

<b>MANUAL:</b> <i>HEALTH &amp; SAFETY</i>	<b>HOME SPECIFIC NAME:</b> <input type="radio"/> Fairfield Park <input type="radio"/> Brouillette Manor <input type="radio"/> LaPointe-Fisher Nursing Home <input checked="" type="radio"/> Corporate
<b>TITLE:</b> <i>OUTBREAK EMERGENCY PLAN</i>	<b>SECTION:</b> EMERGENCY PREPAREDNESS
	<b>PAGES:</b> 4

**EFFECTIVE DATE:** NOVEMBER 2021

**REVISED:** JUNE 2022

**POLICY:**

The Home shall ensure that there is in place an outbreak management system for detecting, managing, and controlling infectious disease outbreaks.

**PROCEDURES:**

**TRAINING & EDUCATION**

Staff shall be trained on this plan upon hire and provided with refresher education annually thereafter.

Residents and/or their legal representative will be advised, on admission, that the current version of the emergency plans are available on the Home's website and a copy of such plans can be made available upon request.

**ACTIVATION OF PLAN**

1. Residents exhibiting case definition signs/symptoms will immediately be isolated to their rooms unless directed by Public Health to further isolate to Wing  
 → Registered staff to initiate and maintain Outbreak Management line listing for affected residents and staff (this may be done electronically);
2. Director of Nursing/Care or designate will fax Line Listing daily to Public Health.
3. Contact the Outbreak Management Team Members re: Outbreak Status
  - ✓ Director of Nursing/Care
  - ✓ Infection Prevention and Control Lead
  - ✓ Medical Director

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- ✓ Public Health
  - ✓ Residents' Physician
  - ✓ Ministry of Health and Long Term Care Inspector completing require CIS report
4. Assist Registered Staff to communicate with front line staff to ensure specimens are collected promptly and submitted appropriately and include Outbreak Status in shift Report as well as Infection Progress Note every shift for any Resident with signs/symptoms of illness
  5. Liaise regularly with Public Health to access additional resources within our IPAC Hub as needed
  6. Provide Outbreak Updates on the Staff Communication Board
  7. Increase Hand Hygiene and PPE Audits to Outbreak Intervals and provide Health Teaching and Education to Staff/Essential Caregivers/Residents as required
  8. Suggest to Director of Nursing/Care additional education for Staff via Surge as required in response to Outbreak
  9. Communicate with pharmacy if antiviral such as Tamiflu or Paxlovid is required, then complete all necessary documentation with physician and fax to pharmacy
  10. Initiate additional infection control precautions, testing, screening, co-horting of residents/staff to wings, and communicate these to all residents, staff, volunteers, and visitors. Staff who may have been exposed to an infectious disease will follow current Public Health Guidelines for Return To Work procedure
  11. Assist Environmental Department to set up isolation rooms for affected residents including appropriate signage, PPE supplies, over bed tables, trash and laundry receptacles
  12. Environmental Supervisor will ensure housekeeping procedures are increased appropriately
  13. Notify Dietary Department of Residents under isolation precautions to provide trays at meal service.
  14. Notify Laundry which Residents are under isolation procedure. Laundry staff will be bag and care for separately affected linens/clothing as required.
  15. Notify Activity and Rehabilitation Departments which residents are under isolation. Activity staff will increase 1:1 visits and assist residents with virtual

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visits as needed while in isolation

16. The Director of Activation will send family emails regarding status and updates of the outbreak regularly
17. Update all departments daily of any new changes via the Home Page on Point Click Care
18. Registered Staff will notify POAs if residents are under isolation and advise of any increased visiting restrictions to avoid visits, as well as provide resident status updates.
19. Director of Nursing/Care will report all deaths occurring during the outbreak to a coroner, and report sudden illness, death, and hospitalizations due to outbreak to MOH by updating current CIS.
20. Registered Staff will record in line listing (may be an electronic version i.e. Health Connex) and Progress Notes of any/all symptoms and isolation status for any/all affected residents and staff. Record in progress notes who and when notified when providing updates to POA/Family/Physicians, when samples were sent and to which lab, when results are received, and when Physician has been notified.

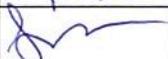
If a resident dies from an active disease, the **Funeral Director must be informed prior to Resident pick up** (e.g. hepatitis) and refer to as **“Bio-Hazardous”**

Date outbreak declared over by Public Health will be documented on Point Click Care dashboard as well as any IPAC software that may be used (i.e. Health Connex). POAs will be updated by Registered Staff as Residents are removed from isolation precautions.

- ✓ DOC will update and submit final report of the current CIS
- ✓ The Outbreak Management Team and the Interdisciplinary IPAC Team shall conduct a debrief session to assess IPAC practices that were effective and ineffective in the management of the outbreak. A summary of these findings shall be created that makes recommendations to the Home for improvements to outbreak management practices

## EVACUATION

In the event an evacuation of the home is required, refer to the emergency plan, “Code Green – Evacuation”.

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## COMMUNICATION

The Home shall communicate to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home

- ✓ at the beginning of the emergency,
- ✓ when there is a significant change throughout the course of the emergency
- ✓ when the emergency is declared over

## RECOVERY

1. The implementation of de-escalation practices of additional IPAC protocols shall take place as per directions/recommendations from the Home's local public health unit and/or Ontario Public Health.
2. A debrief is provided for residents, substitute decision-makers, staff, volunteers and students involved.
3. The Administrator or delegate will ensure resumption of regular operations of the home takes place (i.e. coordinate with managers, service providers and support workers to ensure all essential services are in place)
4. Coordination with Social Services to meet with residents, families and staff who may have experienced distress during the emergency, to offer support and resources.

## EVALUATION

The emergency plan shall be evaluated annually and updated, if needed. If the plan has been activated, it shall be evaluated within 30 days of the emergency being declared over and updated, if needed.

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