

PEEL LONG TERM CARE PANDEMIC INFLUENZA PLAN

Prepared by:



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TABLE OF CONTENTS

INDEX OF TABLES	4
LIST OF ABBREVIATIONS	5
ONLINE RESOURCE LINKS	6
SECTION ONE – OVERVIEW	8
CHAPTER 1 – INTRODUCTION	8
A. PLAN PURPOSE AND SCOPE	8
B. PLAN STRUCTURE	8
C. GOALS OF PANDEMIC RESPONSE	8
D. ETHICAL FRAMEWORK FOR DECISION MAKING	9
CHAPTER 2 – BACKGROUND ON INFLUENZA AND PANDEMICS	11
A. HOW INFLUENZA SPREADS	11
B. THE INFLUENZA VIRUS	11
C. PANDEMIC INFLUENZA	12
D. WORLD HEALTH ORGANIZATION (WHO) PANDEMIC PERIODS AND PHASES	13
CHAPTER 3 – PANDEMIC PLANNING ASSUMPTIONS	15
A. INTERACTION WITH COMMUNITY PARTNERS	15
B. OUTBREAK MANAGEMENT	16
C. VACCINE AND ANTIVIRALS	16
D. HUMAN RESOURCES	17
E. FAMILIES, VISITORS AND VOLUNTEERS	17
F. SUPPLIES AND STOCKPILES	17
SECTION TWO – ROLES AND RESPONSIBILITIES	18
CHAPTER 4 – AUTHORITY AND LEGISLATION	18
INCIDENT MANAGEMENT SYSTEM (IMS)	18
CHAPTER 5 – ROLE DEFINITION	19
A. WORLD HEALTH ORGANIZATION (WHO)	19
B. GOVERNMENT OF CANADA	19
C. GOVERNMENT OF ONTARIO	19
D. REGION OF PEEL	19
E. PEEL PUBLIC HEALTH	19
F. LONG TERM CARE CENTRES	20
G. OUTBREAK MANAGEMENT TEAM (OMT)	20
CHAPTER 6 – STAFF RESPONSIBILITIES BY PHASES OF PANDEMIC IN CANADA	21
A. NO ACTIVITY: NO ACTIVITY OBSERVED IN CANADA, ONTARIO OR COMMUNITY (GTA)	21
B. LOW ACTIVITY: PANDEMIC ACTIVITY OBSERVED IN CANADA AND/OR ONTARIO BUT NO PANDEMIC ACTIVITY OBSERVED IN COMMUNITY (GTA)	23
C. HIGHER ACTIVITY: PANDEMIC ACTIVITY OBSERVED IN COMMUNITY (GTA)	23
SECTION THREE - LONG TERM CARE RESPONSE COMPONENTS	25
CHAPTER 7 – SURVEILLANCE	25
A. DESCRIPTION OF SURVEILLANCE ACTIVITIES	25
CHAPTER 8 - INFECTION PREVENTION AND CONTROL/OCCUPATIONAL HEALTH AND SAFETY	30
A. ROLE OF THE JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (JOHSC)	30
B. ROLE OF INFECTION CONTROL COMMITTEE	31
C. PERSONAL PROTECTIVE EQUIPMENT	32
E. STAFF EDUCATION AND TRAINING	34
CHAPTER 9 – RESIDENT CARE	36
A. STANDARD CARE	36
B. INFLUENZA CARE	38
C. TRIAGE	38

D. CRITERIA FOR RELOCATION.....	38
E. RESIDENT, FAMILY AND VOLUNTEER EDUCATION.....	39
CHAPTER 10 – ANTIVIRAL AND VACCINE MEDICATIONS	40
A. DISTRIBUTION	40
B. STORAGE/TRACKING	41
C. MONITORING OF ADVERSE RESPONSE TO MEDICATIONS.....	42
CHAPTER 11 - HUMAN RESOURCE MANAGEMENT	43
A. POLICY ISSUES.....	43
B. CONTINGENCY STAFFING	43
CHAPTER 12 – COMMUNICATIONS.....	45
A. INTERNAL	45
B. EXTERNAL COMMUNICATIONS.....	45
CHAPTER 13 – EMERGENCY PLANNING	47
A. SUPPLY CHAIN CAPACITY / STOCKPILING OF ESSENTIAL SUPPLIES.....	47
B. BUILDING SECURITY/TRAFFIC FLOW	47
C. VISITOR MANAGEMENT.....	48
D. MASS FATALITY MANAGEMENT	49
E. FAITH PRACTICES AND CONSIDERATIONS FOR DEATH AND DYING	50
CHAPTER 14 – RECOVERY AND BUSINESS CONTINUITY	52
APPENDIX A.....	53
APPENDIX B	54
APPENDIX C	55

INDEX OF TABLES

TABLE 2 - 1: DIFFERENCES BETWEEN SEASONAL INFLUENZA AND INFLUENZA PANDEMIC	12
TABLE 2 - 2: WORLD HEALTH ORGANIZATION PHASES FOR PANDEMIC INFLUENZA	14
TABLE 7 - 1: LTC SURVEILLANCE OBJECTIVES BY PANDEMIC PHASE	27
TABLE 7 - 2: LTC CURRENT INFECTION PREVENTION AND CONTROL POLICIES AND FORMS	29
TABLE 9 - 1: RESIDENT CARE OBJECTIVES AND ACTIONS BY PANDEMIC PHASES	36

LIST OF ABBREVIATIONS

Acronym	Description
ADL	Activities of Daily Living
CCAC	Community Care Access Centre
CDC	Centers for Disease Control and Prevention
CNA	Canadian Nurses Association
CNO	College of Nurses of Ontario
DOC	Director of Care
FRI	Febrile Respiratory Illness
GTA	Greater Toronto Area
HCW	Health Care Worker
ICC	Infection Control Committee
ICP	Infection Control Practitioner
IPAC	Infection Prevention and Control
ILI	Influenza-Like Illness
IMS	Incident Management System
JOHSC	Joint Occupational Health and Safety Committee
LTC	Long Term Care
LTCF	Long Term Care Facility
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
PHAC	Public Health Agency of Canada
PPE	Personal Protective Equipment
OHPIP	Ontario Health Plan for an Influenza Pandemic
OHSA	Occupational Health and Safety Act
OMT	Outbreak Management Team
RECG	Regional Emergency Control Group
RPN	Registered Practical Nurse
RN	Registered Nurse
SARS	Severe Acute Respiratory Syndrome
SDM	Substitute Decision Maker
SRI	Severe Respiratory Illness
WHO	World Health Organization
WSIB	Workplace Safety and Insurance Board

Peel LTC - Note: any reference to Peel LTC is intended to mean only the 5 regional long term care centres: Peel Manor, The Davis Centre, Sheridan Villa, Malton Village and Tall Pines.

ONLINE RESOURCE LINKS

Centers for Disease Control and Prevention (CDC)

CDC – *Emergency Infectious Diseases Issues*

<http://www.cdc.gov/ncidod/eid/index.htm>

College of Nurses of Ontario (CNO)

College of Nurses of Ontario – *Nursing Standards*

<http://www.cno.org/prac/yau/index.htm#roles>

Ministry of Health and Long-Term Care (MOHLTC)

MOHLTC – *Emergency Management Unit (EMU)*

http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html

Emergency Infection Control Kit

http://www.health.gov.on.ca/english/providers/program/emu/emerg_kit/emerg_kit_mn.html

Influenza Pandemic Planning, General Plans, Presentations and Resources

http://www.health.gov.on.ca/english/public/program/emu/pan_flu/pan_flu_materials.html#fs

What you should know about a flu pandemic

<http://www.health.gov.on.ca/pandemic>

*** Ontario Health Plan for an Influenza Pandemic 2008**

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Public Health Agency of Canada (PHAC)

*** Canadian Pandemic Influenza Plan for the Health Sector**

<http://www.phac-aspc.gc.ca/cpip-pclcpi/>

PHAC – *Emergency Preparedness*

<http://www.phac-aspc.gc.ca/ep-mu/index.html>

Pandemic Influenza

http://www.phac-aspc.gc.ca/influenza/pandemic_e.html

Region of Peel

** Pandemic Influenza Plan for the Health Sector in Peel 2007*

<http://www.peelregion.ca/health/pandemic/health-sector-07/>

Pandemic Influenza (flu)

<http://www.peelpandemic.ca>

Workplace Safety and Insurance Board (WSIB)

Learning about the flu and pandemic planning

http://www.wsib.on.ca/wsib/wsibsite.nsf/public/flu_resources

World Health Organization (WHO)

World Health Organization website

<http://www.who.int/en>

Influenza

<http://www.who.int/mediacentre/factsheets/fs211/en/>

** Denotes the link to an agency's pandemic plan.*

SECTION ONE – OVERVIEW

CHAPTER 1 – INTRODUCTION

A. PLAN PURPOSE AND SCOPE

Pandemic influenza has been identified as a specific hazard that could imminently disrupt the operations of the long term care (LTC) centre, the health care system and society. It is a possible emergency situation for which appropriate planning is required to ensure all staff are equipped with the knowledge, skills and resources to respond. The *Peel Long Term Care Pandemic Influenza Plan* was developed to guide LTC staff in their response to a pandemic influenza in their community or centre.

The *Peel Long Term Care Pandemic Influenza Plan* has been designed as one aspect of the LTC centre's broader emergency plan. It reflects current scientific knowledge and planning principles applied at the international, national, provincial and local levels. While the plan is as complete as possible at the time of publication, pandemic planning is an ongoing process. The plan will be reviewed on a regular basis, in conjunction with the centre's emergency plan, to ensure it remains aligned with national, provincial and local plans and reflects current knowledge on pandemic influenza.

B. PLAN STRUCTURE

This plan is divided into three main sections.

Section One provides an overview of pandemic influenza, the LTC centre's goals of pandemic response, the ethical framework under which decisions during an influenza pandemic will be governed and the assumptions driving the planning process.

Section Two outlines the roles and responsibilities of stakeholders, internal and external, to the LTC centre in relation to a pandemic response. It also provides an overview of the legislative authority under which response activities are governed.

Section Three identifies the specific components of the LTC centre's pandemic response. This section outlines activities in the areas of surveillance, infection prevention and control, occupational health and safety, resident care, antiviral and vaccine medications, human resource management, communications and relevant emergency planning requirements.

C. GOALS OF PANDEMIC RESPONSE

The *Peel Long Term Care Pandemic Influenza Plan* acknowledges the national, provincial and local goals of pandemic response. In alignment with these goals, the Region of Peel's LTC centres' goals of pandemic response are as follows:

1. To minimize serious illness and overall deaths in the LTC centre.
2. To minimize disruption to essential LTC services in the centre as a result of an influenza pandemic.
3. To contribute to an integrated health response in Peel.

D. ETHICAL FRAMEWORK FOR DECISION MAKING

Individuals and agencies involved in a pandemic response may be required to make difficult decisions regarding the provision of care and allocation of scarce resources. To support the decision making process, the *Ontario Health Plan for an Influenza Pandemic 2008 (OHPIP)* outlines an ethical framework.¹ This ethical framework has been adopted by the *Peel Long Term Care Pandemic Influenza Plan* to support the long term care division in their decision making during an influenza pandemic.

