Nipissing Manor Nursing Care Centre

Emergency Plans

Index

Outbreaks of a Communicable Disease. Outbreak of a Disease of Public Health Significance. Epidemics and Pandemics.

SECTION 1

COVID-19

Purpose:

The Plan has been developed based on Infection Prevention and Control (IPAC) Best Practice Guidelines in consultation with North Bay Parry Sound District Health Unit (NBPSDHU), The Ministry of Long-Term Care (MOLTC) Guide To Pandemic Preparedness and Response in Long Term Care Homes.

The Plan will ensure the ongoing health and safety of all staff, residents and visitors by practicing infection prevention and control measures at all times to prevent transmission and protect against infection.

The Plan complies with Ministry of Long-Term Care requirements, Resident's Rights under the Fixing Long-Term Care Act, 2021 and ensures that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health (CMOH) or the Medical Officer of Health (MOH) appointed under the Health Protection and Promotion Act are followed.

Ethical Considerations:

The ethical framework that will be utilized to make decisions about which services will be provided, how they will be provided, how limited resources will be used and who will be allowed into the Home will be based on the following:

Individual Liberty/Protection of the Public from Harm

- During a pandemic it may be necessary to restrict individual liberty to protect the public from serious harm. We weigh the benefits of protecting the public from harm against the loss of liberty of some individuals (e.g. isolation) and also ensure that all those involved are aware of the medical and ethical reasons for the measures, the benefits of complying and the consequences of not complying.

Proportionality

- Restrictions on individual liberty and measures to protect the public from harm will not exceed the minimum required to address the actual level of risk or need in the community. The least restrictive measures possible will be used when limiting or restricting liberties or entitlements.

Privacy

- Individuals have a right to privacy, including the privacy of their health information. During a pandemic, it may be necessary to override this right to protect the public from serious harm. We will limit any disclosure only to the information required to meet legitimate public health needs.

Equity

- During a pandemic, we strive to preserve as much equity as possible between the needs of the residents who are infected and residents who need care for other diseases and to establish fair decision-making processes/criteria. When identifying the residents and staff who will have priority to vaccines or other treatment, the criteria used to make these decisions will be available/communicated with everyone. We are also aware of the impact of these decisions.

Duty to Provide Care/Reciprocity

- Staff have an ethical duty to provide care and respond to suffering.
  During a pandemic, demands for care may overwhelm our staff and create challenges related to resources, professional practice, liability and workplace safety. Staff may have to weigh their duty to provide care against competing obligations (i.e: to their own health, family and friends)

- We ensure appropriate supports are in place (eg: human resources, supplies, equipment), to provide support for staff to fulfill their personal/family responsibilities. We take steps to ease the burden of staff and their families and establish a mechanism to deal with staff concerns and work exemptions.

Trust

- We recognize that trust is an essential part of the relationship between staff, the public and other health care organizations. We take steps to build trust with staff, families and other organizations before an outbreak occurs and ensure the decision-making processes are ethical and transparent.

Solidarity

- We ensure the provision of straightforward communication and open collaboration to share information and co-ordinate the delivery of care.

Stewardship

- We ensure good stewardship of scarce resources (vaccines, equipment and staff) and consider both the benefit to the public good and equity. We also determine how resources are allocated for residents that are at the end of life.

Respect for Cultural Diversity/Beliefs

- We continually respect resident's cultural values and religious beliefs.

Preparedness:

Outbreak Management Team

President/Administrator
Assistant Administrator/IPAC Lead
Nutrition Manager
Administrative Assistant
Assistant Administrator
Director of Care
Life Enrichment Co-ordinator
Occupational Health & Safety Committee

Roles & Responsibilities

Coordinators	President/Administrator Assistant Administrator Director of Care
Communication Coordinator	President/Administrator
Traffic Flow/Security	President/Administrator Assistant Administrator
Surveillance Coordinator	President/Administrator Assistant Administrator Director of Care
Staff Education Coordinator	President/Administrator Assistant Administrator Assistant Administrator/IPAC Lead Administrative Assistant
Infection Control & Occupational Health and Safety Coordination	President/Administrator Assistant Administrator/IPAC Lead Director of Care Assistant Administrator
Family and Visitor Liaison	President/Administrator Life Enrichment Co-ordinator Administrative Assistant
Human Resources	President/Administrator Assistant Administrator Administrative Assistant
Equipment and Supply Coordinators	President/Administrator Assistant Administrator Assistant Administrator/IPAC Lead Director of Care
Vaccine and Other Treatments Coordination	President/Administrator Assistant Administrator/IPAC Lead Director of Care Attending Physician Pharmacist
North Bay Parry Sound District Health	Public Health Nurse, Communicable Disease Control
Front line staff input	Occupational Health & Safety Committee (Includes Management & Staff)

Definition of COVID-19:
Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans

Symptoms of COVID-19:

- Fever (temp >37.8˚C), new or worsening cough, malaise, chills, shortness of breath, muscle aches and pain, headache, nasal congestion, sore throat, pink eye, abdominal pain, nausea, vomiting and/or diarrhea.

Surveillance Swabbing will be required as directed by COVID-19 Guidance for Long Term Care Homes in Ontario
Ongoing active surveillance will be conducted routinely including:

- Unit rounds
- Medication rounds with daily resident symptom monitoring tracking.
- Reviewing unit reports, which may include elevated temperature reports.
- Reviewing physician/staff communication books.
- Reviewing medical and/or nursing progress notes in resident charts.
- Reviewing pharmacy antibiotic utilization records.
- Reviewing laboratory reports.
- Verbal report from unit staff, based on clinical observations.

Mask Fit Testing:
All staff are tested and fitted for N95 Masks every 2 years.

Asymptomatic Screen Testing
The routine testing of asymptomatic staff, students, volunteers, support workers, caregivers and visitors who have not been exposed to COVID-19 is different from the testing of individuals who are symptomatic, have had high risk exposure or are in an outbreak setting as directed by the NBPSDHU.

Symptomatic Testing:
Testing of symptomatic residents, staff, students, volunteers, general visitors, caregivers and support workers is maintained.

Types Of Screening

- **Active screening** means there is some form of attestation or confirmation of screening. This can be achieved through pre-arrival submission of online screening or in person.
- **Passive screening** means that those entering the setting review screening questions themselves, and there is no verification or reporting of screening results.

Staffing Plan

The Plan is developed based on the following assumptions:

- The Pandemic will affect the entire health care system and the community. We may not be able to rely on the same level of support from other parts of the health care system or from other community services.
- The number of health care workers available to provide care may be reduced due to immunization status, personal illness, family/caregiving responsibilities and concerns regarding transmission in the workplace.
- Staffing resources may have to be reassigned.
- Care protocols and practices may have to be adapted.
- Effective means of communicating with resident's family, friends and staff will be required to reduce the demands on staff.
- As staff shortages are expected, we may have to implement measures to ensure provision of care to the residents. Skills required to meet residents' needs and provide care for residents with Covid-19 are identified. Staff with the required skill set will be assigned to these duties. Adjustments to schedules may be required and shifts extended based on available staff.
- Management staff on vacation would be recalled upon an Epidemic or Pandemic being declared. Vacations will be limited and/or suspended.
- Agency staffing will be utilized to augment staffing levels.

