



# PANDEMIC PLAN

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## INTRODUCTION

Pandemics arise when a “novel” virus emerges, infects humans, spreads efficiently through human contact and sustains robustly among them. Once such an event starts and reaches a certain level of local or regional spread, continued worldwide spread of the virus is inevitable. A novel human virus can start as a purely avian influenza virus that adapts, through gradual mutation, to humans or as a hybrid corona virus that contains a combination of genes derived from both an animal and a human virus. Regardless of its origin, such a virus is termed “novel” because it has not circulated widely among humans in the recent past, leaving most people with no pre-existing immunological protection against the virus.

Over the years novel viruses have caused worldwide epidemics, or pandemics, with high rates of illness and death. A pandemic can occur at any time with the potential to cause serious illness, death, and extensive social and economic disruption throughout the world. In the past experts agreed that pandemics were inevitable, but the timing and severity of the next pandemic could not be predicted. Then COVID-19 became a reality in March 2020. Because there was little warning, contingency planning became crucial to minimize devastating effects of the COVID-19 pandemic.

The following conditions are necessary for a pandemic to occur:

- A new or “novel” virus from a major genetic change, i.e. an antigenic shift
- The novel virus is virulent and has the capacity to cause serious illness and death
- A susceptible population with little or no immunity
- A virus that is transmitted efficiently from person to person.

## INFECTION PREVENTION AND CONTROL AND OCCUPATIONAL HEALTH

The incubation period for each virus is different. The COVID-19 virus incubates for up to 14 days as an example. Person-to-person transmission of different novel viruses can vary. As an example transmission of the influenza virus occurs through droplets from the respiratory tract that are spread by direct contact, through coughing or sneezing, or by hands (or other surfaces) contaminated with respiratory secretions. This is the same for the Corona virus. These novel viruses are highly contagious and can spread quickly in settings where large groups of people (e.g. institutionalized populations) are gathered.

The period of communicability is different depending on the virus but the COVID-19 virus is much more efficient once symptoms are present. In adults, the number of viral particles shed (e.g. while sneezing or coughing) is related to the severity of illness and temperature elevation.

Survival of the virus outside the body varies with temperature and humidity. It generally survives 24 to 48 hours on hard, non-porous surfaces; 8 to 12 hours on cloth, paper and tissue; and 5 minutes on hands. Survival of the virus is enhanced under conditions of low humidity and in cold temperatures.

## GOALS/OBJECTIVES

The goals of pandemic preparedness and response are:

1. To minimize serious illness and overall deaths
2. To minimize societal disruption among Traverse Independence employees, clients and essential caregivers as a result of a pandemic.

These goals will be realized only through the coordinated efforts of all levels of planning and preparation.

The objectives of Traverse Independence are to support response levels by:

1. Developing a plan that is highly flexible to account for the unknown epidemiology of a pandemic
2. Ensuring all best practice guidelines are adhered to
3. Planning for infection prevention and control measures
4. Ensuring effective personal protective equipment planning is optimal
5. Providing essential support to clients and essential caregivers
6. Issuing timely, clear and effective communications
7. Reviewing and renewing plan annually
8. Proactively evaluating outcomes to ensure operational viability.

## EXTERNAL ROLES AND RESPONSIBILITIES

In general, the roles and responsibilities of the respective jurisdictions are as follows:

- The federal government, through Public Safety and Emergency Preparedness Canada, is responsible for the nationwide coordination of the pandemic response, including surveillance, international liaison and coordination of the vaccine response.
- The federal and provincial Ministers of Health will ensure the distribution of guidelines to all organizations that may be involved in the pandemic response and liaise with these organizations on an ongoing basis.
- The Government of Ontario is responsible for mobilizing their contingency plans and resources. Health emergency response commences at the local level and moves up the line to the provincial level, and then to the federal level of government.
- Local public health authorities are responsible for planning local responses to a pandemic with direction from both the provincial and federal levels. This involves liaising with local stakeholders (e.g. emergency responders, hospitals, and mortuary services) if a pandemic strikes. It is essential that the lines of communication in communities and up the line to the provincial and federal levels, are clear and used effectively.

