



LONG-TERM CARE DIVISION POLICY MANUAL

Manual 9 - Infection Control	Policy: 9-6-3
Pandemic Management	
Effective Date: March 10, 2020	
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POLICY STATEMENT

Long-Term Care Homes are required to plan for continuity of care in the event of a pandemic. The Long-Term Care Division has established a Pandemic Planning Committee that will work in collaboration with Lambton Public Health to best anticipate continued operations of the Home in the event of a pandemic. This policy will become effective when the local Medical Officer of Health issues a pandemic alert or the Warden declares a state of emergency.

DESCRIPTION

Pandemic: is distinguished from virus (Influenza, SARS, MERS, Novel Respiratory etc.) by its scope; it becomes a worldwide epidemic, or pandemic, when a disease spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population where it spreads. A pandemic occurs when a new virus (Influenza A, SARS, MERS, Novel Respiratory etc.) emerges to which the population has little or no immunity. It may spread easily from person to person and may cause serious illness and death. It is not known beforehand what age group will be most affected or what the severity will be. Pandemics are unpredictable and can happen at any time of the year.

Procedure

In the event that a Novel Respiratory Infection is detected, refer to Addendum A: Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings. February 2020.

- http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx#LTC
- http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/dir_mem_res.aspx
- AdvantAge Ontario Members' site at:
http://www.advantageontario.ca/AAO/Content/Resources/Advantage_Ontario/COVID-19/Ministry_Documents.aspx

Note: in the event of a Directive from the Ministry of Health and/or Emergency Management Ontario and/or Ministry of Long-Term Care (MLTC) and/or other regulatory body, these Directives will supersede this plan where applicable.

A list of guidance documents, communications and other Directives regarding the Coronavirus (COVID -19) can be found at:

- LTC Homes Portal

To anticipate the effect of a significant attack rate, this policy has been further sub-divided into key functions in pre-pandemic phase as well as during the pandemic.

Preparedness/Prevention Stage

Communications:

- All communications (media, community, staff and residents) will be directed through the General Manager or established designate in collaboration with the Infection Control Practitioner or designate.
- On receiving an alert from the Medical Officer of Health issuing a pandemic alert, Lambton County Emergency Control Group will immediately call an Outbreak Management Team meeting. The members of the Management Team and the Pandemic Planning Committee will also be asked to attend.
- The initial meeting will be for the dissemination of known information on the pandemic at that point in time and for the initiation of the pandemic policy and plan. On activation, alerts will be made by the communications strategies identified in the pre-pandemic planning to the residents, families and staff. Subcommittees may be established at this time.
- Information stations will be designated at the main entrances to the Home and Adult Day Programs. Directions and updates for staff, family, visitors and residents will be posted at the Home and as directed by the Infection Control Practitioner/ the communications designate.
- Lambton Public Health, Ministry of Long-Term Care and the Ministry of Health will be the key contacts for the Home for information, service co-ordination, updates, direction, immunization availability as well as antiviral medication.

The Administrator or designate, as applicable at this time will:

- Inform resident/family of resident who may have been exposed and require isolation
- Inform staff who might have been exposed and provide direction for self-isolation, self-monitoring and/or testing
- Inform General Manager
- Contact by phone families who have not provided email to the Home using provided communication from the General Manager of Long-Term Care in collaboration with the Communication & Marketing Coordinator
- Once phone contacts have been complete as above, send email to other families using provided communication
- Notify all residents
- Notify General Manager the above has been completed

The General Manager or designate will as applicable at this time:

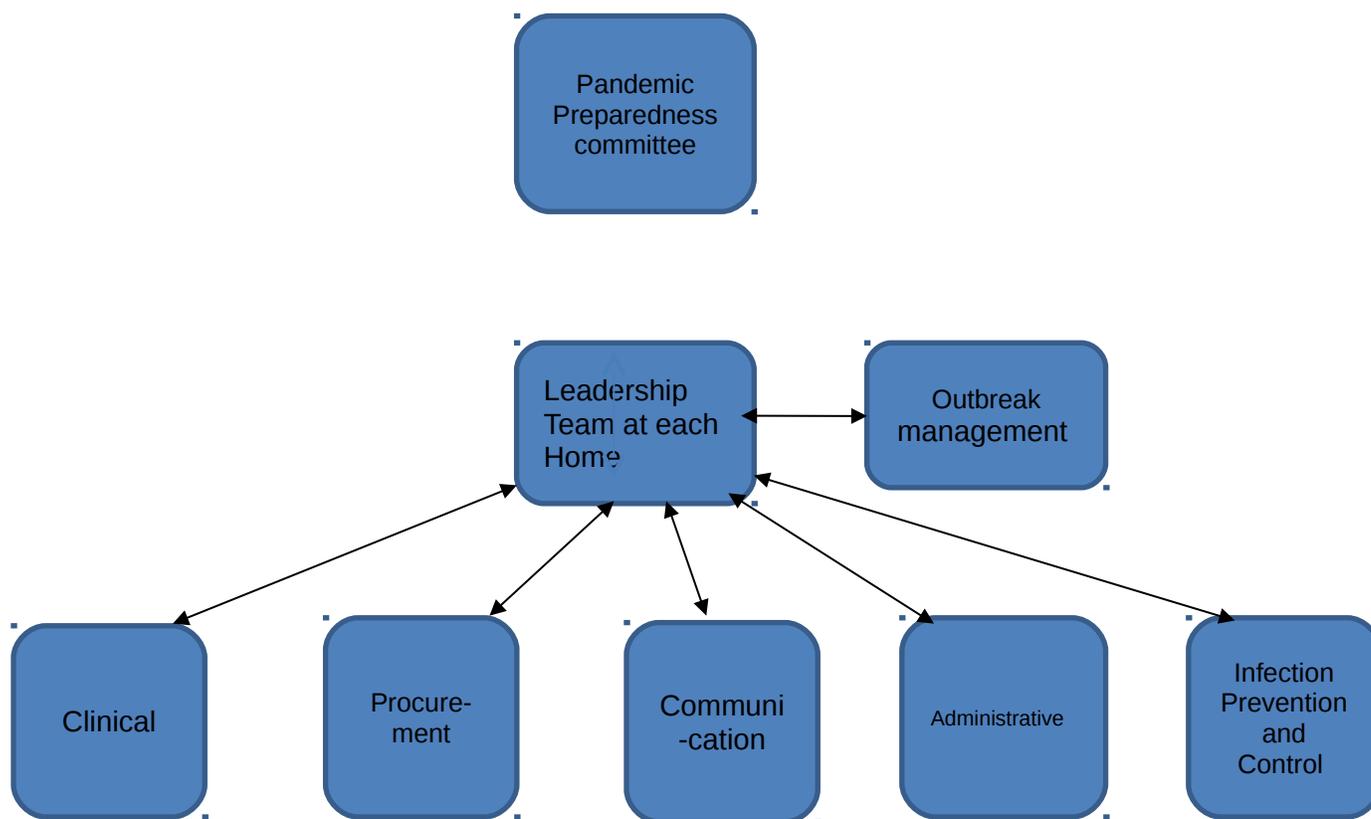
- Notify CAO and Warden
- Contact Communications and Marketing Coordinator to begin press release and Council notification
- Contact Emergency Management Coordinator to release Everbridge Call out to families and staff (once all families and residents have been notified)
- Contact Communications and Marketing Coordinator to send County Update and Press release (approximately one hour after County Update)