OHPIP states stakeholders (e.g., members of the public, patients, health care workers, other organizations) are more likely to accept difficult decisions if the decision making processes are:²

- Open and transparent
- Reasonable
- Inclusive
- Responsive
- Accountable

OHPIP further outlines the core ethical values that should be considered during a pandemic response. It states more than one value may be relevant in any given situation and some values will be in tension with others. These core values, which are discussed in greater detail in the OHPIP, include:³

- | | |
|--------------------------------------|---------------------------------|
| • Individual liberty | • Reciprocity |
| • Protection of the public from harm | • Trust |
| • Proportionality | • Solidarity |
| • Privacy | • Stewardship |
| • Equity | • Family-centred care |
| • Duty to provide care | • Respect for emerging autonomy |

E. DUTY TO PROVIDE CARE

The Canadian Nursing Association (CNA) Code of Ethics for Registered Nurses states, “During a natural or human-made disaster, including a communicable disease outbreak, nurses have a duty to provide care using appropriate safety precautions.” The code further explains “a duty to provide care refers to a nurses’ professional obligation to provide persons receiving care with safe, competent, compassionate and ethical care.”⁴

During a Pandemic health care workers may feel pulled between their obligation to their family and their obligation to their residents. To anticipate, deliberate and prepare is part of the ‘social contract’ or duty of health professionals to provide care⁵. Accordingly health care workers have a moral and ethical responsibility not only to their residents but also to their families and to themselves to become knowledgeable about the Region of Peel’s Long Term Care Pandemic

¹ Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic 2008*, p. 2-8. Retrieved November 2008

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

² Ibid.

³ Ibid., 2-8-2-11

⁴ Canadian Nurses Association. *Code of Ethics for Registered Nurses*, 2008. p.9

⁵ Canadian Nurses Association. *Ethics in Practice for Registered Nurses*. p.8

Plan, attend educational sessions related to pandemic planning and assist their families to prepare for a pandemic. A one page questionnaire that health care workers can utilize to assist them in their preparation for a pandemic can be found in the OHPIP.⁶

⁶ Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic 2008*, p. 8A-22.. Retrieved November 2008
http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

CHAPTER 2 – BACKGROUND ON INFLUENZA AND PANDEMICS

THE INFORMATION CONTAINED IN THIS CHAPTER IS REPRODUCED WITH PERMISSION FROM:

Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel 2007*, Chapter 2, pp. 7-9. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

Influenza is a highly contagious, acute viral disease of the respiratory tract causing outbreaks every winter in temperate climates. Influenza is responsible for thousands of hospitalizations and deaths each year in Canada. Complications, such as pneumonia, are most likely to occur in persons with underlying health conditions, seniors or young children.

Symptoms of influenza include fever, cough, stuffy or runny nose, sore throat, headache, fatigue and sore muscles. The illness can last five days or more. Infection rates for annual or seasonal influenza typically average between 10-20 per cent of the population. Influenza spreads even more rapidly and widely in closed-population settings, such as LTC homes and schools, where up to 50 per cent of the population can be affected.

A. HOW INFLUENZA SPREADS

Transmission (spread) of the influenza virus is generally through contact with droplets from respiratory secretions (e.g. from coughs and sneezes). Transmission normally occurs at a short distance (i.e. less than one metre) from an infected person. However, transmission may also occur through contact with contaminated surfaces.

The incubation period of influenza is approximately one to three days. Adults shed the virus from 24 hours before onset of symptoms up to five days from onset, and children for longer (7-21 days). However, infected persons are most contagious during the first three days of their illness.

B. THE INFLUENZA VIRUS

There are three types of influenza virus – A, B, and C – but only influenza A and B viruses commonly cause human disease. Both influenza A and B viruses cause seasonal outbreaks but only influenza A viruses have caused pandemics (see Table 2-1). Influenza A viruses are named for the haemagglutinin (H) and neuraminidase (N) antigens found on their surface. There are 16 H types and nine N types found in nature, though only H1, H2 and H3 occur as human viruses.

Influenza viruses undergo gradual change to their genetic structure known as antigenic drift. These ongoing changes, or drift, mean a new influenza vaccine must be created each year to protect the human population from infection.

At unpredictable intervals, influenza A viruses experience antigenic shift, which is a periodic process of major change to the haemagglutinin (H) type of the genetic make-up. It is thought antigenic shift can occur in several ways, such as:

1. Through genetic re-assortment when two viruses infect the same cell and share genetic material. For example, re-assortment may occur when strains of avian influenza mix with the genetic material found in the human influenza virus in a host, such as a pig or human; and/or

2. Through mutation as influenza viruses move from host to host.

Regardless of the means of the antigenic shift, this major alteration to the genetic make-up of the influenza A virus can lead to the emergence of a novel influenza A virus to which humans have little or no immunity.

Table 2 - 1: Differences Between Seasonal Influenza and Influenza Pandemic⁷

SEASONAL (ORDINARY) INFLUENZA	INFLUENZA PANDEMIC
Seasonal flu happens every year.	An influenza pandemic happens only two or three times a century.
Seasonal flu is usually around from November to April – and then stops.	An influenza pandemic usually comes in two or even three waves several months apart. Each wave lasts about two months.
About 10% of Ontarians get ordinary seasonal flu each year.	About 35% of Ontarians may get the influenza over the course of the full outbreak.
Most people who get seasonal flu will get sick, but they usually recover within a couple of weeks.	About half of the people who get influenza during a pandemic will become ill. Most will recover, but it may take a long time. And some people will die.
Seasonal flu is hardest on people who don't have a strong immune system: the very young, the very old, and people with certain chronic illnesses.	People of any age may become seriously ill with influenza during a pandemic. This depends on the virus.
In a normal flu season, up to 2,000 Ontarians die of complications from flu, such as pneumonia.	During an influenza pandemic, Ontario would see many more people infected and possibly many more deaths.
There are annual flu shots that will protect people from seasonal flu.	There is no existing vaccine for an influenza pandemic. It will take four to six months after the pandemic starts to develop a vaccine.
There are drugs that people can take to treat seasonal flu.	These same drugs may also help people with influenza during a pandemic; however, we will not know their effectiveness until the virus is identified.

C. PANDEMIC INFLUENZA

Pandemic influenza refers to the occurrence, two to three times per century, of a novel influenza A virus infection that circulates around the globe. For a pandemic to occur, the novel virus must

⁷ Ministry of Health and Long-Term Care. (2008). Adapted from: Public Information: *Information for First Responders*. Retrieved November, 2008.
http://www.health.gov.on.ca/english/public/program/emu/pan_flu/first/first_mn.html

have the capacity to spread efficiently from person to person and to cause widespread illness and death. The exact nature of the next pandemic virus, such as its virulence, genetic make-up, transmissibility and epidemiologic features (e.g. age groups affected) will not be known until it emerges.

Three influenza pandemics occurred in the last century, the 1918-19 Spanish flu (H1N1), the 1957 Asian flu (H2N2), and the 1968 Hong Kong flu (H3N2). The Spanish flu killed over 40 million people worldwide and predominantly attacked young, healthy adults between the ages of 15 and 35 years. Although not as deadly, the 1957 Asian flu resulted in an estimated two million deaths worldwide, most of whom were elderly and those with underlying medical conditions. The 1968 Hong Kong flu resulted in an estimated one million deaths, mostly among the elderly. In addition, there have been several pandemic alerts involving the identification of a novel influenza A virus to which the population was largely susceptible but lacked the ability to spread easily from person to person. H5N1 is a current example of a novel virus that is being monitored closely for its pandemic potential.

It is now believed that the 1957 and 1968 pandemics arose from genetic re-assortment between human and avian influenza strains. The origin of the Spanish flu virus is less clear, although it is thought to have progressively mutated from an unknown avian strain of influenza.

Experts suggest strains of pandemic influenza will likely originate in Asia where wild and domestic birds, pigs and people live in close proximity. These living conditions create a favourable environment for the mixing of avian and human strains of influenza.

D. WORLD HEALTH ORGANIZATION (WHO) PANDEMIC PERIODS AND PHASES

To provide assistance in pandemic planning and preparedness and help co-ordinate response activities, the World Health Organization (WHO) has categorized the various phases of a pandemic. In April 2005, WHO revised the pandemic phases to take into account avian influenza and its possible relationship to human pandemics (see Table 2-2).

WHO phases reflect the international risk or activity level but do not necessarily reflect the situation in Canada. Therefore, an adaptation of the WHO numbering scheme has been developed nationally to reflect the Canadian situation. The WHO phase number will be followed by a period and then a number from zero to two to indicate the level of activity in Canada.

The Canadian adaptation of the WHO phases is as follows: ⁸

- 0 – No activity observed in Canada
- 1 – Single case(s) observed in Canada but no clusters
- 2 – Localized or widespread activity in Canada

⁸ Public Health Agency of Canada. (2006). *Canadian Pandemic Influenza Plan for the Health Sector*. Background, p. 9. Retrieved December 9, 2006, from <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>

For example, WHO Phase 6, a declared pandemic with sustained human-to-human activity, would be represented by Phase 6.0 if it has not yet arrived in Canada.

Table 2 - 2: World Health Organization Phases for Pandemic Influenza ⁹

Period	Phase	Description
Interpandemic period	Phase 1	No new influenza sub-types have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low.
	Phase 2	No new influenza subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread remains still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained transmission in general population.
Post Pandemic Period		Return to Interpandemic period.

Peel Public Health and the Ministry of Health and Long Term Care will use the same indicators (no activity, low activity, and higher activity) but without a numbering system to confirm pandemic activity in the province and at the local level.¹⁰

⁹Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic 2008*, p. 2-1. Retrieved November 2008

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

¹⁰ Ibid., 2-2

CHAPTER 3 – PANDEMIC PLANNING ASSUMPTIONS

Although experts agree that a pandemic influenza is inevitable, certain factors remain unpredictable and will only be known once the pandemic virus emerges. These factors include the characteristics of the virus (e.g. attack rate, affected age group, speed of spread), the effectiveness of the response (e.g. vaccines, antiviral drugs) and public behaviour.¹¹

To ensure disease uncertainties do not impede planning efforts, it is necessary to articulate planning assumptions. These assumptions may be modified as new information becomes available but provide a foundation from which response planning can begin.

The *Peel Long Term Care Pandemic Influenza Plan* endorses the planning assumptions identified in the *Canadian Pandemic Influenza Plan*, the *Ontario Health Plan for an Influenza Pandemic 2008* and the *Pandemic Influenza Plan for the Health Sector in Peel - 2007*. In addition, the following assumptions form the basis for pandemic planning specific to the Region of Peel's LTC centres' context.

A. INTERACTION WITH COMMUNITY PARTNERS

- Peel LTC will care for ill residents in the centre. Transfer to hospital will be limited.

Transfer to hospital will be required if:

1. A resident requires care involving equipment or skill sets not available in the home and can not be brought to the home.
 2. A resident requires care involving supplies not available at the home and can not be brought to the home.
 3. Surgery is likely to be required to address care needs.
 4. A bone fracture is suspected.
 5. A resident is not palliative but has experienced a life threatening event.
 6. A Medical Director determines transfer to hospital is necessary.
- Peel LTC may be able to safely discharge some residents to the community to increase surge capacity.
 - Peel LTC may be required to admit non acute patients from hospital to free up acute care beds.

Possible Actions Prior to Need for Hospital Surge Capacity

1. Resident and/or family members voluntarily choose to discharge resident.
2. Clearance granted by the Medical Director for the centre to discharge the resident to community and/or family member (dependant on family member's ability and willingness to provide care).

Possible Actions at Time of Need for Hospital Surge Capacity

1. LTC Centre to stop admissions of LTC residents.
2. LTC Centre to accept hospital patients as LTC beds become available.

¹¹ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel 2007*, Chapter 3, p. 11. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

3. Adult Day Service spaces cleared and additional beds set up to accept hospital patients.
4. Tall Pines and Malton Village short stay beds and Davis Centre respite bed opened for care.

