

	THE CORPORATION OF HALDIMAND COUNTY		Approved per:
	Grandview Lodge		
Department:	Infection Control	Subject:	Pandemic Outbreak Response Plan
Effective Date:	April 2022	Policy #:	IC - 61
Last Revised:	February 2024	Author:	IPAC Coordinator
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Review / Revision History			

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. IPAC Coordinator, or in their absence the designate, will collect surveillance data and determine in collaboration with Public Health whether an outbreak exists.
 - A suspected outbreak must be confirmed through Public Health
 - Recommendations of the Health Department will be followed with respect to visiting, access to the facility, and staffing.
 - An Outbreak Checklist will be initiated.
2. Staff are to monitor themselves and Residents for increased illnesses and report symptoms to their supervisor immediately.
 - Registered Staff will report to IPAC Coordinator, or in their absence the designate, if an employee's illness relates to the outbreak.
3. Appropriate PPE is worn according to best practices and/or following direction from Public Health and/or the Ministry (MOHLTC).
4. Initiate additional precautions based on organism specific requirements and post appropriate signage.
5. Collaborate with Public Health to carry out control measures.

Definitions

- **Enhanced precautions for Outbreak:** Current and continual use of appropriate PPE in both outbreak and depending on the disease, when not in outbreak. Use necessary Personal Protective Equipment during a confirmed outbreak as follows; Mask (Fit-test or medical), face shield, gown, gloves if required with the possibility of wearing them at all times following direction by Public Health
- **Outbreak area:** A specific, confined, geographic area (e.g., home area, 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.
- **Droplet and Contact precautions:** Use of appropriate personal protective equipment, gown, mask (possibly N95, fit tested), gloves, eye protection and proper hand hygiene.
- **Contact precautions:** Use of appropriate personal protective equipment, gown, gloves and hand hygiene.
- **Droplet precautions:** Use of appropriate personal protective equipment, mask, eye protection and hand hygiene
- **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.

Outbreak Confirmation/Discontinuation

- An outbreak must be confirmed by the medical officer of health/Public Health Department or delegate. Number of confirmed cases will vary depending on the communicable disease to declare an outbreak.
- The IPAC Coordinator/DON leads the implementation of outbreak control measures and updates Outbreak Management Team with the progress of the 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.
- Visitors entering the outbreak area(s) must DONN 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.

Emergency Outbreak Preparedness And Responses

Should Management sense an outbreak the following will occur:

1. **MOVEMENT RESTRICTION:** All Residents movement is restricted to the Home area. When the Home is experiencing an outbreak Residents will not partake in Home wide programs.
2. **TESTING:** Will be conducted based on Public Health Direction

3. IDENTIFICATION: Signage will be utilized to indicate additional measures in place.
4. STAFFING: All attempts will be made to cohort staff to one Home area when possible. The Home will ensure staff never work in an infected Home area and then move to a non-infected Home area in the same day. Please refer to the Staffing Plan for detailed outbreak staffing. *Nursing Manual\12-1.3 Staffing Plan for Nursing and Personal Care Services*
5. EDUCATION: Identification method and PPE protocols will be explained to staff regularly.

Additional Measures may include:

- Restricting visitors to the Home only when necessary and recommended by Public Health. Only compassionate visitors will be permitted. This includes family of Residents at End-of-Life, or Residents that are seriously ill.
- Ensuring availability and accessibility of hand hygiene throughout the facility.
- Keeping staff and Residents informed on pandemic updates.
- Assessing incoming staff, students, volunteers, visitors and residents for symptoms and potential exposures related to the pandemic.
- Monitoring Residents for new symptoms related to the pandemic.
- Quickly identifying and isolating any Resident with symptoms related to the pandemic.
- Ensuring signage is clear and that personal protective equipment (gowns, gloves, masks [N95 or medical] and eye protection) for health care workers are available and accessible for care of Residents with symptoms related to the pandemic.
- Helping visitors with personal protective equipment if they are visiting Residents as compassionate visiting.
- Reporting any suspected symptoms related to the pandemic in Residents or staff to the local public health unit.

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.

REVIEW/ REVISION HISTORY			
NAME	Review/ Revision Date		Details
IPAC Coordinator, D.S	Date	April 2022	Created
IPAC Coordinator, T.R	Date	August 2023	Reviewed
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