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| MANUAL: | Emergency | Policy No.: | 8-A-10 |
| SECTION: | Pandemic Plans | | |
| SUBJECT: | Definitions/Planning | | |

POLICY: The John Noble Home will develop a response plan for a Pandemic that will abide by the following principles:

1. Planning for a Pandemic:

In its commitment to residents, clients, tenants and staff safety, the John Noble Home will strive to:

- Create and maintain a culture of safety within the organization;
- Reduce the spread of serious illness and overall deaths associated with a pandemic outbreak through appropriate management of the John Noble Home’s service system so as to minimize disruption to the residents/clients and tenants of the Home, Day & Stay and Bell Lane Terrace stemming from a pandemic;
- Create a work life and physical environment that affords staff the best protection possible while supporting the safe delivery of care/service;
- Improve the effectiveness and coordination of communication among all John Noble Home constituencies, including care/service providers and recipients, other suppliers of material resources and services, government agencies, and the community at large;
- Maintain communication with substitute decision maker of residents/ clients, where appropriate, in the care of the John Noble Home to reassure and keep informed about the well-being of the residents/clients;
- Have contingency measures to address assurance of continued supply of essential material required for ongoing business operations and delivery of essential services; and
- Behave as a responsible corporate citizen where community health issues are concerned by coordinating with the implementation of national, provincial and local health systems pandemic plans.

2. Use an Ethically Sound Approach:

In the event of a pandemic the John Noble Home will act in accordance with policies that are reflective of sound ethical principles that are transparent, and comprehensible to all constituents.

3. Use A Strategic Approach:

- 3.1 The John Noble Home’s Pandemic Policies are based upon a four-pronged strategic approach:

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- **Be Ready**

To plan at the organizational level in anticipation of a pandemic.

- **Be watchful**

To practice active baseline surveillance as per infection control policy to identify the earliest signs of a pandemic, and vigilant monitoring throughout the “Active Pandemic Period”.

- **Be decisive**

To manage the disease spread quickly and effectively.

- **Be transparent**

To maintain communication with stakeholders of the John Noble Home through all phases of the pandemic.

- 3.2** All services/programs operated by the John Noble Home will be classified either as “Essential” or “Ancillary”. All efforts will be made, including suspending operation of ancillary services/programs and diverting resources as necessary to maintain operation of essential services/programs.

4. Practice Implementation of the John Noble Home Pandemic Response Plan on a Regular Basis

Simulated implementation of all or selected elements of the John Noble Home Pandemic Response Plan will be conducted periodically, involving key management and other personnel, to ensure all are familiar with such policies and procedures.

- 5. Recognize a pandemic period/outbreak to be in effect when** the World Health Organization so declares and the Ministry of Long-Term Care (MOLTC), the Province of Ontario and / or the Brant County Health Unit as designated government agencies, advise health service agencies, including the John Noble Home, to activate response measures.

6. Role of the Emergency Planning Committee:

The John Noble Home Emergency Planning Committee will assist with the development, review and revision of the John Noble Home pandemic plan and assist to initiate actions in the event of a pandemic outbreak.

- In planning and formulating policies and procedures, due attention will be given to ethical considerations that are consistent with John Noble Home values, and congruent with current community standards.

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- Existing infection control and reporting policies and procedures practiced in the John Noble Home will be referenced as the basis upon which to establish risk management and containment procedures pertaining to a pandemic outbreak context.
- Together, management, frontline staff and the Joint Health and Safety Committee will work to develop feasible pandemic policies and procedures.
- The Emergency Planning Committee is accountable to the Administrator for planning and review functions.

7. Definitions:

Pandemic is virulent virus that causes a global outbreak, or pandemic, of serious illness. There is little natural immunity among humans, the disease can spread easily from person to person.

8. Implications – Health Care System Overload

Most people have little or no immunity to a pandemic virus. As the pandemic spreads infection illness rates will soar. A substantial percentage of the general population will require some form of medical care. Communities are unlikely to have the staff, facilities, equipment and hospital beds needed to cope with large numbers of people who suddenly fall ill. Death rates are expected to be high, as largely determined by four factors:

- Number of people who become infected,
- Virulence of the virus,
- Underlying characteristics and vulnerability of affected populations, and
- Effectiveness of preventive measures.

The John Noble Home, as with other components of the overall health care system, will be subject to the effect of system overload, and will have to be prepared to respond to the impact of a pandemic. It will have to plan for how to ensure continued operation of essential services for residents/clients, and to support staff in coping with the challenges stemming from a pandemic.

9. Medical Supplies and Clinical Resource Shortage

The need for vaccine, if/when one is available, is likely to outstrip supply at least for a period of time.

The need for antiviral drugs is also likely to be inadequately met early in a pandemic.

A pandemic can create a shortage of hospital beds, ventilators and other supplies.

Surge capacity in the form of non-traditional sites/areas may have to be created within the John Noble Home to supplement regular capacity to provide care (i.e. where to house cohorts of infected residents, isolated from other vulnerable residents).

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Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines.

10. Other Material Supplies and Services Shortage

Regular supply chain of material and services might break down as a result of the pandemic impacting those organizations and personnel servicing them.

11. Human Resource Challenges

John Noble Home staff, as with the general population in the community, will be subject to direct and indirect impact of infection. Availability of staff to work will be affected by:

- Those contracting the illness;
- Those needing/choosing to stay home to care for family members laboring under the effects of the illness;
- The fear of infection irrespective of the actual risk; in addition to
- Other factors that might impact on absenteeism rate (e.g. disruption to public transportation due to absenteeism among transportation workers).