LTC Centre's Ability to Address Hospital Surge Capacity Needs Dependant On:

1. Changes to care protocols and compliance program standards.
 2. Minimum staffing levels being adequate to safely provide care for hospital patients and LTC residents.
 3. Minimum staffing levels being adequate to safely provide care if additional beds are set up in LTC Centre.
 4. Additional beds supplied to the LTC Centre.
 5. Support provided to meet the needs of patients with mental health issues.
 6. No additional risk created for the LTC Centre's resident population.
 7. Medical Director's ability to safely address the care needs of hospital patients and LTC residents.
 8. Provincial and Public Health support provided for public education.
- The Community Care Access Centre (CCAC) will continue its role as conduit for access to LTC services during an influenza pandemic.

B. OUTBREAK MANAGEMENT

- Peel LTC will manage outbreaks with limited assistance from Public Health.

Assistance Required From Public Health Will Include:

1. Communication provided to Medical Director about the model of care to be followed (e.g., clearing previously symptomatic residents after 2, 3, or 5 days).
 2. Case definition provided.
 3. Assistance available to facilitate diagnosis if needed.
 4. Direction provided on use of anti-virals, (e.g. duration).
 5. Information disseminated by Public Health to public, including LTC families, on public health direction and management of pandemic influenza.
- Cohorting and quarantine may not be realistic during an influenza pandemic.

C. VACCINE AND ANTIVIRALS

- Distribution of vaccine for an influenza pandemic may not be prioritized in the same manner as vaccine for seasonal influenza.
- Peel LTC will only administer a vaccine to its residents and staff. Family members and volunteers providing direct resident care will be directed to Peel Public Health Community Clinics to receive vaccine/antiviral.
- Peel LTC will be responsible for the security of its vaccine and antiviral supplies.
- Peel LTC will manage the distribution of antiviral to sick residents and staff.
- Antiviral supply may not be available for prophylaxis.

D. HUMAN RESOURCES

- Peel LTC may experience a reduction in the availability of casual and/or part time workers who may favour alternate employment during the pandemic.
- Staffing will be a critical issue for Peel LTC.
- There will be no restrictions prohibiting staff from working at multiple sites.
- Compensation will not be harmonized across the LTC Sector in Peel.
- Peel LTC will endeavour to provide care using existing staffing resources.

E. FAMILIES, VISITORS AND VOLUNTEERS

- Families, volunteers and visitors will play a greater role in providing personal care and support for residents in the LTC Centre. The *Family, Friends and Volunteers Emergency Assistance Sign Up Sheet* (Appendix A) will be utilized to determine commitment for additional support.
- Visitors to the LTC Centre may be limited during an influenza pandemic.
- Peel LTC will disseminate information provided by Peel Public Health to its stakeholders.
- Education will be provided to families, volunteers and visitors on pandemic influenza, self care and caring for others.

F. SUPPLIES AND STOCKPILES

- Access to essential supplies may be disrupted.
- Peel LTC will maintain a four week inventory of essential infection control supplies as defined in the OHPIP.
- Peel LTC will maintain a seven day inventory for current census of food and water and other medical supplies, such as incontinent care products.

SECTION TWO – ROLES AND RESPONSIBILITIES

CHAPTER 4 – AUTHORITY AND LEGISLATION

OHPIP identifies those involved in managing an influenza pandemic response will require the legal authority to implement pandemic plans. Although most of the legislation is already in place (e.g., the *Health Protection and Promotion Act*, and the *Emergency Management Act*) some pieces are currently in development. OHPIP provides a comprehensive description of the relevant provincial legislation to govern the pandemic response.¹²

LTC staff should ensure they are familiar with their legislated professional responsibilities. The *Nursing Homes Act*, the *Charitable Institutions Act*, and the *Homes for the Aged and Rest Homes Act*, 1990 which govern LTC centres in Ontario, provide the authority and accountability to LTC centres to:

- Implement surveillance protocols provided by the Ministry of Health and Long-Term Care (MOHLTC) for a particular communicable disease
- Report all communicable disease outbreaks to the Medical Officer of Health
- Comply with the Long Term Care Facility Program Manual
- Provide information to the MOHLTC relating to the operation of the facility¹³

INCIDENT MANAGEMENT SYSTEM (IMS)

The Incident Management System is an international emergency structure that has been adopted by Emergency Management Ontario (EMO) as the operational framework for emergency management for the Government of Ontario. The system defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency operations.

IMS STATUS IN THE REGION OF PEEL

Peel Health, including LTC, and all three hospitals in the Region of Peel have committed to the use of IMS for emergency response to ensure inter-operability.¹⁴ Additional information regarding the use of the IMS framework may be obtained from the Pandemic Influenza Plan for the Health Sector in Peel-2007. LTC will use the IMS framework in response to a Pandemic Influenza to structure and coordinate response activities as required.

¹² Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic 2008*, Chapter 2, pp. 11-18. Retrieved November 12, 2008, from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

¹³ Ibid., 2-15

¹⁴ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel- 2007*, Chapter 6, p. 29. Retrieved September 2008, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

CHAPTER 5 – ROLE DEFINITION

A. WORLD HEALTH ORGANIZATION (WHO)

WHO is the United Nations specialized agency for health matters. WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.¹⁵ The World Health Organization is responsible for co-ordinating a global response to an influenza pandemic. WHO has established the phases for pandemic planning, as presented in Chapter Two of this Plan, and provided recommendations to jurisdictions for managing pandemic planning and response.¹⁶

B. GOVERNMENT OF CANADA

The Government of Canada is responsible for liaising with the World Health Organization and other national and international organizations to co-ordinate the nation-wide pandemic response. The Government of Canada, through the Public Health Agency of Canada (PHAC), has developed the *Canadian Pandemic Influenza Plan* outlining the actions the federal government will take and sets out expectations for the provinces and territories. PHAC is the federal agency responsible for national health pandemic planning.

C. GOVERNMENT OF ONTARIO

The Government of Ontario is responsible for planning and managing the province's pandemic response. The Government of Ontario, through the Ministry of Health and Long-Term Care (MOHTLC), has developed the *Ontario Health Plan for an Influenza Pandemic 2007* which describes the province's role and sets out expectations for local health authorities. MOHTLC is the provincial ministry responsible for leading provincial pandemic planning.

D. REGION OF PEEL

The Regional Emergency Control Group (RECG) is responsible for the overall co-ordination of emergency response activities in the Region of Peel. The Regional Chair will chair the RECG and has the authority to declare and terminate an emergency in the Region of Peel.¹⁷

E. PEEL PUBLIC HEALTH

Under the direction of the provincial and federal governments, the Medical Officers of Health and Peel Public Health are responsible for co-ordinating pandemic planning for the health sector in the Region of Peel, including liaising with LTC centres.¹⁸ During a pandemic, the Medical Officer of Health will sit as a member of the RECG and work closely with the MOHTLC. As MOHTLC directives are issued to hospitals, LTC centres or other health sector stakeholders, Peel

¹⁵ World Health Organization. (2007). *About WHO*.

Retrieved February 9, 2007 from <http://www.who.int/about/en/>

¹⁶ Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan (2008)*, Chapter 2, p. 2-1. Retrieved November 12, 2008, from

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

¹⁷ Peel Public Health (2007). *Pandemic Influenza Plan for the Health Sector in Peel- 2007*,

Chapter 5, p. 24. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

¹⁸ Ibid., Chapter 5, p. 23. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

Public Health will ensure the health response in the Region of Peel is co-ordinated and consistent with MOHLTC directives.¹⁹

F. LONG TERM CARE CENTRES

LTC centres are responsible for conducting centre-specific pandemic planning and for developing their own response plans. They will be required to provide resident care for both those affected and not affected by pandemic influenza in accordance with MOHLTC directives and centre-specific response plans. LTC centres may also be expected to contribute, as appropriate, to broader health sector planning and response.

G. OUTBREAK MANAGEMENT TEAM (OMT)

The LTC centre's OMT will apply the Incident Management System (IMS), as outlined in the Centre's Emergency Plan, to organize available human resources and co-ordinate the Centre's pandemic response activities. In accordance with the Centre's Infection Prevention and Control Policies and Procedures Manual, the OMT will include, but not be limited to, the following members:

- Administrator
- Infection Control Practitioner (ICP)
- Directors of Care
- Dietary Services Supervisor
- Facility Services Supervisor
- Activation Services Supervisor
- Administrative Services Supervisor
- Medical Director
- Medical Officer of Health Representative
- Peel Public Health Representative

The OMT will be responsible for overseeing, directing and ensuring the outbreak practices and procedures, as recommended by PHAC guidelines and MOHLTC directives and standards, are initiated and followed by staff throughout the Centre.

¹⁹ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel, 2007*
Chapter 5, p. 23. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

CHAPTER 6 – STAFF RESPONSIBILITIES BY PHASES OF PANDEMIC IN CANADA

As noted in Chapter 2, the WHO's pandemic phases have been adapted nationally to reflect the Canadian situation. PHAC is responsible for declaring the pandemic phases specific to the Canadian context and for providing appropriate direction to stakeholders. The Province of Ontario's MOHLTC and the Region of Peel's local authorities will provide further direction based on whether or not the pandemic has reached Ontario and/or the Region of Peel's surrounding community.

- The following sections outline staff responsibilities according to the level of pandemic influenza activity within the Region of Peel's LTC centres' surrounding community. The phases for purposes of this section are defined as follows:
- No activity observed in Canada, Ontario or Community (GTA)
- Pandemic activity observed in Canada and/or Ontario but NO pandemic activity observed in Community (GTA)
- Pandemic activity observed in Community (GTA)

A. NO ACTIVITY: NO ACTIVITY OBSERVED IN CANADA, ONTARIO OR COMMUNITY (GTA)

Declaration by WHO and/or directives from MOHLTC or Peel Public Health that pandemic influenza has been observed internationally but NO activity is observed in Canada, Ontario or the Community (GTA).

Once WHO declares a pandemic influenza has been observed internationally the OMT will meet to review known information on the pandemic influenza virus. The OMT will continue to meet daily and/or more frequently as needed to discuss developments, implement required actions and revise the Centre's pandemic response plan to reflect current information.

OMT Responsibilities:

1. Ensure all entrances and exits to the Centre are locked, except for the main entrance which will be designated as the only staff entrance.
2. Ensure all staff, visitors, volunteers, families and others who enter the Centre are screened for Febrile Respiratory/Influenza Like Illness (FRI/ILI). Passes will be issued to those who meet the screening requirements and are permitted to enter the Centre. The process for issuing passes, which will be colour coded, is currently under development.
3. Ensure suppliers are notified to continue using the loading docks as per usual procedure. However, access to the building will be denied until they have completed the screening process at the designated point of access to the building.
4. Assign staff to complete telephone calls to families, students and volunteers to inform them of precautions implemented at the Centre.
5. Notify Directors of Care to inform staff on their respective units to initiate appropriate components of the pandemic response plan.

6. Notify department supervisors to inform their respective employees to initiate appropriate components of the pandemic response plan.
7. Post signage at all entrances, exits, elevators and units and department bulletin boards indicating WHO has declared the start of an influenza pandemic internationally. Signage will be updated as new information becomes available.

Screener Responsibilities:

1. The screener will be required to wear adequate personal protection equipment at all times. This includes mask, gown, gloves, protective eyewear and access to hand hygiene station.
2. Complete FRI screening forms as provided and issue passes as directed. A mechanism will be employed to ensure those who have received clearance for entry can be easily identified. The process will be developed by the OMT.
3. Those who fail the FRI Screening will be denied access to the centre. The screener will inform the ICP and/or designate of all ill staff, visitors and/or volunteers as necessary.
4. Ensure all staff, visitors and volunteers sanitize their hands upon entering/exiting the Centre.
5. A screening protocol will be developed for use in each centre.
6. The screener will ensure visitation is restricted to one visitor per resident with the exception made for palliative residents.
7. The screener will follow the directions from the OMT in regards to visitor restrictions.