Skill Set:

Medication administration	RNs and RPNs
Insulin administration	RNs and RPNs
CBG testing	RN and RPN
Intravenous therapy initiation	RN
Intravenous therapy-maintenance	RN and RPN, PSW with training
Intermittent Catheterization	RN and RPN
Insertion/removal foley catheters	RN and RPN
Simple dressings	RN and RPNs
Complex dressings	RN RPN with additional training (CNO Standards)
Inhalation treatments:	
dosage preparation & application	RN and RPN
monitoring and removal	RPN, PSW
Vital signs (B/P. P, R,)	RN and RPN PSW Spot Vital Sign Monitor with training

Temperature	PSW
Specimen collection:	
Urine – clean catch	PSW
Catheter-sterile	RN and RPN
Stool	PSW
Nasopharyngeal swab	RN, RPN, PSW with training
Activities of Daily Living:	
AM, HS care	PSW, Family Member with training
Bathing: whirlpool/hydrosonic	PSW
Bed bath	PSW, Family Member with training
Dressing	PSW, Family Member with training Non-nursing staff with training
Mouth care, shaving & grooming	PSW, Family Members and volunteers with training, non-nursing staff with training
Incontinent product application and removal, including perineal care	PSW
Toileting	PSW, Family Member with training Non-nursing staff with training
Mobility:	
Transfers: mechanical lifts	PSW, Non-nursing staff with training
Limited assistance	PSW, Family Member with training Non-nursing staff with training
Ambulation	PSW, Family Members, Volunteers with training, non-nursing staff.
Meal service:	PSW, Family Members, Volunteers with training, non-nursing staff
Feeding residents	PSW, Family Members, Volunteers with training, non-nursing staff.
Nourishments	PSW, Family Members, Volunteers with training, non-nursing staff

Administration Staff:

Administration staff will assist in communication with family members, providing information regarding resident's condition, current status of the Home and any restrictions in place. Administration staff will ensure that Privacy Policies are upheld at all times and the Resident's Rights to Privacy is maintained. Administration Staff will also be utilized as "screeners" for staff, visitors and service providers as necessary.

Security will be maintained throughout the pandemic. Access to the Home will be restricted to the Main Entrance only. Administration staff will assist with maintaining security and sign in procedures.

Life Enrichment Staff:

Life Enrichment staff will be trained to assist with Housekeeping and Laundry duties and assist Dietary with dishwashing procedures. Life Enrichment are trained to assist with feeding residents as well as provide some basic care needs: mouth care, daily grooming and shaving, and transfers using mechanical lifts.

Essential Caregivers:

Family members willing to assist will be trained to feed and provide basic care to their family member. The OMT will review the duties of each family member for the appropriateness of the assigned tasks.

Planning and Communication:

- Outbreak protocols are reviewed at least annually in consultation with the NBPSDHU and updated based on current best practices.
- Administrative Assistants maintain accurate telephone and email contact information for all staff.
- Notices from the NBPSDHU, MOLTC are communicated to staff, residents, POAs/SDMs, service providers and volunteers.
- Residents Care Plan (RCP) face sheets contain current contact information for the POA/SDM.
- Communication with Stakeholders is maintained through our website and telephone contact.
- Memo's, Pamphlets and Fact Sheets are utilized and distributed throughout the Home.
- Staff Stat message blasts.

Essential Services and Those That Could Be Curtailed:

As staffing is likely to be limited, the OMT has identified the following activities that are essential and those that could be curtailed:

ESSENTIAL SERVICES	SERVICES THAT COULD BE CURTAILED
Medication administration	Recreational programs: internal and external
Life maintaining treatments (ie: insulin)	Resident appointments, clinic appointments, dental services
Meals and nourishments	Occupational therapy assessments
Physiotherapy 1:1 basis dependent on the severity of the outbreak	Physiotherapy group activities
Care routines	Religious services

Equipment/Supplies:

The usual sources of supplies may be disrupted or be unavailable. Our inventories are maintained to ensure optimal supplies during regular operation e.g.

- PPE's
- Cleaning and disinfecting supplies
- Hand sanitizers
- Oxygen/oxygen concentrators, portable oxygen
- Medications
- Food/Dietary supplies
- Propane
- Air Purifiers
- Isolation bags
- Swabbing and testing supplies

Arrangements are in place to provide the additional supplies required in an emergency.

All Service Contract Agreements are updated annually.

The Generator provides electricity to the entire building.

Training & Auditing

The IPAC Program includes an educational component in respect of infection prevention and control. The IPAC Lead in consultation with the President/Administrator, Department Supervisors and Occupational Health and Safety Committee develops and oversees the implementation of the IPAC training and education program for **residents, caregivers, staff, and visitors** which includes at a minimum the following:

- The IPAC Lead communicates relevant information and requirements and provides education to residents, caregivers, and other visitors appropriate to their needs which includes at a minimum:

- Visitor policies
- Physical distancing
- Respiratory etiquette
- Universal Mask Use
- 4 moments of Hand Hygiene
- How to use Hand Sanitizer
- How to Handwash
- Steps for Donning and Doffing
- Retraining and education on an annual basis or more frequently, to respond to emerging public health issues and/or new evidence

The IPAC Lead develops and oversees the implementation of the IPAC training and education program for **staff** and **volunteers** which includes at a minimum that:

- The required orientation and training on IPAC Practices/Protocols appropriate to their role and tailored to their needs. (refer to Training and Audit document)
- Assessments/audits and feedback processes are used to determine if staff have met training requirements as required by the MOLTC, or when individual staff need remedial or refresher training.
- Audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required for their role.

All staff are required to follow IPAC precautions (hand hygiene, respiratory etiquette, Point of Care Risk Assessments) and any additional IPAC precautions (Contact and Droplet isolation precautions as required).

Infection Control, Health and Safety Policy and Procedures based on current best practices, guidelines and protocols consistent with relevant standards and legislation are updated at least annually.

Signage is in place throughout the Home reminding staff and visitors to physically distance whenever possible and to wear masks and eye protection.

Hand sanitizers are available in prominent locations throughout the Home including entrances, common areas and outside resident rooms to promote frequent hand hygiene.

In instances where physical distancing is not possible (e.g. in the provision of direct care), staff, caregivers, and/or visitors must wear appropriate PPE based on the nature, duration, and type of interactions.

We have configured the physical space and layout of the Home (i.e. common areas) to facilitate physical distancing. Maximum capacity signage and visual markers are provided to further guide physical distancing.

Staff are provided with information on Droplet and Contact Precautions and are aware of the proper PPE to be applied when signage is posted outside a resident's room

All areas in the Home are color coded and into zones: Green, Yellow, and Red during an outbreak. Each zone is indicative of the proper PPE and precautions that need to be taken.

Vaccination

An immunization policy is maintained for staff, students and volunteers.

Up-to-date COVID-19 vaccination is one of the most effective ways to prevent severe illness and death due to COVID-19.

All individuals living in, working in or visiting the Home, are strongly encouraged to get vaccinated and stay up-to-date with the most current recommendations of the PHU.

Managing Suspected or Confirmed COVID-19 Cases

Residents who develop symptoms will be isolated, swabbed and monitored. Once a negative COVID-19 PCR test result is obtained and resident no longer is experiencing any symptoms, the resident may be taken off isolation.

Any staff who develop symptoms throughout their shift must take a Rapid Antigen Test and leave work. They will return based on MOLTC/NBPSDHU directions.

<u>Suspect Outbreak</u>

A **suspect outbreak** in a home is defined as **one lab confirmed** COVID-19 case in a resident.

At a minimum, any resident and fellow residents who are of high-risk exposure contacts (e.g. roommates) will be tested immediately and managed appropriately.

A resident who has tested positive will be put on isolation. The roommate will be isolated and be tested.

Initiate Additional Precautions- droplet and contact precautions and post signage outside residents' room.

Anyone entering the isolated room, (staff or visitors) must wear full PPE at all times

Those residents who would be deemed high risk of exposure from dining or activity cohort will be monitored.

Confirmed Outbreak

A **confirmed outbreak** is defined **as two or more lab-confirmed** COVID-19 cases in **residents and/or staff (or other visitors)** in a home with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the home.

1. The Medical Officer of Health will be notified. The Outbreak Report Form will be completed and submitted via fax and or electronic reporting. The North Bay Parry Sound District Health Unit will assign an outbreak number that will be recorded on all outbreak report forms and laboratory submissions. Initial measures implemented will be detailed. The Medical Officer of Health will indicate the number of acutely ill residents that require nasopharyngeal swabs. If the pandemic strain has been identified in the community further testing may not be required.

   The following disciplines/staff of the Home will be notified:

   - President/Administrator
   - Assistant Administrator
   - Assistant Administrator/IPAC Lead
   - Director of Care
   - Attending Physicians
   - Nutrition Manager
   - Life Enrichment Co-ordinator
   - Maintenance personnel and other staff.
   - Pharmacist
   - Dietitian
   - Physiotherapist and Physiotherapy Assistant
   - Foot Care Nurse
   - Speech Language Pathologist
   - Occupational Therapist
   - Hairdresser
   - POA/SDM
   - Volunteers

In addition, the MOLTC will be notified. The Critical Incident Report will be initiated on the ltchomes.net web site.