- If any restrictions or directions for staff (i.e. due to international travel, to begin antiviral medications, self-monitoring, self-isolation etc.) this will be communicated to staff as per prearranged procedures.
- Ongoing updates will be provided to residents, staff and families as new information becomes available. The Homes/Division will consider developing a communication plan with designated time intervals for updates to stakeholders.
- The Pandemic Committee meetings will be held at regular intervals at the direction of the chair for the purpose of updating, planning and monitoring the situation.
- The Homes management committees will regularly communicate with the Homes' Health and Safety Committee. The Committee will review the need to revise meeting frequencies and communicate this to the Home's management team.
- The Homes' designate or ICP to review staff N95 testing/supply requirements and establish plan if required.
- The Administrative Team will develop and maintain a document tracking system for all communications/directives/recommendations etc. received during the pandemic alert. The system will highlight the changes from previous documents.
- The Homes' will consider processes and arranging discussion with community care such as providers/hospital/LHIN to plan for SURGE capacity.

Pandemic Preparedness Committee and Subcommittees

The Pandemic Preparedness Committee will provide oversight and resource assistance to the division during the pandemic alert. They will provide assistance with Occupational Health and Safety and Human Resource related issues for the division. This committee in conjunction with the management teams will ensure other forms of support, encouragement, recognition and reward to HCW's/other staff/volunteers/students etc.

Subcommittees may be developed and assigned responsibilities at each individual Home. Leads will be designated for each committee. Samples of membership are provided but each Home can determine the consistency of their own subcommittees based on the Home's needs.



Pandemic Preparedness Committee: Membership may include:

- GM Long-Term Care Division (Lead)
- County of Lambton HR representative
- County of Lambton Health and Safety representative
- IT representative (Adhoc)
- Management teams

Subcommittees:

Clinical – responsible for overseeing resident care needs are being met, staffing needs are monitored and/or altered as needed, responsible for initiating directives or recommendations from various sources in collaboration with the ICP and management team. Membership may include:

- DONPC (Lead)
- Recreation and Leisure Supervisor
- Pharmacist (ad hoc)
- Social Worker
- Nutrition Supervisor
- Professional Respiratory rep (ad hoc)
- Spiritual Care Provider
- Medical Director and NP
- Nursing Representatives (day nurse)
- ICP
- QIC and/or QA Manager
- Therapy (ad hoc)
- Environmental supervisor
- Administrator (ad hoc)

Procurement: responsible for ordering supplies, developing and keeping inventory and tracking of supplies for up to a 4-6 week period as appropriate, assessing consumption rates of PPE's and providing daily inventory listing, reaching out to current and keeping contact with current and alternate suppliers to keep up to date on potential procurement issues. Membership may include:

- ICP (lead for PPE's)
- Individual supervisors responsible for ordering supplies – responsible for own department
- Ward Clerk (orders supplies and PPE's for nursing departments)
- Administrator

Communications: responsible for providing communication updates to all stakeholders via a variety of formats. Membership may include:

- General Manager (Lead)
- Administrator
- Long-Term Care Division's Executive Assistant

Infection prevention and control: in collaboration with all departments, is responsible for overseeing and providing direction regarding infection control and prevention and for monitoring strategies in the Home. Provides education, monitors surveillance, communicates with LPH (Lead), monitors isolation and cohorting practices and provides direction regarding new directives and/or guidance regarding infection prevention and control/outbreak management. Completes audits, including IPAC audits, on a regular basis and develops and implements action plans to address identified gaps. Membership may include:

- ICP (lead)
- DONPC

- Day nurse
- Environmental supervisor
- QIC and/or QA/Education Manager
- Screening lead
- Health and safety committee rep
- County of Lambton Health and Safety rep (adhoc)

Administrative: responsible for monitoring accounts payable relating to pandemic and developing tracking system to separate these expenses from general accounts payable, implementing and maintaining document tracking system and indicating changes in updated recommendations/directives, providing assistance with posters, educational, communication needs, virtual communication needs, telecommunication needs for those working off site etc. Membership may include:

- Administrator (Lead)
- Confidential secretary
- Education Coordinator/QA Manager
- Finance Coordinator

Essential Staffing Plans:

In order to safely manage the care of the residents and the operation of the Home, key positions must be secured by backup staff members. Key positions have been identified as the following:

- *Reception Staff/Volunteers: one person (not a registered staff member or Supervisor)
- *Administrator/Communications Officer
- *Infection Control Practitioner
- Director of Nursing & Personal Care
- Ward Clerk
- Nursing staff
- Environmental Staff
- Dietary Staff

Given that absenteeism will be anticipated to be higher due to caregiver obligations (ill family members to care for, lack of child care resources), regular staffing patterns and therefore the provision of care will be seriously affected. In order to safely and effectively provide care to residents, regular duties, areas of assignment and staff deployment will not follow pre-existing patterns outside regular times.

On arrival to the Home, all employees, volunteers and “trained” visitors are to report to the reception station at the main entrance. This position will be supported by the Ward Clerk (or designate) from the nursing department and the communication designates.

Job priority/deployment of staff will be to designated essential positions identified within the Home and outward from there depending on availability of staffing resources. All essential and non-essential staff must report to the Home for proper deployment to other areas of work even if their position has been designated non-essential, for

deployment to other areas, unless their job has been designated (pre-pandemic) as a “work from home” position.

Leadership teams from an/the alternate LTC Home(s) may be required as a virtual back up to assist a Home where leadership is needed to assist with providing front-line resident care needs.

