



THE PINES

LONG-TERM CARE HOME

HOME-SPECIFIC OUTBREAK PLAN

HEALTH SERVICES DEPARTMENT

Long-Term Care Services

70 Pine Street, Bracebridge, ON P1L 1N3

Phone: 705-645-2100 **Toll-Free:** 1-800-461-4210 (within 705)

Fax: 705-645-5319

Email: healthservices@muskoka.on.ca

Website: www.muskoka.on.ca

Updated: May 2026

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98 Pine Street, Bracebridge, ON P1L 1N5

Tel: 705-645-4488

Fax: 705-645-6857



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1.

Overview:

- Total Beds: 160
- Units: 5 units with 32 beds each
- Room Types:
 - Private: 94
 - Basic (Shared): 66
- Rooms Sharing a Bathroom: 66

2. CORE IPAC DEFINITION

- **Fixing Long Term Care Act, 2021 (FLTCA):** A piece of Ontario legislation that replaced the previous Long-Term Care Homes Act, 2007, and came into effect on April 11, 2022. The Act focuses on improving long-term care through new resident rights, more robust accountability and enforcement, and resident-centered care.
- **Infection Prevention and Control (IPAC):** A set of evidence-based practices and procedures designed to prevent or reduce the transmission of microorganisms to healthcare providers, patients, residents, and visitors.
- **Personal Protective Equipment (PPE):** Includes gloves, masks, gowns, and eye protection used to prevent exposure to infectious agents.
- **Hand Hygiene:** Refers to any action of cleaning hands to remove visible soil and kill transient microorganisms. This can be done using *soap and water or alcohol-based hand rubs (ABHR)*.
- **Environmental Cleaning and Disinfection:** Regular cleaning of surfaces and equipment to reduce contamination risks.
- **Isolation:** *Separating individuals who are contagious* to prevent the spread of disease—commonly used in hospitals or during outbreaks.
- **Outbreak:** In long-term care (LTC) settings, an outbreak is typically defined as two or more residents or staff developing similar symptoms of an infectious illness within a short time frame and having an epidemiological link, such as living or working in the same unit or area.
- **High-Touch Surface:** A high-touch surface is any area or object that is frequently touched by hands and is therefore more likely to become contaminated with microorganisms.

- **Enteric symptoms:** Signs of illness affecting the digestive system, like diarrhea, vomiting, or stomach pain.
- **Respiratory symptoms:** Signs of illness affecting the lungs and airways, like coughing, sneezing, or shortness of breath.
- **CQI:** Continuous Quality Improvement Committee, a mandated committee from the Ministry of Long-Term Care that is focused on quality improvement in the home.

Key Contacts:

Role	Name	Email	Phone
Administrator	Jennifer Ridgley	jennifer.ridgley@muskoka.on.ca	705-645-4488 ext. 4877
Medical Director	Keith Cross	keith.cross@sympatico.ca	—
Director of Care	Dallas Miller	dallas.miller@muskoka.on.ca	705-645-4488 ext. 4805
IPAC Lead & Designate	Stephanie Albert, RPN	stephanie.albert@muskoka.on.ca	705-645-4488 ext. 4752
Human Resources	Natalie Brake	natalie.brake@muskoka.on.ca	705-645-4488 ext. 4191
Support Services Supervisor	Steve Files	steve.files@muskoka.on.ca	705-645-4488 ext. 4804
Nutrition/Food Services	Scot Gray	scot.gray@muskoka.on.ca	705-645-4488 ext. 4801
Recreation Therapist	Christina Rochette	christina.rochette@muskoka.on.ca	705-645-4488 ext. 4824
Physicians/NPs	Dr. Cross, Dr. Dechert, Dr. Hammell, Dr. Whynot	—	Contact the home
Pharmacy	Sherri Kidson	sherri.kidson@carerx.ca	—
Courier (Lab Samples)	Dynacare	—	705-205-1833