The President/Administrator or designate will be responsible for all media contact.

Notification of the outbreak will be communicated to all staff through memo's posted, notices on time cards, reviews at shift reports, notices in communication books and wing books, Staff Stat message blasts.

PPEs will be available on all units and will also be placed in the caddies outside of affected residents rooms.

Initiate droplet and contact precautions and post signage outside residents' room

Enhance cleaning and disinfecting practices

The President/Administrator, IPAC Lead, ,DOC, and NBPSDHU will be responsible for making recommendations on and facilitating outbreak management.

PCR testing will be completed as per NBPSDHU direction.

Risk assessment completed of exposure to residents/staff based on contact interactions, and consideration of factors such as residents/staff immunization status and whether cases are infected with a variant of concern.

Enhanced monitoring for new symptoms in all residents and staff in the outbreak area.

If a staff develop symptoms at the Home he/she must provide the results of a Rapid Antigen Test (RAT).

If a visitor develops symptoms he/she must report to the Nurse Manager. He/She must leave and must provide the results of a Rapid Antigen Test (RAT).

Routine infection control and cleaning procedures will be enhanced. Pre-packaged disinfectant wipes will be utilized for enhanced environmental cleaning of frequently touched surfaces and equipment. Housekeeping procedures will detail the enhanced cleaning process.

Outbreak Management Team (OMT)

The initial meeting will confirm that an outbreak exists. A case definition will be adopted. Residents that meet the criteria will be considered a case until laboratory testing proves otherwise. A case definition may vary for staff.

The infection control measures to be implemented and the responsibilities for implementation will be reviewed. The IPAC Lead in consultation with the President/Administrator will be responsible for modifying the control measures depending on the epidemiology of the pandemic strain.

The OMT will identify the appropriate signage to be posted, enforce the proper use of PPEs, implement exclusion policies, implement staffing contingency plan, and implement the Home's communication plan.

The OMT will determine 24/7 coverage for Management Personnel and inform the NBPSDHU of the coverage. The frequency of meetings will be determined by the OMT.

Surveillance and Reporting

Surveillance will continue on all shifts. Nurse Managers will be responsible for adding residents to the line listing if they are suspected of being infected. Once the pandemic strain is identified/suspected in the Home, all subsequent cases will be treated as the identified strain. All residents on the line listing will have their symptoms updated daily and the line listing submitted to the North Bay Parry Sound District Health Unit as per established procedure. The OMT will review the line listings to evaluate the effectiveness of the control measures and modify or enhance the measures if required.

The following information is required for surveillance on all residents:

- New cases with appropriate information
- Residents who have recovered
- Status of ill residents, including worsening of symptoms
- Deaths

Staff Surveillance:

- New cases including all appropriate information
- Status of ill staff
- Staff who have recovered and their return to work date
- Staff who continue to have symptoms but are considered fit to work, and have returned to work with restrictions

Control Measures for Residents:

- High risk residents will be identified and reverse isolation measures implemented.
- A minimum of one meter of separation of residents in semi-private and basic units will be maintained by utilizing the privacy curtains.

Lab Samples and Medical Testing:

- Nasopharyngeal swabs will be obtained on the advice of the NBPSDHU.

Cohorting

- Staff cohorting to specific units will be used wherever practical.
- Where possible schedule same staff with residents suspected or confirmed COVID-19.
- When the above is not possible staff will complete care on well-residents first avoiding movement between floors/units wherever possible.
- Where possible dedicate staff to work exclusively on the outbreak unit as much as possible. If cohorting is not possible those working on multiple unit should first work on unaffected unit(s) and finish on the outbreak unit(s).

Declaring the Outbreak Over:

The Medical Officer of Health or designate (from the local PHU) in collaboration with the home's Outbreak Management Team will determine when to declare an outbreak over, taking into consideration the period of communicability and incubation period of COVID-19, as well as the epidemiology of the outbreak.

Communication Systems

Management meetings will be initiated to discuss operations and updates

We implement the call out system to all POAs/SDMs when there are changes to Directives.

Website is maintained with all current COVID-19 information.

Staff are updated with current information on the Staff and Visitor Policy Sheets; distributed throughout the Home as well as on their time cards.

We maintain accurate records of staff attendance, visitors and resident information.

We ensure a log is kept of all visitors (e.g. essential visitors, caregivers) who enter the home, dates/times of visit to facilitate contact follow-up if needed.

In collaboration with the NBPSDHU, we will proactively communicate with the staff, residents, visitors and families about COVID-19 prevention measures and information on how the outbreak will be handled.

Admissions, re-admissions and transfers:

- New admissions, re-admissions or transfers to or from a facility may be considered on a case-by-case basis in consultation with the MHO. Considerations include:
    - The current status of the outbreak and its management (e.g., attack rate, severity of illness, length of time since the last case);
    - Whether the resident would return to an area of the facility that is currently experiencing an outbreak;
    - The degree of protection for the resident offered by immunization;
    - Whether the resident/substitute decision maker, and most responsible provider/physician if appropriate, are informed of the outbreak and have consented to the move; and
    - The overall benefit vs. risk to the health of the transferring resident of immediate vs. delayed placement in the facility.
- Admissions, re-admissions and transfers to or from an affected unit within a facility during an outbreak may be considered, based on the direction of the MHO or their official designate.
- Residents without a COVID-19 diagnosis should not be admitted or moved to a room occupied by a case during the infectious period (five days following the symptom onset date), unless the resident to be moved has recently recovered from COVID-19.
- Where transfers are medically necessary (e.g., hospital admissions, emergency) or for urgent/medically necessary appointments (e.g., dialysis), the receiving facility/unit and

transporting personnel must be notified of the outbreak status and if the resident is on any additional precautions.

Resident Leave of Absence (LOA)

We will ensure that LOA requirements are followed as set out by the MOLTC and NBPSDHU.

COVID-19 Outbreak Control Measures Checklist

Case definition as per Health Unit: _____

First day of suspected case or outbreak (yy/mm/dd):_____

Checklist/Communication Plan	Date Initiated yy/mm/dd	Initial when completed
□ Alcohol based hand sanitizer (ABHR), surgical masks, tissues are available at all entrances being used. □ Active screening is in place for all individuals entering the home with the exception of paramedics. □ All residents not on the line list are monitored for respiratory symptoms. Findings are recorded on daily surveillance record. □ Resident with acute respiratory illness or fever (>or =38.$_{o}$C or as per current Ministry Guidelines/screening tool) are immediately isolated in private accommodations if possible □ Reinforce routine practices (handwashing, PPE) using communication tools of PCC report and staff stat for nursing department. Other department heads to communicate with their staff.		
Upon identifying new or worsening respiratory symptoms in a resident or a positive COVID-19 test result in a symptomatic resident- □ Isolate the resident in their room. □ Place isolation precaution and donning/doffing signage outside of the room for droplet and contact precautions (airborne precautions if performing aerosol generating procedures) □ Place PPE equipment outside of the room including ABHR if required. □ Apply PPE before entering room. □ Resident to be swabbed for COVID-19 immediately. □ For two or more cases= outbreak. Clearly mark on requisition that the resident resides in an "Institution" and stamp "Fax results to Nipissing Manor" o Include Outbreak number on the requisition if applicable		

