Pandemic Plan

St. Joseph's Healthcare Hamilton

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References

Notes

1. This document, The Clinical Health Services Pandemic Influenza Plan, is a draft document for approval released June 2006.
2. This is a dynamic working document and will be continuously updated over the coming weeks, months and years. The content is subject to change and serves as a basis for discussion and development.
3. Please observe version control in the footer to determine last edited time/date.
4. This version should be discarded if subsequent versions are received.
5. World Health Organization "Periods" are fixed based on the 2005 guidelines however they too may change based on worldwide activity.
6. "Initiatives" are recommendations from the Joint Project Managers that require support from the Executive team for development and implementation.
7. "Key Decisions" are critical legal ethical decisions related to direct patient care needs.
8. This plan should be used in conjunction with:
    a. Any directives issued by the Ministry of Health and Long-Term Care (MOHLTC) during an influenza pandemic.
    b. Preventing Febrile Respiratory Illnesses: Protecting Patients and Staff. Best practices in Surveillance and Infection Prevention and Control for Febrile Respiratory Illness (FRI) for all Ontario Health Care Settings, Provincial Infectious Diseases Advisory Committee (PIDAC), Ontario Ministry of Health and Long-Term Care, 2005.
    c. The **Ontario Health Plan for an Influenza Pandemic**, Ontario Ministry of Health and Long-Term Care, 2007.
    d. Routine Practices and Additional Precautions for Preventing the Transmission of Infections in Health Care, Health Canada, 1999.
    e. All policies and procedures approved through St. Joseph's Healthcare Hamilton

Useful links:

St. Joseph's Healthcare Hamilton website: http://www.stjosham.on.ca/

Hamilton Health Sciences website: http://www.hamiltonhealthsciences.ca/

City of Hamilton Public Health website: http://www.myhamilton.ca/myhamilton/CityandGovernment/HealthandSocialServices/

Ministry of Health website: http://www.health.gov.on.ca/

Health Canada websites: http://www.hc-sc.gc.ca/pphb-dgspsp/dimr/index.html

Preface

This plan is prepared under the authority of the Medical Officer of Health, Public Health Services, and the City of Hamilton. The 1990 Health Protection and Promotion Act (HPPA) imposes duties and responsibilities on the local Medical Officer of Health with respect to the control of health hazards and communicable diseases. Hence the Medical Officer of Health for the City of Hamilton has legislative authority to take local measures to control an infectious disease outbreak.

Authority and Legislative Authority

The legislation under which the City of Hamilton, its employees, agents and departments are authorized to respond to a Pandemic is as follows:

1. BY-LAW-05-105, The City of Hamilton (April 27th, 2005
2. The Emergency Management Act (2002)
3. Health Protection and Promotion Act (HPPA), revised statutes of Ontario, 1990 Chapter H.7.

With the Order-in-Council 167/2004 (February 2, 2004), the Ministry of Health and Long-Term Care (MOHLTC) is responsible for formulating emergency plans for large-scale human health emergencies and epidemics, and emergency health services.

The 1990 Emergency Management Act is the authority under which the Premier would declare a provincial emergency during an influenza pandemic. If an emergency is declared, Section 7(3) allows the Premier to direct and control a municipality's administration, facilities and equipment, and can direct and control municipalities' powers and duties.

The Federal and Provincial Pandemic Influenza Plans will provide overall direction, guidance and coordination to the local response in Hamilton and will guide the development of all pandemic influenza plans.

The Hamilton Community Pandemic Influenza Plan is based on the federal and provincial plans. At the time of the pandemic, decisions and actions of international, federal and provincial levels of government will influence the implementation of Hamilton's plan. Since pandemic response is a shared responsibility across the health care and community service sectors, these stakeholders will develop and maintain complementary pandemic influenza plans.

Although this plan is the point of reference for acute care hospitals in Hamilton, it will be used in conjunction with the Hamilton Community Pandemic Plan, LTCH plans and other community health care and social service agency plans. Since pandemic response is a shared responsibility across the health care and community service sectors, these stakeholders will develop and maintain complementary pandemic influenza plans.

Reference: Hamilton Community Pandemic Influenza Plan, February 2006

Acknowledgments

The development of the Clinical Health Services Pandemic Influenza Plan is based on a collaborative and coordinated approach between St. Joseph's Healthcare, Hamilton Health Sciences and Hamilton Public Health. Funding from the Hamilton Emergency Services Network allowed the Project Managers from each corporation the ability to focus on the research, collation and development of the plan. We are grateful for this financial support.

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Sunnybrook Women's Health College Sciences Centre
Toronto Academic Health Science Network

To our dedicated colleagues and staff we would like to acknowledge your participation and continued support in the development of this plan.

"It's not the plan that's important, it's the planning." (Graeme Edwards)

Mission, Vision and Values

MISSION

Our Identity

We are a Catholic hospital, owned and operated by the St. Joseph's Health Care System and committed to carrying out the healing mission of Jesus Christ. We are a university teaching hospital, affiliated with the Faculty of Health Sciences, McMaster University.

We are dedicated to providing compassionate, sensitive care to our patients and their families and to achieving excellence in health care through our on-going commitment to education and research.

Our Values

- We believe in the dignity of the person and the sacredness of human life.
- In response to the gospel message, we have a special obligation to the poor and unwanted.
- We communicate with our patients and each other openly, honestly and with sensitivity.
- We respect patients' different needs in our multicultural and multilingual community.
- We expand the boundaries of health science by developing and promoting research activities.
- As a university teaching hospital, we create an effective environment for learners and provide on-going educational opportunities for staff to enhance their knowledge and skills.
- We are dedicated to the well-being of our community and reach out to promote health and prevent illness.
- We are committed to using our resources responsibly and to protecting the environment.
- Working together as a community, we respect personal and professional integrity, involve staff at all levels in decision-making, and recognize their contributions to our common mission.

Our Commitment

In 1890, the Sisters of St. Joseph of Hamilton established St. Joseph's Hospital to respond to the needs of immigrants, orphans, the poor and the dispossessed. In this same spirit of compassion, innovation and commitment to the needy, St. Joseph's Hospital will continue to strive for excellence in the care of the people of the Hamilton-Wentworth Region and the surrounding areas.

Together, we are dedicated to these values and will commit our skills and resources to fulfill this mission.

Abbreviations & Definitions

ACTT: Assertive Community Treatment Team

Airborne Transmission: Communicable diseases that are spread through the air by droplet nuclei.

Airborne Precautions: In addition to routine practices, airborne precautions include: Single room, negative pressure in relation to surrounding area with a minimum of 6-12 air exchanges per hour and all persons who enter the room must wear a high-efficiency dust/mist mask which will filter particles one micron in size, filter with 95% efficiency and provide a tight facial seal (less than 10% leak).

Avian (or bird) flu: An influenza infection in birds. Avian influenza viruses occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can rarely be transmitted from birds to humans. There is no human immunity and no human vaccine is available.

Cluster: A grouping of cases of a disease within a specific time frame and geographic location suggesting a possible association between the cases with respect to transmission. Usually involves $\geq$2 or more cases.

COAST: Crisis Outreach and Support Team. This is a mobile crisis team made up of specialty trained police officers and mental health workers.

Code Orange: External Disaster

Cohort: A group followed or traced over a period of time; individuals within the same infection category who are kept together. Cohorting minimizes contact between member of cohort and uninfected members.

Contact Precautions: Indicated for certain organisms when routine precautions are not sufficient to control transmission. Contact precautions include using the following:

Selective accommodations based on potential for environmental contamination

1. Gloves should be worn when entering the patient room or designated patient care area
2. Gowns should be worn if clothing or forearms will have direct contact with the patient

Contact Transmission: Includes direct contact, indirect contact and droplet (large droplet) transmission. Although droplet transmission is a type of contact transmission, it is considered separately as it requires different precautions.

CritiCall: 24 hour a day emergency referral service for physicians across the province of Ontario. The service assists in contacting on-call specialists, arranging for appropriate hospital beds and accessing transportation for patient.

Critical Care Transport Team (CCTT): Used for Critical Care transports between sending and receiving facilities within the Hamilton region.