Registered Staff Responsibilities

1. The College of Nurses of Ontario expects nurses to fulfil their commitments to residents, the profession and the public by providing nursing care within their individual professional competencies.²⁰
2. It is also the expectation that the nurses keep informed about pandemic plans and public health communication systems.

All Staff Responsibilities:

1. Report illness to the designated person responsible for staffing.
2. Ill staff to take direction from ICP and/or designate regarding returning to work.
3. Follow directions as provided by OMT.

Visitor Responsibilities²¹

1. Follow directions of OMT for the duration of influenza pandemic.
2. Wash hands on arrival, before leaving the resident's room and before leaving the Centre.
3. Use personal protective equipment (PPE) as instructed by staff.
4. Visit only one resident and exit the Centre immediately after the visit, unless assisting in providing care for residents.

²⁰ College of Nurses of Ontario 2008. *Practice Guideline: Preparing for an Influenza Pandemic Fact Sheet*. <http://www.cno.org/pandemic/pandemicFAQs.html>

²¹ Emergency Management Unit. (2005). *A Guide to Influenza Pandemic Preparedness and Response in Long Term Care Homes*, p. 41. Toronto, ON: Ministry of Health and Long-Term Care.

B. LOW ACTIVITY: PANDEMIC ACTIVITY OBSERVED IN CANADA AND/OR ONTARIO BUT NO PANDEMIC ACTIVITY OBSERVED IN COMMUNITY (GTA)

Declaration by MOHLTC and/or Peel Public Health there is observed pandemic activity in Canada and/or Ontario but NO observed activity in the Community (GTA).

At this phase, the following responsibilities should be initiated in addition to those noted above in Section A.

OMT Responsibilities

1. Continue activities as outlined above in Section A.
2. Submit daily data on influenza cases and deaths (as of 24:00 each day) by 10 am the following day using a web-based surveillance system. Instructions for the web-based surveillance system will be provided by the MOHLTC when a pandemic is declared.²²

Nursing Responsibilities

1. Ensure increased surveillance on units for signs of FRI/ILI.
2. Residents returning from any stay outside of the Centre must be screened for FRI/ILI for 48 hours after readmission.
3. Follow directions from OMT and continue responsibilities as outlined above in Section A.

Screener Responsibilities

1. Follow directions from OMT and continue responsibilities as outlined above in Section A.

All Staff Responsibilities

1. Follow directions from OMT and continue responsibilities as outlined above in Section A.

C. HIGHER ACTIVITY: PANDEMIC ACTIVITY OBSERVED IN COMMUNITY (GTA)

Declaration by MOHLTC and/or Peel Public Health that PANDEMIC ACTIVITY HAS BEEN OBSERVED IN COMMUNITY (GTA).

At this phase, the Centre's complete pandemic influenza response plan should be activated. The following responsibilities should be initiated in addition to those noted above in Sections A and B.

OMT Responsibilities

1. Ensure all unnecessary contracted services are cancelled. The OMT will determine which contracted services are essential as per the Centre's Business Continuity Plan.
2. In the absence of directives from the MOHLTC and/or Peel Public Health, consideration will be given to cohorting staff, if feasible.
3. Ensure the Adult Day Service and other non-essential programs are closed.

²² Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, p.5-3. Retrieved November 12, 2008 from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

4. Complete closure of the Centre will be determined as per directives from the MOHLTC and/or Peel Public Health.
5. Submit daily data on influenza cases and deaths as of 24:00 each day by 10am the following day to Peel Public Health using a MOHLTC web-based surveillance system (under development).²³
6. Ensure that all documentation required by Peel Public Health and MOHLTC is completed and submitted as directed.
7. Activate enhanced environmental cleaning and disinfection procedures.

Nursing Responsibilities

1. The RN on each unit will cancel all planned resident outside visits and appointments.
2. Residents are to remain in their unit at all times and all activities will be unit based.
3. Should any resident need to transfer to another health care facility, fax a completed Patient Transfer Authorization to request a transfer authorization number. *Note: Outbreak Form will be delivered at time of pandemic influenza outbreak.*
4. The RN on the unit must inform the receiving facility of the resident's current infection control status and obtain the name of the person to whom the information was reported. This information will be recorded in the resident's progress notes.
5. All staff are expected to assist with housekeeping and dietary duties when there is a staffing shortage in those departments and when not attending to residents' needs.

All Staff Responsibilities

1. Follow directions from OMT and continue responsibilities as outlined above in Sections A and B.

²³ Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, p.5-3. Retrieved November 12, 2008 from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

SECTION THREE - LONG TERM CARE RESPONSE COMPONENTS

CHAPTER 7 – SURVEILLANCE

Communicable disease surveillance is the collection, analysis and dissemination of information about infectious diseases like influenza. Surveillance data can be used to determine when, where and which infectious agent is circulating, and the patterns and severity of illness. Surveillance data is used to guide interventions and determine an effective response.

Surveillance is an essential component of any effective infection prevention and control program. It is unlikely the spread of a pandemic strain into Ontario will first be detected in a LTC Centre but, because residents are highly vulnerable, an influenza pandemic could spread quickly and easily from the community into the LTC environment.

The goal of surveillance in the LTC Centres is to ensure early identification of a potential outbreak or an outbreak in its early stages so control measures can be instituted as soon as possible to protect residents and staff.

The designated Infection Control Practitioner (ICP) is responsible for overseeing surveillance and outbreak management activities. In the ICP's absence, an alternate registered staff member must be designated to perform these functions, including on weekends and during holiday periods.²⁴

This section will describe the role of the ICP/designate in performing influenza surveillance and the contribution of the multidisciplinary team to the surveillance process. It will also identify how surveillance activity will progress with the different phases of the pandemic outbreak.²⁵

A. DESCRIPTION OF SURVEILLANCE ACTIVITIES

All LTC Centres will conduct surveillance activities for residents, staff, students and family members. FRI screening will be conducted throughout the year – not just through the influenza season. Signage and hand hygiene stations will be posted at all entrances instructing families, visitors and contractors to:

- Perform hand hygiene
- Self-screen for FRI symptoms
- Not enter if they have respiratory symptoms²⁶

All centres will require family and visitors to sign in and out of the home, self screen for FRI prior to visits, perform hand hygiene before and after visits, and will be directed to contact the ICP or designate if they have respiratory symptoms. If ill, they will be discouraged from visiting the centre.

²⁴ Emergency Management Unit. (2005). *A Guide to Influenza Pandemic Preparedness and Response in Long Term Care Homes*. Toronto, ON: Ministry of Health and Long-Term Care.

²⁵ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel*, Chapter 8. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

²⁶ Emergency Management Unit. (2005). *A Guide to Influenza Pandemic Preparedness and Response in Long Term Care Homes*, p.26. Toronto, ON: Ministry of Health and Long-Term Care.

The current Infection Control Program at the Region of Peel's five LTC Centres supports the requirement of continuous home-wide surveillance activities to establish baseline levels of infection on an annual basis. Infection rates above the baseline may be indicative of an influenza outbreak or the arrival of the pandemic strain of influenza at the centre. The centres will maintain an ongoing surveillance program to be enhanced during a reported pandemic influenza outbreak in the community (refer to Table 7-1).

Table 7 - 1: LTC Surveillance Objectives by Pandemic Phase

PHASES 1 and 2 (<i>Interpandemic Period</i>)
Objectives and Actions: • To assess for seasonal influenza. • To detect cluster cases of FRI/ILI. • To report the condition of any staff who develop FRI symptoms to the ICP/DOC/Designate. • It is the expectation staff with FRI/ILI symptoms will not come into work for five days from the onset of symptom or until they have obtained a physician's note indicating that they are not contagious and fit to return to work in a long term care setting. • The ICP or designate will alert Peel Public Health and the centre of clusters of FRI in staff, report to the JOHSC any occupationally acquired infection and report to Ministry of Labour and to the Workplace Safety and Insurance Board within 72 hours. • To implement management of respiratory outbreaks as required and treat flu cases as per outbreak control measures. • To provide annual education and provide seasonal flu vaccine to residents, staff and volunteers and to report immunization statistics and adverse effects to Peel Public Health. • To promote respiratory (cough etiquette) and hand hygiene to residents. • To notify Peel Public Health of suspected outbreak activity when there are two or more residents in the same unit with similar symptoms within a given timeframe and initiate institutional outbreak reports to public health. • To communicate updates to residents, families, volunteers, contractors/vendors and staff. Passive FRI screening measures for visitors, vendor, contractors and family members.
PHASE 3 (<i>Pandemic Alert Period</i>)-
Objectives and Actions: • To implement active surveillance measures for FRI/ILI screening for visitors, vendors/contractors and family members. • To notify the ICP/DOC/or designate of reported or identified FRI/ILI. They will alert public health and the LTC centre of clusters of FRI in staff, report any occupationally acquired infection to the JOHSC and notify the Ministry of Labour and the Workplace Safety and Insurance Board within 72 hours. • The ICP or designate will actively monitor residents closely for signs and symptoms by: ○ Conducting unit rounds ○ Reviewing shift reports ○ Reviewing the physician/resident concern communications books ○ Auditing and reviewing physician and nurses progress notes ○ Reviewing the monthly pharmacy antibiotic utilization reports ○ Reviewing lab reports ○ Communicating with the registered staff about their clinical observations ²⁷ • To implement management of respiratory outbreak as required for suspected outbreak activity when there are two or more residents in the same unit with similar symptoms within a given timeframe and initiate institutional outbreak reports to Peel Public Health.
PHASES 4 AND 5 (<i>Pandemic Alert Period</i>)
Objectives and Actions: • To activate the Pandemic Plan and Emergency Plan (as needed). • To maintain active surveillance for monitoring of FRI/ILI in residents and staff. • To finalize plans for pandemic vaccine storage and security.

²⁷ Emergency Management Unit. (2005). *A Guide to Influenza Pandemic Preparedness and Response in Long Term Care Homes*, p.29 Toronto, ON: Ministry of Health and Long-Term Care.

- To establish clinic sites for residents and staff.
- To develop plans for antiviral storage, security and administration, including staff prophylactic treatment in collaboration with Peel Public Health.²⁸
- To follow guidelines for pandemic flu and provide education and training to staff for personal preparedness, resident care and pandemic influenza management.
- To ensure the availability of a four week stockpile of equipment and supplies for each centre.
- To provide educational material and in-services; i.e. LTC pandemic plan; coping with stress, possible HR issues, cross training, hand hygiene and MOHLTC fact sheets; posters, designed to inform the residents, families, vendors, staff and visitors; and to heighten awareness and understanding of personal and facility management during a pandemic outbreak.

PHASE 6 (Pandemic Period)

Objectives and Actions:

- To implement measures for suspected and confirmed pandemic strain in the home.
- To implement mandatory active screening of staff, visitors, vendors and family members (See appendix B for FRI Surveillance Screening Tool).
- Due to an anticipated shortage of staff during a pandemic influenza, a decision will be made by the ICP, JOHSC and the OMT to determine if staff who have been ill but not fully recovered are fit to work with restrictions with allowances being made for reassignment of duties to decrease the risk of infection within the centre.
- To implement heightened surveillance of residents and staff illnesses for symptoms of the pandemic influenza as directed by Peel Public Health.
- To implement control and support measures for residents, staff, visitors and families.
- To implement access restrictions for staff, visitors, families, volunteers and vendors.
- To implement strict isolation for ill residents.
- To implement visitation restriction for ill residents. “Reducing contacts with ill residents of LTCFs decreased the rates of illness, hospitalization and death for LTCF residents by greater than 50 per cent.”²⁹
- Recommend one contact per visit for each resident; exceptions will be discussed with the DOC in the event of palliative residents or unpredicted sudden illnesses.
- To direct staff to cohort to their assigned units as much as possible.
- To administer antiviral as directed by the provincial and local policies for antiviral distribution (currently under development).
- To distribute and administer vaccines as directed by Peel Public Health and the MOHLTC.
- Report adverse effects to Peel Public Health.
- To investigate and review the outbreak.
- To maintain receipts and strict accounting of additional costs.