Checklist/Communication Plan	Date Initiated yy/mm/dd	Initial when completed
○ In consultation with physician, include multiplex respiratory virus PCR (MRVP) if clinically warranted to investigate current symptoms. ○ Inform Health Unit of testing (fax Diseases of Public Health Significance Reporting form for COVID-19) □ Disinfect surfaces within 2 meters of the resident as soon as possible. □ Using a risk-based approach, and Public Health Unit collaboration, assess for need to test other possible close contacts (ie. tablemates, staff who had close contact, and visitors) □ All roommates, and other close contacts to be isolated in their current rooms- only positive case will be moved (as directed by PHU). □ Assess resident and call physician if necessary □ Review for possible aerosol generating medical procedures (CPAP, suctioning, trach care, nebulized medications, CPR), consult with physician if required (would need airborne precautions – N95 mask) □ Temps, O2 sats, pulse, chest assessments twice daily to the symptomatic. □ Evaluate need for 1:1 staffing, BSO, family, essential volunteers to ensure resident is compliant with isolation.		
Ensure home has sufficient specimen collection kits (# of kits on site _____, date _____, expiry dates checked Y/N) •Specimens to be obtained as per NBPSDHU • Arrange pick up of outbreak specimens with Health Unit All other specimens require COVID-19 Test requisition and follow standard lab specimen transport procedures		
On declaration of a COVID-19 Outbreak: □ Define the outbreak area □ The affected unit may be isolated as directed by PHU. (All staff to resident interactions would require Droplet and Contact precautions). □ Staff cohorted to affected wing. □ Dedicated staff break room arranged for staff working with COVID positive residents, and routines		

Checklist / Communication Plan	Date Initiated yy/mm/dd	Initial when completed
□ Staff assignment arranged to have specific staff caring for ill residents □ In consultation with PHU, testing of other possible exposures. Consider: o All staff who work on the affected unit o Residents in adjacent rooms o Essential visitors who attended the outbreak unit o Any other potential contacts □ In room tray service for isolated residents and possibly affected wing after consultation with Public Health □ Environmental Cleaning- Rooms with asymptomatic residents cleaned first. □ Post signage at all entrances indicating outbreak □ Initiate appropriate line listing (NOTE: separate lists are to be used for each floor. Daily update of new and resolved cases are to be added to the list and faxed to the PHU by 11am daily (705) 474-2809). Ensure only codes found in the "signs and symptoms codes" legend is used on the form. □ Ensure the appropriate supplies (gloves, masks, gowns, eye protection, disinfectant) are available and accessible to staff. □ Involve physician in communication of positive test result to resident/POA		
Notification requirements as assigned by the IPAC lead in the home: □ Administrator □ Director of Nursing and Personal Care □ North Bay Parry Sound District Health Unit (705) 474-1400		
□ Call in CIS after hours (1-800-268-6060) or submit CIS electronically if business hours □ Ministry of Labour (MOL) □ Joint Health and Safety Members □ All staff (Telephone Pyramid List) □ Physio □ Occupational Therapist □ Colleges if applicable □ Pharmacy provider □ Community placement coordinator (LHIN) □ Residents/families/SDM o Develop a script for communication in consultation with Public Health Unit □ Advise hospital, EMS and PTAC prior to any resident transfers or outpatient procedures. All transfers to hospital must be triaged by the hospital prior to transfer (physician will facilitate this).		

Checklist / Communication Plan	Date Initiated yy/mm/dd	Initial when completed
Symptomatic staff tested for COVID-19 ○ STAFF INSTRUCTED TO CALL INFECTION CONTROL DAILY (DOC) ○ Return to work instructions to be provided to staff by Administrator and Assistant Administrator/IPAC Lead. If applicable, provide staff with Outbreak Number for testing center to include on their test requisition. • When the facility is in a declared outbreak, inform staff that a WSIB claim being filed if certain criteria are met – contact Main Office		
Work with staff, contractors and volunteers to limit the number of work locations that they are working at.		
Plan daily Outbreak Management Team (OMT) meetings for status updates including any new health alerts received.		
Cohort staff as able by reviewing the current staffing plan in all departments – review daily.		
Dedicate resident care equipment (BP cuffs, lifts, etc.) to ill residents –review daily		
Ensure cleaning/sanitizing of equipment with high-level disinfectant.		
Cancel social activities and community meetings and/or functions for timeframe determined in consultation with Public Health Unit		
Arrange for resident appointments to be rescheduled.		
Ensure educational resources are available as required for all staff, residents, families, and visitors regarding additional precautions and visiting restrictions (Handouts, Website, Surge Learning, Dunk)		
Initiate restricted or limited visiting if applicable as per PHU and/or MOH Directives		
Halt admissions, readmissions, and transfers to affected unit(s) for the duration of the Outbreak. Possible exception: readmitting a resident who was part of the outbreak line list (discuss with Health Unit)		
Do not perform CPR on a COVID-19 resident without airborne precautions in place		
Review □ Pandemic plan		

Section 2
Influenza

Purpose:

The Plan is based on best practices, consultation with NBPSDHU, The MOLTC Guide to Pandemic Preparedness and Response in Long Term Care Homes, the Ontario Health Plan for an Influenza Pandemic. The Plan addresses preparedness and response for an influenza pandemic. Preparedness plans for an influenza pandemic and Response is the Homes response during an influenza pandemic.

Ethical Considerations:

The ethical framework that will be utilized to make decisions about which services will be provided, how they will be provided, how limited resources will be used and who will be allowed into the Home will be based on the following:

Individual Liberty/Protection of the Public from Harm

- During a pandemic it may be necessary to restrict individual liberty to protect the public from serious harm. We weigh the benefits of protecting the public from harm against the loss of liberty of some individuals (e.g. isolation) and also ensure that all those involved are aware of the medical and ethical reasons for the measures, the benefits of complying and the consequences of not complying.

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Duty to Provide Care/Reciprocity

- Staff have an ethical duty to provide care and respond to suffering.
  During a pandemic, demands for care may overwhelm our staff and create challenges related to resources, professional practice, liability and workplace safety. Staff may have to weigh their duty to provide care against competing obligations (i.e: to their own health, family and friends)

- We ensure appropriate supports are in place (eg: human resources, supplies, equipment), to provide support for staff to fulfill their personal/family responsibilities. We take steps to ease the burden of staff and their families and establish a mechanism to deal with staff concerns and work exemptions.

Trust

- We recognize that trust is an essential part of the relationship between staff, the public and other health care organizations. We take steps to build trust with staff, families and other organizations before an outbreak occurs and ensure the decision-making processes are ethical and transparent.

Solidarity

- We ensure the provision of straightforward communication and open collaboration to share information and co-ordinate the delivery of care.

Stewardship

- We ensure good stewardship of scarce resources (vaccines, equipment and staff) and consider both the benefit to the public good and equity. We also determine how resources are allocated for residents that are at the end of life.

Respect for Cultural Diversity/Beliefs

- We continually respect resident's cultural values and religious beliefs.

Preparedness:

Outbreak Management Team

President/Administrator	Assistant Administrator
Assistant Administrator/IPAC Lead	Director of Care
Nutrition Manager	Life Enrichment Co-ordinator
Administrative Assistant	Occupational Health & Safety Committee

Roles & Responsibilities

Coordinators	President/Administrator Assistant Administrator Director of Care
Communication Coordinator	President/Administrator
Traffic Flow/Security	President/Administrator Assistant Administrator
Surveillance Coordinator	President/Administrator Assistant Administrator Director of Care
Staff Education Coordinator	President/Administrator Assistant Administrator Assistant Administrator/IPAC Lead Administrative Assistant
Infection Control & Occupational Health and Safety Coordination	President/Administrator Assistant Administrator/IPAC Lead Director of Care Assistant Administrator
Family and Visitor Liaison	President/Administrator Life Enrichment Co-ordinator Administrative Assistant
Human Resources	President/Administrator Assistant Administrator Administrative Assistant
Equipment and Supply Coordinators	President/Administrator Assistant Administrator Assistant Administrator/IPAC Lead Director of Care
Vaccine and Other Treatments Coordination	President/Administrator Assistant Administrator/IPAC Lead Director of Care Attending Physician Pharmacist
North Bay Parry Sound District Health	Public Health Nurse, Communicable Disease Control
Front line staff input	Occupational Health & Safety Committee (Includes Management & Staff)

Definition:

Influenza is a contagious respiratory illness caused by a group of viruses: influenza A, B, and C. Most Influenza outbreaks are caused by Influenza A or B. Influenza is highly contagious and can be directly transmitted from symptomatic individuals by droplet spread or indirectly through contaminated hands, surfaces and objects. The virus can survive 24 to 48 hours on hard non porous surfaces, 8 to 12 hours on cloth, paper and tissues and for 5 minutes on hands.