Staffing Plans:

For each Resident Home Area (RHA), a minimum number of staff will be required at all times as suggested in the following table (each home will develop its own staffing plan(s) and place in pandemic binders):

Position	Day/ Evening number required	Nights number required	Task priority
RN or RPN	1 per RHA	One for the supervision of care in the Home	Dispense all meds, administer controlled or injectable medications, provide treatments and assess the ill
PSW/HCA	2 per RHA	1 per RHA	Direct care of residents
HCA/PSW (where not available, trained staff/ visitors/ volunteers may be substituted)	2 for each resident home area	1 for each RHA	Direct care of residents
Food Service			Provision of food and hydration to residents, ensure food items available on each RHA, assist with giving nourishments May consider use of disposable cutlery/plates/cups etc. if staffing concerns May consider more pre-made items
Dietary aides	1 cook 1 for each RHA		
Environmental	1 for each RHA		Focus is on high touch surfaces and washrooms. Regular cleaning of rooms may be designated to “trained” non essential staff or
Housekeeper			
Laundry	1 laundry staff per Home		

			visitors
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Dietary

Nutritional Plan:

In order to secure available food and hydration resources, the Nutrition Supervisor must establish a secured food resource locally in addition to the usual supplier. Priority positions will need to be identified and non-essential staff trained to fill these positions should the need arise. Delegation of acts includes but is not limited to food preparation, portering of food items to the RHAs, serving meals/ nourishments and assisting residents. The following table identifies essential positions and the requirements for each:

Position Title	Days & Evening Requirement	Night shift requirement	Priority task
Nutrition Supervisor	1		Ensure supplies are adequate, direct staffing requirements.
Cook & aide	1 of each		

Immunization and Anti-virals

As per the direction of Lambton Public Health.

Designation

As indicated earlier, several positions have been deemed essential by the Home Pandemic Planning Committee. As such, designates have been established to ensure continuity of communications and service for staff and residents. The designates have been listed to a fourth or fifth level in order to account for possible absenteeism.

Infection Prevention and Control:

1. Infection Control Practitioner
2. Charge Nurse

Administrator

Reception/Confidential Clerk: as designated

Nursing Department Staffing Co-coordinator: Ward clerk

Lockdown of Building: Charge Nurse-

Medical Director

Essential Workers (who are “Critical to Operations”) and Self-Isolation While Working

Asymptomatic HCW’s who have returned from travel in the past 14 days, and/or have unprotected exposure to a person confirmed to have COVID -19, and are identified by the organization as “critical to operations” in their organization may “work self-isolate” after discussion with and as per guidance of LPH, ICP and OHS.

Refer to and follow: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-covid-19-work-self-isolation.pdf>

Human Resources Plan

During a pandemic, HCWs may be allowed to work at only a single health care facility/one location as per the direction of Ministry of Health and/or Lambton Public Health. If this is directed, staff must make this decision and advise the ICP and Administrator which employer they are choosing. If elimination periods from contact with last employer are required, the employee will communicate with the ICP to determine a date of return.

During a pandemic, other County of Lambton staff may be deployed to the Long-Term Care Division with appropriate training.

Education Plan Pre-Pandemic: In order to provide continuity of care in the face of a staffing crisis, it will be necessary to “cross-train” staff with different skills than their current position requires. For example, a Rec & Leisure staff member may be trained to assist

with toileting, transferring and assisting residents, and an office staff to provide housekeeping services.

Pre pandemic training will be posted to all staff in 6 main categories:

- Assisting residents with meals
- Toileting and transferring including mechanical lifts
- Obtaining vital signs
- Basic housekeeping skills
- Basic food preparation and inventory control
- Medication administration

Although individuals may be trained, they will not work in these capacities, replace staff or assist staff during non-pandemic times, as that would be a violation of current collective agreements.

Recruitment during a pandemic may also be necessary as staffing crisis continue. It may become necessary to recruit student nurses, PSW's in training, med students or food service students or other people as deemed necessary in collaboration with HR.

The division may take advantage of the MOH Health Workforce Matching Portal, RNAO HCW assistance matching programs or other programs which support recruitment of HCW's.

The Home may consider creating alternate classes of staff (i.e. resident care assistant/PSW assistant) if needed.

Any changes to legislated staffing approaches will be preapproved by the Ministry of Long-Term Care.

At minimum, templates of alternate training plans will be kept in the Homes' Pandemic Binders.

Requests for leaves of absences, vacation requests, time off

The Home may utilize the assistance of the County of Lambton HR/Occupational Health and Safety Department for assistance in managing leave requests, developing processes for vacation requests, work refusals and wellness checks if needed.

Work schedules, shifts and routines, cohorting staff

Work schedules/call in procedures should be reviewed to establish possible alternative scheduling practices if needed (i.e. 12 hr shifts), and to cohort staff as much as possible. Work routines and shift schedules may be reviewed and adjusted to meet staffing needs.

EAP Program

Staff will be reminded of the County's EAP program, COMPSYCH, which can be accessed online through [guideanceresources.com](https://www.guidanceresources.com).

Community Services

All community services and programs (meals on wheels, apartment meal program, and Adult Day Programs) may be suspended if staff are required to assist in the Home.

Student Placements

Requests for student placements will be reviewed on an individual basis. The proposed student(s) must follow guidelines such as self-isolating for 2 weeks prior to placement and commit to not working elsewhere during the placement period if single location Directives have been received. (and/or as per guidelines/Directives at the time).

Staffing – Work Restrictions During a Pandemic

This is done in collaboration with Lambton Public Health and is dependent on the causative agent. Lambton Public Health will give guidance if this can be implemented at the time based around the individual scenario.

If Long-Term Care Homes do not have enough people to provide safe care and/or need to transfer residents to hospital they may allow staff, students and volunteers to work before they are fully recovered. If this is necessary, staff, students and volunteers should be restricted to non-direct care with appropriate use of personal protective equipment. They should NOT be deployed to care for high risk, medically fragile residents.

Infection Prevention and Control

The following steps will be taken in the initial pandemic alert phase to mitigate the risk of infection/outbreak in the Homes. Please note if any guidance document, Directive, emergency order and/or recommendation from LPH is received, they supersede the information as listed.

The Home(s)/Division in conjunction with the LPH and in following recommendations/Directives will identify and communicate the level of restrictions placed on entering the Home(s). This level of restriction may change during the pandemic phase and will be communicated to stakeholders and staff as appropriate.

1) Screening

Screening may be initiated by the Home before or upon the receipt of a recommendation/ Directive by one of the directing authorities.

- a) **Passive screening** and signage is posted at the entrance to the Home prompting health care workers (HCW's), other staff and visitors to self-identify if they have symptoms of the identified virus (i.e. COVID -19, Influenza etc.). Reminders are posted to perform hand hygiene upon entering the Home, and access to alcohol based hand rub (ABHR) of at least 70% is readily available. Signage should also include steps to

take if the individual has signs of the virus and reminders regarding respiratory etiquette.

b) Upon activation of active screening procedures at entrances:

Active Screening procedures occur 24 hours a day, seven days a week. Active Screening questionnaires and procedures are to be followed as provided by Ministry of Health and Ministry of Long-Term Care Directives.

