

Home-Specific Outbreak Plan

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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

THE PINES
Long-Term Care Home
98 Pine Street, Bracebridge, ON P1L 1N5
Tel: 705-645-4488
Fax: 705-645-6857



1. LTC Home Information:

The following list can be utilized to document key home contacts in the event of an Outbreak.

Alternately:

- An organizational chart with contact information may be attached to the site outbreak plan; or
- An emergency response contact list updated and utilized for other emergency response plans may also be utilized or added in this section.

LTC Home Information:	
Home:	The Pines Long-Term Care Home
Total # of beds:	160
# Of units & beds/unit:	5 units/ 32 bed per unit
# Of shared occupancy rooms:	Private: 94 Total
	Basic: 66 Total
# Of rooms sharing a bathroom:	66

	NAME AND CONTACT INFORMATION
Administrator:	Jennifer Ridgley Jennifer.ridgley@muskoka.on.ca 705-645-4488 ext. 4877
Medical Director:	Keith Cross Keith.cross@sympatico.ca
Director of Care:	Kimberly Sander Kimberly.sander@muskoka.on.ca 705-645-4488 ext. 4805
IPAC Home Lead	John Iskander john.iskander@muskoka.on.ca 705-645-4488 ext. 4752
IPAC Home Lead Designate	John Iskander john.iskander@muskoka.on.ca 705-645-4488 ext. 4752

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	NAME AND CONTACT INFORMATION
Human Resources:	Charlene Hofstetter Charlene.hofstetter@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/Dietary:	Scot Gray Scot.gray@muskoka.on.ca 705-645-4488 ext.4801
Recreation Therapist/Manager/Supervisor	Christina Rochette Christina.rochette@muskoka.on.ca 705-645-4488 ext. 4824
Physicians/NPs:	Dr. Cross, Dr. Jones, Dr. V. Dechert, Dr. B. Mittal and Dr. S. Whynot Please contact the home
Pharmacy & Pharmacist:	Sherri Kidson Sheri.Kidson@carerx.ca
Courier contact for transportation of Lab samples:	Dynacare 705-205-1833
Vital Aire Contact Information or Medigas Contact Information	Homecare Oxygen 705-645-5161
Staff contacts:	RN cell number 705-641-0319 Or 705-645-4488 ext. 4825
Residents/Family contacts:	Internal process

2. External Communication

Local Public Health	Ashley Scopel Ashley.scopel@smdhu.org 705-721-7520 or 1-877-721-7520 ext:7422	After hours: 1-888-225-7851
Provincial Health Agency	Public Health Ontario General Inquiries Toll-Free: 1-877-543-8931 communications@oahpp.ca	
Ministry of Labour (if applicable)	Internal Process	

3. What will you do if there is a potential outbreak, or suspected outbreak in your home?

When the home goes into Outbreak, it requires help from the whole team. The residents are monitored daily for symptoms as per current public health guidance. Here is the process:

What are your isolation procedures?

- Isolate suspected case to their room/living quarters;
- Communicate with RN/RPN and they will assess the resident;
- Isolation Precaution signage, PPE and garbage placed outside of the resident’s room;
- Notify residents physician and SDM/POA;
- Test as appropriate- Covid in house PCR test, multi-viral swab or stool specimen to be obtained;
- Contact public health for consultation with 1 or more symptomatic residents;
- Communicate with environmental team to perform enhanced twice daily high touch surface cleaning;
- Communicate with dietary to provide tray services to Isolated residents;

The Nursing Leadership Team is then notified of the illness, and then then Public Health is contacted, and direction is provided. An outbreak is declared if more than 2 related incidents of illness are linked amongst residents. Families are then notified via email or the family portal.

Co-horting Staffing Plan:

DOC/ADOC work with scheduling and the Leadership Team to review staff assignments to ensure staff co-horting is done to the best of our abilities without compromising care. We do this to mitigate the risk of staff bringing illness to unaffected units.

Activities staff pivot to accommodate the outbreak and provide in unit activities and one on one visiting as deemed safe.

If outbreak is not contained, separate staff break room to be provided/set up.