Critical Care Triage Protocol: This protocol is intended to provide guidance for making triage decisions during the pandemic period. During a pandemic the triage goal will be to utilize methods for allocating resources in an equitable manner and maximize the benefit to the community as a whole. This protocol should not be viewed as the first step toward any type of rationing of resources under normal conditions. It is only to be used in extraordinary circumstances.

CSS: Community Schizophrenia Service
Doffing: To remove Personal Protective Equipment (PPE)

Donning: To put on Personal Protective Equipment (PPE)

Droplet/Contact Precautions: Droplet/Contact precautions are based on the best expert opinion on the prevention and control of droplet spread febrile respiratory illnesses at this time. Recommendations will be reviewed and updated, as more evidence- based information is available (January 2008).
The following practice is consistent with the Public Health Agency of Canada recommendations and also consistent with the Communicable Disease Protocols developed jointly by the Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA), Ontario Health Plan for an Influenza Pandemic (OHPIP) July 2007, and Provincial Infectious Disease Advisory Committee (PIDAC) Preventing Febrile Respiratory Illnesses 2006.

As well as routine practices, droplet/contact precautions include:

1. Single room, door may remain opened
2. Fluid resistant surgical/procedure mask should be worn within 1 metre of the patient
3. Eye protection (goggles, face shield) to protect the mucous membranes or the eyes
4. Gloves for direct patient care
5. Gowns should be worn if clothing or forearms will have direct contact with the patient
6. Cleaning and disinfection of communal equipment after each patient use
7. Hand hygiene as per Routine Practices

Additional research on influenza transmission will inform the final policy on personal protective equipment. The MOHLTC, in collaboration with internal and external partners, will continuously review emerging and evolving science on influenza transmission, and update the recommended protective practices as appropriate. The issue of whether influenza can be spread by airborne transmission remains under review. (OHPIP 2007)

Droplet Spread Illness: Illness spread when droplets of respiratory secretions come into direct contact with the mucous membranes of the mouth, nose and possibly eyes of another person. Droplet spread illness can also be transmitted indirectly when people touch or have contact with hands, surfaces and objects contaminated with droplets of respiratory secretions, and then touch or have contact with their own or someone else's mucous membranes or eyes (PIDAC 2006)

Droplet Transmission: The projection of microbial particles into the air emitted by an infected host onto the conjunctiva or mucous membranes of the eye, nose, or

cough during sneezing, coughing spitting, singing, or talking. This method of spread is usually limited to a distance of about 1 m or less.

EMS: Emergency Medical Services

EPT: Emergency Psychiatric Team

EPAU: Emergency Psychiatric Unit

ERMHS: East Regional Mental Health Services

FRI (**Febrile Respiratory Illness):** FRI is a term used to describe a wide range of droplet-spread respiratory infections, such as colds, influenza, influenza-like illness (ILI) and pneumonia, which usually present with symptoms of a fever of greater than 38°C **and** new or worsening cough or shortness of breath. Note: Elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.

Hand Hygiene: A process for the removal of soil and transient microorganisms from the hands. Using soap and water or the use of alcohol-based hand rubs that contain between 60-90% alcohol may accomplish hand hygiene

HCW- Health Care Worker

HOAP: Health for Older Adults Service

HHS- Hamilton Health Sciences

ICP- Infection Control Practitioner

Influenza ("the flu"): Seasonal or annual influenza occurs every year during the winter months of October to April. Influenza is a viral respiratory infection that may cause severe illness and complications in many people. The virus is divided into three groups: A, B & C. The virus is highly contagious which allows for it to spread easily from person to person by coughing or sneezing. It can also be spread by direct contact with contaminated surfaces such as unwashed hands or toys. An annual vaccine is available.

Isolation: Separation of infected persons from others through placement, ventilation, and use of barriers for pertinent period of communicability. This should occur in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infect to those who are susceptible or ho may spread the agent to others.

MOHLTC- Ministry of Health and Long Term Care

NPS- Nasopharyngeal swab

Ontario Patient Transport (OPT): Provides 24 hour/365 day bedside- to – bedside service locally and long distance for stable patients
Outbreak: An excess over the expected level of disease within a geographic area.

Pandemic Alert Period: Based on the WHO Phases of pandemic alert**.** This period is divided into 3 phases.

Phase 3: Human infection(s) with a new subtype, but not human-to-human spread, or at most, rare instances of spread to a 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: Large cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)

Pandemic Influenza: Influenza disease caused by a new influenza A subtype affecting or attacking the population of an extensive region, country, or continent. Often there is recurrence of epidemic activity within several months of the initial wave of disease.

Pandemic Over: The pandemic is declared "over" when the infection rate of influenza activity returns to pre-pandemic levels. Based on previous pandemics, it could take two years for this to occur.

Pandemic Period: Based on the WHO Phases of pandemic alert**.** This period consists of 1 phase:

Phase 6: Increased and sustained transmission in the general population

Provincial Transfer Authorization Centre (PTAC): Mandatory online request through Ontario Air Ambulance for all patients requiring inter facility transfers.

Personal Protective Equipment (PPE): Refers to a variety of barriers and respirators used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents.

Respiratory Cluster: A grouping of respiratory cases within a specific time frame and geographic location suggesting a possible association between the cases with respect to transmission. Usually involves $\geq$2 or more cases.

Respiratory Etiquette: Measures to contain respiratory secretions for all individuals with signs and symptoms of a respiratory infection such as:

1. Cover the nose/mouth when coughing or sneezing;

2. Use tissue to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;

3. Perform hand hygiene (e.g., hand washing with a soap and water, alcohol-based hand rinse) after having contact with respiratory secretions and contaminated objects/materials;

Routine Practices/Standard Precautions: A combination and expansion of Universal Precautions. Routine practices are based on the principle that all blood and body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain infectious agents. Routine precautions shall include hand hygiene, and depending on the exposure the use of gloves, gown, mask, eye protections, or face shield. Routine practices shall also include appropriate cleaning of the patients' environment and equipment to prevent transmission of infectious agents. Patient placement is another component to routine practices (patients' must maintain spatial separation of > 1 metre apart between patients).

Self-Screening: Passive screening by all employees and visitors who enter the hospital.

SJH-St. Joseph's Hospital

SJHH- St. Joseph's Healthcare Hamilton

Surveillance: Systemic method of collecting consolidating, and analyzing data concerning the distribution and determinants of a given disease or event, followed by dissemination of that information to those who can improve the outcomes.

Surge Capacity: To rise suddenly to an excessive or abnormal number of patients that can be accommodated. The ability to make available adequate resources needed to deal with the increased number of patients. Expansion of surge capacity will be based on human resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care.

Surge Capability: The ability to manage increased number of patients in the event of a surge capacity. The ability to manage the increased number of patients based on human resources and the equipment and supplies required to support the required care.

TOPSS: Transitional Outpatient Program of the Schizophrenia Service

Transmission-based Precautions: Healthcare system of patient management through placement, ventilation, and use of barriers designed for persons with documented or suspected infection(s) with highly transmissible or epidemiological important pathogens that spread by airborne, droplet or contact route.

WHO: World Health Organization.

WHO Phases of Alert: WHO uses a series of six phases of pandemic alert as a system for informing the world of the seriousness of the threat and of the need to launch progressively more intense preparedness activities. The Director-General of WHO makes the designation of the phases, including decisions on when to move from one phase to another.

Chapter 1 - Preparation

1. Background of Pandemic

C1-1.1 Why Do Hospitals Need A Pandemic Influenza Plan?

Why do hospitals need a Plan for Pandemic Influenza?

Strains of influenza viruses are circulating around the world at any given time. Influenza A viruses have been associated with worldwide epidemics, or pandemics causing high rates of illness and death. A pandemic may occur at any time, with the potential to cause serious illness, death and social and economical disruption. Although the timing, nature and severity of the next pandemic influenza cannot be predicted, preparedness planning is imperative to lessen the impact of a pandemic.

Historic evidence suggests that pandemics occur three to four times per century. In the last century there have been three influenza pandemics:

1. Spanish Flu 1918-1919
2. Asian Flu 1957-1958
3. Hong Kong Flu 1968-69

The most deadly, the "Spanish Flu" of 1918-1919 killed an estimated 30,000-50,000 people in Canada and 20-40 million people worldwide.