It is anticipated that there will likely be insufficient staff available to continue operating all service programs in the normal manner.

Difficult decisions will need to be made regarding which John Noble Home programs need to continue operating, and which will be suspended in the interim.

12. Visitors to the Home

To prevent risk of transmission to vulnerable residents from the general public, levels of visitor restrictions will be determined by the level of pandemic spread within the community.

13. Screening

As levels of the pandemic rise screening of staff, residents and visitors will need to be screened for symptoms prior to entering the building. Levels of screening are dependent on pandemic levels within the community and can range from passive (signage) to active (physical symptom checks). Individuals will be denied entrance if they do not pass required screening.

14. Personal Protective Equipment (PPE)

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Staff, residents, visitors and tenants will be required to wear the recommended level of personal protective equipment while in the building according to the level of threat within the community. The Home will make every effort to ensure adequate supplies of PPE are available and accessible to all entering the home. Regulations regarding PPE use will be followed as instituted by Brant County Public Health, the Ministry of Long-Term Care and/or the Provincial Government.

PROCEDURE:

1. Senior Management will assume centralized oversight in regards to both internal and external matters pertaining to the continued operation of all John Noble Home programs and services during a pandemic.
2. The John Noble Home responses to a pandemic will be coordinated with broader systemic measures coordinated by the government through the Brant County Health Unit and the Ministry of Long-Term Care.
3. Essential services as defined in Policy 8-A-50 will maintain operations where human and material resources allow continuance during the Pandemic Period.
4. Priority will be given to allocating human and material resources to operate essential services, even if such has to be diverted from services/programs deemed to be ancillary.
5. Ancillary services/programs will be suspended to allow for the necessary human and other resources to be diverted to sustain essential services.
6. Decisions regarding suspension of ancillary services/programs and operational resumption will be made by Senior Management and regularly reviewed in accordance with provisions of Policy 8-A-50.
7. A declared pandemic period is deemed to be in effect until WHO declares the pandemic is over, and the MOLTC, the Province of Ontario and Brant County health unit issues an official notice.
8. Government pronouncement to the contrary; If there were not clear consensus among government agencies, the John Noble Home shall abide by the instructions of the MOLTC.
9. Until such time as government pronouncement signifies that the pandemic period is past, and the post-pandemic period is in effect, pandemic policies will continue to be adhered to throughout the John Noble Home organization.



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10. Upon entering the post-pandemic period, Senior Management will continue to provide direction towards resuming baseline operation, re-connecting with broader resident/client and addressing any after effects on staff, clients/residents, and the organization as a whole stemming from the pandemic experience.
11. For purpose of organizational learning, a comprehensive post pandemic incident review is to be conducted as soon as possible in the post-pandemic period in order to improve the readiness of the John Noble Home in managing future challenges.
12. The Emergency Planning Committee/ IPAC Lead will conduct with such other staff as might be necessary, an annual table-top exercise to simulate responding to a pandemic outbreak to:
 - Ensure awareness and familiarity with the policies and procedures.
 - Test specific aspects of the plan

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| MANUAL: | Emergency | Policy No.: | 8-A-30 |
| SECTION: | Pandemic Plans | | |
| SUBJECT: | Internal and External Communication | | |

POLICY: To establish clear, accurate and consistent communication internally and externally in the event of a pandemic outbreak.

PURPOSE: To ensure useful, consistent, and clear flow of accurate information in the context of Pandemic Response through:

- A centralized communication protocol that will coordinate all communication activities associated with pandemic response undertaken by the John Noble Home.
- A listing of residents, clients and tenants and other users of the John Noble Home premises will be utilized to facilitate communication.
- Administrator/Designate will manage communication with external parties such as government agencies, other health care organizations, the news media, and the broader community.
- Specific communication channels will be established within the John Noble Home to provide timely and relevant information during the course of a pandemic to internal stakeholders.

NOTE: Communication, for the purpose of this policy, includes:

- Reporting to government, support health system surveillance integral to local and provincial pandemic plans;
- Managing information for the purpose of providing essential care, support and reassurance to clients/residents;
- Supporting staff and affiliated service providers by meeting their need for accurate information; and;
- Informing clients/residents, substitute decision maker and the public where appropriate and necessary.

PROCEDURE:

1. The John Noble Home Privacy Policies apply in matters of communication regarding identifiable personal and personal health information even during a pandemic, except when privacy policy parameters for specific acts of information collection and disclosure are explicitly waived, and when so instructed to by the government, for the purpose of protecting the health and safety of the John Noble Home stakeholders, and the interest/benefit of the wider community.

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2. During a pandemic outbreak people will be exposed, through various sources, to information and rumors about the spread and virility of the virus, which will fluctuate according to prevailing circumstances. Amidst inevitable fear and panic reactions, people often expect their employer, and health service providing organizations, to provide accurate information about issues that may affect operations and personnel.

