2024-2025 DEPARTMENT – NURSING DEPARTMENT – EMERGENCY PREPAREDNESS PLAN

Planning Goals	Departments/Areas Involved and Benefits	Action Plan: Who, What, Where, When, How
NURSING – Services that must be maintained by the nursing department to care for and promote wellbeing for our residents	Director of Care Assistant Directors of Care Nursing- Registered Nurse (RN) & Registered Practical Nurse (RPN) Personal Support Worker (PSW) Physicians NPs Pharmacy/Pharmacist Dietary Team Activities Team Benefits: Working collaboratively to ensure the health and wellbeing of residents are maintained	• Ensuring supply of medications and treatments to maintain quality of life are available at the home or through the pharmacy to reduce risk of transfer to hospital 1. Maintaining basic care needs including bathing, peri care, and mouthcare; Review bathing schedule 2. Reducing the amount of laundry being sent to laundry department 3. Enhanced cleaning and disinfection of equipment, high-touch surfaces, and other items 4. Collaboration with Dietary Team to explore alternative dinning locations i.e., in resident's bedroom, single table dinning, etc. 5. Collaboration with the activities department to establish activities appropriate to the isolation requirements and status of the home area
COMMUNICATION – To provide the most current communication to inform employees, residents, essential caregivers, and family members regarding pertinent information	Leadership team Benefits: Residents, employees, essential caregivers, visitors, and family members benefit from staying informed and receiving current information	• Pertinent information shared to employees, residents, essential caregivers, visitors, and family members regarding Nursing Department Plans 6. Communication will occur through various means, but is not limited to: Resident Home Area (RHA) meetings, e-mails, employee meetings, Residents' and Family Council Meetings, in-person, Resident and Family Portal, Employee Portal, email family updates, posted information in the home, etc. 7. Representation from the department to attend Infection Prevention and Control Meetings 8. Representation from the department to attend Daily Outbreak Meetings 9. Inform residents of current outbreaks by posting signage outside of dining room

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		10. Outbreak Huddles: RPN will lead a huddle with the team (PSWs, housekeeper, RN) on the unit at the start of the shift; RN will support the RPN with the huddle. RPN is the leader of the unit and therefore, will assist in laying the foundation for the IPAC compliance, outbreak requirements, etc., for that shift. RPN will have a coaching conversation at the start of the huddle to remind team members that they will be correct PPE non-compliances and any IPAC concerns that are noted on the shift.
STAFFING – To ensure the wellbeing and safety of our residents staffing level to be maintained	Staff Schedulers Director of Care Assistant Directors of Care <u>Benefits:</u> Ensuring staffing levels to maintain the necessary support to care for the residents	11. Regular communication between staff schedulers and Nursing Leadership on staffing levels 12. All Staff Levels will be reviewed on a daily basis with leadership scrum meetings. On Fridays, the leadership team will determine further needs, including IPAC Lead support and Management support requirements, if any. 13. Upstaffing for extra unit coverage for assessing, monitoring and documenting on resident status, resident care, nutrition, restocking PPE supplies, audits. 14. Outbreak Staffing Levels: a. PSW-Days and Evenings: add one (1) PSW for every five (5) residents isolated- continue to increase with each five (5) residents isolated. Dedicating the PSW to care for the isolated residents. b. PSW- Nights: add (one) 1 PSW for every ten (10) residents isolated to a maximum of two (2) extra PSWs. c. RPN/RN- days/evenings: add one (1) extra RPN/RN once ten (10) residents are isolated- do not increase after the addition. d. RPN/RN- nights: no addition to staff complement. 15. Nursing leadership team to support where needed 16. Utilize agency staff as required 17. Nursing Leadership to follow outbreak staffing plan to support residents in isolation 18. Medical director and attending physicians notified of staffing concerns 19. Redeployment of other departments and District employees, including paramedics, if required

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		20. Nursing Leadership to coordinate training for employees redeployed 21. Nursing Leadership to assist with delegating tasks to home volunteers and/or redeployed staff 22. Nursing Leadership and nursing staff to support and train essential caregivers who wish to support their loved ones 23. Cohort of employees to the best of our abilities to set home areas to reduce cross - contamination 24. Cohort of employees to set home area lunchrooms to reduce risk of cross contamination 25. Nursing Leadership to address social factors that might prohibit employees from working
INFECTION PREVENTION AND CONTROL (IPAC) - To maintain the health, wellness, and safety of our residents, essential caregivers, visitors, and employees	IPAC Lead with support from the Leadership Team Benefits: Ensuring preparedness will include ongoing education with residents, essential caregivers, visitors, and employees. To ensure knowledge and understanding of infection control practices and procedures, including immunizations, hand hygiene, personal protective equipment, etc.	26. The IPAC lead will be responsible for the development of the education plan, which includes initial, and ongoing training 27. Team to use audit tool during outbreaks to support team members with complying with the IPAC practices set out in the home. 28. Frequency of training: employee orientation, student orientation, in the moment with all individuals, during auditing, annually, during outbreaks, and more frequently if a pandemic threat is imminent 29. Methods for training employees, students, and volunteers quickly for new and altered job roles as well as cross training (i.e., job descriptions, orientation check lists) 30. IPAC lead to audit whole home as per Public Health Unit (PHU) biweekly when not in outbreak 31. IPAC lead to attend Family and Residents' Councils to collaborate IPAC related concerns and provide education on current IPAC practices and procedures at least annually and when required 32. IPAC to report immunization status, any reportable diseases, and any other reporting requirements as per the Ministry of Long-Term Care (MLTC) and/or Public Health Unit (PHU) 33. Immunization clinics to be held for residents, and employees as per PHU guidelines and recommendations

