



Pandemic Preparedness Plan



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Contents

Introduction	3
Decision to Activate Building Emergency Response Team (BERT)	3
Relevant Policies	4
Definitions	4
Precautionary Stage	5
Mitigation Measures	6
Response Stage	10
Recovery Stage	11
Roles and Responsibilities	12

Introduction

Sunnyside Home will be prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance.

The organization's plan is broken down into three stages:

- **Precautionary stage:** To be used **before** any pandemic is declared
- **Response stage:** To be used when a pandemic is declared
- **Recovery stage:** To be used when a pandemic is declared over

Pandemics are declared by relevant government authorities. Information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

Sunnyside will be guided by the precautionary principle in activating its pandemic plan. This pandemic plan can be activated at any time as determined by its management team.

Sunnyside will ensure that clinical oversight and medical services continue to be available during a pandemic

Sunnyside will ensure that staff have access to resources, supplies, and personal protective equipment to adequately respond to a pandemic.

Sunnyside will report outbreaks and disease of public health significance as defined in the *Health Protection and Promotion Act*.

All staff, students, volunteers, will be provided training in IPAC measures are outlined in the [IPAC program policy](#) [REDACTED]

This pandemic plan will be reviewed annually and will be tested annually in accordance with current legislative requirements.

Decision to Activate Building Emergency Response Team (BERT)

In some circumstances, activation of the organization's Building Emergency Response Team (BERT) may be warranted. The decision to activate BERT, during day-time business hours, will be made at the discretion of the management team. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT. Details on BERT are outlined in the [REDACTED]
[REDACTED].

Relevant Policies

Sunnyside will rely on its current IPAC policies including



Definitions

Outbreak: An outbreak is a sudden rise in the number of cases of a disease. It carries the same definition of epidemic, but is often used for a more limited geographic area.

Endemic: The usual incidence of a given disease within a geographical area during a specified time period.

Epidemic: An excess over the expected incidence of disease within a given geographical area during a specified time period. It should be noted that an epidemic is not defined on the absolute number of cases but on the number of cases in comparison to what is expected.

Pandemic: An epidemic spread over a wide geographical area, across countries or continents, usually affecting a large number of people. It differs from an outbreak or epidemic because it:

- Affects a wider geographical area, often worldwide.
- Is often caused by a new virus or a strain of virus that has not circulated among people for a long time. Humans usually have little to no immunity against it. The virus spreads quickly from person-to-person worldwide.
- Causes much higher numbers of deaths than epidemics.

- Often creates social disruption, economic loss, and general hardship.

*Note * The terms epidemic and pandemic will be used interchangeably throughout this document.*

Precautionary Principle: We should consider taking action if it looks like inaction could lead to significant harm, even if there is not proof beyond reasonable doubt that taking action will prevent or mitigate the harm. Example: placing someone with a high-risk exposure to COVID-19 in isolation until we can verify whether the person was infected during their exposure, even though we do not know with certainty whether or not the person may endanger others if they were not isolating.

Precautionary Stage

The IPAC lead will routinely review the emergence of disease surveillance data to determine whether an infectious disease outbreak, from anywhere in the world, could trigger the need for the organization to enter a precautionary stage. The IPAC lead will consult with the organization's Outbreak Management Team (OMT), IPAC committee, and/or leadership team.

Sunnyside will be guided by directives, guidance, and other materials issued by the following regulatory and advisory bodies:

- Chief Medical Officer of Health of Ontario
- Ontario Ministry of Health
- Ontario Ministry of Long-Term Care
- Public Health Ontario
- The local public health unit