It is important that the John Noble Home, as an organization:

- Demonstrates both awareness of the potential for a pandemic, and capability to manage it;
 - Maintains vigilance in surveillance/reporting of potential/actual pandemic outbreaks;
 - Coordinates information flow with the appropriate authorities;
 - Communicates a business continuation plan; and,
 - Provides clear, timely, and proactive advice to all stakeholders as events unfold.
3. All employees, affiliated service providers, and volunteers are informed of their expected and/or alternate roles/responsibilities in the event of a pandemic.
 4. Until such time as a pandemic outbreak is declared, or if heightening alert is advised by the Brant County Health Unit during the declared pandemic period, existing John Noble Home infection control policies apply.
 5. When advised by the Brant County Health Unit and Ministry of Long-Term Care to enact Pandemic Response Policies and/or other extraordinary anticipatory surveillance measures through an emergency order or Directive, Senior Management will inform staff as to specific outbreak indicators to monitor for surveillance purposes.
 6. Responsibility for linkage with external information sources:
During the pandemic, senior managers will monitor system wide pandemic alert levels and other relevant information, to facilitate response planning and readiness.

External communication will involve the following:

- Government agencies e.g., MOLTC, BCHU
- Other health / social services providers e.g., BCHS, other long term care homes, and community support agencies
- Partner organizations e.g., day care, schools, colleges etc.
- Contractors, goods and service providers
- News, media
- Community at large

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7. Responsibility for internal communication:

Senior Management is responsible for internal communication.

Internal Communication will involve the following:

- Committee of Management
- John Noble Home residents and their families/Day & Stay Centre Clients/Bell Lane Terrace tenants
- John Noble Home staff and volunteers/Day & Stay Centre staff and volunteers
- Affiliated service providers e.g., physicians, therapists, radiology, laboratory, etc

8. Activating External and Internal Linkages at the time a pandemic is declared.

- Senior Management will be responsible for communication with the MOLTC and such other government agencies as might be involved.
- The DOC /IPAC Lead will be the contact for the Home with the Brant County Health Unit and will be responsible for the collection and collation of internal statistics for residents and staff.
- Each Manager will contact contractors and suppliers of essential services and materials to activate pre-established supply chain arrangements, if any and negotiate for others to ensure continued delivery of such goods and services as might be feasible during the pandemic.
- The Administrator will determine specific information to be released to the media such as information on the operation of the home, the pandemic management of the home and the health status of the residents.
- Administration will change information on the John Noble Home Web page, social media and phone system and will be responsible for the preparation and distribution of all written material such as memos and letters.
- Coordinator of Resident Programs and Volunteers will be responsible for all volunteer communication and will be responsible for Reception with all phone calls being answered and up to date information being provided to the external stakeholders such as families, service providers etc.



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- During the declared pandemic, updates of pandemic planning at the John Noble Home will be communicated to all internal stakeholders through regular channels such as Point Click Care, Memos, staff meetings and ad hoc meetings with residents and staff. Meetings may be held virtually dependent upon risk.

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| MANUAL: | Emergency | Policy No.: | 8-A-40 |
| SECTION: | Pandemic Plans | | |
| SUBJECT: | Containment and Risk Reduction | | |

POLICY: In order to reduce the risk of outbreaks and contain infection spread once a pandemic outbreak is in effect, the following measures will be undertaken by the John Noble Home:

1. Prophylactic immunization, if available, will be promoted to prevent spread of the pandemic virus.
2. Training on infection control, including hand hygiene, and donning and doffing of personal protective equipment are to be provided for staff, volunteers and visitors to enable their continued performance of resident care functions during the pandemic while having the best protection possible against contracting and spreading the virus. Residents of the John Noble Home and their substitute decision makers will be provided with education/information about: the nature of the virus, what to expect of the home and prudent preparatory measures against the potential impact of a pandemic outbreak.
3. Graduated implementation of containment responses appropriate to the presenting risk of the pandemic spreading over time is to be activated, including:
 - Increasingly stringent infection control and cleaning procedures, beyond that specified in the John Noble Home Infection Control policies when appropriate;
 - Infection Control lead/Director of Care being held responsible for maintaining infection control;
 - Cohorting residents and staff to contain local outbreak, and reduce the risk of infection;
 - Heightening control of visitor traffic, up to and including stoppage of all but specifically authorized visitors from entering into the Home;
 - Passive and Active screening of staff, residents and visitors daily prior to entering the building and dependent upon risk in the community
 - Restricting access to physical site(s) where necessary
 - Restricting access to one entrance/exit door to ensure effective screening measures
4. Essential/priority services to maintain, and others to curtail during the pandemic as a part of the John Noble Home Pandemic Response Policy 8-A-50 *Business Continuation* to facilitate containment and reduce the risk of the pandemic spreading is to be pre-defined.

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5. Priority staff groups for antiviral and vaccination administration in the event of insufficient supplies during the earlier phase of the outbreak will have been established to maintain a level of care necessary to ensure the best survival chances for the greatest number of residents dependent on essential John Noble Home services. Reference will be made to applicable government policy Public Health and Ministry of Long Term Care directives.
6. Vaccines, antivirals, and other treatment as available will be provided to residents in accordance with availability, sound ethical principles, and the aim of optimizing survival chances.
7. Appropriate internal and external capacities will have been arranged to cope with inevitable resident fatality in the event of a pandemic outbreak.
8. Further extraordinary responsive containment and risk reduction measures to counter unanticipated challenges will be devised as the need presents itself.

PURPOSE:

In the event an anticipated or actual pandemic outbreak is declared by the responsible government agency –e.g., the Brant County Health Unit– a specifically pre-determined John Noble Home Pandemic Response Plan will be activated to:

- o Reduce the risk of the pandemic virus infiltrating the home for as long as possible, and
- o Contain the infection as much as possible if/when residents, employees, and/or affiliates of the home are involved.