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		34. Development of Home Specific Outbreak Plan and ensure review and update on at least an annual basis 35. Following Public Health Unit guidelines and any other provincial documents related to infection prevention and control
INFECTION PREVENTION AND CONTROL (IPAC) continued- To maintain the health, wellness, and safety of our residents, essential caregivers, visitors, and employees	IPAC Lead with support from the Leadership Team <u>Benefits:</u> Ensuring preparedness will include ongoing education with residents, essential caregivers, visitors, and employees. To ensure knowledge and understanding of infection control practices and procedures	**The education will include but is not limited to:** 36. The importance of proper hand hygiene techniques 37. The principle of physical distancing, if required 38. Risks of transmission and breaking the chain of infection 39. Risk associated with infectious disease 40. The appropriate use of Personal Protective Equipment (PPE) which includes donning and doffing (putting on and taking off) of gloves, gowns, eye protection, and masks 41. Principles of routine infection control practices 42. Procedures that are considered high-risk and ensuring employees understand the rational 43. Conducting risk assessments as per directives 44. Benefits of case finding/Surveillance and immediate isolation 45. Cleaning and disinfection of equipment 46. Everyone has a responsibility to keep others safe 47. Employer's responsibility to protect workers health 48. Risk, benefits, and myths regarding immunization
INFECTION PREVENTION AND CONTROL (IPAC) - To maintain a PPE Inventory that would support the home for four (4) weeks after a	IPAC lead Director of Care Assistant Directors of Care (if required)	49. Inventory to be checked weekly and more frequently if required 50. IPAC Lead to report any ordering needs to ensure adequate supply 51. Inventory will include: a. Stockpile of gloves, gowns, surgical masks, N95 masks, eye protection (goggles and/or shields) b. Stockpile of thermometers, oxygen monitors, and IPAC nursing supplies

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declaration of an outbreak or pandemic related to a communicable disease	Benefits: will maintain and monitor the PPE supply to ensure adequate supply for regular use as well as outbreak and pandemic management	c. Stockpile of hand sanitizer, disinfectants, hand soap, any other chemical and disinfecting chemical required by the nursing team 52. Alternative supply chains identified to prevent disruption 53. Employees accessing the PPE supply are required to sign out the items to assist with tracking and monitoring of use 54. Baseline burn rate to be established and monitored for ordering and financial considerations
INFECTION PREVENTION AND CONTROL (IPAC) - All employees are to have mask fit testing completed for N95 use and ensure it is up to date on an annual basis and more frequently if required	IPAC Lead with the support of the leadership team Administrative team Benefits: employees will be well protected with up-to-date mask fit testing for the use of N95 masks	55. IPAC lead maintains an active list of employees with the assistance of the administrative team 56. IPAC Lead will mask fit test any new employees hired at the home within six (6) weeks of starting employment 57. IPAC Lead will ensure current employees are mask fit tested as per best practices, including annually as well as more frequently if required
INFECTION PREVENTION AND CONTROL (IPAC) - Surveillance of infectious diseases will be monitored and analyzed on an ongoing basis to prevent the spread and transmission of infectious diseases	IPAC lead with support of the leadership team Nursing- RN, RPN, and PSW Benefits: Ensuring the early identification of potential resident infections, outbreaks, and implementation of control measures as soon as possible	58. Ongoing home-wide surveillance for detection of new infections 59. Ongoing daily assessments and monitoring of residents for signs and/or symptoms of infection 60. Residents are to be isolated immediately if signs and/or symptoms of infection are noted for further assessment and testing to determine the causative agent 61. IPAC lead or RN (after-hours and on weekends) reports to PHU based on MLTC guidelines if there is evidence of a suspected outbreak 62. Residents are to remain isolated until testing and isolation period are completed unless another cause for illness is determined 63. Employees to follow isolation signage placed on resident room doors to ensure reduction of the spread of infection and proper PPE usage 64. Daily documenting of infections and symptoms in the home to ensure tracking and trending

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		65. Tracking and trending to be shared with Infection Control Committee
INFECTION PREVENTION AND CONTROL (IPAC) - To ensure the health and safety of our residents, families, and employees by following evidence-based practices	IPAC lead Director of Care Assistant Directors of Care Nursing- RN, RPN, and PSW <u>Benefits:</u> Initiate the outbreak with the direction of the local Public Health Unit (PHU) and Medical Officer of Health to reduce the risk of spread to visitors, residents, employees, and essential caregivers	66. IPAC lead will initiate the Pines Home Specific Outbreak Plan including the daily meetings 67. Initiate resident isolation protocol when necessary 68. To complete active monitoring every shift of all residents in the outbreak home area 69. Obtain specimens from residents with suspected illness as per PHU 70. IPAC lead will provide communication guidance, support, and education to residents, essential caregivers, visitors, and employees 71. The IPAC lead will support the administration team in establishing the appropriate screening process for all those entering the home 72. IPAC will monitor employee illness and safe return to work 73. IPAC lead or designate will complete PPE and hand hygiene audits including education at the moment 74. Education for staff, residents, and essential caregivers related to transmission and breaking the chain of infection 75. Cohort and isolate residents according to current directives and PHU guidance 76. IPAC lead to initiate and monitor social distancing and gatherings in the home to ensure safety when needed 77. Report to the Ministry of Long-Term Care via the critical incidents reporting system immediately and at intervals determined by the MLTC 78. Communications with essential caregivers, POA/SDM, resident physician, medical director, Pharmacy, other vendors (Ontario Health at Home, Medigas Oxygen, STL imaging, etc.), and interdisciplinary team 79. Ongoing communications on a daily basis 80. Monitor and ensure appropriate staffing and support maintained