In 2003, the Province of Ontario experienced first hand the impact of a highly contagious virus, Severe Acute Respiratory Syndrome (SARS). This virus caused a tremendous impact on the Health Care system along with economical and social disruption in the community. This health emergency demonstrated our lack of preparedness for dealing with any health threat in our communities. Pandemic planning may possibly reduce the extent of the influenza outbreak, reduce the number of illness and deaths and lessen the impact of socio-economic disruption in the community. The goal of the Clinical Health Services Plan is to ensure that healthcare facilities are prepared to respond efficiently and effectively while minimizing disruption to healthcare services.

C1-1.2 About Influenza

Influenza is a highly contagious respiratory illness that is caused by a group of viruses:

- Influenza A
- Influenza B
- Influenza C

To date most seasonal influenza outbreaks are caused by Influenza A and B. Type C rarely causes human illness.

Symptoms of Influenza

The onset of influenza is very sudden with fever (usually very high and lasting 3-4 days) and cough along with one or more of the following symptoms:

- Headache (often severe)
- Aches and pains (often severe)
- Fatigue and weakness (often lasting 2-3 weeks)
- Extreme weakness (at the start of the illness)
- Stuffy nose, sneezing, sore throat
- Nausea, vomiting and diarrhea (in children)

A lot of different illnesses including the common cold can have similar symptoms to influenza.

Complications of Influenza

While most healthy people recover from influenza without any complications, some people are at high risk for acquiring serious complications from influenza. The elderly, children and people with underlying health conditions may be at risk. Some complications caused by influenza include:

- Bacterial pneumonia
- Dehydration
- Worsening of chronic medical conditions
- Sinus and ear infections

Transmission of Seasonal Influenza

Seasonal Influenza is directly transmitted from person to person when people who are infected with influenza cough or sneeze, and the droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose, and eyes of another person.

The droplets can survive for 24-48 hours on hard non-porous surfaces, 8-12 hours on cloth, paper and tissue, and up to 5 minutes on hands.
Contaminated hands, surfaces and objects may cause the virus to be spread indirectly

The incubation period for influenza is 1-3 days. People with infected with the virus are infectious and able to transmit the virus for up to 24 hours before their symptoms occur. Adults remain infectious for 3-5 days after their symptoms appear while children are infectious for up to 7 days after symptoms appear.

The issue of whether influenza can also be spread by airborne transmission in other situations (i.e., other than during procedures that generate aerosols) is controversial and remains under discussion (OHPIP 2007 p. 7-4)

C1-1.3 When Does Influenza Become A Pandemic?

Pandemic influenza will occur when all four of the following conditions are in place:

1. A novel influenza A virus is detected
2. The new virus can spread efficiently from human-to-human
3. The new virus causes serious clinical illness and death
4. The population has little or no immunity to the new virus

The World Health Organization (WHO) will declare a pandemic when human-to-human transmission of a novel influenza A virus is confirmed and sustained, along with outbreaks occurring in several countries.

The first wave of the pandemic will last approximately 6-8 weeks, and will be followed by a second and possibly more severe wave 3-9 months later and possibly a third wave. It is quite possible that the epidemic cycle may last from 12-18 months.

The majority of new influenza strains emerge in Southeast Asia where the human population has close interactions with pigs and domestic fowl. When a new strain is identified, it will most likely appear in Ontario within 1-3 months.

In Hamilton a pandemic of moderate severity will result in approximately:

- 360,000 persons infected
- 72,000-180,000 clinically ill
- 33,000-82,000 requiring out patient care
- 500-1500 requiring hospital admission

This will result in overwhelming medical beds and ventilated bed capacity.

Reference: Ontario Health Plan for Influenza Pandemic, June 2005

C1-1.4 WHO Pandemic Periods and Phases

WHO - Period	WHO - Phase	Description
Inter-Pandemic Period	**Phase 1**	• No new influenza virus subtypes 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 virus subtypes have been detected in humans. • A circulating animal influenza virus subtype poses a substantial risk of human disease
Pandemic Alert Period Current Period as of April 2008	**Phase 3**	• Human infection(s) with a new subtype, but not human-to-human spread, or at most rare instances of spread to a 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	• Large cluster(s) but human-to-human spread is 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 the general population
Post-Pandemic Period		• Return to inter-pandemic period

2. Incident Management System

C1-2.1 What is the Incident Management System?

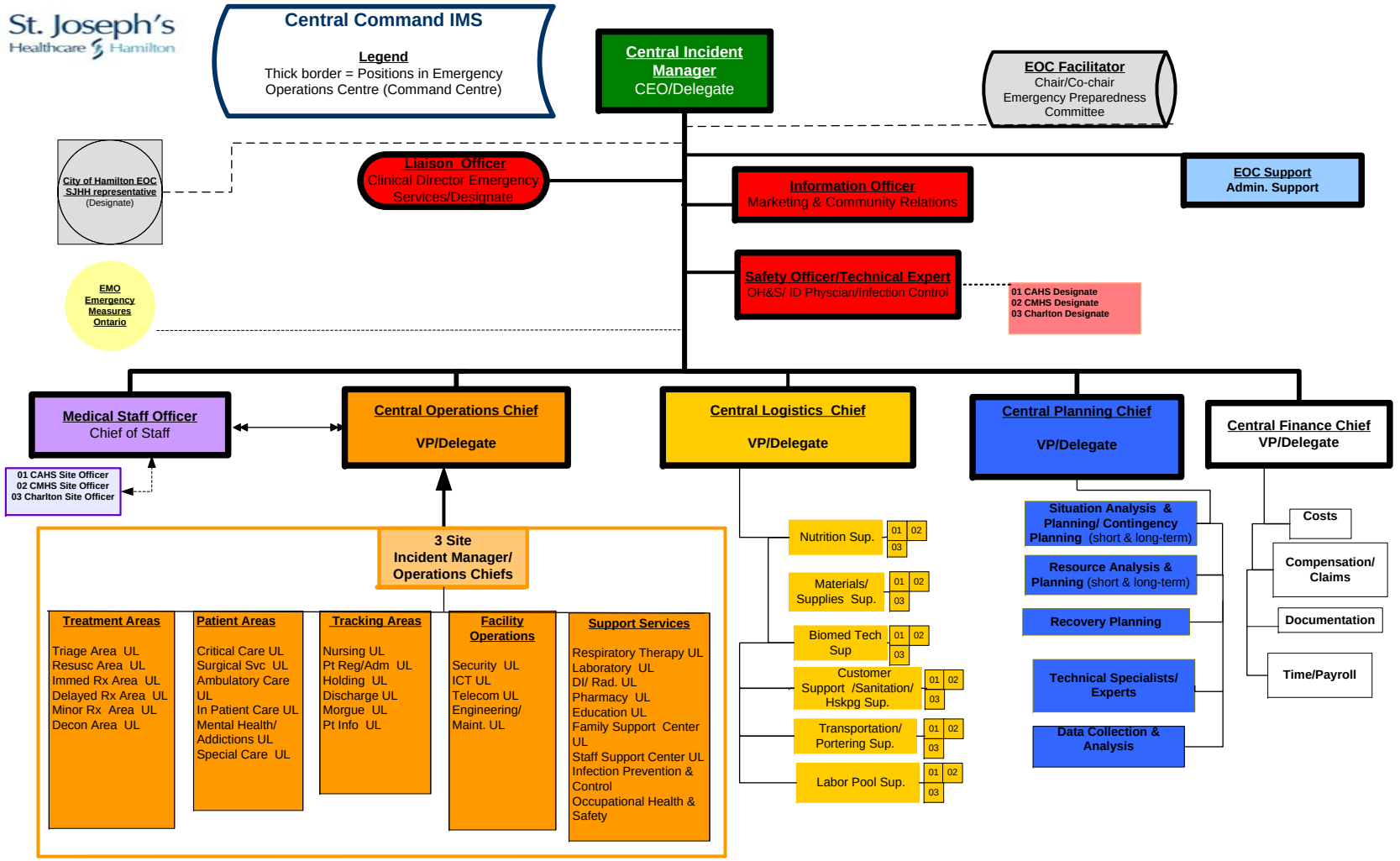
The Incident Management System is an international emergency management structure. It provides the basic command structure and functions required to manage an emergency efficiently and effectively. The IMS has five components:

1. Incident Commander
   - Activates, organizes and directs the Emergency Operations Centre (EOC)
   - Define the overall direction for all three hospital sites and if necessary authorize evacuation
   - Directs the recovery
   - Organizes the debriefing and recommend improvements
2. Operations Chief
   - Organizes, coordinates, supervises and direct the operations section
   - Carries out EOC directives
   - Coordinates and supervises the medical services, clinical support services and facility operations services
3. Planning Chief
   - Organizes and directs the Planning Section
   - Ensures distribution of critical information and data
   - Compiles scenario/resource projections from all section chiefs and carries out short and long range planning
4. Logistics Chief
   - Organizes and directs activities associated with the maintenance of the physical environment, adequate food, shelter & supplies to support the action plan
5. Finance & Administration
   - Monitors and tracks costs associated with the incident
   - Oversees the acquisition of supplies & services necessary to carry out the action plan

The incident management system is a major component of the Clinical Health Services Pandemic Plan. This system allows the standardization of information across the organization creating an efficient process for responding to pandemic influenza.