These policies and procedures consist of measures to be implemented both during the pandemic to minimize the potential and actual impacts on the functioning of the John Noble Home and the John Noble Home Day and Stay Centre.

These policies address:

- o Preparing staff with knowledge about the pandemic, so as to avert/minimize panic responses to an outbreak.
- o Meeting staff needs for credible information with which to reassure clients/residents.
- o Maintaining staff awareness and familiarity with infection control procedures relevant
- o Putting in place extraordinary measures to keep infection contained and isolated when/where it occurs; and
- o Reduce the risk of infection to residents and staff so that essential services can continue to be delivered during high risk periods.

PROCEDURE:



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1. Promoting Immunization

1.1 To staff/volunteers:

- Information about virus risk and the impact of an outbreak on themselves and residents will be profiled.
- Encouragement for vaccination as protection against the virus is promoted to all staff/Volunteers/students.
- Maintain vaccination records of staff/student/volunteer(s) so as to inform deployment decisions in response to an outbreak.

1.2 To clients/residents:

- Vaccinations against the virus are promoted and provided as a preventative measure.
- Booster doses of vaccine are given to high risk-residents as appropriate.
- Proper consent is secured from residents, or substitute decision maker before vaccination is given.

2. Educating, Training, Protection and Role Adaptation during A Pandemic

2.1 Pandemic Education for Staff/Volunteers/Students

- Once the John Noble Home Pandemic Response Plan is activated, Senior Management assume responsibility for determining information and supplementary training needs required to support staff and volunteers in delivering essential services and arrange for such needs to be met.

2.2 Protection of Staff/Volunteers/Students

- Infection control best practice with which to continue working during a pandemic will be reinforced through various methods of training initiatives to be implemented
- Appropriate personal protective equipment, as recommended by relevant government departments, including masks, goggles/face masks, gowns, gloves, and others will be stocked as per Policy 8-A-50 Business Continuation, and issued to staff requiring their use during a pandemic
- At all times, the Home will have a contingency of employees that meet the minimum staffing requirements per pandemic planning for each department. These employees will be fit tested with N95 particulate masks and a current record of the trained employees maintained.
- Training in donning and removal of personal protective equipment is routinely provided at orientation of new staff and periodically repeated to refresh veteran staff.

2.3 Role Adaptation

- Where job role adaptation is required due to constrained human resource availability during a pandemic, staff/volunteers/students will be provided with the necessary training to enable continued delivery of essential services.

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- During the pandemic, managers will develop quick training protocols, and be ready to implement them, so as to facilitate staff diverted from other areas to supplement staff of each functional area depleted during the pandemic crisis.
- Managers will develop job action sheets and other training/education material relevant to specific functional roles that might need to be covered by otherwise untrained staff.

3. Enforcing Containment for Infection Control during The Pandemic Period

- Adjusted cleaning procedures consistent with extraordinary infection control practice prescribed by the Brant County Health Unit will be activated and sustained through the pandemic.
- The Director of Care will supervise implementation of infection control measures to ensure compliance with standards
- Residents contracting the virus will be cared for in their home area, but may be cohorted to pre-designated resident area(s) where appropriate. Care for these residents will be provided by specific cohorts of staff who will only work in such areas so as to minimize the risk of the infection spreading to other parts of the LTCH.
- Daily screening of residents will take place as per the directions of MOH and Public Health. All screening will be documented in PCC.
- Each Resident Home Area has space (e.g., lounges, activity rooms) earmarked for temporary conversion to resident care areas for purpose of containment and infection control when necessary.
- Proper and timely signage will be posted on each RHA including isolated resident's rooms to inform and protect all staff and residents.
- Isolation precautions will be put into place as per the direction of the MOH and Public Health.

3.1 Environmental processes to manage containment in the event of a pandemic outbreak will include:

- Access to the home will be through the front entrance only;
- Commencing at the time a pandemic is declared, screening will take place for staff, visitors, service providers and volunteers. Screening visitors will include previous attendance at other high infection risk areas, such as other health care facilities prior to visiting the John Noble Home and other means deemed necessary;

3.2 Managing Personnel and Material Traffic on John Noble Home Premises:

- Senior Management will designate movement routes within the facility to manage personnel and material traffic during the pandemic to minimize risk of cross contamination between areas.
- Directional signage and physical distancing markers will be located throughout the home to ensure risk of cross contamination is low
- Floor to floor travel of staff and supplies will be eliminated as feasible.



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- Staff break rooms will be located in areas to minimize travel through the facility and to minimize possible contact and contamination
- Senior Management will provide:
 - Direction for authorized personnel and visitors to proper entrances;
 - Direction to families of residents, and other personnel;
 - Visitor restrictions as necessary
 - Requirements for personal protective equipment
- In order to contain infection, and reduce the risk of cross contamination, staff, volunteers and residents will be in cohorted. Staff that work for multiple organizations will be required to follow the directive of the Brant County Unit regarding working in multiple organizations when one organization is declared in outbreak and may be prohibited from working at multiple organizations as required by risk level.