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Oxygen Provider	Homecare Oxygen	—	705-645-5161
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Staff Contact Lines:

- Cedar, Oak, Spruce: 705-645-4488 ext. 4825
- Maple, Birch: 705-645-4488 ext. 4845
- RN Cell Phone Numbers: 705-641-0319 or 705-394-2997

3. EXTERNAL COMMUNICATIONS

Resident/Family Contact: Internal process

- Internal Communication process

Local Public Health:

- Contact: Cheryl Leavens
- Email: cheryl.leavens@smdhu.org
- Phone: 705-721-7520 or 1-877-721-7520 ext. 7282
- After Hours: 1-888-225-7851

Provincial Health Agency:

- Public Health Ontario
- Email: communications@oahpp.ca
- Toll-Free: 1-877-543-8931

Ministry of Labour:

- Internal Communication process

4. OUTBREAK RESPONSE PROCEDURES

** Baseline Illness Surveillance**

- The home maintains baseline illness surveillance data to support early identification of abnormal illness trends. Baseline data is established using historical resident symptom and outbreak data to identify the typical frequency and distribution of respiratory and enteric symptoms within the home. This baseline is reviewed annually and adjusted as necessary to reflect changes in resident population, seasonality, or public health guidance. Any sustained increase above baseline illness activity triggers enhanced monitoring, documentation, and escalation to the IPAC Lead and Public Health as required.

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Initial Detection & Monitoring

- **Each shift**, symptom monitoring for all residents.
- RN/RPN assesses any suspected cases- According to FLTCA:
 - Residents are monitored for symptoms that may indicate the presence of infection, in accordance with any standards or protocols; and
 - All observed symptoms are promptly documented, and immediate measures are taken to reduce transmission, including isolating affected residents and placing them in cohorts as required.
- Public Health contacted for guidance when ≥ 1 symptomatic resident is identified.
- Outbreak declared if 2 or more residents with onset of ARI symptoms within 48 hours or 2 or more episodes of vomiting/diarrhea within 24 hours, and there is an epi link.

Isolation Procedures

- Symptomatic residents are immediately isolated and put on additional precautions.
- Isolation signage, PPE, and laundry/garbage kits placed in the room.
- Notify physicians and SDM/POA.
- Public Health will define appropriate testing, examples include: COVID PCR, multi-viral swab, stool specimen.
- Enhanced cleaning by environmental team (twice daily high-touch surfaces).
- Dietary team provides tray service to isolated residents.
- Screening to include: First four resident samples will be tested using Multiplex Respiratory Virus Testing (MRVP), Subsequent samples will be tested with FLUVID panel at PHOL.
- Masking is recommended for staff, residents, and visitors during a respiratory outbreak.

Staffing & Cohorting

Staff Cohorting:

- DOC/ADOC and Leadership Team adjust schedules to prevent cross-unit contamination.
- One PSW is assigned to isolated residents for the duration of the outbreak.
- Contingency plans are implemented to increase staffing as needed.
- Separate staff break room set up if outbreak escalates.

Resident Cohorting:

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- Residents grouped by home area to limit interactions.
- Fixed seating in dining rooms for easier contact tracing.
- Close contacts monitored for symptoms.
- Whenever possible, continuing small group activities for exposed cohorts (for those not on additional precautions) is recommended to support resident mental health and wellbeing.