²⁸ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel*,

Chapter 15, p. 88. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

²⁹ Harber, M., Shay, D., Davis, X., Patel, R. Jin, X., Weintraub, E., et al. (2007). Effectiveness of Intervention to Reduce Contact Rates During a Simulated Influenza Pandemic. *Emerging Infectious Diseases*, Volume. 13 (Number 4 – April 2007), from <http://www.cdc.gov/eid/content/13/4/581.htm>

Peel Long Term Care Pandemic Influenza Plan – 2009

The following Infection Prevention and Control policies and procedures (Table 7-2) meet the guidelines for surveillance activity for residents, staff, students and volunteers as per the Emergency Management Unit, MOHLTC, *A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes*:

Table 7 - 2: LTC Current Infection Prevention and Control Policies and Forms

Policy Subject (<i>Infection Prevention and Control Policies and Procedures Manual</i>)	Policy Number
Surveillance Procedure	LTC8-5.1
Inter-facility Transfers	LTC8-5.2
Surveillance for Febrile Respiratory Illness	LTC8-5.3
Admission Surveillance	LTC8-6.1
Outbreak Management	LTC8-7
Outbreak Management Team	LTC8-7.1
Management of Respiratory Outbreak	LTC8-7.2
Management of Febrile Respiratory Illness	LTC8-8.1
Management of Severe Acute Respiratory Syndrome (SARS)	LTC8-8.2
Infection Prevention and Control Forms	
Daily Report of Infections Form	ICF-05
Outbreak Identification Pathway	ICF-06
Nosocomial Case Worksheet	ICF-07
Definitions of Infection for Surveillance	ICF-08
The Reportable Diseases Summary Chart	ICF-01
Infection Prevention and Control Nosocomial Monthly Report by Site – Respiratory Tract	ICF-09
Summary of ARO-Infection Prevention and Control – Year at a Glance	ICF-10
Infection Control Practitioner Monthly Report	ICF-11
Infection Prevention and Control-Year at a Glance	ICF-12
FRI Surveillance Tool	ICF-33
Staff Surveillance Form	ICF-38
Outbreak Line Listing Form	ICF-23
Nursing Forms Manual	
Patient Transfer Authorization Form-Outbreak	NF-036

*Refer to the Infection Prevention and Control Policies and Procedures Manual to view the above noted policies and procedures.

*Refer to the Infection Prevention and Control Forms Manual and Nursing Forms Manual for the above noted forms.

CHAPTER 8 - INFECTION PREVENTION AND CONTROL/OCCUPATIONAL HEALTH AND SAFETY

A. ROLE OF THE JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (JOHSC)

According to the “Act” the general duties of the Joint Occupational Health and Safety Committee are to identify situations that may be a source of danger or a hazard to workers and make recommendations for the improvement of workers’ health and safety.³⁰

In Chapter 7 of the OHPIP, MOHLTC identifies in Ontario, both workers and employers share the responsibility for occupational health and safety. Chapter 7 of the OHPIP also identifies the purpose of the *Occupational Health and Safety Act* (OHSA), and states several provisions of the act are designed to foster the internal responsibility system, including the requirement for employers to have a health and safety policy and program.

Under the OHSA, the Joint Occupational Health and Safety Committees or, in smaller workplaces, the Health and Safety representative, play a key role in monitoring the internal responsibility system. The Act identifies the basic rules of operation for Joint Occupational Health and Safety Committees and Health and Safety representatives, and these committees should be involved in pandemic planning and in the pandemic response.³¹

All of the Region of Peel LTC Centres have existing Joint Occupational Health and Safety Committees. It is the expectation that in the event of an influenza pandemic the JOHSC will employ the recommendations of the OHPIP as indicated in Chapter 7.³² The recommendations with respect to the Occupational Health Management of Health Care Workers during an Influenza Pandemic include the following criteria:

1. Fit for Work/Fit for work with no restrictions.
2. Unfit for Work/Medically determinable illness preventing the employee from carrying out the regular or modified duties of their occupation.
3. Fit for work with restrictions – Permits for the re-assignment of duties or re-integration into the workplace in a manner that will not pose an infection risk to the HCW or to the patients and/or other individuals in the workplace.³³

For further clarification of the criteria refer to OHPIP, 2008. Chapter 7: *Occupational Health and Safety Measures and Infection Prevention and Control in Health Settings*.

The JOHSC in conjunction with the ICP will be responsible to identify and implement measures to protect workers from the risk of health care acquired pandemic influenza. Therefore it is imperative that a risk assessment be conducted to determine the probability of risk to health care

³⁰ Peel Health - Long Term Care Division. (2004). *Occupational Health and Safety Policy Manual* (Structure of Joint Occupational Health and Safety Committee. LTC 12-2.5) Brampton, ON: Region of Peel printing office.

³¹ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel*, Chapter 16, p. 101. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

³² Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008, Chapter 7*, Retrieved November 12, 2008 from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

³³ Ibid., 7-18.

workers and the potential consequence of that exposure.³⁴ The results of the risk assessment will then be used to make informed action plans for appropriate protection of the health care workers (i.e. infection control measures, PPE, education and training). These measures should be updated at least annually based on the reassessment of risk. (See Sample Risk Assessment Checklist for Pandemic Influenza in the OHPIP 2008)³⁵

Health care workers who become ill with the Pandemic strain of Influenza as a result of working at the centre will be required to report their illness to their supervisor/designate. The supervisor will ensure that proper documentation is completed to notify WSIB, the Occupational Health Nurse, the JOHSC, the Ministry of Labour (MOL) and the unions within four days. Staff requiring work restrictions will provide medical instructions to demonstrate their limitations and action will be taken to accommodate the staff member where appropriate.³⁶

Occupational Health and Infection Prevention and Control Practices during the Pandemic Period include the following:

Ongoing Activities:

- Provide accessible hand hygiene stations
- Provide consistent use of droplet and contact precautions
- Provide accessible personal protective equipment
- Implement reporting requirements
- Complete risk assessments
- Postpone elective high risk procedures; use appropriate equipment and precautions for high risk procedures
- Implement precautions for cleaning /disposing of equipment and cleaning the environment
- Implement Respiratory Hygiene Programs
- Provide accurate, complete and timely information about the pandemic

Activities Reduced or Curtailed:

- Initiate attendance management policies to encourage workers to stay home when ill
- Accommodate residents with ILI in a single room
- Suspend annual influenza immunization
- FRI Case Finding/Surveillance

New Activities:

- Implement secure access to the pandemic vaccine and antiviral
- Establish criteria to assess staff who are “fit to work”³⁷
- Employ practices to limit contact with influenza

B. ROLE OF INFECTION CONTROL COMMITTEE

The Infection Control Committee (ICC) is responsible to provide and maintain an effective, well-managed Infection Prevention and Control (IPAC) Program to recognize, help prevent and/or control the development and spread of infectious diseases, promote wellness and maintain quality

³⁴ Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, p. 7-7. Retrieved November 12, 2008 from

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

³⁵ Ibid., 7-7.

³⁶ Ibid., 7-9.

³⁷ Ibid., 7-18.

of life and health of residents and staff.³⁸ The role of the Infection Control Committee is multifaceted and involves activities such as planning, monitoring, evaluating, updating and providing education as required. The ICC ensures adherence to current infection control policies and procedures and provides management and guidance for specific infection control issues.

During pandemic planning for Phases 3 to 6, the ICC would be responsible for the following functions:

Note: The OMT and ICC will have a combined mandate during pandemic planning phases and outbreak that includes: (refer to Infection Prevention and Control Policies LTC8-7.1)

- Meeting quarterly to discuss updates pertaining to pandemic influenza.
- Ensuring best practices and current guidelines in regards to an influenza pandemic are incorporated into educational training at the Centres.
- Ensuring influenza and pneumococcal vaccinations are promoted and up to date statistics available.
- Providing plans for the provisions to administer antiviral drugs to residents, staff and volunteers for treatment, outbreak control and prophylaxis (as per provincial policy).³⁹
- Collaborating with Peel Public Health and provide guidelines for the provision of the vaccinations of residents, staff, and volunteers when vaccine is available.
- Ensuring that during a pandemic influenza outbreak, centres adhere to recommendations for housekeeping, laundry and waste management as outlined in the Health Canada Infection Control Guidelines.⁴⁰

C. PERSONAL PROTECTIVE EQUIPMENT

Each centre will provide an adequate supply of personal protective equipment (PPE) to staff, family, volunteers and students. The PPE must be readily available and accessible to staff at all times during suspected outbreak, heightened surveillance and declared outbreaks. There will be a four week stockpile of PPE at each centre and during a pandemic outbreak each centre will have access to the MOHLTC PPE stockpile by initiation of contact with the Ministry Emergency Operations Centre.

The ICP, DOC or designate will closely monitor the use of supplies and ensure adequate replenishment of PPE stock is done routinely. Education and training will be provided on the proper use and application of PPE in the regular influenza season and enhanced training and monitoring during pandemic influenza outbreak. The goal of the training is to increase the safety of the LTC work environment, promote resident safety through proper use of PPE and hand hygiene, reinforce safe practices and limit the transmission of infection. See

³⁸ Peel Health - Long Term Care Division. (2005). *Infection Prevention and Control Policies and Procedures Manual* (Infection Prevention and Control Committee. LTC8-2.1).

³⁹ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel-2007* Chapter 12, p. 69. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

⁴⁰ Public Health Agency of Canada. (2006). *Canadian Pandemic Influenza Plan for the Health Sector*. Appendix F, pp. 56-57. Retrieved December 9, 2006, from <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>

http://www.health.gov.on.ca/english/providers/program/emu/emerg_kit/kit_donning.html for correct Donning and Removal of PPE procedure.⁴¹

“To protect workers from the risk of occupational exposure to the pandemic influenza strain, OHPIP recommends that precautions usually used with influenza include: hand hygiene, routine practices, droplet and contact precautions for routine care and airborne precautions when performing aerosol-generating procedures. In addition to droplet precautions, OHPIP recommends the use of N95 respirators (instead of surgical masks) when in a room/area with influenza patients.”⁴² These include the use of an N95 mask, together with eye protection and gloves and gowns as necessary, for health care encounters within one metre of the influenza patient.⁴³

Staff who are within two metres of a resident, exhibiting symptoms of ILI and staff who are exposed to aerosol generating treatments, are required to wear an N95 mask. The centres will implement mask fit testing for all employees to be repeated every two years and a record of the recommended mask fit maintained in the personnel files. The centres will follow the recommendation of the Region of Peel Respiratory Fit Testing Program. Education will be provided and staff supported to properly apply and remove fit tested masks.

The ICP, in collaboration with Peel Public Health, Health and Safety, and the Regional Infection Control Networks, will review updates and scientific data on the pandemic influenza flu virus transmission and update PPE as necessary to prevent the spread of infection and illness. Updated Federal and Provincial guidelines for PPE will be incorporated into this plan as they become available.

