

Epidemic and Pandemic Preparedness and Management Plan (Policy and Procedures)

Manual/Program	Emergency Plans – Module 3	Policy Number	EM-03.02 (v.1.12)
Applies to	All Long-Term Care Staff, Students and Volunteers		
Effective Date	December 2, 2022	Replaces	N/A

PURPOSE: As part of the Homes' overall emergency planning framework, this Epidemic and Pandemic Preparedness and Management Plan provides specific guidance on how to mitigate, prepare, respond and recover from an epidemic or pandemic of infectious disease of public health significance

DEFINITIONS:

Disease Surveillance Data	• Serves as an early warning system for impending outbreaks that could become public health emergencies, enables monitoring and evaluation of the impact of an intervention, helps track progress towards specified goals, and
	 Monitors and clarifies the epidemiology of health problems, guiding priority-setting and planning and evaluation public health policy and strategies
Epidemic	An outbreak of infection that spreads rapidly and affects many individuals in a given area or population at the same time
Pandemic	An epidemic occurring worldwide, crossing international boundaries and usually affecting a large number of people
Precautionary Principle	Where there is reasonable evidence of an impending threat to public health, it is inappropriate to require proof of causation beyond a reasonable doubt before taking steps to avert the threat
Emergency	An urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home
	Note: An appropriate authority may declare an epidemic or pandemic
Staff	Means a person who works at the Home either:



	(a) As an employee of the Region/Home. This includes unionized staff, including but not limited to CUPE 905 Long-Term Care Bargaining Unit Staff (excluding Seniors Community Program Staff), and Non-Union staff working in the Homes. This also includes any redeployed Regional staff
	(b) Has a contract or agreement with Region/Home. This includes but not limited to the Medical Director, Registered Dietician, Pharmacy Service Provider, Physiotherapist, etc.
	(c) At the Home due to a contract or agreement between the Region/Home and an employment agency or other third party. This includes agency staff (including those who may not provide direct care to residents)
	Note: Education and Training exemptions apply for those in (b) and (c) who provide occasional maintenance and repair services to the Home and will not provide direct care to residents. These staff will receive information about emergency plans before commencing their services
Student	Means a person working in the long-term care home as part of a placement requirement of an educational program of a college or university, or as part of a training program, who does not meet the definition of "staff" or "volunteer"
Volunteer	Means a person who is part of the organized volunteer program of the long-term care home under section 20 of the <i>Fixing Long-Term</i> <i>Care Act, 2021</i> and who does not receive a wage or salary for the services or work provided for that program

POLICY:

- 1. The Homes **must** have an epidemic and pandemic plan. The Homes' plan is broken down into three stages:
 - A precautionary and mitigation stage: To be used by the Homes before any epidemic or pandemic is declared
 - A response stage: To be used by the Homes when an epidemic or pandemic is declared
 - A recovery stage(s): To be used by the Homes when an epidemic or pandemic is declared over

Note: all three stages may be in effect at the same time

2. The Homes **must** be guided by the precautionary principle in activating their **Epidemic and Pandemic Preparedness and Management Plan (Policy and Procedures) – December 2022**



epidemic and pandemic plan, which means it may be activated prior to an epidemic or pandemic is officially declared by an appropriate authority

- 3. The Homes **must** ensure that clinical oversight and **medical services** continue to be available at the Homes always during an epidemic or pandemic
- 4. Equipment and Supplies: The Homes will ensure staff have access to resources, supplies, personal protective equipment, and equipment to adequately respond to a pandemic or epidemic
 - All staff and students will undergo respirator-fit testing (such as N95s)
- 5. **Reporting:** The Home must report an outbreak of a disease of public health significance or communicable disease as defined in the *Health Protection and Promotion Act* the Ministry of Long-Term Care immediately
- 6. Education and Training: All staff, students and volunteers will be provided with education and training on the Epidemic and Pandemic Preparedness and Response Plan at orientation and annually thereafter

Note: For Epidemic and Pandemic Preparedness and Response Plan testing and exercise requirements, see the Long-Term Care Emergency Preparedness and Response Training and Exercise Plan

PROCEDURES: This section contains the following procedures related to Epidemic and Pandemic Emergency Plan:

- A. Activating the Precautionary and Mitigation Stage
- B. Activating the Response Stage
- C. During an Epidemic or Pandemic
- D. Post Epidemic and Pandemic Procedures and Documentation:
- A. Activating the Precautionary and Mitigation Stage
 - 1. Epidemic and pandemic surveillance measures

The IPAC Lead (or designate) and Medical Director in consultation with the IPAC Committee will:

 Routinely review the emergence of disease surveillance data to determine whether an infectious disease outbreak (anywhere in the world) could trigger the need for the Home to enter a precautionary and mitigation stage. See Infection, Prevention and Control (IPAC) program policies and procedures and Outbreak Preparedness and Management Plan for more details on day-to-day activities that support an effective outbreak

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management system

- Guided by the precautionary principle, provide a recommendation that the Home(s) activate precautionary and mitigation measures at the Homes using:
 - Directives, guidance and other materials issued by the Chief Medical Officer of Health, the Ministry of Health or the Ministry of Long-Term Care
 - o Emergency Orders issued by the Provincial government
 - Any available advice or guidance from Public Health Ontario on specific IPAC controls for the infectious disease, and
 - Discussion with relevant stakeholders
- 2. Activating Precautionary and Mitigation Measures

In response to recommendation to activate precautionary and mitigation measures at the Homes, the Administrator will:

 Determine whether to enter a precautionary and mitigation stage AND which mitigation and control measures are needed

If the precautionary and mitigation stage is active, the Administrator will:

- Inform and consult with the Director, Seniors Services on whether to activate the Incident Management System (IMS) and any other emergency plans (e.g., contingency staffing plan, food and fluid provision plan) as required. See Long-Term Care Emergency Plan
- Communicate the mitigation and preparedness control measures to the IPAC committee members at the Home. See Appendix D: Infectious Disease Control Measures for more details
- Ensure that mitigation and preparedness control measures are implemented. See Appendix C: Outbreak Management Team Responsibilities
- Review the infectious disease control measures to determine whether they continue to meet the needs of the Home

The IPAC lead will:

- Continue to monitor key indicators and reliable literature sources. See IPAC lead role and responsibilities
- Update the IPAC Committee Members

B. Activating the Response Stage:

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Upon receipt of a directive from the local or provincial Medical Officer of Health requiring the adoption or implementation of policies or measures concerning infectious diseases, the IPAC lead will:

- Convene a special IPAC Committee meeting
- Recommend the IPAC infectious disease control measures to the IPAC committee members at the Home (using Appendix D) using:
 - Directives, guidance and other materials issued by the Chief Medical Officer of Health (or designate)
 - Directives, guidance and other materials issued by the Ministry of Health, Public Health Ontario, Provincial Infectious Diseases Advisory Committee and/or the Ministry of Long-Term Care
 - Emergency Orders issued by the Provincial or Municipal government (e.g., York Region)
 - o Best available infectious disease evidence, as current
 - The continued application of the precautionary principle, the Homes' ethical framework and any additional measures established in the precautionary and mitigation stage
- Review and establish a preliminary case definition for the potential outbreak. Included should be clinical signs and symptoms, time frame of onset of illness, location in the home

Note: If **one** person is identified with an infectious disease (associated with epidemic or pandemic), activate the **Outbreak Preparedness and Management Plan**

Note: Activating the **Outbreak Preparedness and Management Plan** does not deactivate the Epidemic and Pandemic Preparedness and Management Plan

• Ensure that infectious disease control measures are implemented. See Outbreak Management Team Responsibilities and **Appendix D: Infectious Disease Control Measures** for more details

C. During an Epidemic or Pandemic

All staff will:

• Support and respond to Infectious Disease Control Measures (Appendix D)

Members of the IPAC Committee will:

• Attend IPAC committee meetings and carry out outbreak mitigation and

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control responsibilities. See Infection, Prevention and Control IPAC Committee Terms of Reference for more details

The IPAC lead will:

- Update the Administrator (during business hours) or the Manager-on-Call (after hours)
- Identify the resources, supplies, PPE and equipment relevant to the infectious disease outbreak. See Appendix A: Infectious Disease Response Kit Checklist for more details

The Administrator (during business hours) or the Manager-on-Call (after hours) will:

- Provide any updates required by Incident Management System (IMS). See Long-Term Care Emergency Plan
- D. Post Epidemic and Pandemic Procedures and Documentation

Upon receipt of communications from the local or Chief Medical Officer of Health regarding the expiration of any epidemic or pandemic directives to cease policies/measures concerning infectious diseases, the IPAC lead will:

- Ensure all emergency response equipment is replenished and cleaned. See Appendix A: Infectious Disease Response Kit
- In collaboration with Director of Care (or designate) and Administrator (or designate) develop an Epidemic and Pandemic Recovery Plan to resume of normal operations in the Home

Note: The Home may activate a recovery plan **before** deactivating its response to the infectious disease (e.g., response and recovery measures may happen at the same time)

All staff will:

- Support and implement epidemic and pandemic recovery measures
- Continue to support and implement any Infectious Disease Control Measures that remain in place. See Appendix D: Infectious Disease Control Measures

The IPAC lead will:

• Conduct debrief(s) and other actions as required by the Long-Term Care Emergency Recovery Plan

The Director of Care (or designate) will:

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 Follow the Mandatory and Critical Incident Reporting Policy and Procedures

The Administrator (during business hours) or the Manager-on-Call (after hours) will:

- In consultation with the Director, Seniors Services:
 - o Deactivate the Incident Management System (IMS), if activated
 - Notify the Education and Wellbeing Team to ensure staff supports are in place for those who experienced distress. See Appendix D: Suggested Support Resources in Emergency Recovery Plan (Policy and Procedures)
- Communicate epidemic and pandemic recovery plan details to those in the Home, as required

Role	Responsibilities	
IPAC Lead	Recommend infectious disease control measures at the Home (Appendix D)	
	Manage and oversee the IPAC program at the Home (such as convening the IPAC committee)	
	• Complete actions identified in the Emergency Recovery Plan	
	 Identify resources, supplies, PPE and equipment relevant to the infectious disease response kit (Appendix A) 	
Medical Director (part of OMT)	Advising on and approving clinical policies and procedures	
	Providing oversight of resident clinical care in the home	
Outbreak Management Team (OMT)	• Implement the IPAC program and the epidemic and pandemic response at the Home (such as implementing the IPAC mitigation and control measures as directed by York Region public health unit)	
	 Collectively responsible for infectious disease contact tracing of staff, students, volunteers and visitors. See Appendix C: Outbreak Management Team Responsibilities 	
IPAC Team/Committee	Responsible for supporting the IPAC Lead to carry out all required responsibilities under the applicable legislation and standards	

ROLES AND RESPONSIBILITIES:



	Identify quality improvements to the Outbreak Preparedness and Management Plan
York Region Public Health Unit (as the Local Public Health Unit)	 Investigate and manage any persons under investigation, confirmed cases, and/or outbreaks in the home. Includes resident contact tracing, follow up, and case reporting Implementing chief or local medical officer of health directives or guidance
Joint Health & Safety Committee	See Joint Health and Safety Committees
Emergency and Contingency Planning Specialist	 Provide education and training on Emergency Plans Complete After-Action Review (AAR) as required by the Long-Term Care Emergency Recovery Plan
Education and Wellbeing Team	Ensure staff supports are in place for those who experienced distress. See Appendix D: Suggested Support Resources in Emergency Recovery Plan (Policy and Procedures)
	Maintain staff records of education and training
Communications Associate	See LTC Emergency Communications Plan
Director, Seniors Services	Ensure resources available to support the Homes implementing the epidemic and pandemic preparedness and response plan
Administrator (during business hours) or the Manager-on-Call (after hours)	• Following consultation with the Director, Seniors Services, activate the Incident Management System (IMS) for infectious disease outbreaks, if required and deactivate when emergency is over, as required
	 Activate infectious disease control measures in the precautionary and mitigation stage
	Coordinate the resumption of normal operations in the Home

Authority	<i>Fixing Long-Term Care Act</i> , 2021 s.16, 82(2)8 and 90; General Regulation 246/22 s.85, 86, 115, 263(2)2, 268, 270, 271(1)f and 273; <i>Health Protection and Promotion Act; Occupational Health and</i> <i>Safety Act;</i> CARF Aging Services Standards; and York Region
	Seniors Services Administration



COMMUNITY AND HEALTH SERVICES DEPARTMENT PARAMEDIC AND SENIORS SERVICES BRANCH Long-Term Care

Related	Appendix A: Infectious Disease Response Kit
Resources	Appendix B: Outbreak Initiation Checklist
	 Appendix C: Outbreak Management Team Members and Responsibilities
	Appendix D: Infectious Disease Control Measures
	Appendix E: Infectious Disease Isolation Areas
	• Related Home Policies: Infection, Prevention and Control Program Policies and Procedures; Emergency Planning Policies and Procedures; and Mandatory and Critical Incident Reporting Policy and Procedures
	CHS Branch Respirator Fit Test Policy and Procedures
	Related Regional Policies: <u>The Regional Municipality of York</u> <u>Emergency Plans and Annexes</u> , 2020
	As Current: <u>Provincial Long-Term Care Home COVID-19</u> <u>Outbreak Standard Operating Procedures; Long-Term Care</u> <u>Emergency Preparedness Manual</u> ; and <u>Ministry of Health and</u> <u>Long-Term Care's Emergency Response Plan (gov.on.ca)</u>
Policy Contact	Senior Program Analyst Review Period Annually