The following chart highlights the differences between seasonal influenza and influenza pandemic.

INFLUENZA PANDEMIC	SEASONAL INFLUENZA
Caused by a new strain of influenza A virus that can spread easily from person to person	Caused by a known circulating strain of influenza A virus
Can occur at any time of the year	Occurs during flu season: between November and April
May occur in two or three waves several months apart. Each wave may last two to three months.	Peaks for a few months during the winter then declines.
Will take 4 to 5 months after the pandemic strain is identified to develop a vaccine	Annual vaccines are available and will provide some protection against circulating strains.
Could infect between 30 to 50% of the population. (Authorities are estimating a 35% attack rate)	Infects 10 to 20% of the population annually.
Most people with have little or no immunity to the new virus, therefore there will be more serious illnesses and increased numbers of death.	A portion of the population will have some immunity due to previous exposure or immunization with the annual flu vaccine. Most people will not become seriously ill and fewer will die.
Could affect anyone, including health care providers and their families causing disruptions to the health care system.	Affects mainly the very young and the very old, immunocompromised; does not usually affect the health care system.
Could also affect other essential service workers and their families and could disrupt those services.	Does not usually disrupt a community's ability to provide essential services.

The Plan

The World Health Organization has identified phases of a pandemic. The Interpandemic and Pandemic Alert periods correspond to Preparedness and the Pandemic period corresponds to Response.

Period	Phase	Description
Interpandemic Period	Phase 1	No new influenza virus subtypes have been detected I humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human – to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human spread but spread is highly localized, suggesting the virus is not well adapted to humans.

	Phase 5	Larger clusters but human-to-human spread is still localized, suggesting the virus is becoming increasingly better adapted to humans but may not be fully transmissible (substantial pandemic risk)
Pandemic Period	Phase 6	Increased and sustained transmission in general population.

The Plan is based on the following assumptions:

- Influenza pandemic will affect the entire health care system and the community. We may not be able to rely on the same level of support from other parts of the health care system or from other community services during a pandemic.
- The plan is based on the Ontario Health Plan for an Influenza Pandemic.
- The number of health care workers available to provide care may be reduced by up to one third due to personal illness, family/caregiving responsibilities and concerns regarding transmission in the workplace.
- Usual sources of supplies may be disrupted or unavailable.
- A vaccine will not be available for 4 to 5 months after the pandemic strain is identified. It will not be available for the first wave of illness but may be available to reduce the impact of the second wave. Once the vaccine is available it will be in short supply and high demand.
- Antiviral drugs will be the only specific drug treatment option during an influenza pandemic and must be started within 48 hours of the onset of symptoms. Antiviral efficacy against the pandemic strain is unknown. Antivirals will be in short supply and high demand. Hand hygiene, appropriate PPEs and isolation practices as the main line of defense.
- Ontario will not have a large enough supply of either antivirals or vaccine for the entire population and the province will have to set priorities for who receives them. During the course of a pandemic the priority groups may change based on the epidemiology of the pandemic strain. The Federal/Provincial/Territorial Pandemic Influenza Committee will make recommendations regarding priority groups for immunization and antiviral treatment and prophlyaxis.
- Resources including staff, supplies and equipment may have to be reassigned.
- Care protocols and practices may have to be adapted.
- Effective means of communicating with resident's family, friends and staff will be required to reduce the demands on staff.

Planning:

1. Outbreak protocols are reviewed on an annual basis by the IPAC Lead in consultation with NBPSDHU and updated based on current best practices.
2. The Pandemic Plan addresses the potential impact of an influenza pandemic.
3. There are procedures to address continuity of services in the event of an internal emergency.
4. We test the disaster plan annually through a mock disaster exercise and updates the plan

accordingly.

Assessing Resident Care Needs:

In the event of a pandemic outbreak, the Pandemic Outbreak Management Team will assess resident care needs to identify residents:

- Who could be discharged to family members
- Residents who must be cared for in the Home
- Residents who are likely to require acute care
- Residents that are at highest risk of complications from influenza and implement isolation protocols to protect these residents.

Vaccination

An immunization policy is maintained for staff, students and volunteers.

Up-to-date vaccination is one of the most effective ways to prevent severe illness and death,

All individuals living in, working in or visiting the Home, are strongly encouraged to get vaccinated and stay up-to-date with the most current recommendations of the PHU.

Antivirals are available on hand and from Powassan Drug Mart as required.

Essential Services and Those That Could Be Curtailed:

As staffing is likely to be limited, the OMT has identified the following activities that are essential and those that could be curtailed:

ESSENTIAL SERVICES	SERVICES THAT COULD BE CURTAILED
Medication administration	Recreational programs: internal and external
Life maintaining treatments (ie: insulin)	Resident appointments, clinic appointments, dental services
Meals and nourishments	Occupational therapy assessments
Physiotherapy 1:1 basis dependent on the severity of the outbreak	Physiotherapy group activities
Care routines	Religious services

Equipment/Supplies:

The usual sources of supplies may be disrupted or be unavailable. Our inventories are maintained to ensure optimal supplies during regular operation e.g.

- PPE's
- Cleaning and disinfecting supplies
- Hand sanitizers
- Oxygen/oxygen concentrators, portable oxygen
- Medications
- Food/Dietary supplies
- Propane
- Air Purifiers
- Isolation bags
- Swabbing and testing supplies

Arrangements are in place to provide the additional supplies required in an emergency.

All Service Contract Agreements are updated annually.

The Generator provides electricity to the entire building.

Staffing Plan

The Plan is developed based on the following assumptions:

- The Pandemic will affect the entire health care system and the community. We may not be able to rely on the same level of support from other parts of the health care system or from other community services.
- The number of health care workers available to provide care may be reduced due to immunization status, personal illness, family/caregiving responsibilities and concerns regarding transmission in the workplace.
- Staffing resources may have to be reassigned.
- Care protocols and practices may have to be adapted.
- Effective means of communicating with resident's family, friends and staff will be required to reduce the demands on staff.
- As staff shortages are expected, we may have to implement measures to ensure provision of care to the residents. Skills required to meet residents' needs and provide care for residents with influenza are identified. Staff with the required skill set will be assigned to these duties. Adjustments to schedules may be required and shifts extended based on available staff.
- Management staff on vacation would be recalled upon an Epidemic or Pandemic being declared. Vacations will be limited and/or suspended.
- Agency staffing will be utilized to augment staffing levels.

Skill Set:

Medication administration	RNs and RPNs
Insulin administration	RNs and RPNs
CBG testing	RN and RPN
Intravenous therapy initiation	RN
Intravenous therapy-maintenance	RN and RPN, PSW with training
Intermittent Catheterization	RN and RPN
Insertion/removal foley catheters	RN and RPN
Simple dressings	RN and RPNs
Complex dressings	RN RPN with additional training (CNO Standards)
Inhalation treatments:	
dosage preparation & application	RN and RPN
monitoring and removal	RPN, PSW
Vital signs (B/P. P, R,)	RN and RPN PSW Spot Vital Sign Monitor with training
Temperature	PSW
Specimen collection:	
Urine – clean catch	PSW
Catheter-sterile	RN and RPN
Stool	PSW
Nasopharyngeal swab	RN, RPN, PSW with training
Activities of Daily Living:	
AM, HS care	PSW, Family Member with training
Bathing: whirlpool/hydrosonic	PSW
Bed bath	PSW, Family Member with training
Dressing	PSW, Family Member with training Non-nursing staff with training

Mouth care, shaving & grooming	PSW, Family Members and volunteers with training, non-nursing staff with training
Incontinent product application and removal, including perineal care	PSW
Toileting	PSW, Family Member with training Non-nursing staff with training
Mobility:	
Transfers: mechanical lifts	PSW, Non-nursing staff with training
Limited assistance	PSW, Family Member with training Non-nursing staff with training
Ambulation	PSW, Family Members, Volunteers with training, non-nursing staff.
Meal service:	PSW, Family Members, Volunteers with training, non-nursing staff
Feeding residents	PSW, Family Members, Volunteers with training, non-nursing staff.
Nourishments	PSW, Family Members, Volunteers with training, non-nursing staff

Administration Staff:

Administration staff will assist in communication with family members, providing information regarding resident's condition, current status of the Home and any restrictions in place. Administration staff will ensure that Privacy Policies are upheld at all times and the Resident's Rights to Privacy is maintained. Administration Staff will also be utilized as "screeners" for staff, visitors and service providers as necessary.