4. Prioritizing of Services/Programs

- 4.1 In order to conserve availability of staff resources and to contain infection, operation of specific services/units/programs might be reduced or suspended, and the use of associated space discontinued for the duration of the pandemic. Such decisions will be made by Senior Management on the basis of situational information available at the time.
- 4.2 Refer to Policy 8-A-50 *Business Continuation Plan* for guidelines by which to prioritize services and programs to maintain or curtail operations during the pandemic.
- 4.3 Unless otherwise specifically articulated, it will be up to senior management to pre-determine such priority ranking during the pandemic.

5. Providing Antivirals and Vaccines to Staff

Once a pandemic has occurred a vaccine is expected to take six or more months to develop. In the meantime, it is expected that demand for antivirals, for temporary prophylactic use, might outstrip supply at least during the early phase of the pandemic.

- 5.1 Priority grouping of staff to be issued antivirals – and vaccinated once a vaccine becomes available
- 5.2 Once supply of antivirals and vaccines are received the Director of Care will determine how distribution will be administered in accordance with directives issued by governmental authorities

6. Providing Antivirals and Vaccines to Residents

- 6.1 The Director of Care or the Resident Care Coordinator will ensure the prescriptions for antivirals and pandemic vaccine administration, are secured from the Medical Director/Nurse Practitioner or attending physicians and included in residents' files.



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- 6.2 Consent for administration of antivirals and immunization will be secured from residents or their Substitute Decision Makers (SDM) as appropriate.
- 6.3 Where a SDM is involved, contact information for each resident’s SDM is kept up to date in his/her health record.
- 6.4 Where antivirals and vaccines have had to be rationed, the priority ranking established by and related directions issued by the relevant government agency (e.g., the MOLTC) will be followed as per instruction by the Director of Care.
- 6.5 Relevant information about priority ranking for provision of antivirals and vaccines to residents will be communicated to residents and/or their substitute decision maker as appropriate through established communication protocol under Policies *8-A-30 Internal and External Communication Plan*.

7. Coping with Inevitable Client/Resident Fatality

- 7.1 The Administrator will consult with the Brant County Health Unit, funeral homes, and other health services partner(s) as might be appropriate to pre-arrange for offsite mortuary capacity, and other means for handling remains of deceased residents, as might be needed during the pandemic.
 - 7.2 Relevant directions by the Brant County Health Unit and other relevant government agencies in the context of the pandemic will be followed regarding handling of the remains of deceased residents.
 - 7.3 Given that offsite storage of bodies might be limited in availability during such extraordinary times, and that long waiting periods before funeral services can pick up is likely, the management team will earmark internal space and resources that can be converted for use as a mortuary as an absolute last resort.
8. Further extraordinary responsive containment and risk reduction measures will be devised by senior management and implemented, as situation dictates or upon advice by the Brant County Health Unit.

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| SUBJECT: | Business Continuation | | |

POLICY: In the event of a pandemic outbreak, the John Noble Home Business Continuation Plan will include:

1. Priority will be pre-determined for rationalizing services, when necessary, so as to conserve resources for sustaining essential programs, in accordance with the principles of:
 - Meeting the needs of residents for whom availability of service is critical for their survival.
 - Minimizing adverse impact on clients of the John Noble Home Day & Stay Centre and the tenants of Bell Lane Terrace as a result of programs and services that are scaled back or suspended.
 - Maximizing the utility of available human and material resources as the pandemic outbreak impacts upon the supply chain(s).
 - Reviewing and adjusting to the evolving need for curtailment during the Pandemic Phase with a view to re-instituting services/programs as soon as safety assurance and resource availability allows.
2. Plans for managing clinical care of a large number of ill residents, including designating areas for cohort-location of residents with pandemic symptoms, and cohort-assignment of staff.
3. Response protocols for coping with breakdowns in essential non-clinical services, including: restricted supply of clean water; hydro and natural gas failure; waste and garbage disposal; reduced dietary and laundry services.
(Refer to Contingency Policies: 5-A-40, 5-A-50, and 5-A-60)
4. An effective system, for purchasing, stock-piling, storing and distributing supplies.
(Refer to Policy 5-A-70)
5. A recovery plan to facilitate a return to baseline operations of all services/programs in an orderly manner during the Post Pandemic Recovery Phase.

PURPOSE: In the event of a pandemic outbreak, it is expected that:

- Supply of material resources and services from external sources, needed to sustain operations will be at risk of serious interruption;

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- Complementary community resources in the health and social services sector which support the John Noble Home residents during the Inter-pandemic Period might be curtailed;
- Availability to the Home of both professional and support staff might be negatively impacted upon, both directly and indirectly, by people contracting the pandemic; and
- The need of residents for care/services in general, and in connection with the pandemic, will rise dramatically beyond the Inter-pandemic Period baseline level.

Pre-planning and specific pre-arrangements will be required if the John Noble Home is to be able to continue delivering essential services under adverse operational conditions. It is towards this end, that these policies and procedures have been established to define:

- What constitutes essential services/programs that the Home will strive to continue delivering;
- What are the conditions under which specific services will be curtailed to conserve and re-deploy scarce human and material resources to sustain such essential services/programs;
- How critical decisions regarding continuation and curtailment of service/program operation are to be made;
- What material resources are required to sustain essential services/programs operation;
- How continued supply and prudent rationing of essential material resources are to be ensured;
- How scarce materials are to be safeguarded from preventable depletion. What process changes will have to be enacted to enable the organization to continue functioning without readily available human resources, and material supplies.