The Ministry of Health and Long Term Care will use this model for its Emergency Operations Centre along with other organizations provincially and locally.

St. Joseph's Healthcare is currently developing and implementing an Organizational Incident Management System that will increase the effectiveness of emergency management across the corporation. This system will enable our hospital to connect smoothly and effectively with other community and provincial partners during a pandemic influenza.


St. Joseph's Healthcare Hamilton
Central Command IMS
Legend
Thick border = Positions in Emergency Operations Centre (Command Centre)
Central Incident Manager
CEO/Delegate
EOC Facilitator
Chair/Co-chair
Emergency Preparedness Committee
City of Hamilton EOC
SJHH representative
(Designate)
Liaison Officer
Clinical Director Emergency Services/Designate
Information Officer
Marketing & Community Relations
EOC Support
Admin. Support
EMO
Emergency Measures Ontario
Safety Officer/Technical Expert
OH&S/ ID Physcian/Infection Control
01 CAHS Designate
02 CMHS Designate
03 Charlton Designate
Medical Staff Officer
Chief of Staff
01 CAHS Site Officer
02 CMHS Site Officer
03 Charlton Site Officer
Central Operations Chief
VP/Delegate
Central Logistics Chief
VP/Delegate
Central Planning Chief
VP/Delegate
Central Finance Chief
VP/Delegate
3 Site Incident Manager/ Operations Chiefs
Treatment Areas
Triage Area UL
Resusc Area UL
Immed Rx Area UL
Delayed Rx Area UL
Minor Rx Area UL
Decon Area UL
Patient Areas
Critical Care UL
Surgical Svc UL
Ambulatory Care UL
In Patient Care UL
Mental Health/ Addictions UL
Special Care UL
Tracking Areas
Nursing UL
Pt Reg/Adm UL
Holding UL
Discharge UL
Morgue UL
Pt Info UL
Facility Operations
Security UL
ICT UL
Telecom UL
Engineering/ Maint. UL
Support Services
Respiratory Therapy UL
Laboratory UL
DI/ Rad. UL
Pharmacy UL
Education UL
Family Support Center UL
Staff Support Center UL
Infection Prevention & Control
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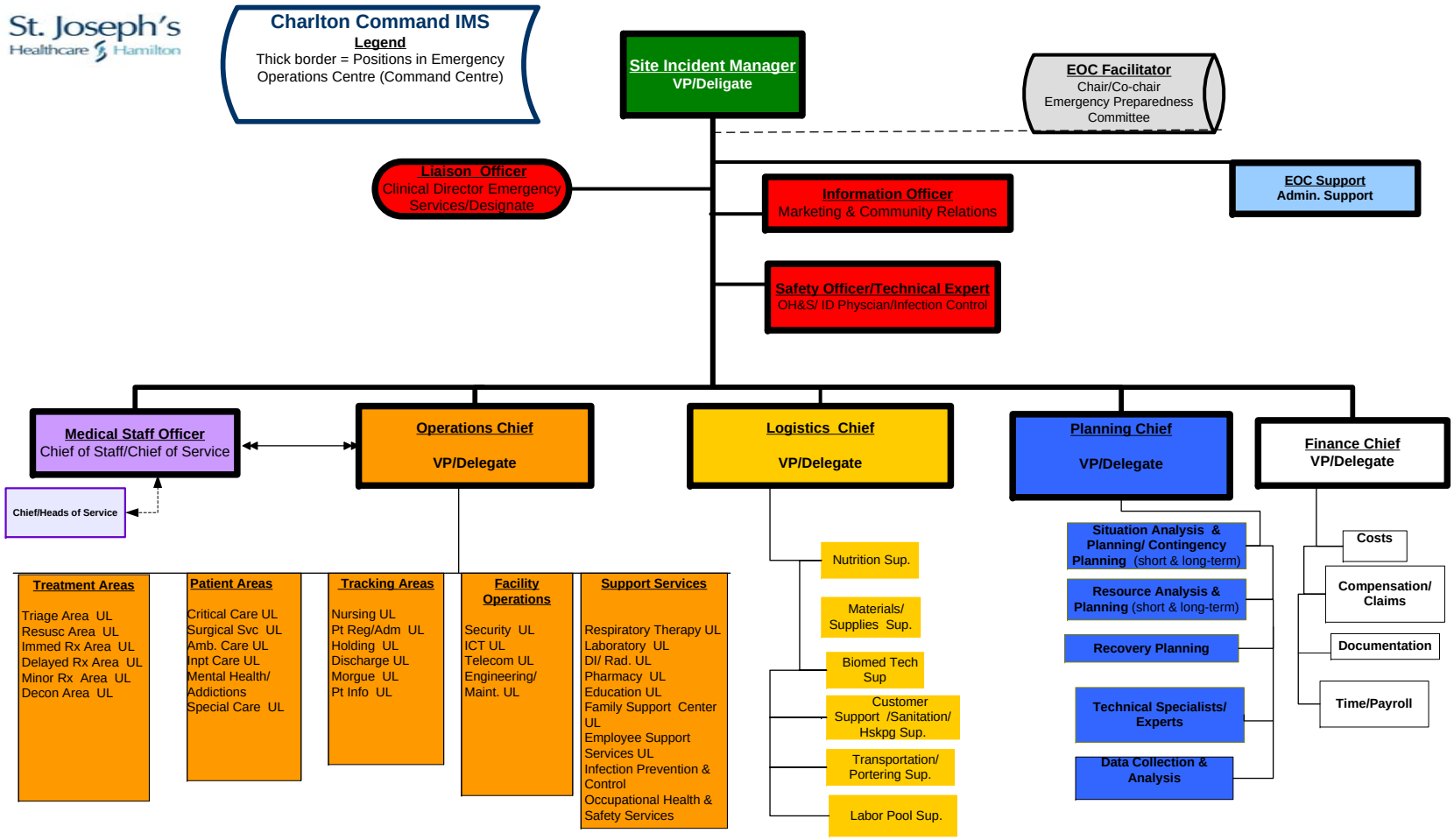
Nutrition Sup.
Materials/ Supplies Sup.
Biomed Tech Sup
Customer Support /Sanitation/ Hskpg Sup.
Transportation/ Portering Sup.
Labor Pool Sup.
01
02
03
Situation Analysis & Planning/ Contingency Planning (short & long-term)
Resource Analysis & Planning (short & long-term)
Recovery Planning
Technical Specialists/ Experts
Data Collection & Analysis
Costs
Compensation/ Claims
Documentation
Time/Payroll