- The DONPC and/or ICP will be designated to support the screeners by providing education and updating screening materials and supplies. A process is established to record who has entered and exited the home. For essential visitors, there is a process to identify their name, contact information, who they are visiting and time in and out of the Home.
- The Home will designate entrances to be used during specific time periods. The areas to be designated are preferably away from resident care areas. The area will allow for PPE to be readily available for screeners and HCW's, other staff and essential visitors. ABHR of at least 70% is readily available. There will be a process to record who has entered and exited the Home (i.e. door, vestibule).
- Screeners are to wear PPE appropriate to the virus circulating, as per the Ministry of Health and Ministry of Long-Term Care Directives and will include at minimum a mask, eye protection and gloves or are behind a Plexiglas station or other barrier.
- Screeners will actively screen all HCW's, other staff and essential visitors with the exception of emergency responders, for signs and symptoms of infections. The first part of the screen will be done before they enter the main building with the screener behind the glass door and the temperature will be taken upon entering the building. All entering the building must perform hand hygiene.
- If universal masking is recommended, masks are available for HCW's, and other staff and essential visitors entering the Home. Bags are provided at the time for storage of masks during breaks. (If staff is required to change clothing/shoes into uniforms on site, provide bags for belongings and wipes for shoes/belongs if necessary)
- HCW's are to be actively screened as per MOH & MLTC Directives.
- Anyone screening positive is not allowed in the Home and should be instructed to contact their health care provider, the Lambton Public Health Unit or telehealth (1-866-797-0000), self-isolate and be encouraged to be tested. Staff should contact their immediate supervisor/manager or occupational health and safety representative in the home. Staff responsible for occupational health at the home must follow up with all staff who have been advised to self-isolate based on exposure risk or symptoms.
- External medical service providers and essential visitors will be provided masks and PPE as required unless alternate arrangements have been made with the Home. Exemptions will be only from MOH/MOLTC Directives (i.e. EMS)
- Persons providing care or visiting a resident receiving end of life care are provided with a surgical mask and appropriate PPE as required. They are provided assistance in donning and doffing PPE's and hand hygiene instruction. They must don the mask for the entire visit in the Home. Visitors for imminently palliative residents must be screened prior to entry. If they fail screening, they must be permitted entry but LTCHs must ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff.

- Screening areas are to be cleaned and disinfected at minimal twice daily.

c) Resident Screening

- Upon activation of active resident screening, appropriate members of the clinical care team, ICP, QIC and/or QA Manager and DONPC committee will establish procedures for resident screening based on recommendations and Directives as amended from time to time.

2) Hand Hygiene

Hand Hygiene is one of the most important factors in the prevention of infections in Health Care Settings. All Health Care Workers, other staff and visitors are required to perform frequent hand hygiene. Refer to organizational policy and guidance documents.

Hand hygiene stations should be set up at designated areas in the Home (i.e., entrances, outside elevators, resident care areas, common areas, at point of care areas etc.)

Hand hygiene must be performed:

- Upon entering and prior to exiting the LTCH
- At point of care, before and after resident or resident environment contact
- Upon removing gloves
- Before and after medication and food preparation/administration
- Before and after sterile/aseptic procedures
- After possible body fluid exposure risk
- Before putting on PPE and during removal of PPE according to the facility procedure
- After personal hygiene practices

An Alcohol based hand rub (ABHR) containing 70-90% alcohol is the first choice for hand hygiene in clinical situations when hands are not visibly soiled. Using ABHRs is more effective than washing hands (even with an antibacterial soap) when hands are not visibly soiled. Handwashing with soap and running water must be performed when hands are visible soiled (Source: Public Health Ontario; Hand Hygiene for Health Care Settings Fact Sheet)

Hand washing with soap and running water must be performed when hands are visibly soiled and after using restrooms. Bar soaps are not acceptable for Health Care Providers in health care settings.

Residents should be trained to perform hand hygiene and assisted with this if required:

- Upon entering and exiting their rooms
- Prior to eating, performing oral care or handling medications
- After using the toilet or other times when hands are potentially contaminated

3) Universal Masking and Universal Eye Protection

Prior to if deemed appropriate, or upon recommendation from the MOH/MOLTC and/or other Directives, the Home will implement Universal Masking and/or Universal Eye Protection procedures for all staff, others working, volunteering and essential visitors. If Universal Masking and/or Universal Eye Protection is directed, surgical masks (unless another type otherwise directed) are to be worn at all times in the Home, other than for eating and drinking in which physical distancing principles must be maintained. Policy 9.6.6 Universal Masking for Residents will be put in use.

4) Changing of Clothing on site

The Home may recommend or implement the practice that staff changes into work attire and shoes on site to prevent the transmission of the virus from off site to onsite and vice versa. Staff will be provided change space, bags for personal clothing and for uniform and shoes upon leaving and wipes if requested. Minimal personal items are encouraged to be brought onto site during the pandemic alert.

5) Physical distancing

- Physical distancing measures will be implemented as much as possible. Measures may include but are not limited to:
 - HCW's, other staff and essential visitors are provided with education and training on physical distancing (maintaining a minimum 2 metres distance apart as much as possible).
 - Breaks and lunches are staggered to help ensure physical distancing of staff and HCW's. Alternate break locations to provide physical distancing will be arranged. This may include the use of family dining areas, common areas, meeting rooms etc. The Home will consider the need to adjust break times to limit the number of workers eating/drinking during break times.
 - Physical barriers where appropriate (e.g. reception, screening areas)
 - HCW's are to monitor resident interactions and encourage physical distancing (maintaining a minimum of 2 metres distance apart). Strategies may include:
 - o Educating residents on physical distancing including residents' rooms and visits to other resident's rooms if permitted
 - o Common areas – moving chairs to promote physical distancing
 - o Dining rooms, removing tables, spacing tables, moving tables to alternate locations, alternate service delivery options, Plexiglas dividers, etc. to maintain physical distancing
 - o Group activities are suspended unless small and can maintain physical distancing and co-horting requirements throughout the activity if the Home is not in outbreak
 - o Residents will be encouraged to wear masks as per policy 9.6.6.

- Alternate forms of communication such as phone, text, email, video/tele-conferencing etc. to reduce the need for face to face meetings. When face to face meetings are required, the number of persons present will be permitted as per room space as per Health and Safety requirements.
- The Home may mark (tape) designated physical distancing requirements on the floors to indicate a minimum of 2 metre radius and move seating in common areas, dining areas, outside areas, outside elevator areas, screening areas and staff break areas etc.
- Alternate working options:
 - Managers will review job functions and consider alternate work arrangements where appropriate. These may include but are not limited to options such as:
 - o Determining which positions can appropriately work from home and making arrangements for IT and communication requirements
 - o Alternating break times and break locations
 - o Staggering start and end times for shifts
 - o Alternate work schedules (i.e. 12 hr. shifts if required, increasing staffing levels, work rotations)
 - o Review the ability to cohort staff to specific units as much as possible
- Resident medication administration schedules are reviewed to minimize the number of times HCW's need to enter a resident's room.