PROCEDURE:

1. Prioritizing and Rationalizing Services/Programs for Continued Operation

1.1 Essential Resident Services/Programs will be determined based on the following criteria:

- Residents who have healthcare needs requiring substantial amount of clinical services i.e. that provided by physicians, nurses and other healthcare professions normally delivered in a long-term care home setting;
- Residents or their substitute decision maker understand and accept that available service at the John Noble Home might be moderated from their baseline level in order to adapt to resource restrictions during the Pandemic Period;

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- Residents who have no other alternate place to reside that they can choose to go to, apart from the long-term care home operated by the John Noble Home, where informal caregivers are available to provide care to them; or,
- Residents whose families are unable, or choose not, to remove them from the care of the John Noble Home during the Pandemic Period.

1.2 Temporary Leave of Absence in the Context of a Pandemic Outbreak

- Normally, the Ministry of Long-Term Care (MOLTC) has policies governing the length of time a LTCH resident might go on a leave of absence without jeopardizing their resident status.
- When MOLTC issues directives for application in the context of a pandemic outbreak, it will be relayed to residents and applicable SDM to assist them in making a decision over whether the resident will stay at the Home during the Pandemic Period.

1.3 Ancillary Services/Programs – John Noble Day & Stay Centre, Bell Lane Terrace

All day and overnight respite programs in the Day & Stay Centre may be suspended when the John Noble Home Pandemic Response Plan is activated and may remain suspended for the duration of the Pandemic and until a re-start plan is approved by Public Health and the Administrator.

All admissions to the Home will be determined according to the directive of the Brant County Health Unit during the Pandemic Period. It is expected that such concerns as risk of infection to incumbent and prospective residents will be considered with due care.

2. Managing Care of the Residents during The Pandemic Period

It is anticipated that a substantial proportion of residents, whose immune system might already be compromised by other pre-existing health condition(s), will succumb to the pandemic. In order to support containment and minimize the risk of infection spreading:

- 2.1** Residents diagnosed with the Pandemic, or who show symptoms strongly suggestive of the same, will be relocated and cared for in cohorts in specifically defined areas within the Home.
- 2.2** How best to pre-plan to cohort residents for care in the context of a pandemic outbreak will be managed by the Director of Care and the IPAC Lead.
- 2.3** Every effort is to be made to help these residents and their families understand the rationale behind such a policy, and to reassure that the best care possible will continue to be provided to them.
- 2.4** Cohort-assignment of staff to provide care for residents sick with the pandemic, or on the basis of staff themselves recovering or having recovered from the pandemic will be

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- 2.5 addressed under Staffing Contingency Policy 11-A-10 *Human Resources and Staff Deployment*.
- 2.6 Group activities, programs, and outings into the community, in which residents from multiple areas normally congregate during the Inter-pandemic Period, will be reduced/suspended/cancelled in accordance with level of infection risk identified during the Pandemic Period, and as dictated by the availability of staff to porter and provide programming support.
- 2.7 Admission of new residents and re-admission of incumbent residents returning from hospitals or other environments will be managed in accordance with criteria established in consultation between the relevant authorities (i.e. MOLTC and the Brant County Health Unit) and the John Noble Home Medical Director, with due consideration being given to containment and risk reduction requirements.
- 2.8 In the unlikely event where it becomes necessary to commence a major evacuation of residents, the Financial Services Department will commence calling all resident families and ask if they are able to take their resident home. All possible support for the family will be provided.

3. Managing Essential Non-Clinical Resources to Enable Continued Operation

Apart from medical and nursing care, therapeutic and activation, and personal support, other non-clinical services/resources are required to enable clients/residents to be cared for during the Pandemic Period.

3.1 Support Services Management

- **Planned Response to Hydro, Natural Gas, Water Supply**

In the Inter-pandemic period, the Director of Environmental Services will undertake to determine and make recommendations to Senior Management about emergency generator capacity, and alternate fuel resources to explore and secure, in order to ensure that there is reasonable capacity to maintain essential services in critical areas (e.g. resident care areas, kitchen) Provisions already outlined in the John Noble Home Emergency Planning Manual are to be referenced.

- **Planned Response to Restriction in Water Supply**

In the Inter-pandemic period, the Director of Environmental Services will review minimum water need for eating, drinking, washing dishes, bathing residents, medical procedures and review/explore contracts to receive sterile water, bottled water, hauled water etc. in case of interruption in normal water supply. Provisions already outlined in the Emergency Planning Manual are to be referenced.

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- **Supplies**

The Financial Services Department will check with incumbent suppliers about their pandemic business continuation plan or disaster recovery plan to identify their obligations and commitments to the John Noble Home as a customer in the event of a pandemic outbreak.

- **Waste and Garbage Disposal**

In the Inter-pandemic period, the Director of Environmental Services will review minimum requirement for waste and garbage disposal and make recommendations for ways to manage waste/garbage accumulation while awaiting such municipal services to resume should the latter experience a breakdown.

As a part of pre-planning, the Director of Environmental Services will ascertain the pandemic readiness plan of municipal services and/or private companies upon whom the John Noble Home depend for waste and garbage disposal.

- **Non-critical maintenance work during pandemic**

In order to reduce risk of infection spread by limiting unnecessary people traffic throughout the John Noble Home during the Pandemic Period, non-critical maintenance work will generally be suspended, or only restricted to outdoor areas where workers will not come into contact with residents vulnerable to infection.

