping only		As above plus: Overtime is to be expected

	- Address safety conditions as required i.e. spills - 2-3 RHA assignments per staff - Public and staff washrooms and lunch areas		

Recreation And Therapy

Recreation

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
75%	- Visits with residents - Communication and supportive visits with families - Supporting resident quality of life through psychosocial - MDS Rai assessments - Theme carts	- Congregated large and small recreation programs - Outings - In house Volunteer - Community partner programs	
50%	- Supporting resident with behaviours - Prioritize resident and family visits - Supporting call bells, Lift and Transfers, meals - Disinfecting program materials - Providing activity kits - Supporting pastoral care	As above plus: - Planned activities - Documentation – RAI assessment and documentation	- Redeploy staff to assist with zoom calls
25%	- Assist other departments as necessary - Behavioural support to residents	As above plus: - All recreation coordinated visits would be stopped	- All hands on deck. Re-deploy all surplus department staff to assist with essential duties as applicable.

Adjuvants

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
75%	- Assist nursing with high risk, high need issues in terms of ADLs - Individual treatments - Documentation - Small exercise program	- Treatments in therapy room that brings all home areas together - Hot packs	

	- Intensive rehab program		
50%	- Eating assistance and ADL care - Lifts and Transfers - Assist with bed baths as necessary - Assist with turning and repositioning	As above plus: - Therapeutic Dining Program - Exercise programs - Prioritize individual treatments based on needs	
25%	- Assist with food delivery and tray service - Adjuvants to help with nursing with ADL care	As above	

Business Office

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
25%	- Payroll for all departments - Accounts Payable - Supply ordering - Manning front counter/switchboard	- Admissions - Trust - Accounts Receivable – paused - Reception desk - Monthly statistics - Reports - New employee sign ups and forms	

Assumption: All clerical staff will be redeployed, and non-essential work will be halted immediately.

Divisional Scheduling

Percentage at Work	Essential Tasks	Tasks to be Stopped	Tasks Delegated to Redeployed Staff if Available
75%	- Build schedules - Run call outs - Populating Vacation Bid Templates	- Answering management and employee queries - Scheduling training - Statistical data collection	N/A

50%	- Build schedules
	- Run call outs
	- Staffing would be adjusted to:
	- Days – 1 staff covering 2 Homes
	  o 4 staff required
	- Afternoons – 1 staff covering 4 Homes
	  o 2 staff required
	- Midnights – 1 staff covering 4 Homes
			Populating Vacation Bid Templates

	○ 2 staff required - 8 staff and 50% of current complement = 7 staff.		
25%	- Run call outs - Staffing would be adjusted to 12-hour shifts: - Days – 1 staff covering 4 Homes (2 staff required) 5am – 5pm - Nights– 1 staff covering 4 Homes (2 staff required) 5pm to 5am	As above plus: - Build Schedules (we're already posted 6 weeks out) - Populating Vacation Bid Templates	

Note: As the Division passed the 75% at work threshold, we could prepare and direct Divisional Schedulers to work their shifts from home. This would entail:

- Communicating Scheduler contact information to all Managers
- Communicating 'back-door' telephone message retrieval processes to Divisional Schedulers
  VPN access or SharePoint access for Divisional Schedulers (ideal but not necessarily required)

Appendix B – Minimum Staffing Levels During a Prolonged Staff Shortage

Classification	Fairview			Lakeview*			Hillsdale Estates			Hillsdale Terraces		
	Days	Aft	Night	Days	Aft	Night	Day	Aft	Night	Days	Aft	Night
PSW	15	15	6	10	10	5	24	24	18	16	16	8
RPN	6	6	4	3	3	1	6	6	2	4	4	1
RN	1	1	1	1		1	2	2	1	1	1	1
FSW	3	3	0	6	3	0	8	6	0	4	2	0
Cook/Cook Aide	2	0	0	2	0	0	2	0	0	2	0	0
MW	10	2	1	7	1	1	7	2	1	6	2	1
Adjuvant	1	0	0	1	0	0	1	0	0	1	0	0
Recreation	2	0	0	1	0	0	3	0	0	2	0	0
Clerical/Business Office	1	0	0	1	0	0	1	0	0	1	0	0
RCA (if applicable)	2	0	0	1	1	0	2	1	0	3	3	0
Active Screener	1	1	1	1	1	1	1	1	1	1	1	1

Registered staff could be redeployed to work in an RPN/PSW classification as required

All other available staff to be redeployed as FSW, MW, PSW

12 hours shifts may be temporarily created for all classifications to reduce the number of staff entering/exiting each day

*LV – 12 hour shifts already in place for RNs