Security will be maintained throughout the pandemic. Access to the Home will be restricted to the Main Entrance only. Administration staff will assist with maintaining security and sign in procedures.

Life Enrichment Staff:

Life Enrichment staff will be trained to assist with Housekeeping and Laundry duties and assist Dietary with dishwashing procedures. Life Enrichment are trained to assist with feeding residents as well as provide some basic care needs: mouth care, daily grooming and shaving, and transfers using mechanical lifts.

Essential Caregivers:

Family members willing to assist will be trained to feed and provide basic care to their family member. The OMT will review the duties of each family member for the appropriateness of the assigned tasks.

Planning and Communication:

- Outbreak protocols are reviewed at least annually in consultation with the NBPSDHU and updated based on current best practices.
- Administrative Assistants maintain accurate telephone and email contact information for all staff.
- Notices from the NBPSDHU, MOLTC are communicated to staff, residents, POAs/SDMs, service providers and volunteers.
- Residents Care Plan (RCP) face sheets contain current contact information for the POA/SDM.
- Communication with Stakeholders is maintained through our website and telephone contact.
- Memo's, Pamphlets and Fact Sheets are utilized and distributed throughout the Home.

Training & Auditing

The IPAC Program includes an educational component in respect of infection prevention and control. The IPAC Lead in consultation with the President/Administrator, Department Supervisors and Occupational Health and Safety Committee develops and oversees the implementation of the IPAC training and education program for **residents, caregivers, staff, and visitors** which includes at a minimum the following:

- The IPAC Lead communicates relevant information and requirements and provides education to residents, caregivers, and other visitors appropriate to their needs which includes at a minimum:

- Visitor policies
- Physical distancing
- Respiratory etiquette
- Universal Mask Use
- 4 moments of Hand Hygiene
- How to use Hand Sanitizer
- How to Handwash

- Steps for Donning and Doffing
- Retraining and education on an annual basis or more frequently, to respond to emerging public health issues and/or new evidence

The IPAC Lead develops and oversees the implementation of the IPAC training and education program for **staff** and **volunteers** which includes at a minimum that:

- The required orientation and training on IPAC Practices/Protocols appropriate to their role and tailored to their needs. (refer to Training and Audit document)
- Assessments/audits and feedback processes are used to determine if staff have met training requirements as required by the MOLTC, or when individual staff need remedial or refresher training.
- Audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required for their role.

All staff are required to follow IPAC precautions (hand hygiene, respiratory etiquette, Point of Care Risk Assessments) and any additional IPAC precautions (Contact and Droplet isolation precautions as required).

Infection Control, Health and Safety Policy and Procedures based on current best practices, guidelines and protocols consistent with relevant standards and legislation are updated at least annually.

Signage is in place throughout the Home reminding staff and visitors to physically distance whenever possible and to wear masks and eye protection.

Hand sanitizers are available in prominent locations throughout the Home including entrances, common areas and outside resident rooms to promote frequent hand hygiene.

In instances where physical distancing is not possible (e.g. in the provision of direct care), staff, caregivers, and/or visitors must wear appropriate PPE based on the nature, duration, and type of interactions.

We have configured the physical space and layout of the Home (i.e. common areas) to facilitate physical distancing. Maximum capacity signage and visual markers are provided to further guide physical distancing.

Staff are provided with information on Droplet and Contact Precautions and are aware of the proper PPE to be applied when signage is posted outside a resident's room

Non nursing staff assigned to care giving roles will receive orientation to the role through review of job routines and an orientation program.

Pandemic Activity in the Home:
When an outbreak of the pandemic strain is suspected or confirmed the following will occur:

2. The Medical Officer of Health will be notified. The outbreak report form will be completed and submitted via fax and or electronic reporting. The NBPSDHU will assign an outbreak number that will be recorded on all outbreak report forms and laboratory submissions. Initial measures implemented will be detailed. The Medical Officer of Health will indicate the number of acutely ill residents that require nasopharyngeal swabs. If the pandemic strain has been identified in the community further testing may not be required.

The following disciplines/staff of the Home will be notified:

- President/Administrator
- Vice-President
- Assistant Administrator
- Assistant Administrator/IPAC Lead
- Director of Care
- Attending Physicians
- Nutrition Manager
- Dietitian
- Life Enrichment Co-ordinator
- Maintenance personnel
- Pharmacist
- Staff members
- Family members
- Volunteers
- Physiotherapist
- Physiotherapy Assistant

In addition, the Ministry of Long Term Care will be notified. The Critical Incident Report will be initiated on the ltchomes web site.The President/Administrator will be responsible for all media contact.

3. Infection prevention and control measures will be implemented.

Droplet and contact precautions and control measures will be implemented immediately. This includes:

- Notification of the outbreak will be distributed to all staff through memo's posted, notices on time cards, reviews at shift reports, notices in communication books and wing books.
- Hand hygiene before and after resident contact, before application and after removal of PPEs.
- Surgical masks for all direct care within one metre of the resident
- Protective eyewear when providing direct care within one metre of the resident. Eye protection must provide a barrier to splashes from the side. May be single use or washable for reuse.
- Procedures that minimize contact with droplets (positioning self beside a resident

rather than in front of the resident).

- Appropriate gloves if contact with body fluids or contact with contaminated surfaces is likely.
- Gowns during any procedure or resident care activity where clothing may be contaminated.
- Cleaning and disinfecting of all communal or shared equipment.
- Hand hygiene for all residents will be emphasized.

Environmental Cleaning:

Routine infection control and cleaning procedures will be enhanced during a pandemic. Pre-packaged disinfectant wipes will be utilized for enhanced environmental cleaning of frequently touched surfaces and equipment. Housekeeping procedures will detail the enhanced cleaning process.

Double bagging of waste is not required.

4. The Pandemic Outbreak Management Team.

The initial meeting will confirm that an outbreak exists. A case definition will be adopted. Residents that meet the criteria will be considered a case until laboratory testing proves otherwise. A case definition may vary for staff.

The infection control measures to be implemented and the responsibilities for implementation will be reviewed. The Infection Control Coordinator will be responsible for modifying the control measures depending on the epidemiology of the pandemic strain.

The OMT will identify the appropriate signage to be posted, enforce the proper use of PPEs, implement exclusion policies, implement staffing contingency plan, and implement the Home's communication plan.

The OMT will determine 24/7 coverage for Management personnel and inform the NBPSDHU of the coverage. The frequency of meetings will be determined by the OMT.

5. Surveillance and reporting.

Surveillance will continue on all shifts. Nurse Managers will be responsible for adding residents to the line listing if they are suspected of ILI. Once the pandemic strain is identified/suspected in the Home, all subsequent cases of ILI will be treated as influenza. All residents on the line listing will have their symptoms updated daily and the line listing submitted to the NBPSDHU as per established procedure. The OMT will review the line listings to evaluate the effectiveness of the control measures and modify or enhance the measures if required.

The following information is required for surveillance on all residents:

- New cases with appropriate information
- Residents who have recovered
- Status of ill residents, including worsening of symptoms, clinical and Xray diagnosis of pneumonia.

- Number of residents receiving antiviral prophylaxis
- Number of residents receiving antiviral prophylaxis who develop ILI

(i.e. signs of antiviral resistance)

- Adverse reaction to any prescribed antiviral medication or vaccine or discontinuation of antiviral prophylactic medication
- Transfers to North Bay Regional Health Centre
- Deaths

Staff Surveillance:

- New cases including all appropriate information
- Status of ill staff
- Staff who have recovered and their return to work date
- Staff who continue to have symptoms but are considered fit to work, and have returned to work with restrictions
- Number of staff receiving antiviral prophylaxis and the number who develop ILI (i.e. signs of antiviral resistance)
- Adverse reaction to any prescribed antiviral medication or vaccine or discontinuation of antiviral prophylactic medication.