Staff Education & Safety

Education Tracking and Competency Verification

- Monthly IPAC in-services on PPE, hand hygiene, transmission modes, and risk assessment.
- Orientation training includes outbreak protocols and equipment use.
- Annual online training with knowledge testing.
- Regular home area meetings with Q&A sessions.
- On-the-spot coaching by IPAC Lead.
- Leadership support during outbreaks.
- Completion of all required IPAC education, including orientation training, annual mandatory education, and outbreak-specific in-services, is formally tracked by the home.
- Attendance records, online learning reports, and competency assessments are maintained and reviewed by the IPAC Lead and Leadership Team.
- Education records are reviewed regularly to identify gaps, ensure compliance, and guide targeted follow-up education

Communication & Updates

Communication Tools and Documentation

- Daily outbreak updates sent by IPAC Lead or Nurse Manager, SMDHU.
- Updates posted on the Staff Portal.
- Families are notified via email or Family Portal.
- Standardized communication tools and templates are maintained to support timely and consistent messaging during outbreak situations. These tools include predefined outbreak notification notices, daily update formats, and documentation templates for staff, residents, families, and external partners. Templates are reviewed periodically and updated as required to reflect current public health and Ministry guidance.

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Supplies & Maintenance

- **ABHR & Soap:** Refilled by environmental and maintenance staff.
- **PPE Stations:** Stocked by IPAC Lead, Champions, and assigned PSWs. Night staff top up carts for the day shift.
- Staff responsible for using appropriate PPE based on risk assessment.

Auditing & Compliance

- **“Just Clean Your Hands”** program with Hand Hygiene Champions.
- **Daily and weekly audits** by IPAC Lead and Leadership team for IPAC practices such as PPE donning/doffing; hand Hygiene; environmental cleaning, and appropriate use of face coverings.
- On-the-spot **education** during audits.
- Non-compliance addressed by managers and reviewed by the CQI committee.
- Performance reviews include compliance evaluation.

Outbreak Management Team (OMT)

- Upon suspicion or declaration of an outbreak, an Outbreak Management Team (OMT) is activated. The OMT is responsible for coordinating outbreak response activities, ensuring compliance with public health guidance, and monitoring outbreak progression.
- The OMT includes, but is not limited to:
 - Administrator or designate
 - Director of Care / ADOC
 - IPAC Lead
 - Nurse Manager or RN/RPN designate
 - Support Services Supervisor (Environmental Services)
 - Nutrition/Food Services Representative
 - Additional members as required (e.g., Medical Director, Human Resources)
- The OMT meets daily during an outbreak and maintains documentation of decisions, actions, and communications.

Laboratory Result Management

- All laboratory specimens submitted during an outbreak are tracked by designated nursing staff and the IPAC Lead.

- Test results are monitored daily, documented in the resident health record, and communicated to the appropriate clinical team members.
- Outstanding or delayed results are actively followed up with the laboratory or Public Health. Results inform ongoing outbreak management decisions, including isolation duration, cohorting, and outbreak status determinations.

5. SYMPTOM SCREENING PROCEDURES

- **Residents:**
 - **Monitor each shift** for the presence of infection. If symptoms present; this will be recorded using the IPAC assessment and immediate actions will be taken to reduce transmission (see isolation procedures).
 - During outbreaks: Assess and record symptoms on **each shift**.
- **Staff & Visitors:**
 - Required to **self-screen** using signage at the entrance.
 - Symptomatic staff must report to their **manager and IPAC Lead** for further direction.
- **Response Team:**
 - IPAC Lead and nursing staff promptly assess and respond to illness.
 - Follow isolation and testing protocols outlined in section #4.

6. TRANSMISSION CONTROL MEASURES

- **Environmental Controls:**
 - Upgraded high-touch cleaning and disinfection equipment.
 - Enhanced housekeeping staffing to meet cleaning demands.
- **Education & Training:**
 - Ongoing staff education on hand hygiene and PPE use.
 - Reinforcement of infection control practices.
- **Safe Return to Work:**
 - Staff must consult IPAC Lead before returning.
 - **Enteric symptoms:** 48 hours symptom-free.
 - **Respiratory symptoms:** 24 hours fever-free or symptom improvement.
 - **Post-symptom masking:** 10 days.
 - Symptomatic staff must avoid shared staff areas and avoid carpooling if possible. If not possible ensure masking while traveling together.