D. HAND HYGIENE

Hand hygiene practices will be consistent across the Centres following the recommendations from the Provincial Infectious Disease Advisory’s Committee’s ‘*Best Practices for Hand Hygiene in All Health Care Settings*’. The current hand hygiene policy and procedure will be reviewed and updated to reflect the following:

1. indications for hand hygiene;
2. how to perform hand hygiene;
3. selection of products used for hand hygiene;
4. management of product dispensing containers;
5. hand care;
6. use of alcohol-based hand rubs with appropriate placement of product; and
7. hand hygiene compliance and feedback.⁴⁴

The following recommendations from ‘*The 4 Moments of Hand Hygiene in HealthCare*’ will be adhered to. All staff, residents, visitors and volunteers will perform hand hygiene:

⁴¹ Ministry of Health and Long-Term Care. (2007). *Emergency Infection Control Kit*, Donning and Removal of Personal Protective Equipment. Retrieved February 6, 2007, from http://www.health.gov.on.ca/english/providers/program/emu/emerg_kit/kit_donning.html

⁴² Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, Chapter 7, pp 7-7 to 7-14. Retrieved November 12, 2008 from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

⁴³ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel*,

Chapter 11, p. 57. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

⁴⁴ Provincial Infectious Disease Advisory Committee (2008). *Best Practices for Hand Hygiene in All Health Care Settings*. May 2008. p.18

1. BEFORE initial patient/patient environment contact
2. BEFORE aseptic procedure
3. AFTER body fluid exposure risk
4. AFTER patient /patient environment contact⁴⁵

In addition, residents will be expected to perform and/or be assisted to perform hand hygiene after toileting, before leaving their room and prior to any nourishment and mealtimes.

E. STAFF EDUCATION AND TRAINING

The LTC centres will consult with Infection Control Practitioners and the Joint Occupational Health and Safety Committees to ensure the following:

- All staff are trained and knowledgeable regarding principles and procedures for infection control
- Training needs are assessed
- Appropriate training and retraining is provided
- Impact of training is monitored and reviewed.

Recommendations for infection prevention and control education programs will be followed as per the OHPIP 2008, Chapter 7 (pp. 7-5).

According to the OHPIP 2008, the learning objectives for Pandemic Influenza training should include, but will not be limited to, the following:

- Influenza Pandemic Background
- Personal and Family Care
- Infection Control (Basic)
- System Planning and Business Continuity in an Influenza Pandemic
- Infection Control (Advanced)
- Occupational Health and Safety
- Business Continuity
- Communication Strategies
- Clinical Care⁴⁶

Refer to the *Ontario Health Plan for an Influenza Pandemic 2008*, Chapter 7 for specific objectives of each program listed above.

Education will be provided to staff, residents and families using approved fact sheets and resources provided by Peel Public Health and MOHLTC both before and during a pandemic. Refer to Appendix C for a list of educational resource downloads for Pandemic Influenza.

⁴⁵ Provincial Infectious Disease Advisory Committee (2008). Best Practices for Hand Hygiene in All Health Care Settings. May 2008. p.19

⁴⁶ Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, Chapter 7, Retrieved November 12, 2008 from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Each centre will identify and implement measures to protect workers from the risk of health care acquired respiratory diseases. Each centre will conduct a respiratory diseases hazard risk assessment, identify workers at risk, provide appropriate respirator protection, and provide education and a N95 mask fit-testing program consistent with the Canadian Standards Association, “Selection, Use and Care of Respirators”.⁴⁷

In the event of more highly infectious and transmissible pandemic flu strains, it is expected each centre will follow the advice on required precautions and training set forth by the MOHLTC and the MOL.⁴⁸

⁴⁷ Canadian Standards Association. *CSA for Occupational Health and Safety. Selection, Use and Care of Respirators*. Retrieved November 12, 2008. http://ohs.csa.ca/standards/personal_protective/Respiratory/Z94-4-02.asp

⁴⁸ Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, Chapter 7, pp. 7-14. Retrieved November 12, 2008
http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

CHAPTER 9 – RESIDENT CARE

A. STANDARD CARE

The registered staff will ensure that the basic standard care is given to each resident according to their established care plans. The registered staff will continue to update the care plan during a pandemic outbreak. The DOC and registered staff will collaborate to identify care needs. See Table 9-1 for Resident Care Objectives and Actions by Pandemic Phase.

Table 9 - 1: Resident Care Objectives and Actions by Pandemic Phases

PHASES 1 and 2 (<i>Inter-Pandemic Period</i>)
Objective - <i>To provide and maintain an optimum level of care to all residents.</i>
Actions: • Maintain adherence to current LTC centre policies and procedures. • Provide each resident with care and services consistent with his/her plan of care in accordance with the Residents' Bill of Rights, the Health Care Consent Act and/or the Substitute Decisions Act. • Employ continuous surveillance for FRI/ILI to provide a baseline for seasonal influenza vs. pandemic influenza. • Initiate planning for resident care during a pandemic. • Encourage eligible residents to receive the annual Influenza and Pneumococcal Vaccines.
PHASE 3 (<i>Pandemic Alert Period</i>)
Objective - <i>To continue to provide and maintain an optimum level of care to all residents.</i>
Actions: • Maintain adherence to current LTC centre policies and procedures. • Initiate education for residents/families regarding Pandemic Influenza. • Encourage eligible residents to receive the annual Influenza and Pneumococcal Vaccines. • Develop a written plan for a pandemic including how to manage residents if the hospital is unable to accept residents from LTC.
PHASES 4 AND 5 (<i>Pandemic Alert Period</i>)
Objective - <i>To continue to provide and maintain an optimum level of care to all residents.</i>
Actions: • New admissions and residents returning from the hospital will be closely screened and monitored for FRI/ILI symptoms. • Prepare plans to cohort ill residents to their rooms and units, limiting movement within the centre. • The OMT will identify units or designated areas used by residents experiencing pandemic influenza symptoms. • If residents have shared accommodations, the room mate will be treated as a close contact and placed on precautions. • The ICP/DOC will ensure staff receive specific information on how to care for the ill residents and provide refresher infection control measures and updates. • Active screening for staff, visitors, family members, students and volunteers will be implemented.

PHASE 6 (Pandemic Period)
Objective – <i>To minimize serious illness and overall deaths in the long term care centre.</i>
• <i>Identify</i> ○ who could go home to family members temporarily ○ who could be discharged home temporarily with home care services ○ who must continue to be cared for in the centre ⁴⁹ • Resident transfers to another LTC home are not recommended at this time. The centre will collaborate with the Community Care Access Centre (CCAC) regarding any potential transfers. <i>The level of care to be provided to residents during a pandemic is dependent upon the staffing levels available. The minimum basic care will be provided as follows:</i> • Essential personal care (essential bathing limited to baths/showers as needed only; face hands and perineum twice daily and as needed to maintain skin integrity). • Medication administration. • Personal hygiene and grooming may be modified depending on staff availability (see LTC9-5.3.1). Care of fingernails and feet may not be available. • Oral care BID (LTC9-5.3.2). • Ongoing assessment of care needs. • Clothing and bedding will be changed only as needed. • Routine toileting and continence care will be based upon the resident's individual need to maintain skin integrity. Routine catheter care will be maintained as ordered. • Skin and wound care management including routine aseptic dressings and sterile dressings, and colostomy care must be maintained. • Assistance with eating as needed. G-tube feeding and maintenance will be maintained as ordered. • Oxygen therapy as required (a one month stockpile of O2 supplies will be available for use). • Bedridden residents will be repositioned every two hours and as needed. • Maintain regular communication with the relatives/substitute decision makers of residents in the centre to keep them updated and reassured about the situation and discourage unwarranted visiting. • Non urgent medical appointments will be cancelled and rescheduled. • Residents with ILI/Pandemic strain of influenza will automatically be placed on Additional Precautions, isolated in a designated area in the LTC centre or cohorted in a room/unit with residents exhibiting like symptoms. • All residents with ILI will be restricted to their rooms with no exceptions. • Ensure that appropriate respiratory outbreak signage indicating additional precautions and updates are posted for staff, family, visitors and other services. • The OMT will decide which resident-based contract services/activities can be curtailed during the pandemic flu outbreak (e.g. foot care, hairdressing, activation programs, physiotherapy, psychiatry visits, etc). • Ensure the Adult Day Service and other non-essential programs (e.g. Moms and Tots program) are closed. • The DOCs/designates will ensure that resident prescriptions for pandemic influenza vaccine are obtained from the attending physicians or Medical Director. • Registered staff will ensure consent for administration of antiviral and pandemic influenza

⁴⁹ Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, Chapter 19, pp. 19.2. Retrieved November 12, 2008 from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

vaccinations are obtained from the residents or SDM.

- Ensure advance directives are updated with SDM of residents who are ill and appropriate changes made accordingly.

B. INFLUENZA CARE

The interventions for influenza care will be administered as outlined in the *Management of A Respiratory Outbreak*, in the *Infection Prevention and Control Policies and Procedures Manual* LTC8-7.2. Further modifications to flu care will be implemented as per directions given from public health. Educational training will be provided to the staff pertaining to the clinical care of residents with FRI/ILI and pandemic influenza. The educational training program will include, but not be limited to, the following:

- Definition of FRI/ILI
- Passive and Active Screening
- Clinical pathway of the pandemic flu strain (when info is available)
- Specimen collection for lab tests
- Pandemic influenza vaccination and antiviral administration for residents and staff
- Ethical issues with mass casualties
- MOHLTC/Peel Public Health directives
- Management of well residents
- Infection Prevention and Control Measures

The ICP/designate will monitor for updates provided on the MOHLTC website at (<http://www.health.gov.on.ca/pandemic>) and provide education to the staff accordingly.

C. TRIAGE

The OMT will decide whether there will be movement of the ill residents to cohort them to their rooms or assign specific areas for the ill residents.

- Residents returning from hospital and new admissions will be screened and monitored closely for FRI/ILI symptoms.
- Registered staff will update the Daily Report of Infections form (ICF-05).
- The RN will follow the Outbreak Identification Pathway (see Form ICF-06) to guide decision-making regarding ongoing infections.
- The RN will initiate the Outbreak Line Listing (ICF -23) and notify the ICP.

D. CRITERIA FOR RELOCATION

An assessment of care needs will determine where the resident will be best cared for. Residents requiring extraordinary care (e.g. residents requiring Renal Dialysis, Emergency Orthopaedic Surgery etc.) will be evaluated to determine the best location to meet their care needs.

If a resident has been determined eligible to go home temporarily with family members, the centre's multidisciplinary team will:

- provide support, education, medication and personal care items to facilitate transfer of care activity to the community setting
- collaborate with the CCAC to determine eligibility for home care services.

NOTE: This temporary transfer will not be considered a discharge to community unless the family/resident wishes a permanent discharge.

E. RESIDENT, FAMILY AND VOLUNTEER EDUCATION

The ICP and resource nurse will collaborate to deliver education to residents, families and volunteers. Education will include but not be limited to:

- Hand Hygiene
- Cough Etiquette
- Infection Control and Prevention Measures
- Donning and Removing of Personal Protective Equipment
- Pandemic Influenza (historical and current facts)
- Altered roles and assistance with Activities of Daily Living
- Feeding programs
- The Personal and Family Care Module⁵⁰

Educational material can be accessed on the following websites:

<http://peelregion.ca/health/pandemic/index.htm>

<http://www.phac-aspc.gc.ca/cpip-pclcpi/>

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

http://www.wsib.on.ca/wsib/wsibsite.nsf/public/flu_resources

Educational programs will be presented at Residents' Council meetings, Family Council meetings and family education events.

Appropriate signage and posters will be displayed throughout each centre and they are available on the Peel Public Health website.

⁵⁰ Ministry of Health and Long-Term Care, Emergency Management Unit-Personal and Family Care Module. Retrieved November 12, 2008 from http://www.health.gov.on.ca/English/providers/program/emu/pan_flu/pan_flu_care.html.