- **Laundry Services**

If laundry services are disrupted due to staff shortage, the DOC and the Director of Environmental Services will ensure that nursing and laundry staff develop locally feasible plans for minimizing the accumulation of laundry to be processed without precipitating avoidable risk of harm to residents due to sanitation breakdown in resident living areas. Preplanning will include pandemic response as part of the service agreement.

- **Food Services**

To compensate for constricted availability of nutrition services personnel during the Pandemic Period, staff and volunteers not normally involved in nutrition services may be trained and re-deployed under the provisions of Staffing Contingency Plans Policy 11-A-10 Human Resource and Staff Deployment, to ensure residents' nutrition needs are met.

- **Business Services**

Will be deployed to essential services and receive training as required.

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4. Purchasing, stock-piling, storing and distributing equipments/supplies

4.1 Medical Equipment and Related Supplies

With a surge in need, for essential medical equipment and supplies, likely to be precipitated by a pandemic outbreak, and the risk of the supply chain being overwhelmed (at least initially) a real possibility the Home will keep a 2 week supply of medical equipment as noted in Appendix A.

Managers normally responsible for securing medical equipments and related supplies for each department in the Home will identify and pre-negotiate contracts, where necessary, with alternative suppliers to ensure availability and delivery of supplies should the normal supply chain be disrupted in the event upheavals precipitated by the outbreak of a pandemic.

- Wherever possible, 24/7 contact number for these suppliers, and their commitment to respond to such urgent appeals should be secured.
- Managers are encouraged to negotiate with alternative suppliers for contingency contracts wherever possible in the event that reliability of primary suppliers is adversely affected by the pandemic outbreak.

4.2 Laboratory Services

The IPAC Lead/Director of Care will project requirements and develop a plan, in accordance with proper infection control protocol, to address prompt and safe transport of specimens to the Brant County Health Unit or private laboratory under contract in the event of a pandemic outbreak, including ensuring shipping containers are readily available to safely transport specimens.

4.3 Pharmacy Supplies

Within the limit of feasibility and prudent practice, the Director of Care/Resident Care Coordinator will:

- Ensure plan(s) are in place for continued availability of supplies essential to managing the pandemic and related disease challenges, including but not limited to:
 - Antibiotics;
 - Symptom management medications – e.g. Tylenol, Advil
 - Antivirals and influenza vaccine.
- Depending on locally feasible opportunities, undertake to:
 - Pre-contract with pharmacies;
- Develop plan(s) to address rationing of medications and supplies if necessary.
- Plan for how prophylactic antivirals and vaccines for influenza can be controlled, stored securely and tracked.

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- IPAC Lead/Director of Care will manage antivirals and liaise with the Health Unit.

4.4 General Supplies

- Nutrition Supplies
- The Support Services Supervisor will determine any requirement and feasibility for stockpiling of nonperishable dietary supplies to provide enough provisions for a temporary interruption in availability of dietary supplies for up to one month.
- Laundry/Linen/Cleaning Supplies
- The Support Services Supervisor will develop a plan for stockpiling, storage, and provisioning of such material resources as necessary to ensure capacity for maintenance of a sanitary and hygienic environment in the event that normal supply is disrupted by the pandemic outbreak.

4.5 Security

Both for purposes of reducing risk of infection spread, and protecting scarce supplies, the following precautions will be taken to control access to and from the premises:

- Reduce the number of restricted ingress and egress points except for emergency evacuation purposes. Having a process for verifying credentials of prospective employees, volunteers, and other approved visitors through staffed screening stations at a single portal into and out of the facility.
- Ensure that such a process is implemented as effectively and efficiently as possible so as to minimize inadvertent stress to both staff managing entrance and those seeking entrance.
- Procedure for responding to protests and appeals when visitors are denied entry, and the expected role of and access to assistance by the police if local disagreements cannot be resolved, and security of John Noble Home personnel and premises is deemed at risk.
- Understanding and agreement with emergency response personnel, including police, paramedics, and fire services about infection control requirements for accessing the Home.
- Procedures for monitoring security of storage areas and responding to breaches when identified.
- Considering if/when retaining of private security personnel services will be deemed necessary.

5. Emergency Plans Committee

- 5.1** In the event of a pandemic outbreak, the Emergency Plans Committee will assist the Senior Administrative Team in directing the operations of the Home throughout the Pandemic Period.

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- 5.2 Members of the Committee will operate from their respective defined seats of operation, and be responsible for such prescribed functions as outlined in the Policy 8-A-30 Internal and External Communication.
- 5.3 Where operationally necessary in responding to the evolving crisis of the Pandemic Period, the Administrator/Designate may instruct for changes to the duties and functions of the Team members.
- 5.4 During the Inter-pandemic Period, each Departmental Manager will undertake planning to determine the absolute minimum staffing complement (i.e. re an “Absolute Minimum Staffing Plan” per Human Resource and Staff Deployment Policy 8-A-60 necessary to maintain essential services in meeting basic needs of the residents
- 5.5 The John Noble Home will have individuals trained in Fit Testing. Any employee not previously fit tested and required to work will be fit tested by trained individuals
- 5.6 Risk Management and Legal Liability:
The Administrator will review this issue periodically as practice in the long-term care sector and insurance industry evolves and more information to guide future decision in this matter becomes available, and present such revised recommendation to the Committee of Management as might be necessary.