# THE PLAN

## PREVENTION

1. Maintain current and viable connections with provincial and local health care systems such as Ontario Health, Public Health, Ontario Community Support Organization, etc. to ensure immediate notifications and status reports on potential pandemics.
2. Ongoing training of employees on IPAC, PPE use, self-monitoring, routine practices, and any other precautions.
3. Recommend and endorse vaccines in conjunction with infection prevention and control recommendations (e.g. limiting contact if symptomatic, and surveillance of employees/clients/visitors for symptoms or diagnosis).
4. Providing clients and families with information regarding infection prevention and control, hand hygiene, and emergency planning.

## PREPAREDNESS

1. Align with provincial organizations to ensure rapid receipt of crucial information regarding pandemic (OCSA, OAILSP, Public Health, Ontario Health Teams).
2. Education on pandemic, preparedness initiatives for Traverse Independence employees and clients, and personal preparedness.
3. Annual review of all policies and procedures that relate to pandemic management including H&S, Human Resources, and Service Delivery.
4. Ensure Public Health, Ontario Health, and Ministry of Health are aware of Traverse Independence and understand our programs are congregate in nature.
5. Annual update of essential services plans for all clients.
6. Hand washing training is completed annually and immediately if pandemic is imminent.
7. Mask fitting is up to date for all employees and repeated if pandemic is imminent.
8. Ensure a 60-day stockpile of PPEs and environmental cleaning products/sanitizers are on hand including L4 gowns, L2 or L3 surgical/procedure masks, visors, surgical caps, gloves, booties, and N95 masks.
9. Maintain an updated Infection Prevention and Control Plan (IPAC), including employee training, resource manual, documentation, policies and procedures as per any quality/best practice guidelines.
10. Develop communications and virtual interfaces to inform the public, employees/ volunteers and clients regularly in regard to pandemic management during an outbreak.

## MITIGATION/RESPONSE

1. Implement all IPAC best practice guidelines including heavy environmental cleaning at least 3 x's daily.
2. Move to essential services for housing clients (this is decided based on staffing levels and not necessary if sufficient staff are available for full services).

3. Close all non-essential programs such as the day program and evaluate a safe way of delivering services based on best practice guidelines such as virtual programming, small groups that are socially distanced, etc. Implement safe service delivery based on guidelines for day programs as per Ministry of Health (MOH) and Public Health.
4. Redeploy all administrative staff to work from home with exception of a skeleton crew at HO to accept PPE deliveries.
5. Shift intake and assessment to virtual service delivery, continue with acceptance meetings (Rounds) but consider all best practice guidelines when filling a vacant bed.
6. Provide PPE to sites based on daily burn rate to preserve PPE. Ensure all best practice guidelines are met or exceeded in regard to mandated PPE procurement and use. \*\* Use Long Term Care (LTC) guidelines as best practice to maintain highest standards.
7. Implement containment strategies to prevent and control the transmission of virus within locations. This includes cohorting of both staff and clients so that staff work in only one location and also whenever possible, do not work at other health care facilities.
8. Complete daily risk assessment of clients based on client compliance with public health recommendations regarding containment such as social distancing, staying home, wearing a mask in public, etc.
9. Direct staff in the use of PPEs as per public health best practice guidelines using LTC guidelines as the baseline.
10. Implement all screening tools for both staff and clients as per the MOH LTC or Retirement Home guidelines.
11. Adjust all plans as necessary according to daily huddles, public health guidelines, and Ontario Health guidelines.

## RECOVERY

1. Review outcomes (PDSA), lessons learned, best practice guidelines and implement quality improvements, etc.
2. Develop restart program using best practice guidelines, quality improvements both externally and internally. Determine what the “new norm” will be.
3. Review IPAC, PPE stockpile and staffing relocation plans to ensure capacity to restart programs and services gradually.
4. Engage on restart program with clients, caregivers and staff.
5. Develop a communication plan, implement gradually according to public health guidelines.

Note: a pandemic may come in waves; therefore, what we learn during the recovery period allows us the opportunity to get ready and respond to the next wave.<sup>1</sup>

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<sup>1</sup> Adapted from the Pandemic Influenza Business Continuity Plan, Brain Injury Services, February, 2016.