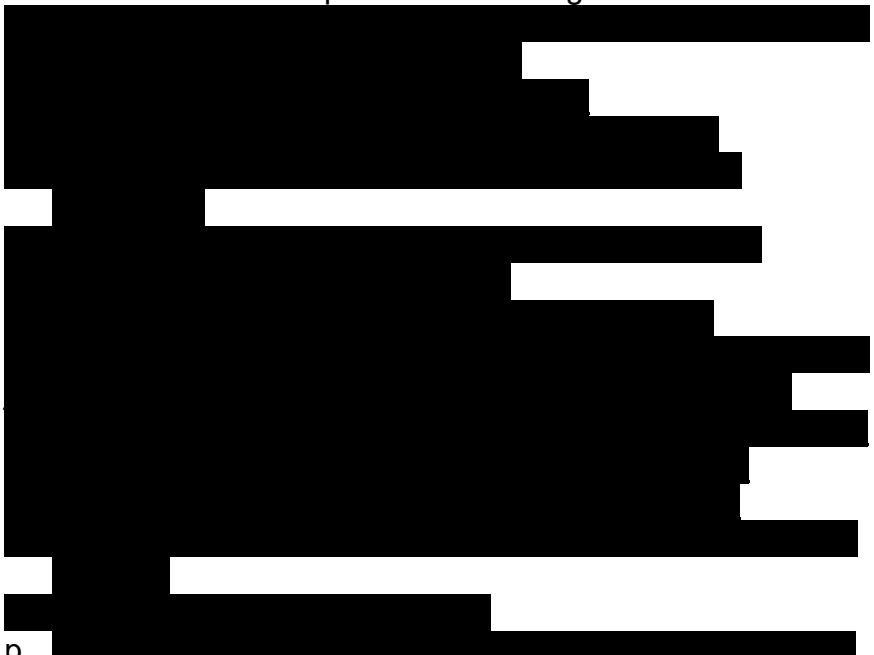
In response to recommendations to active the precautionary stage, the IPAC lead will collaborate with the OMT and Senior Leadership to effect the following actions:

- Sunnyside will determine whether to enter a precautionary stage and which control measures are needed.
- Sunnyside will communicate control measures to appropriate stakeholders within and outside the organization.
- The OMT will review infectious mitigation and preparedness measures to determine whether they continue to meet the needs of the organization
- The IPAC lead will continue to monitor key indicators and reliable literature sources
- The OMT will identify resources, supplies, PPE, and equipment relevant to the infectious disease outbreak.

Mitigation Measures

Overall Response Planning		
1.1	Pandemic plan is up to date and is broadly shared with staff, residents, families, student, volunteers, and visitors as appropriate.	
1.2	Roles and responsibilities have been considered including those of the leadership team.	
1.3	“Tabletop” or drill exercises completed annually to practice implementing plans/protocols, especially those related to outbreaks.	
1.4	Business Continuity Plans are reviewed and updated as necessary. [REDACTED]	
1.5	The Joint Occupational Health and Safety Committee has developed and maintained an <u>Organizational Risk Assessment</u> [REDACTED] that is current and posted. The organization’s Organizational Risk Assessment must be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative, and PPE measures.	
1.6	Members of the Outbreak Management Team have been identified.	
1.7	Contact information for the KW4IPAC hub has been identified and expectation on roles and responsibilities during outbreaks and pandemics have been clearly articulated.	
1.8	Contact information for the local Public Health unit is clear and easily accessible.	
Supporting Residents and Clients		
2.1	Plans and protocols are in place for resident symptom monitoring including active s+creening requirements are in place.	
2.2	All residents have an up-to-date Plan of Care, including advance care planning and goals of care.	
2.3	All designated caregiver information for each resident is up-to-date.	
2.4	Contact info for caregivers and substitute decision makers is identified.	
2.5	Plans are in place for psycho-social wellbeing support of residents.	
2.6	Plans are in place for medication optimization and compression.	
2.7	Consideration is given to ensuring the continuation of quality dining for residents.	
2.8	Plans are in place for continued medical care of residents including virtual care and consultation.	
2.9	Alternative plans are in place for providing continued day program services to community program clients off site or alternate locations.	
Human Resources		
3.0	Appropriate level and capacity of leadership and management is in place	

	with plans in place to support workload, compensation, retention, mental health, etc.	
3.1	Support for staff is available including mental health supports.	
3.2	Safe and minimum staffing levels for all areas have been determined and updated in the Business Continuity Plans as above.	
3.3	Staff schedules and assignments are reviewed to ensure appropriate coverage of shifts, including newly identified isolation areas.	
3.4	Procedures are available for prescribed restrictions related to multiple work locations.	
3.5	Staff cohorting plans are reviewed and updated including assignments for outbreak areas and isolation areas.	
3.6	Plans are in place for increased cleaning and disinfection.	
3.7	Plans are in place for workstation use and office use.	
3.8	Contracts with pre-trained agency staff have been arranged.	
3.9	Plans for potential redeployment of Regional staff are in place to complement pandemic response.	
3.10	Consideration is given rely on caregivers and family members as volunteers during staffing shortages.	
3.11	Accommodation and food allowances are considered for staff.	
3.12	Plans are in place for scaling up security and screening guards.	
3.13	Break and meal areas are identified and ready.	
3.14	Physical distancing protocols are ready including room capacity, breaks, elevators, shift change, etc.	
3.15	Remote work, work rotations, and other alternatives are available for identified roles.	
	Case and Contact Management	
4.1	Staff, students, volunteers, and visitors are regularly reminded (eg, email, signage, newsletters, meetings, etc.) of their obligation to stay home if ill, and to report any signs/symptoms of illness to their supervisor/manager.	
4.2	Review and update as necessary the home's case management procedures as required by any applicable directives and guidance.	
	Admissions/transfers	
5.1	Rooms/areas for isolating residents, including for new admissions and transfers, are identified and taking into consideration available personnel and physical resources.	
5.2	Review admissions and transfers operational procedures.	
	Absences	
6.1	Review and update as necessary the home's absences policy and procedures as required by any applicable directives and guidance.	
	Testing	
7.1	Testing kits are available and supply chains are established through vendors, public health, Ontario Health West, and/or MLTC.	
7.2	Staff are trained and experienced in specimen collection.	
7.3	Testing locations and alternative locations are identified and resourced.	