6) Essential Visitors/Visitors

The Home will have a visitor policy that is compliant with MOH & MOLTC Directives and applicable policies from the MLTC, as amended from time to time.

Only 'essential visitors' (see glossary of terms) are allowed for a resident in isolation or who is symptomatic, or if the Home is in outbreak.

The Home in conjunction with the LPH and other MOH & MOLTC Directives, will determine what visits are allowed inside and outside the Home and will communicate these restrictions as appropriate to families and residents. All visitors will be required to pass the active screening requirements including attestation to not be experiencing any of the typical or atypical symptoms, and other requirements as per the Directives/MLTC policies, or they will not be permitted to visit. Masks must be worn as per MOH Directives. Essential Visitors/Visitors will be instructed to perform hand hygiene and will be assisted with donning and doffing PPE as appropriate for the resident they are visiting or the service they are providing. The number of visitors and the conditions of which visits may occur are as per Directives/MLTC policies received from time to time.

7) Enhanced Cleaning and Disinfecting

Environmental cleaning will be enhanced to reduce the risk of infection/spreading of infection.

- A health care grade cleaner/disinfectant with a Drug Identification Number (DIN) is used as per manufacturer's instructions for use and contact time.
- During a COVID-19 pandemic alert/outbreak: High touch surfaces such as door knobs, handrails, taps, common phones etc. are cleaned at least twice per day and if soiled. A list of record of high touch surfaces, who cleans them and when is kept daily. This includes surfaces in resident care areas as well as common areas and staff break rooms. All resident isolation rooms and central area surfaces, that are considered "high touch" (e.g. telephone, bedside table, over bed table, chair arms, call bell cords or buttons, door handles, light switches, bedrails, handwashing sink, bathroom sink, toilet and toilet handles and shower handles, faucets or shower chairs, grab bars, outside of paper towel dispenser etc.) should be cleaned and disinfected at a minimum of twice daily and when soiled (reference Health Canada's "Infection prevention and control for COVID-19: Interim guidance for Long-Term Care Homes")
- Equipment that is not single use must be cleaned and disinfected between residents (E.g. BP cuff, stethoscope, commodes etc.)
- Cleaning of residents rooms that are on isolation will be completed using Droplet/Contact precautions and additional precautions if required. Environmental staff will receive education on proper cleaning techniques (i.e. cleaning will start at less dirty surfaces and end with most dirty surfaces paying particular attention to high touch surfaces, start top to bottom, no double dipping equipment, correct contact time and proper dilution etc.)
- Staff cell phone and water bottles and work cell phones should be wiped down several times a shift with an approved disinfectant.
- Follow direction of LPH for specific needs depending on causative/suspected causative agent.
- A plan for staffing for surge capacity is available (e.g. additional staff, supplies, equipment) located in the Outbreak Management Binder.
- Refer to: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition April 2018
<https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf>
- For COVID-19 - Health Canada's "Infection prevention and control for COVID-19: Interim guidance for long term care homes" <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a14>

8) Deliveries

- Deliveries are to be made at designated areas. Delivery personnel must be screened as per protocols prior to entering the Home and wear a mask if Universal Masking is implemented. Hand hygiene is to be performed upon entering and exiting

the Home. They are not to enter the Home if they do not pass the screening process.

9) IPAC assessment

- The IPAC Infection Prevention and Control Checklist based on the circulating virus if available will be completed as soon as possible by the ICP and the DONPC. An action plan will be developed for any identified gaps and will be implemented as soon as possible. The findings of the IPAC checklist will be shared with the Home's Administrator.
- **The "IPAC Infection Prevention and Control Checklist"** will be completed on a regular basis to determine any newly occurring gaps in Infection Prevention and Control.
- IPAC assessments completed by an external organization as directed by Ontario Health may occur. The home will permit the report or findings to be shared as required by the directives.
- IPAC assessments will be completed regularly and at minimum as per the direction and frequency advised by Lambton Public Health, the Ministry of Long-Term Care or other regulatory body.

10) Admissions and Readmissions (in non-outbreak period)

- The Home will follow MOH and MOLTC Directives/other guidance documents regarding admissions (from hospital or community) and readmissions of residents from hospital as they change during the pandemic. The Home must be able to follow the requirements of the Directives prior to agreeing to admit a resident.
- Testing and isolation requirements will be completed as per Directives at the time.
- Registered staff will be notified of any changes in these Directives.
- The Home is encouraged to have discussions with the LHIN Home and Community Care if they are having difficulty managing admissions (i.e. the related need for isolation, workload etc.). The Home may ask to decline a specific resident based on the inability to isolate or management of care needs, or may ask for a pause on admissions. This will be done in collaboration with the General Manager, LTC Division.

11) Designated Isolation Unit

- The Home will determine the appropriateness of designating an area as an isolation unit. If the decision is made to have a self-contained isolation unit, the Environmental supervisor will contact the County of Lambton Procurement Department to contact appropriate vendors and determine a plan. A list of staff will be kept with the staffing plan who have volunteered to work with COVID+ residents.
- The area will be prepared with negative pressure if recommended and if possible, contain separate equipment and necessary supplies in the area, and have emergency access for staff needing assistance, toileting and bathing facilities if at all possible. If this is not possible, alternate toileting arrangements for residents will be made by using commodes. Separate bathroom facilities are available for staff.

- The area will have an area for staff to don/doff PPE as they enter and leave the area.
- The criteria for 'admission' to this area will be determined based on the Home's needs, individual resident circumstances and cohorting and isolation requirements
- The isolation unit will not be used as a thoroughfare by other residents or staff and will be located farthest away from high traffic areas where at all possible, and preferably on the ground unit to prevent travel throughout the building. The designated areas may be the following: at The Villa auditorium and spare rooms at The Lodge and the Manor, other rooms may also be used as required.
- Signage is to be posted to indicate the segregated area to control entry to the area.
- Staffing of this unit will be determined based on the circumstances at the time and discussion with the Division's management teams.
- Staff will receive training for working in this area. The Homes will consider doing simulated exercises during training procedures and review all IPAC training.
- Essential staff only is to work in the designated isolation unit. (E.g. nursing, environmental) with others HCW's providing services virtually when at all possible (e.g. MD, NP, dietitian, SW, spiritual advisor, recreation and leisure etc.)

12) Infection Control and Prevention Education/Training

a) Education and training such as but not limited to the topics listed, will be provided to all HCW's, other staff, volunteers and students still on site, based on their position/roles/duties.