These guidelines are subject to changes by Public Health guidelines

- **Layered Approach:**

- Emphasis on multiple interventions working together to reduce transmission.

7. EVALUATING OUTBREAK PLAN EFFECTIVENESS

- **Daily Outbreak Meetings:**
 - Held with Public Health and Leadership Team during outbreaks.
- **Post-Outbreak Debrief:**
 - Staff and leadership provide feedback on successes and areas for improvement.
 - Public Health offers ongoing recommendations.
- **Roles & Responsibilities:**
 - **RN/RPN:** Daily symptom surveillance, immediate isolation, reassessment in 24 hours.
 - **IPAC Lead:** Data analysis, communication, meeting coordination, PPE supply management.
 - **Administrator:** Updates to families, staff, and residents.
- **Continuous Improvement and Previous Outbreak Review**
 - Following each outbreak, recommendations from Public Health, internal audits, and post-outbreak debriefs are formally reviewed by the Leadership Team and CQI Committee.
 - Identified improvement opportunities are documented, actioned, and incorporated into updated policies, procedures, and staff education as required.
 - Evidence of reviewed recommendations and resulting changes is maintained to support continuous quality improvement and preparedness for future outbreaks.

8. VACCINATION PROTOCOL

- **Staff & Residents:**
 - Regularly offered vaccines per **Public Health** guidelines.
 - Ensures timely protection against circulating illnesses.

9. PPE MANAGEMENT & SUPPLY PLANNING

Responsible Personnel

- **Inventory & Tracking:** Stephanie Albert, RPN, IPAC Lead 
stephanie.albert@muskoka.on.ca |  705-645-4488 ext. 4752
- **Ordering PPE:** Stephanie Albert, RPN, LTC-CIP & Dallas Miller, DOC 
dallas.miller@muskoka.on.ca |  705-645-4488 ext. 4805

Regular Supplier

- **Supplier:** Cardinal Health
- **Ordering Portal:** [Cardinal Health Canada](https://www.cardinalhealth.ca)

Key PPE Supply List (2 Weeks' Worth)

To maintain readiness for a two-week outbreak scenario, the following PPE items should be stocked in sufficient quantities:

Type of PPE/Disinfectant/AB HR	Location(s)	Min Quantity	Supplier
N95 Masks	PPE supply cupboards on Cedar, Spruce, Birch. Nursing and Environmental Supply Room Axillary Room (across from Nursing and Environmental supply room)	2000(2 per day per person)	Cardinal Health
Surgical/Procedure Mask	PPE supply cupboards on Cedar, Spruce, Birch. Nursing and Environmental Supply Room	4000	Cardinal Health

Type of PPE/Disinfectant/AB HR	Location(s)	Min Quantity	Supplier
	Axillary Room (across from Nursing and Environmental supply room)		
Isolation Gowns	PPE supply cupboards on Cedar, Spruce, Birch. Nursing and Environmental Supply Room	20 Boxes	Cardinal Health
Protective Eye Goggles	PPE supply cupboards on Cedar, Spruce, Birch. Nursing and Environmental Supply Room	40/day	Cardinal Health
Face Shields	PPE supply cupboards on Cedar, Spruce, Birch. Nursing and Environmental Supply Room	40/day	Cardinal Health
Gloves	Nursing/Environmental supply room	Months' Supply	Cardinal Health
Hand Sanitizer	Nursing/Environmental supply room-large pump supplies Pandemic Supply Room -hand pumps	300 individual pumps/months' supply, large receptacles	Cardinal Health

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Type of PPE/Disinfectant/AB HR	Location(s)	Min Quantity	Supplier
Disinfectant Wipes	Nursing/Environmental supply room	Months' Supply	Cardinal Health
Swabs	Pandemic Supply Room & on-unit treatment rooms	N/A	Dynacare & Public Health
Concentrated Disinfectant	Housekeeping Supply Room	Months' Supply	Cardinal Health
ED-Everyday Disinfectant	Housekeeping Supply Room	Months' Supply	Cardinal Health

*Annual Mask Fit Testing

*The list of staff who have been fit tested for N95 respirators is up-to-date and available including brands/models and sizes

This Home-Specific Outbreak Plan is reviewed at least annually and updated as required to ensure alignment with current Ontario Public Health Standards, Ministry of Long-Term Care requirements, and best practices in Infection Prevention and Control.