Co-horting Resident Plan:

In our congregate living setting, even when not in outbreak, our activities team groups together residents of the same home areas. Being with their fellow home area residents, it makes it easier to track and respond to illness. It also decreasing the amount of people they interact with, which decreases the risk of spreading illness.

In the dining rooms, the residents have a seating arrangement. Not only is it nice for our residents to sit with the same friends each day, but this also allows for quick contact tracing, and we can isolate any illness quickly. Residents who sit together can be considered close contacts of an ill resident. This allows us to increase symptom monitoring for those residents to provide further spread of both respiratory viruses and enteric viruses.

How will you ensure that all staff are knowledgeable and able to keep themselves safe from exposure during an Outbreak?

Monthly, there is educational IPAC in-services provided to staff. The education includes, but is not limited to, safely using personal protective equipment, hand hygiene, and the different modes of transmission for virus or bacteria that can make us ill. Training about personal risk assessments occurs, which allows staff to assess all situations and use the appropriate protection for themselves and the residents.

Upon hire, in General orientation we have training in hand hygiene, PPE use and signage used in the home.

Staff members complete annual training utilizing an online learning system as well. The system reviews the information and tests their knowledge related to Infection Control practices.

The Pines completed resident home area meetings on a regular basis with education and a question/answer period for staff.

Our IPAC lead completes on the spot coaching and mentoring for staff to ensure knowledge and comfort level with infection control practices.

How to are staff kept up to date with Pines outbreaks?

The Pines IPAC Lead or covering Nurse Manager is responsible for sending out daily Outbreak Updates. The updates are also posted on the Staff Portal for awareness.

Who will fill ABHR? Environmental staff and maintenance staff are key to our team and are responsible for filling our Alcohol Based hand Rub and Soap dispensers. It is also the responsibility of all staff, residents, and visitors to identify and communicate if a receptacle is empty.

Who will refill PPE stations? The IPAC lead is responsible for ensuring we have enough PPE supplies. Each unit has a supply of PPE. The IPAC lead does morning rounds ensuring PPE is stocked. However, the PPE is available on unit, and it is up to staff to ensure they have the appropriate PPE according to the risk assessment of their duties.

Who will audit Hand Hygiene and PPE donning and doffing practices? The Pines has a hand hygiene program Just Clean Your Hands and our Hand Hygiene Champions are part of the auditing process and providing on the spot education to staff, visitors, and residents.

The IPAC Lead does daily Auditing on units and has a weekly schedule for Hand Hygiene Auditing. Wearing PPE and proper hand hygiene is the responsibility of all staff and auditing is that of the IPAC lead and other Leadership Team members. The IPAC Lead will ensure that the auditing is completed and analyzed.

Who is looking at compliance rates and addressing poor compliance? The IPAC lead or person doing the audits does on the spot coaching. If there are patterns occurring, follow up then done by the staff's manager. The IPAC Lead is responsible for reporting to the CQI committee for discussion with the team. Compliance is addressed in performance reviews.

- 4. How will you screen for symptoms?** The Pines continues to follow public health recommendations and guidance. At this time, we screen all residents daily for respiratory symptoms. This occurs twice daily during Outbreaks.

Residents are screened for respiratory symptoms each shift as well as have their temperature take. Quick identification of symptoms results in decreased spreading of illness. When in an outbreak, we increase this to twice a day.

Staff and visitors are also to self-screen as per the signage at the front door. Any staff with symptoms are to connect with their manager and the IPAC lead for further direction.

The IPAC lead and nursing staff are responsible for promptly responding to illness and following the steps in #3.

- 5. How will you control the risk of transmission in your home?**

We have made ongoing changes to reflect the Public Health and Ministry guidelines.

We have new high touch cleaning and disinfection equipment. We continue, as above, to provide education and training on proper hand hygiene and PPE use. Ensure staff for housekeeping is sufficient to meet the cleaning requirements including high touch cleaning.

No one intervention is perfect, it is the combination of many things that work together to reduce transmission and work to keep our residents and staff safe.

All sick staff members are to connect with IPAC lead for follow up prior to return to work. Our safe return to work ensures we are following current public health guidelines which include 48 hour symptom free for enteric symptoms, and for respiratory, 24 hours fever free or symptom improvement, with implemented 10 day masking post symptom onset. Staff are also directed to avoid common areas that have other staff.