## SERVICE IMPACT

Employee absenteeism could potentially be an issue and it is projected that 50-60% of staff may be off work because:

- No daycare or school is available
- They have an underlying health condition
- They are caring for someone at home with an underlying health condition
- They work in more than one health care facility and this creates a risk for Traverse clients and staff, so they are advised to only work in one place.
- They are in quarantine awaiting test results
- They have been exposed and are deemed high risk for developing the virus.

As the impact of the pandemic increases, we will be implementing a **stop light approach** to our services. Please keep in mind that the situation will move through these stages very rapidly should an outbreak occur in the area.

### **CODE GREEN** – PANDEMIC HAS NOT YET BEEN DECLARED

Status quo – with all clients receiving full services:

- On-going monitoring of staff and clients
- Pandemic information (from World Health Organization) shared with staff on a regular basis.

### **CODE YELLOW** – PANDEMIC HAS BEEN DECLARED

Alert Mode – 3 Levels Low, Medium, High

- Based on information received from Public Health, The Ontario Ministry of Health, Health Canada, and the World Health Organization.
- Move to essential services, move to client risk assessment, request for clients to remain in their homes, closure of all non-essential programs like day program and outreach.

### **CODE RED**

In the case of an extreme emergency

- All staff, clients, and their families will be affected
- There will be a shortage of supplies and suppliers (PPEs and cleaning products)
- Mandated closures e.g. schools, day care, day programs, workshops, leisure centres, and outreach services. Possible closures could include but are not be limited to banks, grocery stores, malls, and transportation systems.

#### **In response, we will commit to do the following.**

- Ensure that staff and clients are informed, educated and trained about the pandemic to ensure they know how to protect themselves and what to do if they become infected. This will be facilitated through daily management huddles.

- Develop a plan to ensure service continuance. This plan will have several levels (stop light approach).
- Minimize the spread of the virus in our organization and into the public domain using best practice guidelines around IPAC and recommendations of the province and public health.
- Encourage staff, clients, and essential caregivers to be immunized, once a vaccine is available.

## SERVICE DELIVERY

Experience during COVID-19 showed that 30-50% of the workforce was unable to work for extended periods during and after the pandemic. This does include 'sympathetic sick' where people may be required to stay home and care for the sick. This means that we need to modify, reduce or even eliminate specific services to cope with the impacts of a pandemic emergency should it occur.

In the case of COVID-19 we moved into a CODE RED situation very quickly. As such, only basic services (food, hydration, medications, and toileting) were provided. There were varying degrees of these services for each client and a specific essential service care plan was developed for each client dependent upon care needs and level of risk of client.

Our capacity to maintain essential service delivery was based upon two areas:

- The availability of staff to perform the duties
- Availability of PPEs to effectively protect staff while completing their duties.

As PPE's became available and the staffing situation stabilized we were able to move to full services again in our housing programs. We gradually moved to virtual services with our outreach and day program clients and then developed a flexible plan of service delivery for such programs dependent upon the level of pandemic risk in the community. This was determined by public health and could change rapidly depending upon the stage the pandemic was in, from low risk right up to lock down.

**\*\*\*\*IT IS ALSO POSSIBLE THAT PUBLIC HEALTH OFFICIALS WILL OVERRIDE OUR DESIRE TO CONTINUE TO PROVIDE SERVICES\*\*\*\***

## DRIVING WITH A CLIENT

Employees can drive clients to essential appointments only with the express permission of the management team and when all other options have been exhausted.

When driving with a client in an employee's vehicle the following conditions must be met:

- Employee and client will be screened.
- PPE including mask, face shield (if it does not obstruct vision) and gloves must be worn by the staff.



- Garbage bins in front and back seats.
- Clients to sit in the back seat passenger side and wear a mask unless medically exempt.
- One client in the vehicle at a time (if support lives in home with client they can attend).
- Command strip hooks for staff masks to hang while doffed (when no clients in vehicle).
- Caddy with infection prevention supplies.
- Education for staff and clients.

## WORKPLACE SAFETY (USING STOP LIGHT APPROACH)

The following will be done to support workplace safety for all employees.