CHAPTER 10 – ANTIVIRAL AND VACCINE MEDICATIONS

A. DISTRIBUTION

- Peel Public Health units will be responsible for the release of the vaccine to health care facilities and agencies that can administer the vaccine to the patients/clients and their own employees.⁵¹
- Antiviral and vaccine medications (if available) will be distributed according to government directives.⁵²
- To be effective antiviral medications must be taken within 48 hours after the onset of Influenza-like symptoms and within 12 -24 hours to be most effective.⁵³
- The Medical Directives for the administration of antiviral and vaccine medications and the administration of epinephrine, if needed due to an adverse reaction, will be obtained from the Medical Officer of Health (MOH) in Phases 5-6.
- The enumeration list for antiviral distribution to staff will be maintained by the ICP or designate.
- Family members and volunteers who are assisting with resident care will receive antiviral medication through Peel Public Health Clinics. (See Appendix A for letter used to confirm family, friends and volunteers who may be willing to assist)
- The current list for non-immunized staff members will be maintained by the ICP or designate.
- The current list for the immunization status of residents will be maintained by the ICP or designate.
- Tracking Sheets to monitor staff antiviral and/or vaccine uptake will be maintained by the ICP or designate using the centre's *Staff Pandemic Antiviral Tracking Sheet and Staff Pandemic Influenza Tracking Sheet*.
- The DOC and ICP or designates will sign out vaccines/antiviral using a designated double sign out sheet from the locked storage area.
- The DOC and ICP or designates will deliver antiviral/vaccine medications to all resident home areas and oversee the administration of the antiviral/Pandemic Influenza vaccine by the registered nurse.
- A policy for the prophylactic use of antiviral medications during a pandemic is currently under development by the MOHLTC.⁵⁴

⁵¹ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel- 2007*,

Chapter 9, p. 47. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

⁵² Ibid., 46.

⁵³ Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*,

Chapter 9, p.9-2. Retrieved November 12, 2008 from

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

- Influenza/Pandemic Influenza consent forms will be developed and signed by all residents currently residing in the Centre or Substitute Decision Maker (SDM), as well as all new admissions.

B. STORAGE/TRACKING

- Each Centre will designate a locked area to accommodate vaccines and antiviral medication in Phase 3.
- The master key to access vaccines will be kept at the control centre in the Administrator's office.
- In Phase 3 each centre must ensure they have a designated cold chain storage location monitored by a Data Logger to ensure viability of vaccine.
- Vaccine fridge must maintain temperatures in the range of two to eight degrees Celsius.
- The vaccine fridge temperatures will be monitored q. two times weekly via Data Logger by the DOC/ICP designate in Phases 3-5 and monitored daily when vaccine is made available in Phase 6.
- Ensure the vaccine fridge is connected to an emergency outlet to avoid Cold Chain failure in the event of a power outage.
- In case of isolation from support services, refer to the Centre's Emergency Plan manual under the Appendix "LTC Isolation from Services/Resources Response Plans".
- An emergency generator using diesel fuel is maintained at each centre.
- During a pandemic there may be multiple disruptions in service, some of which may be for extended periods of time. It is also possible refuelling may not occur as normal. Therefore, the emergency generator will be used only for essential resident and staff safety.
- The Pharmacy will provide all Centres with a sufficient supply of Epinephrine 1:1000 to be stored in the Emergency Medication box for the treatment of anaphylaxis post administration of Pandemic antiviral /vaccine medications.
- An immunization card will be obtained from Peel Public Health to track staff Influenza vaccination and antiviral administration.
- The ICP or designate will receive, store and track the administration of antivirals and influenza vaccines.
- A 24-hour security guard may be utilized when vaccines and antiviral medications are made available to the Centres.

⁵⁴Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, Chapter 9, p. 9-3. Retrieved November 12, 2008 from http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

C. MONITORING OF ADVERSE RESPONSE TO MEDICATIONS

- The ICP and/or designate will provide informed consent prior to administration of either the influenza vaccine or the antiviral.
- The ICP and/or designate will reinforce the importance of reporting any adverse effects post administration of the influenza vaccine or the antiviral.
- Adverse reactions and resistance will be monitored using the MOHLTC *Adverse Event Following Immunization* form and forwarded to Peel Public Health.⁵⁵
- Adverse reactions will be reported to the ICP and/or designate and to the Medical Director.

⁵⁵ Peel Public Health. (2007). *Pandemic Influenza Plan for the Health Sector in Peel-2007*, Chapter 9, p. 49. Retrieved March 2007, from <http://www.peelregion.ca/health/pandemic/health-sector-07/>

CHAPTER 11 - HUMAN RESOURCE MANAGEMENT

A. POLICY ISSUES

In the event of a pandemic outbreak, labour legislation, (e.g. *Employee Standards Act of Ontario*) and collective agreements will continue to guide decisions. In the absence of any agreement between the employer and the union, the provisions in the collective agreement shall be enforced unless they are superseded by legislation.

Unions within the Region of Peel LTC centres will be consulted with respect to labour issues impacted by a pandemic influenza. It is expected that the following issues will need to be addressed:

- Absenteeism
- Refusal of Work
- Leave of Absence
- Compassionate Leave
- Overtime
- Sick leave
- Return to work
- Compensation
- Cross training of staff
- Redeployment of staff
- Vacation entitlements

B. CONTINGENCY STAFFING

It is the expectation that all staff will continue to report to their normal duties unless specific directions are given otherwise. All staff, volunteers, family members and students will be mobilized to assist with essential job duties to provide care to the residents and maintain the centre. The Region of Peel is committed to providing optimal service delivery in the LTC centres during a pandemic.

Use of Volunteers and Family Members

The OMT will oversee the redeployment, education and cross training of available staff, volunteers, family members and students. A policy regarding minimal staffing levels has been established and can be accessed within the Centre's Emergency Plan.

The LTC centres will collaborate with their Human Resources Associate to ensure adherence to legal and legislative considerations and to discuss staffing challenges.

Listing of Cross Trained Staff

The OMT will maintain the list of cross trained staff. Specific services and programs may be suspended to make additional staff available to assist with essential service.

Agency Staff

Agency staff may be utilized to fill in staffing vacancies as required. Consideration will be given to alternate work assignments as deemed necessary to maintain essential services.

Self and Family Care Guidelines

Education will be provided to the staff and family members to encourage good practices for personal preparedness and family care. It is expected staff will make every effort to secure child care, elder care and transportation arrangements to enable them to continue to work without disruption

Staff Support Services

The OMT of each centre will decide the availability of staff support services including, but not limited to:

- Onsite childcare
- Transportation assistance
- Meals
- Overnight accommodation
- Rest areas between overtime shifts

The Region of Peel Employee Assistance Program provides the following services for Pandemic Influenza assistance:⁵⁶

- 24 hour/day service
- During critical incidences, they are able to provide onsite counselling services
- They can provide emergency child care
- They can provide phone counselling, e-mail counselling and teleconferencing
- Any supervisor/manager can call to set up for critical incident counselling

Volunteer Management

The volunteers will be trained to assist with certain limited aspects of care and steps will be taken to ensure they are not functioning beyond their capabilities. Additional volunteers may be recruited as deemed necessary. Volunteers who present to the centre unsolicited will be screened for suitability and placed according to the needs of the centre.

⁵⁶ J. Kerling, Region of Peel, Healthy Workplace Specialist, Personal Communication, February 6, 2007.

CHAPTER 12 – COMMUNICATIONS

A. INTERNAL

- The Administrator/Designate will be responsible to ensure that the Peel Long Term Care Pandemic Influenza plan is communicated and implemented at each of the Centres.
- The Administrator/Designate is responsible for communication to the Director of Long Term Care. A status report will be provided on a daily basis.
- The Medical Director and all attending physicians will be notified in the event of a Pandemic Influenza Outbreak within each Centre.
- Each centre will determine the location of a Command Centre. The Command Centre will be equipped with teleconference capabilities and computer network access.
- The Outbreak Management Team will meet daily and ad hoc in the designated Command Centre.
- The minutes of the OMT meetings and updated pandemic information received from MOHLTC and the Peel Medical Officer of Health (PMOH) will be posted in a visible location that is accessible to all staff and on the Infection Control notice board.
- Vital information will be communicated by the Supervisors immediately to their staff upon advisement by the OMT.
- Work schedules and alternate assignments will be posted daily at reception for volunteers and family members who have volunteered to assist.
- A voluntary list of staff e-mail addresses will be maintained for those who wish to receive updated pandemic information during the outbreak.
- Signage will be posted each all entrances to inform of the Centre's outbreak status during the Pandemic.
- Signage promoting hand hygiene, cough etiquette, proper use of PPE and social distancing will be posted throughout each centre as applicable.
- In the event of loss of telephone or computer service, refer to the Centre's Emergency Plan.

B. EXTERNAL COMMUNICATIONS

- Refer to the Long Term Care Business Continuity Plan in the Centre's Emergency Plan to access the list of external contractors for communication of information.
- All media inquiries and general inquiries regarding pandemic are to be directed to Peel Public Health. The Media spokesperson (Public Information Officer) will be responsible for providing information to the news media.

Peel Long Term Care Pandemic Influenza Plan – 2009

- Each centre may wish to survey family members and volunteers regarding their ability to volunteer to assist at the centre during pandemic outbreak.
- Peel Public Health website is available to communicate information in regards to pandemic planning updates.
- External telephone greetings in all homes will be initiated and maintained 24 hours a day in Phase 6 if there is an outbreak in the centre. OMT will provide direction as to what to include in the external greeting.
- Fact sheets will be provided to families, visitors, staff and volunteers in regards to the Pandemic. The MOHLTC has developed a series of fact sheets for the public. These are available in 23 languages on their website.⁵⁷
- The RN on each floor is responsible for contacting and responding to family questions and concerns regarding residents' condition and changes to treatment.
- Teleconferences will be used to communicate whenever possible.

⁵⁷ Ministry of Health and Long-Term Care. Retrieved November 12, 2008.
http://www.health.gov.on.ca/english/public/program/pubhealth/flu/panflu/languages_mn.html

CHAPTER 13 – EMERGENCY PLANNING

A. SUPPLY CHAIN CAPACITY / STOCKPIILING OF ESSENTIAL SUPPLIES

During an influenza pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. It is anticipated the demand will be high worldwide and traditional supply chains may break down. In preparation for a pandemic, the following measures will be instituted:

1. Each centre will maintain a 31-day stockpile of essential supplies. (For a list of essential supplies refer to the Supply and Equipment template: Care in the Community. OHPIP [2008] 10-A).⁵⁸
2. The formula for calculating quantities of gloves and personal protective equipment is as follows: 25 staff encounters per resident per day x 31 days x 35 per cent.⁵⁹
3. A seven day stockpile of non-perishable food items for residents will be included in the list of essential supplies.
4. Each centre will maintain 24 hours worth of potable water for residents and staff. An additional supply will be made available through the Peel Regional Emergency Management program and/or the Water Division of the Region of Peel.
5. All supplies are to be checked for expiration dates and rotated on a regular basis to prevent stock expiration. The administrator will determine the frequency of the stock rotation.
6. The administrators will make recommendations for appropriate secure storage areas for the 31 day stockpile of essential supplies. Further direction regarding this issue is anticipated.
7. The formula for calculating quantities of N95 masks is under review by the MOHLTC, Emergency Management Unit (EMU).

B. BUILDING SECURITY/TRAFFIC FLOW

1. Existing security measures within each centre will be maintained and the following additional procedures will be implemented in a pandemic outbreak.
2. Each centre will decide how to lock down all entrances and exits to the centre in order to control points of access and maintain security.
3. Each centre will test the lock down procedure to ensure feasibility of the plan.
4. Signage will be posted to direct staff and visitors to the screening station and to provide information about the screening process and the outbreak status of the home, as provided by the communication from the OMT.
5. The recommendation is that a common entrance and exit is utilized with a screener in place for all individuals entering and exiting the centre.
6. The screener will be responsible to screen for infectious status and monitor the identification of all parties entering and exiting the centre.
7. In the event of an emergency, the reception area staff will direct emergency service personnel as required.