CONTROL MEASURES for RESIDENTS:

High risk residents will be identified and reverse isolation measures implemented.
A one metre separation of residents in semi private and ward units will be maintained by utilizing the privacy curtains.

LAB SAMPLES AND MEDICAL TESTING:

Nasopharyngeal swabs will be obtained on the advice of the NBPSDHU.
Routine blood draws would be reviewed by the attending physicians and will be limited to the tests that are absolutely necessary for the resident's well-being. (INR)

Section 3

Visitor Policy

Updated: January 1, 2026

Nipissing Manor will comply with all applicable laws, including any applicable directives, orders, guidance advice or recommendations issues by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act.

Purpose:

Nipissing Manor recognizes that the presence of family and friends is important to the overall physical and emotional well-being of residents.

To provide meaningful, equitable, flexible, and safe access to visits for all residents.

To protect the health and safety of residents, families, team members, and visitors while supporting residents in receiving the care they need, including maintaining their physical and emotional well-being and adhering to the Residents' Bill of Rights #20 "every resident has the right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assist in contacting a caregiver or other person to support their needs".

Types of Visitors: To assist in classifying visitors to the home, the following definitions have been provided by the Ministry of Long-Term Care:

Not considered visitors: Long-term care team members (staff), attending physicians, volunteers, and placement students are not considered visitors, as their access is determined by the licensee. Children under the age of 1 year are permitted and not considered visitors and are excluded from applicable surveillance testing requirements.

Essential Visitors: There are four types of essential visitors as follows as per O.Reg.246/22 under the Fixing Long Term Care Act, 2021:

1. **Caregiver:** designated by the resident/substitute decision maker to provide one or more forms of support or assistance to meet resident care needs, including providing direct physical support e.g. activities of daily living, social, spiritual, or emotional support, whether the individual is paid or unpaid. Must be 16 years of age or older. The approval of a parent or legal guardian is required to permit individuals under the age of 16 years to be designated as a caregiver
2. **Support Workers:** persons who visit the community to provide support to the critical operations of the community or to provide essential services to residents
3. **Compassionate reasons:** A person visiting the very ill for compassionate reasons including but not limited to hospice services or end of life care.
4. **Government Inspector**: with a statutory right to enter a long-term care community to carry out their duties.

All other visitors who do not fall into the essential visitor category above are considered general visitors and are not permitted during an outbreak in the home or an area in the home or to visit an isolating resident.

General Visitor:

- A General Visitor is not an essential visitor and provides non-essential services either to the operations of the home or to a particular resident or groups of residents. These visits are for social reasons as well as providing personal care services, entertainment, or individuals touring the home. General visitors under the age of 14 must be accompanied by an adult.

Visiting Protocols

- Nipissing Manor will establish and implement visiting practices that comply, at a minimum, with the guidance in the relevant Ministry of Long-Term Care policies
  .
- Will support residents in receiving visitors while mitigating the risk of exposure to Covid-19 and other infectious illnesses to residents and staff in the home
  .
- There are currently no restrictions related to visitors accessing the home when not in an outbreak however, the home is required to follow the directions of the local public health unit when in outbreak, which may include advising general visitors to postpone all non-essential visits.

- Essential visitors, which include caregivers, support workers, persons visiting for compassionate reasons, and inspectors will continue to have access to the home during an outbreak.

- Scheduling of visits is not required and no restriction to length of visits, however we do ask that visitors are respectful and keep in mind other residents need for privacy and rest.

- There are no longer limits to the number of essential visitors that can access the home during an outbreak or when a resident is on isolation precautions.

- Virtual visits (Skype) remain available by appointment through the Life Enrichment Department, for those who are unable to visit in person.

Visitor Logs

1. Visitor logs will be kept for a minimum of 30 days
2. The visitor log will include the visitor's name and contact information, the date and time of the visit as well as the purpose of the visit (e.g. name of resident)

Responding to Non-Adherence by Visitors

1. Nipissing Manor recognizes that non-adherence may not be intentional and will provide an opportunity for the visitor to correct their actions.
2. If any staff member of the home observes non-adherence to the visitor policy, requirements of the policy will be explained and demonstrated.
3. If the visitor continues to disregard the requirements of the policy, the home may end the visit.
4. When a visit has been ended due to non-adherence, it will be documented in the resident's progress notes by Registered nursing staff.
5. In the event that there is flagrant non-adherence, the management team will review with consideration to prohibit the visitor from returning to the home for a period of time. Consideration will be given to whether the non-adherence:
    a. Can be resolved successfully by explaining and demonstrating how the visitor can adhere to the requirements.
    b. Is within requirements that align with instruction in Directive #3 and guidance in this policy.
    c. Negatively impacts the health and safety of residents, staff and other visitors in the home.
    d. Is demonstrated continuously by the visitor over multiple visits.
6. Any decision to temporarily prohibit a visitor will:
    a. Be made only after all other reasonable efforts to maintain safety during visits have been exhausted
    b. Stipulate a reasonable length of the prohibition
    c. Clearly identify what requirements the visitor should meet before visits may be resumed (e.g. reviewing the home's visitor policy, reviewing specific Public Health Ontario resources, etc.)
    d. Be documented by the home.

Infection Prevention and Control (IPAC) Practices to be followed by ALL Visitors:

Screening:

Everyone is required to conduct passive screening upon arrival, which means you review screening questions posted at entrances. If you answer 'YES' to any of the questions, please refrain from entering the building.

- We kindly request that you continuously monitor your health for COVID-19 symptoms and refrain from visiting or working if symptoms are present.

Surveillance Testing:

- The requirement for asymptomatic screen testing has been removed for all staff, students, volunteers, support workers, caregivers and general visitors entering the home.
- The requirement to initiate asymptomatic screen testing will be done in conjunction with Ministry of Long-Term Care Directives and Public Health direction.
- If visitors would like to be tested or develop respiratory or gastro symptoms while visiting, rapid antigen testing is available on site.

Hand Hygiene:

Everyone is required to complete hand hygiene as it is one of the most effective ways of keeping yourself and others safe. Please perform hand hygiene:

  - Upon entry/exit to the home
  - Entry/exit to the resident room/visiting area
  - Any times hands are soiled
  - Before/after touching face or handling a mask

Note: Alcohol based hand rub (ABHR) is the preferred method for hand hygiene unless hands are visibly soiled. Important to perform correctly to be effective. All surfaces of the hands must be rubbed for a minimum of 15-20seconds.

- Procedure posters on how to hand rub are available on entry and throughout the building.
- **See Appendix 1** for how to videos on hand washing and hand rubbing.

Respiratory Etiquette:

Everyone is required to follow good respiratory etiquette.

- This includes coughing and sneezing into a tissue, or if a tissue is not available, into their elbow, followed by hand hygiene.
- Avoid touching your eyes, nose or other parts of your face.

Masking:

For staff, students, volunteers, and support workers:

- Masking will be based on a point-of-care risk assessment (PCRA), consistent with existing Routine Practices, and on the return-to-work protocol following COVID-19 infection.
- A PCRA must be completed by every health care worker before every resident interaction and task to determine whether there is a risk to the health care worker or other individuals of being exposed to an infectious agent, including COVID-19, and determine the appropriate IPAC measures to be taken.
- Staff may consider wearing a mask during prolonged direct resident care (defined as one-on-one care within two metres of an individual for 15 minutes or longer).

- Masks are no longer required in administrative and staff-only areas (e.g., lunchrooms, offices).
- Nipissing Manor will support anyone who prefers to continue wearing a mask beyond minimum requirements and expect everyone to treat all with respect no matter what decision an individual makes.
- *Staff are expected to be respectful of residents (or substitute decision-makers) preferences on mask wearing. If it is requested that a staff member is to wear a mask when providing care, in alignment with the Residents' Bill of Rights, then staff are expected to do so.*

For caregivers and visitors:

- Masks are encouraged, but not required.
- This means that caregivers and visitors may now join in for dining and sharing a meal or beverage in communal areas.