St. Joseph's Healthcare Hamilton
Charlton Command IMS
Legend
Thick border = Positions in Emergency Operations Centre (Command Centre)
Site Incident Manager
VP/Deligate
EOC Facilitator
Chair/Co-chair Emergency Preparedness Committee
Liaison Officer
Clinical Director Emergency Services/Designate
Information Officer
Marketing & Community Relations
EOC Support
Admin. Support
Safety Officer/Technical Expert
OH&S/ ID Physcian/Infection Control
Medical Staff Officer
Chief of Staff/Chief of Service
Chief/Heads of Service
Operations Chief
VP/Delegate
Logistics Chief
VP/Delegate
Planning Chief
VP/Delegate
Finance Chief
VP/Delegate
Treatment Areas
Triage Area UL
Resusc Area UL
Immed Rx Area UL
Delayed Rx Area UL
Minor Rx Area UL
Decon Area UL
Patient Areas
Critical Care UL
Surgical Svc UL
Amb. Care UL
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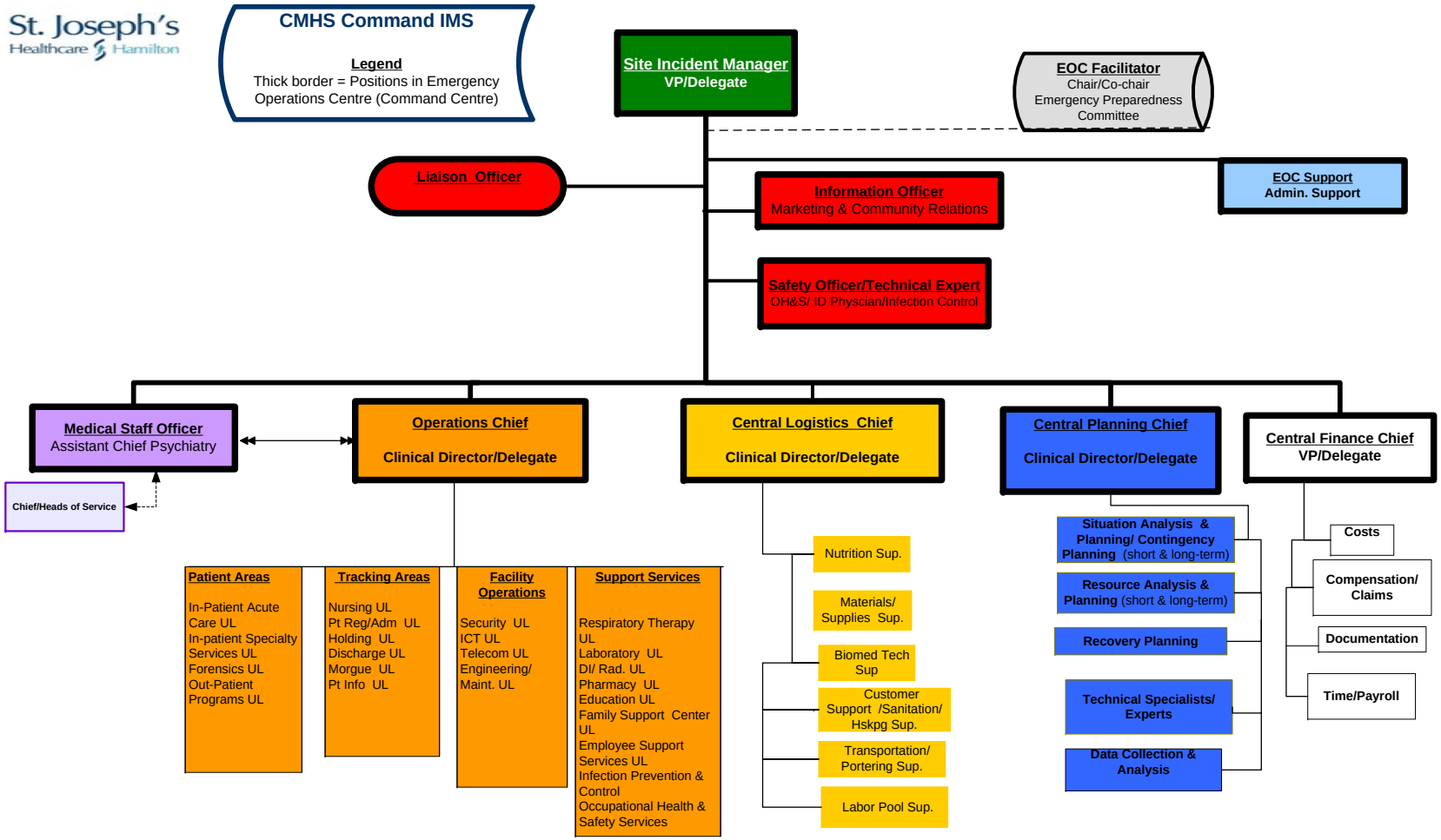
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EOC Support
Admin. Support
Safety Officer/Technical Expert
OH&S/ ID Physcian/Infection Control
Medical Staff Officer
Assistant Chief Psychiatry
Chief/Heads of Service
Operations Chief
Clinical Director/Delegate
Central Logistics Chief
Clinical Director/Delegate
Central Planning Chief
Clinical Director/Delegate
Central Finance Chief
VP/Delegate
Patient Areas
In-Patient Acute Care UL
In-patient Specialty Services UL
Forensics UL
Out-Patient Programs UL
Tracking Areas
Nursing UL
Pt Reg/Adm UL
Holding UL
Discharge UL
Morgue UL
Pt Info UL
Facility Operations
Security UL
ICT UL
Telecom UL
Engineering/ Maint. UL
Support Services
Respiratory Therapy UL
Laboratory UL
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Pharmacy UL
Education UL
Family Support Center UL
Employee Support Services UL
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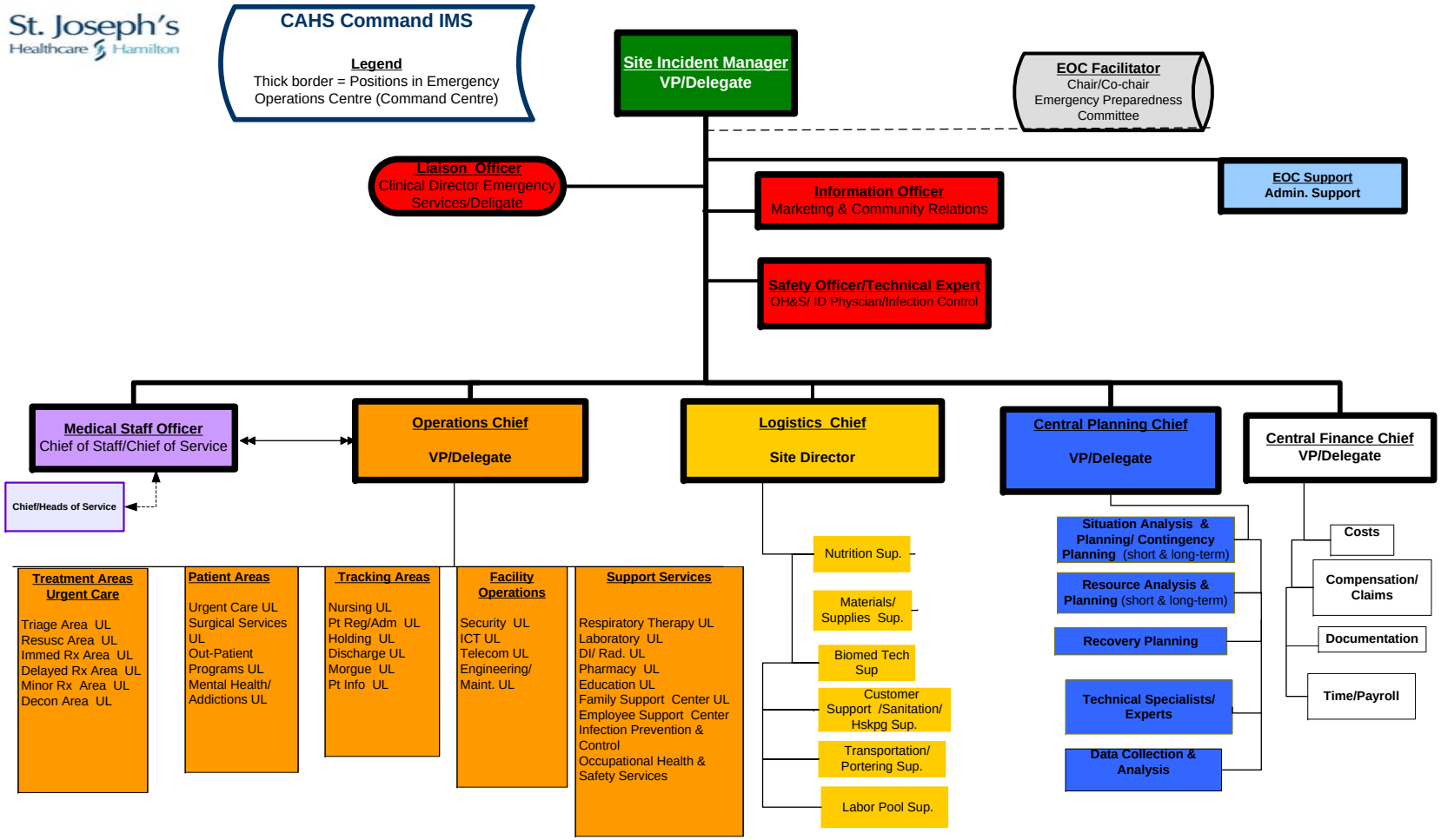
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3. About the Plan

Pandemic Planning Project Management Team (PPPMT)

The PPPMT is a sub group of the Hamilton Outbreak Management Committee. Membership includes an Occupational Health & Safety Physician, Infection Prevention & Control, Long Term Care and Public Health professionals. The role of the team was to monitor and oversee the completion of the Clinical Health Services Pandemic Plan (Acute Care) and the connection of the plan with the Hamilton Pandemic Influenza Plan.

