

THE CORPORATION OF HALDIMAND COUNTY			Approved per:	
Grandview Lodge				
Department:	Nursing	Subject:	Emergency Planning: Communicable Disease Outbreak	
Effective Date:	Apr 2022	Policy #:	IC-180.2	
Revised:		Author:	IPAC Coordinator	
Reviewed:		Authority:	DON	

PURPOSE

To reduce the transmission of communicable disease and ensure that the residents and staff are protected from possible exposure and cross contamination during an outbreak.

POLICY

It is the policy of Grandview Lodge to protect its residents and staff from the spread of infections by following the outbreak procedures.

PROCEDURE

1. DON/designate will collect surveillance data and determine in collaboration with Public Health to determine whether an outbreak exists. A suspected outbreak must be confirmed through testing by the Public Health Laboratories, and the recommendations of the Health Department will be followed with respect to visiting, access to the facility, and staffing.
2. Staff are to monitor themselves and residents for increased illnesses and report symptoms to DON/designate immediately
3. Appropriate PPE is worn according to best practices and/or following direction from Public Health and/or the Ministry
4. Initiate additional precautions based on organism specific requirements. Post appropriate signage.
5. Collaborate with Public Health to carry out control measures
6. Healthy staff depending on the communicable disease who have been fully vaccinated if applicable can continue to work as scheduled, with proof of status.
7. Staff unable to take the communicable disease vaccine (if applicable) for medical reasons must contact their family physician once the outbreak is declared for

anti-viral (if available) medication if deemed eligible that must be taken for the full course of treatment.

8. Staff who are medically unable to take both the vaccine and the anti-viral medication if applicable (will be excluded from work and sent home or reassigned as able. Reassignment of staff may include an assignment to another Haldimand County division, outside of Grandview Lodge and may not follow the employee's regular schedule. Such reassignment would not be eligible for additional compensation such as mileage or pay differential. Likewise, an employee will not suffer a loss of earnings if reassigned to a lower paying classification. Reassignment will depend on operational need, risk assessment and done in collaboration with the Health Department. Should an employee decline an offer of reassignment, they will be excluded from work without pay until the outbreak is declared over in consultation with the Health Department
- All employees declining an offer of reassignment can return to work once the outbreak is declared over in consultation with Health Department.

PAYMENT DURING OUTBREAK

1. Staff who are unable to work as they do not meet the criteria, and have no proof of illness, will not be paid for lost time
2. Staff who are unable to take both the vaccine and appropriate anti-viral medication (if applicable), and cannot be reassigned by the employer, will be paid for their missed work as per the schedule as posted at the declaration of the outbreak. Employees must provide adequate documentation from their physician indicating the medical contraindications for treatment in order to receive payment. Annual physicians note is required.

1.0 DEFINITIONS AND OUTBREAK CONCEPTS

For the remainder of this policy '*staff*' will refer to staff, students, essential caregivers and volunteers working in the facility.

- 1.1 **Enhanced precautions for Outbreak:** Current and continual use of appropriate PPE in both outbreak and depending on the disease, when not in outbreak. Use of mask fit tested N95 mask if deemed necessary. Use of Personal Protective Equipment during a confirmed outbreak as follows:

- Gown at all times during the outbreak.
- Gloves when dealing with an infected resident.
- Mask and a face shield if required with the possibility of wearing them at all times following direction by Public Health

Staff must:

- Don and Doff **all** PPE in proper order (discarding or sending for reprocessing, as appropriate), **when entering or exiting a suspected or confirmed infected resident's room.**
- Perform hand hygiene **before and after** caring for **each resident.**
- Put on a new surgical mask and sanitize face shield/goggles when leaving the suspected or confirmed infected resident's room.
- When dealing with a positive resident, staff must wear surgical gowns.

1.4 **Outbreak area:** A specific, confined, geographic area (e.g., unit, wing, floor, etc.), as determined at the time of outbreak. The outbreak area can be enlarged or contracted during the course of an outbreak, as required.

1.5 **Droplet and Contact precautions:** Use of appropriate personal protective equipment, gown, mask (possibly N95, fit tested), gloves, eye protection and proper hand hygiene.

1.6 **Contact precautions:** Use of appropriate personal protective equipment, gown, gloves and hand hygiene.

1.7 **Droplet precautions:** Use of appropriate personal protective equipment, mask, eye protection and hand hygiene

1.8 **Airborne precautions:** Use of appropriate personal protective equipment, N95, fit-tested and hand hygiene. For measles, varicella, or disseminated zoster only immune staff may enter and N95 is not required unless otherwise directed by Public Health.

2.0 OUTBREAK CONTROL MEASURES

2.1 **Protected staff:** Staff who have received vaccine for the communicable disease. Protected staff who remain asymptomatic will continue to work during an outbreak, respecting the additional precautions put in place.