- Move all PPEs to a secure location and practise ethical use to ensure the supply does not run out.
- Assign one person to source out PPEs and monitor burn rate to ensure enough is on hand at any given time.
- Screen employees prior to coming to work using both the paper screener and a temperature test with a thermometer.
- Encourage sick employees to stay home until symptoms have disappeared.
- Develop a workplace policy when an employee is unfit to work.
- Public Health will have the ability to quarantine anyone, declare an outbreak, demand a test and complete contact tracing, which Traverse will support.
- Encourage increased personal hygiene (hand washing, covering nose and mouth when coughing or sneezing, self monitoring for symptoms, and effective use of PPEs).
- Immunization and anti-viral medication will be sought for staff if available.
- Environmental cleaning (rigorous cleaning of all hard surfaces in the workplace with 1:9 bleach solution).
- Increase social distance:
  - avoid meeting face to face
  - use telephone, video conferencing, and internet
  - avoid unnecessary travel
  - cancel/postpone non-essential meetings
  - arrange for staff to work from home when possible or work flex
  - socially distanced breaks, lunches.

## SUPPLIES

- 60 days of PPEs and environmental cleaning products
- First aid kits
- Emergency kits
- Paper products such as toilet paper, paper towels
- Office supplies such as paper, stamps

# COVID-19 OUTBREAK MANAGEMENT

When an outbreak is declared by public health, the clients/caregivers, employees and community support teams will be notified. Communication will be provided daily on the situation to all key stakeholders. Management will be on-site and will support front line workers and clients during the outbreak.

## GENERAL GUIDELINES

1. Ensure clients have access to key services and supports, such as:
  - Medical care
  - Routine medications (e.g., prescription medications, acetaminophen, ibuprofen)
  - Mental health supports/counselling
  - Harm reduction supplies
  - Addiction services and supports including for alcohol or drug use (including opioid agent treatment e.g., methadone and suboxone)
  - Nicotine replacement.
  - Naloxone for emergency response.
2. Ensure clients who test positive stay separate from clients who do not have COVID-19 so in their rooms/units as much as possible and at least 2 metres apart from others if they are out in common space. The exception is if clients who are asymptomatic and COVID positive would like to be closer together.
3. Monitor COVID-19 positive clients for worsening symptoms so medical care can be arranged quickly if needed. Client should wear a surgical/procedure mask and stay at least 2 metres from others. For assistance, call TeleHealth (1-866-797-0000), or contact the client's health care provider or outreach health care services (if available) or call 911 in case of emergency.
4. Limit new admissions so there are no new admissions to the outbreak site until the outbreak is determined to be over by public health.
5. If tolerated and if it can be done safely, all clients in outbreak locations should wear a mask to protect others when there is a possibility of being within 2 metre distance. Provide education on the use of masks (donning and doffing).
6. Work with the public health unit to identify potentially exposed staff based on past work assignments and exposure to known cases of COVID-19. Determine appropriate management of exposed staff with the public health unit.
7. Offer support for symptomatic clients to obtain testing.

## ABI GROUP HOME SPECIFIC GUIDELINES

1. Provide meals in the clients' rooms (tray service) for COVID-19 positive clients. If not possible: stagger mealtimes to support physical distancing. Clean and disinfect surfaces, such as table tops and arm rests of chairs, between each mealtime. Increase space between people in lines by marking floors with tape every 2 metres. Ensure tables and chairs are as far apart as possible, at least 2 metres apart, and set up chairs so that clients are not directly facing each other. Mark locations on the floor where seats should