Working Document

The Clinical Health Services Pandemic Influenza Plan is a living and working document.
The plan will be revised, as more epidemiologic information is available along with further direction from the Ministry of Health and Long Term Care (MOHLTC).

Development of the plan

The plan was based on the World Health Organization (WHO) pandemic periods and phases. It is reflective and consistent of the Ontario Health Pandemic Influenza Plan and the Canadian Pandemic Influenza Plan.

Working groups were developed to represent each unit, department or program within the organizations. Each working group was audited using a template that was developed specific to their area. Based on information received and collated from the returned templates the plan was developed.

Organization of the Plan

The plan is arranged in two periods based on the WHO pandemic periods and phases

- Alert Period
- Pandemic Period

Each Period covers the 4 key elements required for effective pandemic planning in the acute care setting:

- Communication
- Surveillance
- Business Continuity
- Infection Prevention & Control

Goal

It is the goal that the Clinical Health Services Pandemic Influenza Plan will be the first step in linking the Acute Care Hospitals to the community. It is recommended that local Public Health, Long Term Care and Emergency Services planning within the Hamilton Region continue to join the efforts of the Acute Care Services in order to ensure consistent pandemic planning within the region.

4. Ethics and Pandemic Planning

The following is based on recommendations submitted by Andrea Frolic Clinical and Organizational Ethicists Hamilton Health Sciences Corporation.

The report "Stand on Guard for Thee" by the Joint Centre for Bioethics (JCB) at the University of Toronto is also used as a primer on the ethics for pandemic planning.

Issue I: Duty to Provide Care

Dr. Frolic found Lynette Reid's treatment of this question to be the most relevant and fruitful (Bioethics, 19 (4), 2005, "Diminishing Returns? Risk and the Duty to Care in the SARS Epidemic"). Reid reminds us of four important factors to consider in answering.

"Do I have an ethical obligation or duty to take care of flu patients if doing so poses risks to my health and well-being?"

1. Diminishing Risk in Health Care Professions: While the work of military personnel, police officers and firefighters will be perceived as inherently risky, since the advent of antibiotics and protective measures and the concurrent downturn in the virulence of infectious diseases, medicine and nursing have become much less risky professions than they were historically. Three generations of health care professionals have enjoyed the social and economic benefits of their work without having to worry much about the risks providing care to patients might pose to their own health (a notable exception occurring at the beginning of the HIV/AIDS epidemic). Today's health care professionals have no models for how to respond appropriately in times of pandemic.
2. Flu patient as victim and vector: People who contract the flu (or any other infectious disease) are both biologically vulnerable human beings, and agents capable of infecting others through the choices they make. Thus our feelings toward carriers of infectious disease (unlike diseases such as cancer) are characterized by ambivalence: while we empathize with and want to help them, we also fear them and seek to withdraw from them.
3. Public Health Ethics vs. Medical Ethics: In the context of contemporary Canadian health care, medical ethics is generally based on the assumption that treatments decisions are made by (free and autonomous) individual patients in collaboration with their (free and autonomous) physician/team. However, in the context of infectious disease outbreaks, patients are not entirely free to make decisions about their treatment, nor are physicians empowered to advocate for their patients exclusively. In the case of a pandemic the logic of public health ethics must take precedent; decisions will generally be governed by the utilitarian ethic of producing the greatest benefit for the greatest number of community members. This will mean that the choices and liberties of individual patients and clinicians may be limited for "the greater good."
4. Social context of pandemic: If an individual or group of individual's refuses to accept the risk of caring for flu patients, this risk must be absorbed by someone else. The question is: if not me, then who? If physicians and nurses do not care for those who are critically ill, then who will? Who else in our society has the skills and knowledge to fulfill this role? Because influenza is a community-acquired infection, it will not be a disease

confined to one neighborhood, one social class, one (deserving or undeserving) cultural group: all are vulnerable. As Albert Camus writes in his novel The Plague, an account of an epidemic in the French port of Oran: "The plague was no respecter of persons and under its despotic rule everyone, from the Governor down to the humblest delinquent, was under sentence and, perhaps for the first time, impartial justice reigned…" (Part three, chapter I).

Reid and others argue that health care professionals do have a duty to care in the context of a pandemic for the following reasons:

A) Public expectation: the public will expect health care professionals to care for them when they become ill during a pandemic, just as they expect care for other diseases and injuries. This expectation is linked to the fact that healthcare in Canada is publicly funded and training provided to enable professionals to practice is subsidized by the public.

B) Required skills and knowledge: Only health care professionals have the requisite competencies to provide effective care to patients in the event of a pandemic.

C) Professional self-regulation: Society grants exclusive scope of practice for the provision of an essential human service to professional groups in exchange for the privilege of self-regulation. This social contract leaves no one but licensed healthcare professionals to turn to in an emergency

D) Choice of profession: By freely choosing a profession devoted to care for the ill, health care workers assume the risks this role entails.

Unfortunately, professional colleges have not yet stepped up to clarify the obligations of their membership in the event of a pandemic. In the absence of such guidance, the hospital should develop policies that clearly outline the duties of staff, recognizing that all healthcare workers—from medical to administrative to maintenance staff—face a common risk and burden of psychological and moral distress in the event of a pandemic.

These policies should be vetted by unions and other stakeholders, and clearly communicated to staff in advance of the pandemic.

Policies will be required to address the following issues regarding the duty to care:

1. Non-punitive exemptions for staff: During a pandemic influenza health care workers will have to weigh their duty to the public and patients against their duty to care for themselves and their own family members who may become ill. Certain medical conditions would put people at greater risk of suffering complications of flu (2nd-3rd trimester pregnancy, chronic cardiac/pulmonary diseases, HIV, diabetes, etc.). Should health care workers with these medical conditions be exempted from working in environments where they are likely to come into direct contact with persons with flu? How can such exemptions be allowed in a manner that is fair and transparent, while also maintaining the confidentiality of the health information of workers? How can health care workers be enabled to care for their sick family members at home (which would help to relieve the burden of patients on the hospital system) without being penalized? What process is necessary to ensure such a system of exemptions is not abused, increasing the burden on colleagues?

2. Protective equipment requirements: In the wake of SARS, healthcare workers reported that they found it stressful to delay or deny treatment to patients in order to take time to suit up and protect themselves. In the spirit of heroism, some health care workers preferred to forgo protective measures in order to respond more quickly to a patient's need. It must be clearly communicated that this form of heroism is not tolerable because of its potential consequences on the health of the worker, other patients and the community at large.
3. Consequences for refusing an assignment: If we assume that health care workers have a duty to provide and support care in the event of a pandemic, what consequences are appropriate for those who refuse to report to work? How is this communicated to workers?
4. Support for redeployment: In the event of a pandemic, workers will be redeployed to areas outside their usual scope of practice. Adequate supervision for these workers will be necessary to ensure the safety of patients. Workers will also require reassurance that the hospital will protect them from liability when they are redeployed.