- Training may be through Surge Learning, ongoing 1:1 or small group with ICPs and each staff member must sign off on training provided.
- Overview of the contagious agent at the time (i.e. COVID -19, Influenza etc.) including signs and symptoms and surveillance methods as they are updated
- Transmission modes
- PPE and isolation precautions required (e.g. routine, droplet/contact and additional precautions as required), including donning and doffing PPE and hand hygiene
- PCRA (Point of Care Risk Assessment)
- Screening, Self-monitoring, self-isolation and work self-isolation and reporting requirements, follow up for sick calls
- Environmental cleaning – handling linens and housekeeping
- Isolation and co-horting practices
- Housekeeping and laundry practices including terminal cleans and cleaning of resident's belongings on discharge
- Postmortem care – changes in practice based on Directives/guidance
- Respiratory hygiene/cough etiquette
- Audits for donning/doffing and hand hygiene
- Universal masking, hair coverings (laundering expectations)
- Aerosol generating procedures and additional PPE and isolation precautions required
- Strategies for isolating residents with cognitive impairments
- Cleaning/disinfection of multi-use equipment
- Changes in death notification and certification if applicable (registered staff)
- Process for inter-facility transfers (registered staff)

- New policies and procedures appropriate to department
- Physical distancing
- Education designated by County of Lambton Human Resource Department

b) Environmental staff will receive additional education and training on:

- Deep cleaning high touch services
- Proper cleaning and disinfecting practices (i.e. clean to dirty, top to bottom, no
- Review of disinfecting products and cleaning (proper use according to contact time, dilution etc.)
- Disposal methods
- Handling of linens

c) An educational plan will be developed by the QA/Education Manager and ICP to encourage ongoing education and learning regarding Infection Prevention and Control.

Community Services

The Home will review and determine the ability to continue with AEC's, Meals on Wheels and other community services as per LPH direction and based on the Home's capacity to provide the services. Staff from these areas may be needed to support the LTC Homes in resident care and essential services. If services are to be discontinued, the Community Services Department can consider other forms of support such as virtual visits, telephone checks with the AEC clients if human resources are available. Apartment meals will be reviewed on an individual basis based on circumstances at the Home.

Procurement and management of supplies and services

The disruption to procurement and delivery of medical supplies including PPE, as well as other basic needs, is a probability during a pandemic. Homes must make necessary arrangements to secure sufficient supplies of PPE, medical supplies and other necessities for the safe operation of the Home.

- All departments will develop up to a 2-4 week inventory of supplies (non-perishable) as appropriate and order accordingly. The inventory of needs should be provided to the Administrator monthly or as needed and includes food, incontinence, chemicals, nursing supplies, etc.
- Supervisors and clerks ordering supplies are encouraged to reach out to alternate suppliers early to make contact and identify potential sources of suppliers in the event of service delivery disruption with their current providers. Each supervisor and ordering clerk will develop a list of current and alternate suppliers for supplies and keep one copy in the pandemic preparedness binders.
- Nutrition supervisors must establish a secure food resource locally in addition to the usual suppliers. Emergency menus/supplies will be reviewed to ensure adequate supplies.
- A weekly inventory of PPE will be taken by the ICP or designate and reported to the Ministry if required. The Administrator and General Manager are to be copied

on the report. A report as scheduled is provided to the County Emergency Coordinator.

- The ICP or designate will determine a daily consumption rate of PPEs and will advise the ordering clerk appropriately of the need for supplies, taking into account, the need to have a 4-6 week supply on site. If possible, a designated room with limited access will be used to store PPE supplies.

A link to a “Burn Rate Calculator” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

- The Home may reach out to preferred vendors listed on the “Essential Product and Supplies List” section of the AdvantAge Ontario member’s site for assistance. Contracts with current purchasers/contracts may be bypassed if you cannot obtain adequate supplies to meet your needs and as permitted by Directives and corporate policies.
- Consider off-site storage if needed for supply storage.
- Purchasing departments should consider language in new contracts or amending existing contracts if possible to stipulate delivery/provision of essential goods and services during pandemic and outbreak periods.
 - o The ICP will ensure the Home has sufficient testing supplies on site and equipment to deliver specimens to the designated location.
- The Home is to work with current and other suppliers or health care providers in the local area to obtain required supplies/PPE’s. If the Home continues to have a supply shortage, the Home may escalate a request to their Regional Table Lead as directed by Ontario Health West or MOLTC.
- The County of Lambton Procurement Department may assist the LTC Division with the procurement of supplies as required.

Planning for Changes in Resident Care Needs

The Clinical Care and Administrative Committees will plan for resident care needs such as but not limited to:

- Assessing the need to increase pharmacy supplies/emergency medications through consultation with Medical Director(s) and Pharmacist
- Oxygen supplies – Consult with Respiratory provider to determine the need for extra supplies on site and/or the ability to provide same day deliveries of supplies
- Arrange for virtual care as appropriate – assess need for additional equipment for providing virtual care
- Recreation and leisure needs for residents – assess for need for additional equipment for virtual visits with loved ones
- Review with physicians and the Medical Director their role in assisting with care planning and discussions with families prior to and during an outbreak. Individual resident Advanced Care Planning should be reviewed.
- Plan and share with procurement committee, any additional supplies or equipment which may be needed (i.e. thermometers, commodes etc.)
- Review resident care needs and staffing plans.

Loss of Essential Services

In the event of an internal emergency occurring simultaneously with a pandemic, such as loss of hydro, water or food, the established loss of essential services plan in the emergency manual will be initiated.

Security

During a pandemic access to the Home will be restricted to designated entrances to control access to the Home in order to secure supplies and ensure the safety of those living and working in the Home.

Surveillance and Testing

1) Testing

Testing of Residents and/or Staff:

Testing is to be done in collaboration with the LPH and Ontario Health as per recommendations/Directives from MOL/MOLTC.

- The ICP will provide education and competency-based training to registered staff to ensure coverage for testing needs when he/she is not on duty or able to provide that service.
- The Home is encouraged to reach out LPH for any requests for additional testing (E.g. new staff, new population etc.)
- Adequate and appropriate supplies are to be located on site.
- Arrangements for the delivery of samples for testing will be made in conjunction with the LPH and/or designated agency if assigned.
- The Home's ICP is encouraged to collaborate with the LPH if any test results do not appear appropriate given the resident/staff status and request additional/repeat testing.

2) Surveillance

- Active resident screening is conducted for symptoms of COVID-19 or other causative agent as per LPH and other Directives as amended from time to time.
- Residents with signs and symptoms of COVID-19, other Acute Respiratory Infections, travel exposure or other potential exposure are immediately placed on Contact/Droplet Precautions in a single room where feasible. Signage is clear for the type(s) of isolation precautions required.
- Symptomatic residents are tested immediately and LPH is notified.
- Testing will be done in accordance with the last guidance documents from OPH/MOH.
- Identification of one resident or one HCW/staff or essential visitor/visitor with symptoms compatible with COVID-19 immediately triggers an outbreak assessment by the LPH.

