



Pandemic Planning – General Information	
Reviewed by: Leadership Team	Date: July 2022
Approved by: Monica Klein-Nouri (ED)	Date/Signature: July 2022

The Salvation Army Meighen Health Centre will monitor the severity of the pandemic and establish continuity plans to address the unique nature of the pandemic threat. The Pandemic Continuity Plan will be implemented to support the continued provision of essential functions. Guidance and/or direction will be provided by The Toronto Public Health and Ministry of Health and Long-Term Care local points of contact.

Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by the Executive Director/designee, depending on the nature of the infectious disease. Additional policies and procedures will be modified and implemented where necessary.

#### **Surveillance Protocols**

Surveillance is required to determine when, where, and which viruses are circulating, the high-risk populations, the intensity and the impact of viral activity. Surveillance data will drive the pandemic response. It will determine the pandemic phase, track progression through it, and direct the appropriate response and control measures needed.

Adherence to infection prevention and control policies and procedures minimizes transmission in healthcare settings, considering transmission in the community.

Routine practices are essential to prevent infection transmission during healthcare delivery in all healthcare settings. Strict adherence to hand hygiene, isolation and containment of respiratory secretions produced by coughing and sneezing are the cornerstones of infection prevention. They may sometimes be the only significant preventative measure available during a pandemic.

#### **Planning for pandemic response**

During a pandemic, manufacturing and licensing a pandemic vaccine may take as long as 4 to 6 months once the pandemic viral strain has been identified. When the vaccine first becomes available, it will be in short supply and demand is expected to be very high. The vaccine will likely be initially distributed according to priority groups; hence, it will be important to ensure the following:

- Public Health &/or Ministry of Health & LTC have 24hr contact information for IPC lead
- Physician Orders
- Accurate list of residents with current creatine levels and other key clinical values
- Consent forms signed



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- Appropriate & secure storage facility with temperature verification current

#### **Antivirals /vaccines/other interventions**

It will be implemented as per MOH/MLTC/PHO recommendations.

#### **Personal Protective Equipment**

Full PPE will be worn per policy, and manufacturers' specifications once a pandemic is identified by the governing authority and scaled back only once the causation organism is identified/transmission route is determined. Staff will practice extended use protocols of N95 masks to ensure proper stewardship of mask use:

- Infected residents will be isolated to their rooms (North vs. South/East vs. West sides)
- Residents and staff cohorts will be implemented as soon as possible
- PPE use as per IPAC directions
- Apply a surgical mask to infected residents where possible

#### **Emergency Management**

During a pandemic, demand for health services will exceed the system's capacity to respond as usual. It will be necessary to manage residents within the facility rather than transfer them to an acute care facility. This directive may come with no advanced warning; therefore, preparations must be in place as soon as possible.

#### **Building Access**

Only one entrance per building will be available for all staff/visitors to ensure proper screening and communication. Entrances will be staffed by one staff with a portable phone.

#### **Business Continuity Planning**

During a pandemic, many people are expected to become ill and may be away from work. This will affect direct operations within the facility and external services that support the facility. The following contingency plans will be implemented where and when needed.

- Consider moving to a 12-hour shift cycle.
- When a staff member is asymptomatic or has been exposed and isolated at home despite feeling well, consider assigning tasks that can be completed remotely.
- Communication with families can be done over the phone



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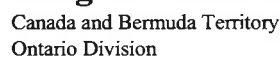
- Data entry/documentation (e.g. home can scan physical charts for entry)
- Scheduling