7.4	Biohazard bins are available.	
Vaccination		
8.1	Vaccination supplies are readily available.	
8.2	Processes for obtaining consent, orders, and administration are in place for residents, staff, and visitors.	
8.3	A plan is in place to continue promoting the benefits of being vaccinated against ongoing or new infections.	
8.4	Public Health backup vaccine fridge has been prepared and inspected for use by Public Health.	
IPAC protocols		
9.1	IPAC polices are reviewed and up to date including but limited to  p.	
9.2	IPAC checklists and/or readiness plans created by MOH, MOLTC, Public Health Ontario, or PHO, are complete, for example: IPAC Checklist for Long- Term Care and Retirement Homes , or the MLTC LTC Fall Preparedness Checklist .	
9.3	There is a schedule for regular and frequent IPAC audits with increased frequency as directed or needed.	
9.4	Plans and protocols are viewed related to isolating residents. Where possible, residents needing to self-isolate should be placed in a single room and have access to a private washroom.	
9.5	Cohorting plans for residents are reviewed and updated as necessary.	
Visiting		
10.1	The visitor policy has been reviewed and is consistent with applicable legislation, directives, and guidance.	
10.2	Protocols are in place to collect visitor logs and maintain records of visitors and staff entry if necessary.	
10.3	Consideration is given to instituting screeners at entrances.	
10.4	Plans are in place to adjust visiting in case of outbreak, for situations	

	when a resident is isolating, and when local circumstances and/or direction from the local public health unit or regulatory body indicates.	
10.5	Temperature monitoring equipment at entrances are in working order and supporting equipment is in place for their use.	
10.6	Plans are in place for virtual, window, and outside family visits.	
	Supplies	
11.1	Equipment, supplies, and food supply chains are secure and contact information for vendors is up to date.	
11.2	Hand hygiene and respiratory etiquette supplies are available and stocked. <ul style="list-style-type: none"> • alcohol-based hand sanitizer (70-90% alcohol) • soap and paper towels for all sinks • facial tissue 	
11.3	PPE supplies are available and stocked. <ul style="list-style-type: none"> • medical masks and N95 respirators • gowns • gloves • face shields/goggles 	
11.4	Plans are in place for PPE and supply stewardship.	
11.5	Trash disposal bins and bags are available and stocked.	
11.6	Disinfectants for cleaning and disinfection are available and stocked.	
11.7	Signage and posters are available including: <ul style="list-style-type: none"> • physical distance (including decals, arrows etc.) • capacity limits • screening and self-assessment • wearing masks • breaks • hand hygiene 	
11.8	Barriers for physical distancing are available and ready for installation or installed in shared offices, public facing desks, eating areas, etc.	
11.9	Storage capacity has been evaluated and sites and resources have been identified for increasing capacity including storage rooms, outside storage, and offsite storage.	
11.10	A morgue location has been identified and plans are in place for its use.	
	Education/training	
12.1	Education lead and backup are identified for coordinating education and training on IPAC and pandemic response, sourcing education materials, and maintaining training records.	
12.2	Leadership/management have reviewed applicable guidance/policies/requirements including any applicable directives.	
12.3	PPE training is provided to all staff and visitors who are required to wear PPE.	
12.4	Staff receive training on IPAC according to the FLTCA including PPE, outbreak management, occupational health, and immunization.	
12.5	Screeners are appropriately trained and aware of current requirements regarding active screening.	