- Line listings are initiated of suspected or known cases and kept updated and shared with LPH daily or as arranged.
- Residents who were in close contact with the symptomatic resident (e.g. shared room) HCW, other staff or essential visitors are identified and tested as per guidelines and in conjunction with the LPH.
- Residents may be unable to leave the Home for short stay absences, visits with families or friends based on the advice of the LPH or Directives (e.g. as in the case of COVID-19 pandemic). If this restriction is directed, residents who wish to go outside may do so in a designated area on the Home's property and must maintain physical distancing.
- When there is a suspected or known case, meal service delivery will be reviewed and changed as appropriate or deemed necessary in consultation with LPH.
- All group activities will be reviewed in conjunction with LPH when there is a suspected or known case.

3) Communication of COVID-19 Testing – Positive Results

- If a rapid antigen test for COVID-19 is positive for a staff, resident or other visitor in the Home, the Home will provide direction to the individual to have a PCR test completed as soon as possible and to advise the Home of the result. The General Manager of LTC is also notified.
- If an individual tests positive for COVID-19 from the PCR test:
 - o The General Manager is notified and will communicate as required to the designated individuals at the County of Lambton.
 - o Staff, residents and families are notified via regular communication methods of the positive PCR tests and the implications for the Home. (i.e. if elders in contact are isolated etc.)
 - o If the Home is put into an outbreak situation by Lambton Public Health, communication for outbreak notification will be completed as per Pandemic Policy.

Outbreak Phase

A. Communication

Upon receipt of notification from the LPH that the Home is in a confirmed outbreak, In addition to continuing the actions identified in the preparedness/prevention stage, the following will occur:

- The Home's outbreak management team will meet to discuss information that is known at the time and to provide direction and plan for the management of the outbreak.
- The Administrator or designate will:
 - Inform resident/family of resident who may have been exposed and require isolation

- Inform staff who might have been exposed and provide direction for self-isolation, self-monitoring and/or testing in collaboration with LPH
 - Inform General Manager
 - Contact by phone families who have not provided email to the Home (using provided communication)
 - Once phone contacts have been complete as above, send email to other families (using provided communication)
 - Notify all residents
 - Notify General Manager the above has been completed
- The General Manager or designate will:
 - Notify CAO and Warden
 - Contact Communications and Marketing Coordinator to begin press release and
 - Council notification
 - o Contact Emergency Management Coordinator to release Everbridge Call out to families and staff (once all families and residents have been notified)
 - o Contact Communications and Marketing Coordinator to send County Update and Press release (approximately one hour after County Update)
 - The Occupational Health Department will be notified as well as the Home's Health and Safety Committee by the Administrator or designate.
 - The Home's medical director, attending physicians and others listed on the 'outbreak startup checklist' will be notified by the ICP or designate.
 - A Critical Incident report will be initiated to the Ministry of Long Term Care immediately by the DONPC and will be updated regularly as appropriate and upon completion of the outbreak.
 - The Ministry of Labour will be notified as per requirements by the Administration Teams and WSIB will be notified of any worker cases as required.
 - Daily meetings of the outbreak committee and management team will occur.
 - o Daily updates will be provided to the Home's staff and General Manager
 - A plan will be developed regarding ongoing communication with families and residents. (May consider assigning one person as the point person for families calling in to use the time constraints on the HCW's on the unit i.e. Social Worker – this will promote more consistency messaging and lessen time constraints for staff managing outbreak/ill residents. Requests for resident specific updates can be follow up on by Social Worker)

B. Pandemic Outbreak Management and Management of Known or Suspected Cases

Refer to Management of Respiratory Outbreak policy 9-6-2

Management of an outbreak and management of known or suspected cases caused by the pandemic virus/agent at the time will be based on guidance documents and Directives provided by the Ministry of Health/Public Health and other regulatory bodies as appropriate. Refer to guidance documents and Directives as amended from time to time during the pandemic for complete guidance.

Outbreak will be declared over by LPH as per guidance documents and Directives as determined by the pandemic virus.

C. Admissions and Re-Admissions (During Outbreak)

Admissions (from community or hospital) and re-admissions (from hospital) will be placed on hold as per recommendations from LPH and/or other Directives. Provisions for Unexceptional admissions are provided for in the Directives.

Registered staff will be notified of changes in Directives.

D. Education and Training

Information, education and training such as but not limited to the topics listed, will be provided/refreshed to all HCW's, other staff, volunteers and students still on site, based on their position/roles/duties.

- Modes of transmission of confirmed virus and case definition
- PPE and isolation precautions required (e.g. routine, droplet/contact and additional precautions as required), including donning and doffing and hand hygiene
- PPE safety including donning and doffing
- Isolation and cohorting of residents and staff in conjunction with ICP – use of alternate rooms and/or designated isolation unit as per criteria, to establish single accommodations as much as possible
- Universal masking if in place
- Physical distancing strategies and reminders
- Dining/social options if they have changed (i.e. all residents may eat in rooms or split meal times etc.)
- Surveillance and signs and symptoms
- Altered break arrangements if applicable (e.g. if breaks to be taken on affected units or separate areas)
- Enhanced cleaning and disinfecting
- Point of Care Risk Assessment (PCRA)
- Cough and sneeze etiquette
- Self-monitoring, self-isolation and work-isolation
- Post mortem care
- New policies and procedures appropriate to department
- Deliveries, if changes, including inability of family to deliver or pick up personal laundry for cleaning during an outbreak
- Education designated by County of Lambton Human Resources/OHS Department

Recovery Phase

A. Conduct Debriefing Session

A Debriefing session may be held after an outbreak(s) and once the pandemic has been declared over. It provides an opportunity for the team to celebrate its successes and provides an opportunity to identify areas that worked well for residents, staff and other stakeholders, and areas of improvement to be considered for the possibility of a next event.