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10. 🌿 OUTBREAK PLAN – SNAPSHOT

🌿 IPAC Framework (FLTCA, 2021)

- Infection Prevention & Control (IPAC): Evidence-based practices to reduce transmission of infectious agents.
- **Key Components:**
 - Hand hygiene (soap/water or ABHR)
 - PPE use (gloves, masks, gowns, eye protection)
 - Environmental cleaning & disinfection
 - Isolation & cohorting
 - Outbreak Definition (LTC):
 - ≥2 residents/staff with similar respiratory symptoms within 48 hrs or
 - ≥2 enteric cases (vomiting/diarrhea) within 24 hrs with epidemiological link
 - CQI Committee: Oversees quality improvement related to IPAC and outbreaks.

✅ Measures We're Taking

- Daily passive screening and illness follow-up with staff.
- Safe return-to-work conversations guided by public health protocols.
- Assess and record symptoms for residents on each shift.
- Masks available at all times; mask-friendly policy in place.
- Resident hand hygiene program with regular auditing.
- Robust outbreak protocols aligned with ministry and public health guidance.

🧑‍🎓 Staff Safety & Education

- Monthly **IPAC educational in-services** conducted during shifts.
- Annual mandatory training via online learning platforms.
- Mask fit testing and consistent availability of PPE supplies.
- On the spot education when gaps are noted during audits.

🔍 Symptom Screening

- **Residents:**

- **Monitor each shift** for the presence of infection. If symptoms present; this will be recorded using the IPAC assessment and immediate actions will be taken to reduce transmission (see isolation procedures).
- During outbreaks: Assess and record symptoms on **each shift**.
- **Staff & Visitors:** Required to self-screen before entering the home.

Transmission Control Measures

- A layered approach combining:
 - Staff and family education
 - Hand hygiene audits and coaching
 - Enhanced Environmental Cleaning
 - Daily Symptom Screening
 - No single measure is relied upon—it's the synergy that protects our home.

Communication

- Daily outbreak updates (staff & Public Health).
- Family notifications via email/portal.
- Standardized outbreak templates maintained and updated.

Cleaning Protocols

- All high-touch surfaces cleaned daily with **Health Canada-approved disinfectants**.
- During outbreaks: cleaning frequency increases to **twice daily**.

PPE & Supplies

- **Supplier:** Cardinal Health
- **Two-Week Stock Maintained** (N95s, surgical masks, gowns, gloves, eye protection, ABHR, disinfectants).
- PPE inventory & ordering managed by IPAC Lead & DOC.
- **Annual N95 fit testing completed and documented.**

Outbreak Response

- Immediate collaboration with **Public Health**.

- Full compliance with current **Public Health and Ministry guidelines**.
- Activation of outbreak protocols, including isolation, testing, and cohorting.

Vaccination

- Staff and residents offered vaccines per Public Health guidance.

Evaluating Effectiveness

- **Daily OMT meetings** during outbreaks.
- Post-outbreak debriefs with **Public Health**.
- Action items tracked and incorporated into updated procedures and training.
- Post-outbreak **CQI debrief meetings** with leadership and staff.
- Review of Public Health feedback and implementation of recommended remediations.

 **This Home-Specific Outbreak Plan is reviewed at least annually and updated to align with Ontario Public Health Standards and Ministry of Long-Term Care requirements.**

For any questions regarding this plan, please contact the Infection Prevention and Control Lead, Stephanie Albert, at stephanie.albert@muskoka.on.ca.

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