12.6	On-demand IPAC training is available to anyone entering the premises.	
12.7	Staff are trained on N95s and are properly fit tested.	
Ventilation		
13.1	Current guidance on HVAC is reviewed including PHO's Heating, Ventilation, and Air Conditioning Plan .	
13.2	Supplementary portable air filters are available and maintained.	
Communications		
14.1	A staff communications lead and backup are identified.	
14.2	A public communications lead and backup are identified.	
14.3	Processes for staff communication are developed.	
14.4	Processes for public communication are developed.	
14.5	Processes for resident communication are developed.	
14.6	Fan out list for staff is up to date and tested.	

Response Stage

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

- Convene a special IPAC meeting with the Outbreak Management Team and Senior Leadership
- Recommend the adoption of IPAC measures using:
 - Directives, guidance, and other material 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;
 - Best available infectious disease evidence as current;
 - The continued application of the precautionary principle, the organization's ethical framework, and any additional measures established in the precautionary stage above.
- Review and establish a preliminary case definition for the potential outbreak. Included should be clinical signs and symptoms, time frame of onset of illness, and location in the organization.
- Review and activate the [Outbreak Preparedness and Management policy \(Docs \[REDACTED\]\)](#).

Recovery Stage

Post-pandemic recovery may take months to years and will likely be a gradual de-escalation of pandemic response measures. Upon receipt of communications from the local or Chief Medical Officer of Health or other governing body of the intention to de-escalate pandemic measures, Sunnyside will enter the Recovery Phase of its Pandemic response. Post-pandemic recovery will include:

- Continuation of surveillance
- Re-establishment of pandemic preparedness inventory stock levels
- Evaluation of response activities and mitigating measures
- Re-evaluation of this Pandemic Plan and associated policies and procedures and pandemic mitigating measures.

Recovery may be initiated before deactivating the pandemic response, meaning that response and recovery measures may happen at the same time.

Roles and Responsibilities

<u>Department or individual</u>	<u>Pandemic Responsibility</u>
Director, Seniors' Services	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Maintain leadership role for the Home acting as critical decision-maker ▪ Liaise with regional headquarters ▪ Participate in Association meetings (AdvantAge Ontario) ▪ Secure financial resources to support the needs of the facility during a pandemic ▪ Investigate and identify alternative agencies and organizations that could provide access to resources ▪ Facilitate the decision-making process during a pandemic ▪ Oversee internal and external communications ▪ Coordinate facility security
Administrator, Long Term Care	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Participate in meetings with outside agencies as needed ▪ Oversee residents and family concerns and facilitate conflict resolution ▪ Coordinate and collaborate with equipment suppliers to ensure there is a continuous ability (or alternative) to provide the necessary supplies and equipment needed during a pandemic ▪ Coordinate communication with outside agencies and services, in consultation with IPAC ▪ Coordinate with Labour Relations with Human Resources
Manager, Resident Care	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Manage residents and family concerns and facilitate conflict resolution ▪ Oversee clinical care needs of residents to ensure safe and timely care ▪ Order and maintain sufficient quantities of appropriate nursing supplies
Supervisor, Facilities Operations	<ul style="list-style-type: none"> ▪ Assess building and identify and make modifications as necessary ▪ Coordinate maintenance staff to respond to facility needs
Manager, Food and Environmental Services	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Coordinate and collaborate with food suppliers to ensure their continuous ability to provide basic food services and supplies during a pandemic. In addition, ensure food suppliers have alternative services and emergency back up. ▪ Coordinate and collaborate with equipment suppliers to

	<p>ensure there is a continuous ability (or alternative) to provide the necessary supplies and equipment needed during a pandemic</p> <ul style="list-style-type: none"> ▪ Order and maintain sufficient quantities and supplies of Personal Protective Equipment (PPE) and cleaning supplies ▪ Ensure residents receive meals/nourishment as per Home's policy
Administrative Services Manager	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Ensure ITS systems are operational ▪ Ensure payroll system is maintained and functional
Community Programs Manager	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Manage and oversee community programs teams ▪ Prioritize community programs and assess redeployment of staff
Infection Control Coordinator	<ul style="list-style-type: none"> ▪ Continue to organize, facilitate, and develop Sunnyside Seniors' Services' Pandemic Plan in collaboration with appropriate internal committees as new information becomes available to update the pandemic plan ▪ Plan and provide information, education, and opportunity for staff and residents and family councils to receive information and education on pandemic preparedness ▪ Review and update the plan annually as new information becomes available ▪ Review the plan with the Joint Occupational Health and Safety Committee to ensure it meets with current safety and MOL Standards ▪ Communicate timely and continuous information to staff, residents, and families ▪ Chair Outbreak Management Team meetings ▪ Review and maintain currency on applicable directives and guidance from authorizing bodies ▪ Maintain communication with Public Health unit and KW4IPAC Hub ▪ Monitor and continue surveillance of illness within the facility among residents and staff ▪ Ensure infection control Policies and Procedures are in place and followed ▪ Ensure that appropriate Personal Protective Equipment is stockpiled and will be available ▪ Coordinate mass immunizations and/or antiviral distribution as directed ▪ Maintain outbreak files and documentation ▪ Monitor staff compliance in infection prevention and control measures
Infection Control	<ul style="list-style-type: none"> ▪ Provide assistance to Infection Control Coordinator as