Steps in conducting a debriefing session may include:

- Decide who should attend
- Provide a comfortable environment
- Circulate a prepared agenda prior to the meeting
- Ask questions such as:
 - Did we meet our objectives?
 - What did we do well?
 - What could we do better next time?
 - Opportunities for improvement
- Adjust pandemic plan, including your outbreak management plan, and other policies and procedures as required
- Ask for and provide feedback to the attendees

B. Other activities in the recovery phase(s) for consideration:

- Staff recognition and reward
- Conduct inventory assessment and replenish as needed
- Consider replacing all resident personal care items (i.e. brushes, toothpaste, combs etc.)
- Continue as per preparedness/prevention stage of pandemic until the pandemic is declared over

Glossary of Terms and Abbreviations:

Active Screening (anyone entering LTH home) : active screening is completed for all staff, visitors and anyone else entering the Home for COVID-19 with the exception of first responders who in emergency situations, be permitted entry without screening. Active screening involves twice daily temperature checks and symptoms screening as per the questions developed by the MOH (at the beginning and end of shift). Anyone showing symptoms is not allowed to enter the home. (Source: MOH Directives)

Active Screening (residents): active screening and assessment of all residents at the direction of Public Health or the Ministry of Health if any resident has fever, cough or other symptoms of COVID-19. Residents with symptoms (including mild respiratory and/or atypical symptoms) must be isolated and tested for COVID-19. (Source: MOH Directives)

Acute respiratory Infection (ARI): any new onset acute respiratory infection that could potentially be spread by droplet route (either upper or lower respiratory tract), which presents with symptoms of a new or worsening cough or shortness of breath and often fever (also know as febrile respiratory illness or FRI). It should be noted that elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection. (Source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020)

ABHR: Alcohol based hand rub (contains a concentration of 70-90% alcohol for Health Care Settings as per Public Health recommendations)

Aerosol-generating medical Procedure (AGMP): a medical procedure that generates droplets/aerosols which may expose staff to respiratory pathogens and are considered to be a potential risk for staff and others in the area. (Source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020)

Airborne Precautions: used in addition to routine practices for clients/patients/residents known or suspected of having an illness transmitted by the airborne route (i.e. by small droplet nuclei that remain suspended in the air and may be inhaled by others). (Source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020)

Cohorting: Long term care homes have a plan for and use to the extent possible, staff and resident chorting as part of their approach to preparedness as well as to prevent the spread of COVID-19. Resident cohorting may include one or more of the following: alternative accommodation in the home to maintain physical distancing of a minimum of 2 metres at all times, resident cohorting by COVID-19 status, utilizing respite and palliative care beds and rooms or utilizing other rooms as appropriate. Staff cohorting may include: designating staff to work in specific areas/units of the home as part of preparedness and designating staff to work only with a specific cohort of residents based on their COVID-19 status in the event of suspect or confirmed outbreaks. (Source: MOH Directives)

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome

(MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV) and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans (source MOH Directive).

Contact Precautions: Used in addition to Routine Practices to reduce the risk of transmitting infectious agents via contact with an infectious person. (source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020)

Droplet precautions: used in addition to Routine Practices for clients/patients/residents known or suspected of having an infection that can be transmitted by large infectious droplets. (source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020)

Drug identification number (DIN): in Canada, disinfectants are regulated as drugs under the *Food and Drugs Act and Regulations*. Disinfectant manufacturers must obtain a drug identification number (DIN) from Health Canada prior to marketing, which ensures that labelling and supporting data have been provided and that it has undergone and passed a review of its formulations, labelling and instructions for use. (Source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020))

Essential visitor: those performing essential support services (i.e. food delivery, phlebotomy, Xray, maintenance services, family or volunteers providing care as permitted by the Home/Directives etc.) or a person visiting a very ill or resident at end of life. The essential visitor must be actively screened for symptoms and exposures for COVID-19, including temperature checks, attest to not having any of the typical and atypical symptoms and may only visit the one resident they are intending to visit and not be admitted if they do not pass the screening. They must wear appropriate PPE for the resident they visiting but at minimal, wear a procedural/surgical mask at all times in the Home. (Source: MOH Directives)

ICP: Infection Control Practitioner (for the purpose of this document)

HCW's: Health Care Workers

Infection prevention and control (IPAC): evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, other clients/patients/resident and visitors and development of health care-associated infections in clients/patients/residents from their own microorganisms. (Source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020)

Novel Respiratory Infection: an illness that causes respiratory symptoms (e.g. fever, cough) where the etiologic agent and/or epidemiology of the disease have not previously been known or described (source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020)

OHS: refers to County of Lambton Occupational Health and Safety

Passive Screening: signage should be visible and remind all persons in the LTC Home to perform hand hygiene and follow respiratory etiquette. Signage should include signs and symptoms of COVID-19 and steps that must be taken if COVID-19 is suspected or confirmed in a staff member, visitor or resident. (Source MOH Directives)

LPH: refers to Lambton Public Health

MLTC: refers to Ministry of Long Term Care

MOH: refers to Ministry of Health

OPH: refers to Ontario Public Health

PCRA: Point of Care Risk Assessment

Personal Protective Equipment (PPE): clothing or equipment worn for protection against hazards (source: Prevention, surveillance and infection control management of Novel Respiratory Infections/February 2020)

Resources:

AdvantAge Ontario: How to promote social distancing in Long Term Care facilities – AdvantAge Ontario

PIDAC: Best Practices for Prevention and Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings. February 2020
<https://www.publichealthontario.ca/-/media/documents/B/2020/bp-novel-respiratory-infections.pdf?la=en>

Brainexchange: Ethical guidance for people who work in long-term care: What is the right thing to do in a pandemic? <https://brainxchange.ca/Public/Files/COVID-19/Ethical-Guidance-for-LTC-v1-4-23-20.aspx>

County of Lambton Policy: Infection Prevention and Control (IPAC) for COVID-19 (May 2020)

Health Canada's "Infection prevention and control for COVID-19: Interim guidance for long term care homes". <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html>

Occupational Health and Safety Act, RSO 1990, c O.1. Available from:

<https://www.ontario.ca/laws/statute/90o01>

[PIDAC: Best Practices for Prevention and Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings. February 2020](https://www.publichealthontario.ca/-/media/documents/B/2020/bp-novel-respiratory-infections.pdf?la=en)
<https://www.publichealthontario.ca/-/media/documents/B/2020/bp-novel-respiratory-infections.pdf?la=en>

PIDAC Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection in all health care settings:

<https://www.publichealthontario.ca/-/media/documents/b/2012/bp-prevention-transmission-ari.pdf?la=en>

PIDAC: Best Practices for Hand Hygiene in All Health Care Settings, 4th edition (2014)

<https://www.publichealthontario.ca/-/media/documents/b/2014/bp-hand-hygiene.pdf?la=en>

PIDAC: Routine Practices and Additional Precautions in all Health Care Settings (May 2020)

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions>

PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition April 2018

<https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf>

Public Health Ontario: At a Glance. Prevention and Management of COVID-19 in Long Term Care Homes and Retirement Homes:

<https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/06/covid-19-prevention-management-ltrh.pdf?la=en>

Public Health Ontario Checklist COVID-19: Infection Prevention and Control Checklist for Long Term Care and Retirement Homes:

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltrh.pdf?la=en>

Public Services Health and Safety Association: <https://www.pshsa.ca/covid-19>

Addendum:

Appendix A: Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings. *February 2020*

Layout of Home(s)