Issue II: Reciprocity

The JCB report describes the principle of reciprocity this way: "Reciprocity requires that society support those who face a disproportionate burden in protecting the public good, and take steps to minimize burdens as much as possible."

Some have argued that health care workers' duty to provide care only applies if they are given the means to minimize the burdens and risks they incur in serving the public good. If the hospitals (and the public) expects staff to provide care to the community in the daunting context of a pandemic, reciprocity would demand that the following infrastructure be put into place to provide adequate support to staff:

1. Education about the risks of working in a pandemic hospital environment: It is important to note the difference between SARS as a hospital-based infection and influenza as a community-acquired infection. As well, the real risks to staff working in influenza wards/ICUs/ERs during a pandemic (with antiviral prophylaxis and protective measures in place) needs to be clarified.
2. Anitviral medication and influenza vaccination: How will these be distributed in the event of shortages?
3. Protective equipment for staff, patients and visitors
4. Adequate supervision/support, particularly for those staff members redeployed outside their scope of practice
5. Legal protection for non-criminal decisions/actions taken, particularly for staff working outside their normal scope of practice
6. Accountable leadership: Decision-makers should make every effort to ensure their decisions meet the five procedural values outlined in the JCB report: reasonable, open and transparent, inclusive, responsive and accountable. Decision-makers should be answerable for their actions and

inactions; defense of actions and inactions should be grounded in ethical principles and clinical evidence/best practice.

7. Clear, timely and accurate information: Daily updates will be required to ensure staff is able to make decisions based on the latest data/best practice guidelines. This will also help to alleviate the stress and fear that always accompany the unknown. Trust in leadership is engendered when the flow of information is transparent and unobstructed.

8. Psychosocial support: This area is easily overlooked. A pandemic will present challenges to staff for which they are ill prepared. Many will have to change their model of practice from giving the best care to all patients to a more triage-based model. The increased death rate will force staff to confront their own mortality, and may invoke feelings of helplessness or futility when large numbers of their patients die. Staff will also have to deal with anxious, confused and angry family members. Plans should be developed to provide psychosocial support to help staff (particularly those on the front lines) deal with the moral distress they will inevitably experience in the course of providing care/support to flu patients. Psychosocial supports should also be targeted at senior leadership and middle management who will have to cope with the constant strain of making difficult decisions under tight time constraints

9. Public recognition of heroism: While not encouraging staff to compromise their own well-being, there will be staff members who go above and beyond the call of duty in the context of a pandemic, who demonstrate exemplary leadership, compassion and care in extremely difficult circumstances. These individuals deserve recognition by the institution and their peers.

Issue III: Palliative Care in Pandemic

Although the high mortality rate for flu pandemic has been broadcast widely, what hasn't been addressed is how, when our best efforts have failed, can we alleviate the suffering of those who will die of the disease? In other words, a plan for the provision of palliative care for flu victims should be developed. This is essential as most clinicians have little or no experience providing end-of-life care to people dying of infectious diseases (with the possible exception of AIDS which itself has evolved into a chronic disease in recent years). Effective symptom control for patients with cancer, heart disease, diabetes, and the other diseases Canadians tend to die of may not translate in the context of flu pandemic. Ideally, palliative care clinicians would be mobilized to provide best practice guidelines to help clinicians on the front lines effectively treat the symptoms most likely to be experienced by flu patients (fever, dehydration, shortness of breath, etc.). As well, the roles and duties of the palliative care teams in the context of a pandemic should be clarified. Plans should also be formulated to provide appropriate bereavement support to families whose loved ones may die just a few days after falling ill. Again, social workers, chaplains and others should be engaged in planning how best to support families of flu victims.

Issue IV: Decision Review Processes

During a pandemic, decisions will need to be made about resource allocation, deployment of staff, access to care, etc. A key lesson from SARS was the importance of having ethical decision-making processes to establish the legitimacy of decisions in the eyes of stakeholders. The five procedural values outlined in the JCB report provide general guidelines for decision-making processes. However, specific processes be put in place to allow for legitimate review of decisions taken by leaders and clinicians. The Sunnybrook & Women's "Decision Review Process" (final draft dated May 19, 2005) provides a good roadmap for developing these processes.

Ideally, decision review processes (commonly called appeals processes) would not exclusively use the strategy of "bumping it up the chain of command." This type of strategy removes decision-making from the hands of stakeholders who may be better placed to understand the consequences of different options, and also has the disadvantage of potentially burning-out an already taxed management team. Clinical/program teams should be encouraged to develop their own decision review processes locally, reserving the "bumping up" strategy for decisions that are particularly resistant to resolution.

Decision review processes should address:

- Criteria for decision review (including determination of who can request a review).
- Clear process for requesting a decision review (ensuring there is no penalty for asking questions.)
- Creation of a decision review body with adequate stakeholder representation.
- Clear principles to guide decisions and the decision-making process.
- Communication of outcomes of decisions.

In addition, it would be prudent for the organization to compile a list of persons in the corporation with expertise in facilitation and alternative dispute resolution who could be available to support decision review processes as neutral third parties.

Issue V: Clinical Resource Allocation Decisions

The issue that appears to provoke the most anxiety amongst clinicians is that of allocating scarce medical resources in the face of a pandemic. How do we decide which patients to admit to hospital? How do we decide which patients to admit to the ICU? How do we decide which patients to remove from the ventilator after a trial of treatment? Obviously clinicians should follow the clinical guidelines provided in the Canadian and Ontario Pandemic Plans. However, the initial drafts of these guidelines use very broad categories of risk/benefit, essentially asking clinicians to categorize patients as having a low, medium or high chance of recovery given a particular treatment. Triage criteria are based on an egalitarian ethic: those in most serious need, who would otherwise die, are treated first. Next care is provided to those in serious need but for whom success of the intervention is unclear. Those who clearly will not benefit from a particular treatment do not receive it (which is not to say that they should be abandoned altogether, but offered a different, perhaps palliative, level of care). Utilitarian ethics are also frequently evoked in triage situations: scarce medical treatments and technologies are allocated to those with the greatest chance of benefiting,

while those with little or no chance of benefiting are not offered these treatments.

Given that hospital ICUs typically run at greater than 90% capacity, during a pandemic surge there will likely be multiple patients who fall into the same risk/benefit category for every available bed. Thus, clinical criteria alone may not provide sufficient grounds for treatment allocation decisions. Some clinicians have suggested that they be allowed to use social criteria to allocate ICU or hospital beds. For example, some have suggested using age (apart from its clinical relevance) as a criterion for allocation decisions (i.e. preference would be given to younger patients under the rationale that the elderly have "already lived a full life"). Others have argued that they be empowered to give preference to fellow health care professionals or the families of health care workers as a form of "compensation" for the "increased risk" staff incur in providing care to flu patients. Other social criteria used historically in the allocation of organs for transplant included: number of dependents, potential to contribute to society, church attendance, etc. Obviously social criteria have fallen out of favor as a means to allocate scarce resources because of their inevitable social and cultural biases. Utilizing social criteria would likely diminish the public's faith in the clinical judgment of health care workers at a time when public trust and cooperation will be most crucial. It is not clear that the public would tolerate preferential treatment for health care workers, given that health care professionals generally enjoy earnings well above the Canadian average, as well as almost unparalleled job security and benefits. An exception might be made if it could be argued that treating specific health care workers would return them to health more quickly to enable them to care for more patients (thus benefiting the whole community, not just the individual workers).

Rather than using social criteria, I would recommend a social and procedural justice model of decision-making to augment clinical triage criteria (when required).

The following are Dr. Frolic's recommendations:

First - That the organization convey clearly to staff its commitment to the principle of equity: that all patients in our community have equal claim to receive the health care they need, and that clinical resources will not be allocated on the basis of age, race, social status, relationship to the institution, etc.

Second - That resource allocation processes be put in place to ensure that individual biases do not creep into triage decisions. This could be done by having a panel of health care workers (with third-party input?) make admission decisions together, rather than having these decisions rest on the judgment of one individual. For example, when multiple patients with comparable needs/chances of benefit present for admission to the ICU, a group of two or three people could "huddle" to make the decision together. These decisions should be made: 1) recognizing the moral importance of the decisions; 2) in a clear, thoughtful and organized manner; 3) based on reasons (evidence, principles, values) that stakeholders can agree are relevant; 4) with a conscious effort to avoid perpetuating social injustice, instead treating all human life as equally valuable; 5) mindful of the importance of maintaining public trust and the need to explain decisions to anxious family members and others.