Nurse	required
Staff Education Coordinator	<ul style="list-style-type: none"> ▪ Act as backup to Infection Control Coordinator and support pandemic response activities as required. ▪ Participate on Outbreak Management Team ▪ Coordinate education for staff, visitors, support staff, and residents. ▪ Lead training for cross-training and redeployed staff
Assistant Manager of Care	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Assign daily staffing and resources to appropriate areas based on skills and needs ▪ Manage staff, residents, and family concerns ▪ Coordinate and collaborate with equipment suppliers to ensure there is a continuous ability (or alternate) to provide the necessary supplies and equipment as per program area assignments ▪ Monitor staff compliance with infection prevention and control measures
Environmental Services Supervisor	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Maintain adequate laundry services with consideration to staffing and resource availability ▪ Assist with procurement of PPE and resources as required ▪ Coordinate with service providers to maintain or enhance equipment and supplies ▪ Monitor staff compliance with infection prevention and control measures ▪ Ensure that alcohol-based hand sanitizers are frequently monitored and regularly restocked
Quality Improvement and Risk Management, Coordinator	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Coordinate and collaborate with other stakeholders in identifying risks and mitigation measures
Restorative Care Supervisor	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Assist in the decisions for scaling down programs ▪ Coordinate resident support programs including visitation, visitor restrictions, and resident wellbeing
Coordinator, Fundraising and Promotional Events	<ul style="list-style-type: none"> ▪ Oversee communication plan including resident, family, visitor, and staff communication ▪ Maintain and update as needed all mediums of communication
Volunteer Coordinator	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Assess skill set of volunteers, identify their capabilities, and organize placement ▪ Network with external partners to coordinate volunteers resources

Physical Resources Coordinator	<ul style="list-style-type: none"> ▪ Maintain inventory of PPE and other supplies ▪ Order, receive, and distribute supplies ▪ Ensure rotation of pandemic supplies
Social Worker	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Provide support to staff, residents, family, volunteers ▪ Liaise with Home and Community Services as needed ▪ Assist with managing staff, residents, and family concerns and facilitate conflict resolution ▪ Coordinate admissions, transfers, and discharges
Chaplain	<ul style="list-style-type: none"> ▪ Provide support to staff, residents, family, volunteers ▪ Liaise with funeral home directors as needed ▪ Assist with managing staff, residents, and family concerns and facilitate conflict resolution
Joint-Occupational Health and Safety Team	<ul style="list-style-type: none"> ▪ Review policies and make recommendations as required ensuring adequate and appropriate standards are maintained for staff safety in the provision of care and services ▪ Provide representation and information to Outbreak Management Team and pandemic planning members on safety concerns and issues related to workplace safety including but not limited to correct use and availability of PPE
Management Support Personnel	<ul style="list-style-type: none"> ▪ Support managers with administrative tasks ▪ Provide assistance with administrative duties as needed in the organization
Staffing Clerks	<ul style="list-style-type: none"> ▪ Ensure appropriate staffing
Reception	<ul style="list-style-type: none"> ▪ Act as first contact for media, family, and staff inquiries deferring to others as appropriate
Medical Director	<ul style="list-style-type: none"> ▪ Participate on Outbreak Management Team ▪ Provide medical direction in planning and coordinating care provisions for residents ▪ Provide or ensure back up coverage is available from community physicians ▪ Review current and prospective medical directives
Other Physicians	<ul style="list-style-type: none"> ▪ Provide or ensure back up coverage is available from community physicians ▪ Review current and prospective medical directives
Health Services Coordinator, Nurse Practitioner	<ul style="list-style-type: none"> ▪ Participate in Outbreak Management Team ▪ Provide medical support and nursing direction in planning and coordinating care provisions for residents