2.2 **Unprotected staff (Medical Reason):** Staff who have **not** received vaccine (if this applies) prior to an outbreak including staff who have a medical contraindication to the vaccine. This also includes staff who have received the vaccine elsewhere and have not yet provided written proof of vaccination.

Unprotected staff who remain asymptomatic will continue to work during an outbreak, respecting **additional precautions** as follows:

- **In an outbreak area:** For the duration of the outbreak;
- **In a non-outbreak area:** For 72 hours following their most **recent contact** with an outbreak area.

3.0 OUTBREAK CONFIRMATION AND DISCONTINUATION

- 3.1 An outbreak must be confirmed by the medical officer of health or delegate. Number of confirmed cases will vary depending on the communicable disease to declare an outbreak.
- 3.2 The Director of Care leads the implementation of outbreak control measures and updates Outbreak Management Team (OMT Appendix A) with the progress of outbreak or changes that require further action, as well as any other recommendations by the Ministry and Public Health to prevent the spread of infection.
- 3.3 Visitors entering the building must don the necessary personal protective equipment and if required will be returned for disinfection upon exiting. Visiting guidelines may change or be stopped based on the evolving nature of the outbreak.

APPENDIX A

OUTBREAK MANAGEMENT TEAM

Title	Name	Alternate
Chair Person	Director of Nursing (DON)	ADON Programs Supervisor
Outbreak Coordinator	IPAC Coordinator IPAC RPN	DON ADON
RAI & Quality Nurses		Registered Staff
Media Spokesperson	Administrator	DON Programs Supervisor
Secretary	Unit Clerk	Admin. Asst. to Administrator Admin Asst. to Nursing

4.0 EMERGENCY OUTBREAK PREPAREDNESS AND RESPONSES

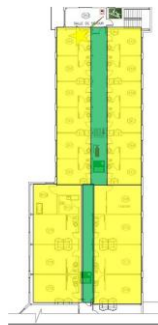
Should management sense an outbreak the following will occur:

- 4.1 MOVEMENT RESTRICTION: All residents movement is restricted
- 4.2 TESTING: All resident have been tested and the results are back/out
- 4.3 COHORTING: Residents have been categorized/grouped into Positive (RED), Contacts (YELLOW) and Negative (GREEN)

- 4.4 ZONING: LTCH is zoned into RED, YELLOW and GREEN zones and clearly marked with posters and tapes
- 4.5 MOVING: Red, yellow and green residents are moved to their respective zones in LTC
- 4.6 STAFF COHORTING: Having a staff member look after only one cohort of residents and not moving from one cohort to another, if staffing levels permit
- 4.7 PPE PROTOCOLS: Decided for each zone
- 4.8 ORIENTATION: Zoning and PPE protocols are explained to all staff
- 4.9 ADJUSTMENT: With the changes in the communicable disease status, residents are moved from one zone to another and PPE protocols are adjusted accordingly

COHORTING UNIT-YELLOW ZONE – Appendix B

- All contact cases
- Residents movement not allowed
- Communicable Diseases Public Health measures applicable
- Donning in front of the residents' room and doffing inside the room ***PPE NOT TO BE WORN IN THE HALLWAY – GREEN ZONE***
- Inside the room appropriate PPE required
- In the hallways 2 pieces of PPE may be required – e.g. medical mask and eye protection

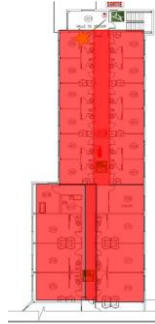


Appendix B

COHORTING UNIT-RED ZONE – Appendix C

- All confirmed cases
- Residents are not restricted to rooms and can use the hallways
- Appropriate PPE required
- Only gloves are changed between residents
- Only one donning (at the entrance) and one doffing (at the exit) station should be enough

Appendix C



COHORTING UNIT-GREEN ZONE – Appendix D

- All residents are negative
- Residents are not restricted to rooms
- Public Health measures applicable (2 meter distancing, masking, hand hygiene etc.)
- For staff: PPE as per guidelines required

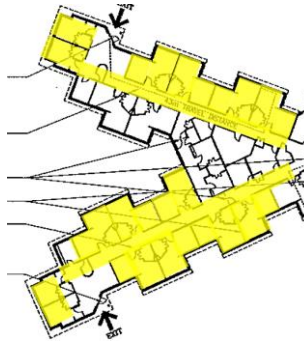
APPENDIX D



COHORTING UNIT-YELLOW ZONE (CREEKVIEW)– Appendix E

- All residents are considered contact cases
- Reverse PPE according to the communicable disease required by staff
- Public Health measures applicable
- Donning and Doffing stations at entrance and exit of unit

APPENDIX E



6.1 The measures described in this Policy will be adapted as necessary, as additional information becomes available. Directives by the Ministry and Public Health will be implemented as they are issued.