6. Operational Recovery Plan during Post Pandemic Recovery Phase

While it is desirable to return to normal operational mode as soon as possible after the Pandemic Period is over, it is expected that human resources at all levels of the organization will have been impacted upon during the outbreak, and it will take some time before the Inter-pandemic Period level of staffing can be available.

6.1 Post Pandemic Period Management and Leadership

Subject to determination by the Emergency Plans Committee as to the availability and capacity of the incumbent senior managers to resume their normal responsibilities, the Emergency Plans Committee might choose to maintain operations through the initial phase of the Post Pandemic Period.

6.2 Post Pandemic Period Operations

Subject to determination by the Emergency Plans Committee as to the availability of human resources and material supplies, individual division/department might be directed to continue to operate at the minimum operational threshold level through the initial phase of the Post Pandemic Period.

6.3 Resumption of Inter-pandemic Level of Operation

The underlying aim is to return the organization to the inter-pandemic mode of operations as soon as is feasible, subject to availability of necessary resources.

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The Emergency Plans Committee will consult about readiness of each part of the organization to resume normal operation at least on a bi-weekly basis, until such time as the Committee determines the Home is able to return to normal operations.

6.4 After Action Review and Continuous Quality Improvement

- The Quality Improvement Team in conjunction with the Emergency Plans Committee will be responsible for documenting the coping effort of the organization through the Pandemic Period. Compiling of information and the storage of the information will be the responsibility of the Administrator.
- The Quality Improvement Team will determine when a full review process is to be undertaken with due consideration given to the need of staff at all levels for relief and recovery from the stress and fatigue immediately after having worked through the difficult crisis of a pandemic outbreak.
- A full review report, detailing how the organization has responded to the crisis of a pandemic outbreak, and lessons learned for future reference, will be presented to the John Noble Home Committee of Management at the earliest opportunity feasible.

6.5 Post Pandemic Period Support for Residents/Clients, Staff, and Volunteers

(i) Resident and Family Support Program

As much as available staff resource allows, support for residents and their families should be provided, during the Pandemic Period, as they strive to cope with the anxiety and stress over the threat of infection, the trauma of symptoms, and the loss of fellow residents who succumb to the pandemic.

Specific opportunity to provide grief and bereavement counseling based support to residents should also be made available to address Post Trauma Stress Syndrome like issues in the Post Pandemic Period.

(ii) Staff and Volunteer Support Program

As much as staff and volunteers/students are relied upon to provide needed care for residents during the Pandemic Period, they are also most subject to the stress and trauma of repeatedly witnessing suffering and loss of lives in the course of performing their duties.

While specific support and recognition for the extraordinary efforts of staff and volunteers/students are addressed under the purview of policy 8-A-60 *Human Resources and Staff Deployment*, in the context of post pandemic support, the John Noble Home is to earmark resources, as much as possible, to access critical incident stress debriefing programs, group/individual counseling services, and other forms of employee assistance programs/services for the most valuable of the John Noble Home's resources – their staff and volunteers.

Note: Portions of this policy have been reproduced or paraphrased from the document Control of Respiratory Infection Outbreak in Long Term Care Homes, 2018 produced by the MOHLTC Emergency Management Unit.

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| DATE REVIEWED: | December 2023 |
| DATE REVISED: | December 2023 |

Appendix A

MOHLTC Supplies and Equipment Template: Care in the Home

| Category | Item |
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| Hand Hygiene | Liquid Soap |
| | Hand antiseptics |
| | Paper towels |
| Personal Protective Equipment | Surgical/Procedure Masks/N95 Masks |
| | Sharps disposal bins |
| | Isolation, paper gowns |
| | Non-latex Gloves |
| | Safety Glasses, Face shields/goggles |
| Temperature & BP monitoring supplies | Thermometers (and disposable covers) |
| | Stethoscopes |
| | Blood Pressure Cuffs |
| Disinfectants | Disinfecting Wipes |
| | Surface cleaner and disinfectant |
| Cleaning | Garbage bags |
| | Biohazard bags/boxes |
| | Tissues |
| Respiratory | Oxygen tubing |
| | Oxygen masks |
| | Nasal prongs/cannula |
| Resident Identification | Identification bracelets |
| Other equipment to be further identified | |

Adapted from: Ontario Health Plan for an Influenza Pandemic (OHPIP) June 2005

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| MANUAL: | Emergency | Policy No.: | 8-A-70 |
| SECTION: | Pandemic Plans | | |
| SUBJECT: | Pandemic Plan | | |

POLICY: The John Noble Home will develop and ensure a response plan for a Pandemic is in place that complies with the regulations under FLTCA, 2021.

PURPOSE: To ensure useful, consistent, and clear flow of accurate information in the context of Pandemic Response and to ensure smooth and effective continuation of essential services.

PROCEDURE:

1. The John Noble Home will follow the guidelines and directions as set out by The Ministry of Health and Long-Term Care, Public Health and as per the home's policies and procedures below:
 - 3-D-580 Pandemic Plan: Provision of Medications in a Pandemic
 - 8-A-10 Pandemic Plans: Definitions/Planning
 - 8-A-30 Pandemic Plans: Internal and External Communication Plan
 - 8-A-40 Pandemic Plans: Containment and Risk Reduction
 - 11-A-10 Staffing Contingency Plan: Human Resources and Staff Deployment
 - 11-A-20 Staffing Contingency Plan- Staffing Shortages

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| DATE APPROVED: | July 2022 |
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