- stay. Remove shared items like salt and pepper shakers, ketchup, mustard, and food containers (e.g., water pitchers, coffee and cream dispensers). Provide single-use items.
2. Ensure shared bathrooms are cleaned and disinfected between uses by each group of clients if possible, particularly after use by COVID-19 positive or ill clients and at least twice daily and when dirty.
  3. Laundry and bedding. Wear gloves and a gown when handling dirty laundry. Handle laundry gently without shaking. Use regular laundry soap and hot water (60°C-90°C) for laundering. Clients should have their own clean bedding and towels, which are not shared. Bedding and towels should be washed on a regular schedule for clients. Change bedding weekly and more often if soiled. Change bath towels after use. Soiled items should be stored in designated containers.
  4. Discontinue all non-essential activities and all group activities including group meetings. Common areas should not be used by COVID-19 positive or symptomatic clients. Consider discontinuing use of common areas by all clients. If common areas must be used, stagger use for each group of well clients, and clean and disinfect surfaces after use by each group of clients. Enable access to phone and online communications. Encourage clients to clean their hands before and after use. Clean and disinfect any shared equipment after use by each person (using products that are safe for electronic equipment). If phones are shared and cannot be appropriately disinfected between uses, cover them with a new disposable plastic bag for each use.
  5. Ensure client and their family members, staff and visitors are aware of the outbreak and measures being implemented. Ensure family member/legal guardians (e.g., Office of the Public Guardian and Trustee) are aware of illness in clients, as appropriate. Post signs indicating there is an outbreak in the site.
  6. Monitor clients who reside in the group home for illness at least twice daily. Monitor clients in outbreak and non-outbreak areas. Monitor ill clients closely for worsening symptoms and need for health care. Advise clients to inform staff, and staff and visitors to inform a manager/supervisor, if they feel unwell. Monitor staff and essential visitors for symptoms at the start and end of their shift.
  7. The outbreak will be declared over in consultation with public health unit. Outbreaks are declared over when no new cases are reported in clients or staff after 14 days.

## REFERENCES

- Pandemic Plans (Ontario, Canada, WHO) Public Health Agency of Canada [HTTP://WWW.PHAC-ASPC.GC.CA/INFLUENZA/PLANS-ENG.PHP](http://www.phac-aspc.gc.ca/influenza/plans-eng.php)
- Centre for Emergency Preparedness and Response [HTTP://WWW.PHAC-ASPC.GC.CA/CEPR-CMIU/INDEX-ENG.PHP](http://www.phac-aspc.gc.ca/cepr-cmiu/index-eng.php)
- Canada Communicable Disease Report (CCDR) [HTTP://WWW.PHAC-ASPC.GC.CA/PUBLICAT/CCDR-RMTC/](http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/)
- Hamilton Public Health Surveillance Unit [HTTPS://WWW.HAMILTON.CA/PUBLIC-HEALTH](https://www.hamilton.ca/public-health)
- Flu Watch-Government of Canada [HTTP://WWW.PHAC-ASPC.GC.CA/FLUWATCH/INDEX.HTML](http://www.phac-aspc.gc.ca/fluwatch/index.html)

## CONTACTS

### Government Resources

- Public Health Agency of Canada 1-844-280-5020
- Public Health Ontario 1-877-543-8931
- Public Health Units:
  - Hamilton 905-546-2424/905-546-2063
  - Haldimand/Norfolk 519-426-6170
  - Niagara 905-688-8248 ext. 7330 or 1-888-505-6074
- Ministry of Health and Long-Term Care 1-866-212-2272
- Hamilton Surveillance Unit City of Hamilton, Public Health Services Surveillance Unit 110 King St. W 4th floor Hamilton, ON - Phone: 905-546-2424 Ext. 7116 Fax: 905-546-4078 Email: surveillance@hamilton.ca
- Ministry of Health and Long-Term Care Emergency Management Branch 1075 Bay Street, Suite 810 Toronto, Ontario, Canada M5S 2B1 1-866-212-2272 Fax : 416-212-4466 TTY : 1-800-387-5559 E-mail : emergencymanagement.moh@ontario.ca
- Telehealth Ontario 1-866-797-0000
- Ontario Ministry of Health Infoline (Service Ontario) Infoline would direct callers to the appropriate information source for health information. 1-866-532-3161 (Toll-free in Ontario only) in Toronto, call 416-314-5518 TTY 1-800-387-5559
- Canadian Centre for Occupational Health and Safety  
<http://www.ccohs.ca/pandemic/subject>
- Home Care Infection Prevention and Control Practices (IPAC): Caring for Ontarians safely at home during COVID-19 – Fall 2020  
file:///C:/Users/maria/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/CZJQ50QJ/1-Home%20Care%20IPAC\_Caring%20for%20Ontarians%20Safely%20at%20Home%20During%20COVID-19-Final\_pages.pdf