⁵⁸ Ministry of Health and Long-Term Care. (2008). *Ontario Health Pandemic Influenza Plan 2008*, Chapter 10-A. Retrieved November 12, 2008, from

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

⁵⁹ Emergency Management Unit, Ministry of Health and Long-Term Care. *A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes* (2005). p 58.

8. Due to the various physical layouts of the five centres, the OMT will assist with accommodations that may be needed to maintain access and building security.
9. One security guard may be required 24/7 to secure the storage area of the antivirals and the pandemic influenza vaccination and to perform other duties as determined by the OMT.
10. The scheduling clerk will be required to have verification of agency staff credentials during pandemic outbreak.
11. Steps will be taken to minimize staff and resident movement throughout the centres. For example, staff will be cohorted to their units and breaks will be taken in a designated area on the units. All resident activities will be restricted to individual units.
12. All delivery persons will be directed to the common entrance to be screened and granted access to deliver goods/supplies to designated areas.

C. VISITOR MANAGEMENT

Notifying Visitors and Volunteers

The LTC Centre will activate its pandemic/emergency communication plan and activities in Phase 5 of the Pandemic. Signs will be posted at all entrances indicating the situation (e.g., pandemic activity in the community and/or pandemic activity within the centres).

Visitors will be advised of the potential risk of either introducing influenza into the centre or acquiring influenza within the centre, and of the visiting restrictions, if applicable.

In the event of an outbreak at the centre, family members of ill residents and family members of residents on the affected unit/floor will be contacted immediately. Where possible, the centre will keep a telephone list of frequent visitors who should be contacted and advised of the outbreak.

Other communication systems will be used to convey information as appropriate (e.g., Regional web site, mass e-mail distribution) to maintain communications with family members and visitors.

Screening of Visitors

- All visitors are required to be screened in order to enter the centre.
- One person will visit each resident at a time
- Refer to *Chapter 7 - Surveillance: Screener Responsibilities*

Visitor Restrictions

Visitors are encouraged to postpone visits whenever possible. During a pandemic this policy may not be practical. All centres may need family members to assist with resident care. All visitors who choose to visit during an outbreak shall be required to:

- Perform hand hygiene on arrival, before leaving the resident's room and before leaving the centre.
- Use PPE as instructed by staff.
- Visit only one resident and exit the home immediately after the visit. If they are assisting in providing care for residents, they will be instructed to perform hand hygiene between residents.

The OMT will evaluate the need to restrict visitors based on the nature of the pandemic; however, complete restriction of visitors is not recommended as it may cause emotional hardship to both the residents and the relatives.

Visiting restrictions will be discussed by the OMT, at which time the recommendation of one visitor per resident at a time will be discussed.

Restrictions on Ill Visitors

Under the FRI screening protocol, ill visitors are asked not to enter the centre until they have recovered. During an Influenza Pandemic, if there are severe staff shortages, visitors with Influenza Like Illness (ILI) may be allowed to enter the home and assist in providing care for residents before they are fully recovered. If this is necessary, they will be restricted to assisting with non-direct care or to working with residents with symptoms of ILI and will use appropriate PPE.

Visiting Ill Residents

The screener will direct the visitors to see the registered staff prior to visiting. All centres will post additional precaution signage on the entrance of ill resident's rooms. The registered nurse will advise visitors about any restrictions and instruct them in the proper use of PPE, if required. Ill residents and their visitors should remain in the resident's room throughout the visit. It is recommended visitors do not visit other residents unless otherwise directed.

Communal and Other Activities

Visits by outside groups (e.g., entertainers, community groups) shall not be permitted. Visits to multiple residents will be restricted, unless the visitor is assisting with care and activities of daily living.

Onsite adult and childcare programs may be reduced or curtailed under direction from OMT. As long as the centres have sufficient staffing they may continue to provide these programs, unless instructed otherwise by Peel Public Health. There should be no interaction between ill residents and the program participants. Program participants will be screened for FRI symptoms prior to accessing the centre.

A staff member/pastoral care, social worker or volunteer will be made available to assist managing and controlling issues that may arise with visitors to the centres during the pandemic (e.g. emotional situations resulting from anxiety and shock due to pandemic situations and illness and death of a loved one).

A security guard will be on duty 24hrs/day to assist in controlling disgruntled visitors if needed. The OMT will evaluate the need to restrict visitors at the time of the Pandemic.

D. MASS FATALITY MANAGEMENT

Death Pronouncement

According to the College of Nurses of Ontario (CNO), the College's practice standard for Resuscitation states a nurse may pronounce death in situations of expected death, meaning the client is terminally ill and there is no available treatment to restore health or the client refuses the available treatment. Pronouncing death is to declare death has occurred. There is no legal definition of pronouncing death and no legal requirement that a physician pronounce death.

When deciding if it is appropriate for nurses to pronounce death within a particular setting, consideration must be given to the client population, the benefit to the client's family and friends and any potential restrictions in policy and legislation.⁶⁰

⁶⁰ College of Nurses of Ontario. (2006). *Pronouncing Death*. Retrieved February 9, 2007, from http://www.cno.org/prac/yau/2005/06_pronouce_death.htm

In a pandemic outbreak, it may be anticipated a RN and RPN will pronounce death. The CNO will be contacted for clarification of responsibilities for registered staff during a pandemic.

Death Certification

At present, only physicians can certify the death of residents. This practice, while presently under review, may be altered to reflect a pandemic situation.

Additionally, the *Coroners Act* includes other circumstances in which a nurse would need to report a death to the Coroner for investigation. At present, it is routine practice to report every 10th death, however in a pandemic outbreak, the reporting may be altered. Direction will be taken from the Medical Officer of Health to guide the reporting process.

Temporary Morgue Sites

At present, there is limited morgue capacity at each centre. The availability of offsite surge morgue capacity is under review and the plan will be updated as information is made available. Direction will be taken from the Medical Officer of Health and Peel Public Health.

Safekeeping of Personal Belongings after Death

- At present, Power of Attorney and/or family members are required to remove the personal belongings within 24 hours following the death of the resident.
- The centre will advise of the need to pick the belongings up as soon as possible.
- The centre provides storage in a designated area for up to 30 days and will communicate with the family for required support with the process of removing items from the Centre as needed.
- The centre will adhere to the families' directions for disposal of personal belongings and/or donations.
- The belongings will be stored up to a maximum of one year, after this time the centre will dispose of the items.
- Public storage may be recommended if on-site storage capacity is exceeded.

E. FAITH PRACTICES AND CONSIDERATIONS FOR DEATH AND DYING

The Region of Peel LTC centres have both ethno-culturally and religiously diverse resident populations. It is recognized some faith based groups have special considerations when dealing with death and dying. Should a pandemic influenza result in additional deaths over and above the number of deaths expected from all causes occurring in the Pandemic period, special consideration may need to be given to ensure these practices are adhered to as much as possible while dealing with this surge. It is expected many deaths in a pandemic would not require an autopsy since an autopsy is not needed to confirm influenza as the cause of death.⁶¹

Where faith based practices dictate how a deceased body should be handled, the wishes of the family will be adhered to. If the family will not be available for consultation, local religious and ethnic communities may be consulted to obtain information and guidance. It is important to recognize that there may also be a significant loss of people and expertise/skill sets within the faith community during a pandemic as a result of staff/volunteer absences and an increased demand for faith groups and faith based organizations to provide mental/spiritual health and social services. Further, there may be an increased need for faith leaders to address rumours,

⁶¹ Public Health Agency of Canada. (2006). *Canadian Pandemic Influenza Plan for the Health Sector-2006*. Annex I-4. Retrieved February 9, 2007, from <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>

misinformation, fear and anxiety.⁶² These factors may impact on the availability of faith based support from external resources.

The Palliative Care Committee at each centre will provide information and support in regards to special considerations for faith based groups. The health care team will be encouraged to consult with the Palliative Care Committee to ensure residents are treated with respect and dignity in the process of dying and death according to their chosen faiths.

⁶² Ontario Ministry of Health and Long Term Care. (2006). *Guide to Influenza Pandemic Preparedness for Faith Groups*. Retrieved September 16, 2008, from http://www.health.gov.on.ca/english/public/program/emu/pan_flu/faith/faith_guide.html

CHAPTER 14 – RECOVERY AND BUSINESS CONTINUITY

Post Pandemic Recovery Activities and Business Continuity Planning – “Return to Normal”

The aim of recovery is to allow Peel Long Term Care to emerge from a pandemic outbreak in as healthy a state as it was prior to the outbreak. As the outbreak will likely come in waves, every attempt must be made to balance the available resources (physical and human) to expedite recovery while preparing for the next wave of pandemic.

Key Actions:

Priority	Key Actions
Immediate	• Debrief • Assess resources and re-stock supplies and equipment • Evaluate individual and economic costs of the pandemic (consider overtime, work days lost, additional supplies, etc.) • Resume routine surveillance and normal work schedules • Provide updates (written) to staff, residents, families and volunteers
Intermediate	• Review data for information such as: age specific mortality, morbidity and attack rates, vaccine efficacy, antiviral efficacy, community containment measures • Return to routine influenza surveillance • Evaluate lessons learned
Gradual	• Maintain communication with local partners • Assess and re-build infrastructure (e.g. volunteer reserve) • Revise competencies/key skills for volunteers as necessary to support job functions based on what was learned during pandemic • Revise the Pandemic, Emergency and Business Continuity Plans as appropriate

APPENDIX A

Family, Friends and Volunteers Emergency Response Assistance Sign up Sheet

As you have been hearing on the news and reading in the newspapers, there is much discussion about the possibility of a Pandemic Influenza Outbreak. No one knows for sure as to when or how this will occur. As a result, the long term care centre is in the process of developing an emergency response plan to support the operation.

As part of this plan, we are compiling a list of people who may be able to assist us with various tasks in the event of an emergency situation such as a Pandemic Influenza Outbreak.

Please indicate (√) below if you are willing to assist in the event of an emergency situation.
Please return this form to the front office upon completion.

Thank you for your time and cooperation.

Name:_____	Business Number	Cell Number	E-mail address
Meal Assistance			
Light housekeeping duties			
Delivering/folding laundry			
Screening staff and visitors			
Delivering/Serving meals			
Assist with scripted telephone messages.			
Friendly Visiting			
Other			
Availability- Time Available			
Specify Days			
Evenings			
Nights			

APPENDIX B

FRI SURVEILLANCE TOOL

Case Finding/Surveillance Protocol for Febrile Respiratory Illness (Questionnaire)

- (i) Do you have new/worse cough or shortness of breath?
If “no”, stop here (no further questions).
If “yes”, continue with next question:
- (ii) Are you feeling feverish*, or have you had shakes or chills in the last 24 hours?
If “no”, take temperature; if $>38^{\circ}\text{C}$, continue with next questions, otherwise stop (no further questions).
If “yes”, take temperature and continue with next questions.

*NOTE: Some people, such as the elderly and people, who are immunocompromised, may not develop a fever.

***If the answer to both questions (i) and (ii) is “yes”, or if the answer to question (i) is “yes” and the recorded temperature is $>38^{\circ}\text{C}$,
Initiate droplet precautions, and notify Infection Prevention and Control***

- (iii) Is any of the following true?
Have you traveled within the last 14 days? Where**? or
Have you had contact in the last 14 days with a sick person who has traveled?
Where**?

*****For a current list of countries with health alerts, see:***

<http://www.phac-aspc.gc.ca/tmp-pmv/index.html>

Infection Prevention and Control should notify public health by phone when: case has a positive travel history and/or there is a possible cluster/outbreak.

APPENDIX C

The following educational resources are available for download and use in pandemic influenza education:

<http://www.peelregion.ca/health/pandemic/educ-materials.htm>

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_04.pdf

http://www.health.gov.on.ca/english/public/program/emu/pub_mn.html