Note: If a mask is worn, please follow the universal masking guidelines **(see Appendix 1)** and ensure to:

- Perform hand hygiene before and after touching face/handling masks.
- Handle mask by the ear loops to avoid contamination
- Change mask when wet or soiled.

Personal protective equipment (PPE):

- Should be worn if there is any risk of exposure to droplets or other body fluids as well as if a resident is on isolation precautions or in an area of the home that is in an outbreak. Visitors will be made aware when additional precautions such as PPE (masks, gloves, gowns, eye protection) are required and PPE will be available for use.
- Donning and doffing PPE correctly is important to ensure the wearer is protected from any potential infection, therefore training is available for everyone regularly and as needed. Registered Staff will provide instruction to visitors on an as needed basis.

Privacy Curtains:

- Privacy curtains must be drawn between residents when a Covid infection or respiratory illness is present to decrease the possibility of transmission.

Communal Dining:

- Caregivers and visitors may now join in sharing a meal or beverage with a resident in a communal area, however arrangements must be made to accommodate the area to dine in, if trays are required and number of guests etc; IPAC practices such as hand hygiene should be followed as well.

Activities:

- Caregivers and visitors may join residents in group activities, however IPAC practices must be followed, such as hand hygiene to ensure the safety and well-being of everyone.

Vaccination Requirements:

- No longer required to show proof of vaccination.
- Vaccination remains the best defense against Covid-19. Staying up to date with the recommended doses and booster doses restores protection and helps increase the protection against symptomatic infection and severe outcomes. All individuals are encouraged to get vaccinated with the recommended doses as per the Ministry of Health's Covid-19 Vaccine Guidance.
    - Fully vaccinated means having had a (i) full series or combination (two doses) of a Covid-19 vaccine authorized by Health Canada, or (ii) one-two doses of Covid-19 vaccine authorized by Health Canada followed by one dose of a Covid-19 mRNA vaccine, or (iii) three doses of a Covid-19 vaccine not authorized by Health Canada and it has been 14 days from the last dose.
    - Up-to-Date means having completed the primary series (2 doses) and received a Covid-19 vaccine within the last 6 months.

DURING OUTBREAKS:

In outbreak situations, or if a resident is on Additional Precautions, all individuals are required to comply with masking and other personal protective equipment requirements as directed by the outbreak management team and the local public health unit.

- Home Areas that are identified as being in a suspect or confirmed outbreak, masks will be required by everyone in that area! N95 will also be used on confirmed outbreak units for those who are caring for a resident who is COVID positive.

WHEN SOMEONE TESTS COVID POSITIVE

- Staff may now routinely return to work once they no longer have a fever and their symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms).
- Upon return to work, they should follow measures to reduce the risk of transmission for 10 days from their symptom onset/positive test, including wearing a mask and distancing from others before they remove their mask (e.g., to eat or drink).
- Residents with COVID-19 remain in isolation and under additional precautions for 10 days.
- If they are able to independently and consistently wear a mask, they may leave their room to participate in activities and join others in communal areas provided they meet the following criteria:
    - It has been a minimum of 5 days from symptom onset or positive test
    - They are asymptomatic or their symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever is present.
    - They wear a mask at all times outside of their room, they do not join in communal dining (since they cannot remove their mask around others), and they continue to follow additional precautions for 10 days after their symptom onset or positive test.
- If a resident is unable to mask, the resident must remain in isolation for 10 days following symptom onset.
- Roommate close contacts should be placed on Additional Precautions.
- Individuals who remain asymptomatic may discontinue isolation after a minimum of 5 days (based on 5 days from when the case became symptomatic or tested positive).
- Visitors should continue to avoid visiting a long-term care home for 10 days after symptom onset or positive test result. However, a visitor who is essential to the resident's overall health and well-being (e.g., a caregiver) is able to visit within the 10-day timeframe if asymptomatic or symptoms have resolved, but must follow measures to reduce the risk of transmission for 10 days from their symptom onset/positive test, including wearing a mask.

Appendix 1

Essential Caregivers

Essential caregivers are individuals (sometimes family) who are providing care services to a resident.

Nipissing Manor will be providing additional training on infection prevention and control to these caregivers. There is an information package that will be reviewed by all essential caregivers prior to their first visit and monthly thereafter. This package will include information from Public Health Ontario on the following topics:

- Universal Mask Use in Health Care
    - https://www.publichealthontario.ca/-/media/documents/ncov/ipac/faq-covid-19-universal-mask-use-health-care.pdf?la=en
- 4 Moments of Hand Hygiene
    - https://www.publichealthontario.ca/-/media/documents/9/2008/4-moments-ltc.pdf
- How to Hand rub
    - https://www.publichealthontario.ca/en/Videos/I/2020/IPAC-Handrub
- How to Handwash
    - https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-Handwash
- Recommended Steps for Donning and Doffing PPE
    - Posters- Putting on and Taking off PPE
        - https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps
    - Video- Putting on Full PPE
        - https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-On
    - Video- Taking off Full PPE
        - https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-Off

Essential care givers will be permitted to enter the residents' personal space when required for the provision of services.

All essential caregivers are required to passively self-screen and do NOT enter the home if ill

Visits can be discontinued at Nipissing Manor's discretion if visiting rules are not followed.

Essential visitors must complete training materials on their first visit and monthly.

The above information has been reviewed by the essential caregiver. By signing below, you are confirming that you have read and understand the training materials and have been provided an opportunity to ask any questions that you have about the materials and visiting guidelines.

Essential Caregiver Name (print): _____

Signature: _____ Date: _____

Infection Control Practitioner (or designate): _____

Signature: _____ Date: _____

☐ Copy provided to essential visitor

Immunization

Purpose

Nipissing Manor recognizes the importance of immunization of staff, student placements, and volunteers due to vulnerable sector and potential exposure. And aims to protect staff, students and volunteers against COVID-19.

Policy

This COVID-19 Immunization policy has been developed in accordance with Public Health and the Ministry of Health and Long-Term Care's document "Long-Term Care Home Covid-19 Immunization Policy Resource Guide".

Nipissing Manor strongly recommends that all employees and volunteers obtain a COVID-19 vaccine in order to protect themselves and minimize the risk to our residents. Collectively, we have a responsibility to provide a high standard of care in a safe and healthy environment. Nipissing Manor will endeavor to provide accommodations for staff to book an appointment.

Staff, students, and volunteers must provide proof of vaccination. Records will be maintained.

During an outbreak, the home must comply with directives from the MOLTC and North Bay Parry Sound District Health Unit.

To the extent that anything in this policy conflicts with a Directive from the Ministry of Health and Long-Term Care, the Directive prevails and Nipissing Manor will follow the Minister's Directive.

Proof of vaccination or Medical Exception

No longer required at this time.

Appendix A

Modifications of Activities During an Outbreak

Nipissing Manor's Life Enrichment department will modify activities during the course of the outbreak to reduce the risk of transmission of infection amongst residents and staff. Some activities may have to be cancelled. The team will review our list of scheduled activities to assess whether they can continue based on the likelihood that they can cause disease transmission and, if necessary, modify activities to minimize the risk. Activities that do not involve sharing of objects can continue for well residents, such as, but not limited to:

- Religious gatherings
- Sing-a-longs
- Movies
- Crafts
- Group discussions, and trivia games

Factors to be addressed include seating arrangements (e.g. distance between residents and position of residents) and enhanced cleaning of areas where activities take place. Activities involving shared items that cannot be easily disinfected between residents will likely have to be modified during an outbreak. Examples of activities that may have to be modified or cancelled include:

- Visiting entertainers
- Bingo
- Card games
- Baking
- Board games
- Bean bag toss
- Fitness classes

Residents will be provided alcohol-based hand rub to use prior to and after programs. Well residents (those who are not exhibiting any symptoms) may participate in activities that are considered low-risk for transmission of infection. Independent activities can be provided to ill residents. Any items given should remain in the ill resident's room or be cleaned and disinfected after use, or discarded. Ill residents should be encouraged to remain on their units within the home.