<b>Limited staff – potential 30-50% staff reductions due to illness/quarantine</b>	<b>Action Plan</b>								
<p><b><u>Nursing</u></b></p> <p>There will be alterations to care plans, most basic needs triaged, and care provided based on needs and staff availability.</p> <p>Non-essential staff will be partnered with care staff and deployed. Job descriptions and roles will be printed and available for distribution to non-essential staff. Staggered meals and/or meals in residents' rooms will be provided.</p> <p>Where necessary and safe to do so, registered staff not routinely assigned to a unit will be considered part of the following compliment and deployed (IPAC, BSOT, RAI/MDS, ADOC, DOC).</p> <p><b><u>Registered Staff</u></b></p>	<table> <tr> <td>5 registered staff D/E</td><td>2 reg staff 2<sup>nd</sup> floor 1 reg staff 3<sup>rd</sup> floor 1 reg staff 4<sup>th</sup> floor 1 RN Float</td></tr> <tr> <td>4 registered staff D/E</td><td>1 reg staff per floor 1 RN Float</td></tr> <tr> <td>3 registered staff D/E</td><td>1 reg staff per floor</td></tr> <tr> <td>2 registered staff</td><td>1 reg staff 2<sup>nd</sup> floor 1 reg staff 3<sup>rd</sup> and 4<sup>th</sup> floor</td></tr> </table>	5 registered staff D/E	2 reg staff 2 <sup>nd</sup> floor 1 reg staff 3 <sup>rd</sup> floor 1 reg staff 4 <sup>th</sup> floor 1 RN Float	4 registered staff D/E	1 reg staff per floor 1 RN Float	3 registered staff D/E	1 reg staff per floor	2 registered staff	1 reg staff 2 <sup>nd</sup> floor 1 reg staff 3 <sup>rd</sup> and 4 <sup>th</sup> floor
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<p><b><u>PSW staff</u></b></p>	<p><b>In all situations, physicians will review residents' medication and put on hold all non-essential drugs</b>  <b>Registered staff will decrease medication passes to a minimum after a conversation with the physician and/or pharmacist – see compression med pass and list of non-essential medication</b>  <b>Can request assistance from the medical Director/physicians, pharmacy for medication administration</b></p> <p>Staff will be directed to areas of most need by DOC/Designate. If 2 or fewer staff per home area, the following measures will be implemented:</p> <ul style="list-style-type: none"> <li>• All staff will refer to residents' Kardex for care needs; for easy access will be posted in each resident's room</li> <li>• Showers/baths will be suspended; only pericare and bed baths as needed</li> <li>• PSWs will provide personal care and can let residents who require a mechanical transfer in bed; they will help others to get up, especially the ones at high risk of fall</li> <li>• Toileting will be limited to 2 people assisting or less</li> <li>• Residents who use the washrooms will be transferred to toilets and commodes and supervised by other staff, visitors and family members.</li> <li>• Urinals &amp; bedpans will be utilized when possible</li> <li>• Care will be provided in bed</li> <li>• Residents can be left in their pyjamas/gowns/day clothing for more extended periods of time</li> <li>• Care will be prioritized to documentation</li> <li>• Other staff, volunteers and family will assist with grooming, dressing, meals and feeding assistance, 1:1 emotional support</li> </ul>
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- Human Resources will be limited, and the priority for staff will be care.
  - 2 Housekeepers – All touch surfaces disinfected, sinks, toilets, and body fluid disinfection
  - 1 laundry - Sort linens and bag separately – no folding



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	<ul style="list-style-type: none"> <li>• Priority given to face cloths/towels, soaker pads, linens, clothing protectors</li> <li>• Disposable gowns and bags for laundry utilized</li> <li>• 1 Housekeeper to do garbage rounds and assist as directed</li> <li>• Handyman – deployed for housekeeping and garbage pick-up. ESM will triage repairs and complete them. Only life safety repairs will be completed.</li> <li>• Disposable gowns and bags for laundry utilized</li> </ul> <p><b><u>ENVIRONMENTAL SERVICES: HOUSEKEEPING</u></b></p> <ul style="list-style-type: none"> <li>• Waste removal may become an issue. EMO and Public Health will provide directions/guidelines for disposal if garbage removal becomes a significant concern.</li> <li>• Non-traditional staff may be assisting with cleaning, so written procedures must be clear. (Salvation Army, volunteers, family members)</li> <li>• Impact on suppliers – similar attack rates may affect their staffing, and regular services will be disrupted.</li> </ul> <p><b><u>Plan:</u></b>        Cleaning priorities.</p> <ul style="list-style-type: none"> <li>• Equipment surfaces contaminated with secretions from residents suspected or confirmed with influenza/COVID-19 should be cleaned daily.</li> <li>• All public and high-touch surfaces are to be cleaned 3 times per day</li> <li>• Sinks and toilets should be cleaned daily</li> <li>• kitchen should be cleaned daily / at minimum</li> </ul> <p>Waste/garbage disposal remains a priority. Identify alternate sites for waste storage if garbage removal service is disrupted. (Utilize vacant shed area on a vacant lot).</p> <p>Terminal disinfection of rooms/beds will be focused on cleaning hard, non-porous surfaces,        Disinfection Guidelines from Health Canada / MHO should be used for cleaning protocols.</p>
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Covid-19 viruses have been shown to survive 24-48 hrs on hard, non-porous surfaces and steel 8-12 hrs on cloth, paper, and tissues on hands up to 5 minutes after transfer from environmental surfaces.

**ENVIRONMENTAL SERVICES – LAUNDRY**

Minimal personal laundry will be done.

Non- traditional staff may be assisting with laundry.

**Plan**

- Written procedures for laundry must be clear and available for reference, as necessary. (See pandemic shift routine for laundry.) The support services manager will follow this up.
- When staffing is less than usual, an alternate shift routine will be implemented to ensure necessary linens are available,
- To decrease personal laundry requirements, Residents who are ill may be dressed in gowns or their night clothes.
- Change of personal clothing and linens will be kept to a minimum.

Priorities for laundering will be.

- 1) isolation gowns
- 2) clothes savers/aprons
- 3) face cloths/towels
- 4) linens

- Sorting of soiled/clean linen remains a priority. Anyone handling soiled laundry must wear a gown and gloves and follow routine practice guidelines.
- No special cleaning of linen from residents/clients suspected or confirmed to have COVID-19 (Routine precautions) is required.
- Linen should be handled with a minimum of shaking and agitation.
- Laundry bags should be washed after each use and can be washed in the same cycle as the linen contained in them.