6. How will you determine whether your outbreak plan is working?

When the Pines is in Outbreak, we have daily meetings with Public Health and the Leadership team to determine what actions need to be taken. After the Outbreak is over, we debrief and ask staff and leadership what they felt went well and what can improve. Public Health also provides ongoing recommendations to us.

The Role of the Infection Prevention and Control Lead is complete daily symptoms surveillance, analysis, communicate with nursing staff and Public Health, schedule the daily Outbreak meetings, and ensure we have enough PPE at all times. Our Administrator provides updates to all family members, staff, and residents.

7. Vaccinations

All staff and residents are regularly offered Covid Vaccines at the interval recommended by NACI and SMDHU.

Residents and staff are also offered the influenza immunization during flu season as well as any other recommended vaccines through Public Health.

8. Person(s) Most Responsible for PPE

Inventory and Tracking: John Iskander IPAC LEAD

Person responsible for ordering PPE: Kim Sander DOC

Regular supplier and Contact Information: Cardinal Health

<https://shop.cardinalhealth.ca/chc?catalogId=3074457345616676668&storeId=10151&krypto=IBRfJN5WbDSc2mF7OCj4zO927rqaVEQEvsgXqLhSIg9ErIh5IWQj5Sto5DkqhSrWvof3bhflgJW4G2eqJnMfcNEaw4yFP7e66Uk9%2FvdVHK9HSt2qUVB6UQfOCddTK4pd9FCT6aG9ZJEnr6ShSGJPOoYheePYMAvVbDZKRqkKxELtsHcncstotbgbT1pdf7iOYB3KSbqoxT9l1gH9rvmXVOd05C4xolgRd2sS2IvuERBJTnC%2FjYwWwPY2m9vkUeibdlW03TfJXC%2FuY%2BroonXwMIEiPgcNaHHhe7LBzmp07tukAXI9%2FoBLq7qwc2rAg57Gx9JU98WPfhmg%2B0dlWNWwy0zzF2IUKvWENjvROw33%2FCPhxDAYachYVjZ5J8Ut0cX>

Home-Specific Outbreak Plan

Key Supply List 2 weeks' worth:

Type of PPE/Disinfectant/ABHR	Location(s)	Min Quantity	Supplier
N 95 Masks	Fran Coleman Room Pandemic supply room	2000(2 per day per person)	Cardinal Health
Surgical/Procedure Mask	Fran Coleman Room closet/pandemic supply room	4000	Cardinal Health
Isolation Gowns	Pandemic Supply Room & on unit clean utility rooms	20 Boxes	Cardinal Health
Protective Eye Goggles	Pande Pandemic Supply Room & on unit clean utility rooms	40/day	Cardinal Health
Face Shields	Pandemic Supply Room & on unit clean utility rooms	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
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

Outbreak Plan – Snapshot

- **Measures we're taking.**

Daily passive screening, illness follow up with staff, and safe return to work conversations; daily respiratory screening for residents; masks available at all times and mask friendly policy in place; resident hand hygiene program and auditing
- **How we're ensuring staff know how to keep themselves safe from exposure**

Our home has implemented monthly IPAC educational in-services staff must attend on shift, as well as our ongoing mandatory learning platforms that provide annual education regarding IPAC practices.
- **How we're screening for symptoms.**

Residents are screened and monitored daily as per current Public Health Guidance. While visitors and staff are to self-screen prior to entry of the home.
- **How we're controlling the risk of transmission in our home.**

Not any one measure is responsible for mitigating transmission in our home. It is a combination of education for staff and families, hand hygiene audits and education, environmental cleaning and daily screening combined that help to mitigate transmission.
- **Cleaning**

All high touch surfaces are cleaned daily with Health Canada Approved Disinfectant and twice daily when in outbreak
- **What we will do if there is a potential or confirmed Outbreak in our home**

We will collaborate with Public Health and follow all current Public Health and ministry guidelines
- **How we're making sure our plan is working**

We debrief at our CQI meetings, and at that time we go through remediations in place from our Public Health Feedback