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- Carts used to transport soiled linens should be cleaned after each use with a germicidal. / As directed by PH/ ICP.
- Laundry for workers who remain in the building may be done on site as resources allow.
- Increase the supply of water-soluble (red) laundry bags / to contain contaminated linens.
- Adequate PPE must be maintained throughout the process.

#### **ENVIRONMENTAL SERVICES – FACILITY**

- Ventilation systems will be maintained as usual. It is not feasible to apply airborne precautions for residents suspected or confirmed to have influenza/COVID-19 due to the lack of negative pressure rooms in nursing homes—no fans are allowed in the building during a pandemic
- HEPA filters in place and working
- Maintain normal temperature and humidity levels. humidifiers will not be used for COVID-19 residents.
- Follow guidelines in the disaster/emergency manual for disruption of other services.
- Essential preventive maintenance will be carried out.
- External preventive service providers will be subject to the same restrictions/screening as visitors.

#### **Other Considerations**

- Living quarters will be set up in available office and meeting room spaces for staff to stay onsite.
- Empty resident rooms can be used for staff to rest
- Rest stations, nourishment and other relevant considerations required by stationed staff will need to be available.
- Engage with local schools (if closed) to see if any early childhood educators (ECEs) or others can support the home with food service, laundry, housekeeping, etc.
- Engage family members who are willing to support the home with food service, laundry, housekeeping





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	<ul style="list-style-type: none"> <li>• Inform Salvation Army to deploy additional staff</li> </ul> <p><b><u>Volunteers</u></b></p> <p>To maximize clinical staff and ensure they are working at the upper end of their scope, non-clinical tasks can be assigned to volunteers, redeployed office or housekeeping staff, essential caregivers and others. Ensuring resident safety, brief orientation, onboarding, and/or training may be required.</p> <p>Such tasks may include:</p> <ul style="list-style-type: none"> <li>• Making residents' beds, changing linens, tidying rooms</li> <li>• Putting away laundry and linens, stocking carts and PPE</li> <li>• Sanitizing high touch surfaces</li> <li>• Act as a spotter for residents requiring a 2 person to lift or transfer</li> <li>• Support PSWs when the home is short-staffed</li> <li>• Assisting residents in the washroom</li> <li>• Answering a call-bell</li> <li>• Provide assistance to residents during mealtime, hand-washing, set up, with eating, cleaning up after meals, delivering and receiving meal trays to isolating individuals, tracking of the meal and fluid intake for documenting purposes</li> <li>• Screen visitors, health care professionals, and residents</li> <li>• Porter residents to activities or meals</li> <li>• Provide one-on-one or small group visiting programs, or support for a virtual visit with families</li> <li>• Assisting with distribution of snacks</li> <li>• Brushing hair, brushing teeth, assisting with dressing and grooming activities</li> <li>• Assisting residents to call/video call their family</li> </ul>
<b>Admissions/Discharges</b>	No admissions to either building unless directed by Toronto Public Health/Ministry of Health or governing agency



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	<p>No discharges to acute care unless authorized by the hospital</p> <p>The Community Room on the main floor of the Manor will be designated for acutely ill residents from the Residence, where closer monitoring and more intensive nursing care can be provided.</p> <p>Deceased bodies will be kept in the temperature-controlled receiving area if funeral homes cannot pick them up for more than 48 hrs. Freezer trucks will be used (do we have any contacts?) if required due to volume or temperature maintenance concerns. The loading dock and walk-in fridge can be used as the last resource. Shrouds are to be used and properly labelled. An adequate supply of death certificates must be maintained—registered nurses to pronounce death in the absence of a physician.</p>
<b>Resident Location</b>	Residents can be moved in the building to cohort groups of residents with symptoms.
<b>Visitors</b>	<p>Visitation will be directed as per public health/governing body and non-symptomatic only. Visitors for terminally ill residents may be exempt. All visitors will be required to pass screening and wear PPEs as directed.</p> <p>Restrictions will be followed based on directives received from the Ministry of Health.</p>
<b>Routine requirements</b>	Regulated requirements such as care conferences, annual physicals, quarterly drug and care reviews will be delayed, streamlined or cancelled as needed

### Supplies

Except for raw food, all departments will maintain a 7 days window of supplies.

Drug supplies (iv bags, antibiotics, analgesics, oxygen, general use drugs)

Nursing supplies for 1 month (iv tubing, syringes, dressing supplies, skincare supplies, dry wipes, periwash, continent products)

Environmental cleaning supplies for 1 week

Dietary supplies for 1 week (disposable utensils, thickeners, water)



**The Salvation Army**  
**Meighen Health Centre**  
Canada and Bermuda Territory  
Ontario Division

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Lists of suitable but alternate products will be maintained should substitution be required.

**Communications**

Coordinating and disseminating timely and accurate information with staff, residents, family, external care providers, and the media will be critical to avoid contradictions and confusion.

- The Executive Director/Designee will approve all communications from the Centre
- Daily Pandemic update meetings will be held.
- Notices will be posted on exterior doors advising of a single entrance
- Emails with communication will be distributed to all family members and staff, and memos and flyers will be available at the main entrance during the screening
- The supply of toner and paper will be maintained