Third - Recognize that most health care workers have limited experience making clinical resource allocation decisions, and that decisions will have to be made under extreme time pressures in a pandemic scenario, those who will be

responsible for making these decisions should be provided with education and training in advance. Like any skill, this type of decision-making requires practice to do it well. Practice using case scenarios will not only boost the confidence of decision-makers in the event of a pandemic, but will also allow teams to refine and improve their decision-making processes in advance of their implementation.

5. Risk Management

Objective:

To ensure the continued clinical and administrative activities required to identify, evaluate, and reduce the risk of injury to patients, staff, and visitors Risk Management will:

Alert Period:

Pandemic Plan

- Assist in the development of the pandemic plan
- Assist in monitoring the implementation of the plan
- Provide input into the testing and evaluation of the plan

Liability

- Advise the hospital insurer as to the status of the hospital pandemic plan
- Consult with the hospital insurer and legal counsel in the alert period regarding any pandemic-related issues that may arise. It is imperative to have a clear understanding of what these issues are and how they will be responded to.

Pandemic Period:

- Consult and provide input as required throughout the Pandemic Period
- Consult with Hospital insurer and legal council when situations arise that may have the potential to become litigious
- Provide consultation regarding the documentation during the Pandemic Period. Documentation must reflect that the hospital continued to provide safe practice reflective of the standards as set out by the Ministry of Health and Long Term Care, Medical Officer of Health and Health Canada
- Provide consultation regarding the archiving process of documents during the Pandemic Period allowing for immediate access to documentation in the event that legal council requires such documentation.

Recovery Period:

- Risk Management will be included in the debriefing process once the first wave is declared over.
- A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

- Based on the evaluation, changes to the plan must occur immediately to

- Ensure they are not repeated in the second wave.

6. Planning Goals, Approach and Assumptions

C1-6.1 Goals

During the pandemic, healthcare facilities must be prepared to respond and provide services within the context of limited availability of both internal and external resources and support.

The goal of influenza pandemic planning and response is to minimize:

1. Serious illness,
2. Overall deaths, and
3. Disruption to the clinical health services essential for our community.

We can achieve this goal through the collaborative efforts of St. Joseph's Healthcare, Hamilton, Hamilton Health Sciences, and the City of Hamilton Public Health Services. Joint planning and preparation will assist and facilitate an effective, efficient response. The hospitals must be prepared to mobilize resources quickly and effectively to limit the impact of an influenza pandemic.

C1-6.2 Strategic Approach

St. Joseph's Healthcare will adopt the four-pronged strategic approach of the **Ontario Health Plan for an Influenza Pandemic** (June 2005):

Be ready. Ensure planning is completed at the local level in anticipation of influenza pandemic.

Be watchful. Practice active screening and surveillance to identify the earliest signs of an influenza pandemic.

Be decisive. Manage the spread quickly and effectively, minimizing impact and protecting our community through appropriate means necessary.

Be transparent. Communicate with our community partners to ensure cooperation and trust.

C1-6.3 Planning Assumptions

The Clinical Health Services Pandemic Plan is based on the following overall planning assumptions as per the **Ontario Health Plan for an Influenza Pandemic** (June 2005):

- A pandemic will be due to a new subtype of influenza A
- A new strain is most likely to occur in southeast Asia
- Ontario, and therefore the City of Hamilton, will have little lead-time between when a pandemic is first declared by the WHO, and when it spreads to the province.
- Influenza pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons. A second wave may occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first.
- Because the population will have had limited prior exposure to the virus, most people will be susceptible. Children and otherwise healthy adults may be at greater risk of illness.
- There will be an attack rate of 35% during the first wave.
- About 45% of people who acquire influenza will not require medical care, but they will need health information and advise; about 53% will require outpatient or primary care (e.g. Family physician care); and approximately 1.5 to 2% will require hospitalization.
- Sub-clinical infections will occur. Based on previous pandemics, some people will only experience mild illness or have no symptoms but still be able to transmit the virus to others.

Access to Antiviral and Vaccine

- The only specific treatment options for influenza will be antiviral drugs. The efficacy of antiviral against the pandemic strain is unknown however they may aid in shortening the length of time people are ill, improve symptoms and reduce hospitalization.
- Prophylactic antiviral can be effective in preventing influenza and reducing the impact of outbreaks within institutions.
- Priorities have been set by the Province of Ontario for who receives limited vaccine and antiviral drugs.
- During the course of the pandemic, priority groups for immunization and antiviral treatment and prophylaxis may change based on the epidemiology of the pandemic strain.
- A vaccine will not be available for at least four to five months after the seed strain is identified and therefore not available in time for the first wave. It may be available in time to mitigate the impact of the second wave.
- The vaccine will be in short supply and high demand.
- In a pandemic caused by a novel virus subtype, the population will not be able to benefit from cross-protection from previous exposure to related

strains, and everyone may require as many as two doses of vaccine to induce immunity.

- When vaccine becomes available, approximately 2 to 4 million doses will have to be administered per month until Ontario's population is fully immunized.
- Based on previous experience with annual influenza immunization programs, the effectiveness of an influenza vaccine in preventing illness in healthy adults is 70-90%.

Impact on the Healthcare System

- During a pandemic, healthcare workers could be reduced by up to one-third due to illness, concern about disease transmission in the workplace, and care giving responsibilities.
- Hospital capacity is already limited and could be further reduced because of staff illness. Home care and long-term care homes will provide surge capacity by providing influenza care that will help avoid hospital admissions and allow early hospital discharges.
- Care protocols may change and standards of practice for "normal" operating conditions may have to be adapted to meet pandemic/emergency needs.
- The MOHLTC will provide centralized purchase and distribution of certain personal protective equipment, vaccines/antiviral drugs and other clinical supplies.

Managing a Pandemic

- A provincial emergency will likely be declared early in the onset of a pandemic, and could be declared before the strain of influenza appears in Ontario.
- The overall provincial response during a declared provincial emergency will be managed from the Provincial Emergency Operations Centre, with the Emergency Management Unit, MOHLTC providing command and control services for the healthcare sector and the MOHLTC itself.
- The Provincial Infectious Diseases Advisory Committee (PIDAC) will be responsible for providing ongoing clinical, infection control and epidemiological advice to the MOHLTC throughout the pandemic and recovery period.

Communications

- The start of pandemic activity anywhere in Canada will become a national issue. The Public Health Agency of Canada and the federal government will coordinate inter-provincial communications.
- A consistent communications approach among the facilities within the City of Hamilton is essential to ensure that spill over media from other provinces and the United States will not affect our community.
- A pandemic will also create intense pressure on healthcare workers therefore various methods of communication will be used (websites, electronic email, fax, etc.) to provide healthcare workers with information that can be useful for their own protection and for the protection of their patients/clients and to help manage broader public anxiety.

1. Administrative and Support Services

Marketing and Community Relations

OBJECTIVES

To ensure that healthcare workers, patients and the public have access to transparent, accessible, accurate information that will help them to respond to challenges during each phase/period of the pandemic.

ASSUMPTIONS

During a pandemic, media attention will be intense, and information demands will continue over several months. Maintaining workplace and public confidence will be a challenge

Communication

Marketing and Community Relations is responsible for all three sites within St. Joseph's Healthcare:

1. St. Joseph's Hospital
2. Centre for Mountain Health Services
3. Centre for Ambulatory Health Services

All information is carefully reviewed by the appointed hospital designate and disseminated in a timely manner by the Hospital's key spokesperson.

Communication will be managed by using the following methods:

INTERNAL

Communication to Marketing and Community Relations staff members by department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- Voicemail
- A "Critical Path" format is used in preparation for special events. Each staff member receives a copy .It includes the following:
    1. Detailed action steps
    2. Staff member responsible for completion of tasks/actions
    3. Deadline for completion

INTERNAL within the hospital:

Communication to all employees

Several publications/newsletters are also available:

1. Connections – St. Joseph's bi-weekly internal staff newsletter is distributed at various locations at all three campuses. On a monthly basis a mental health supplement, The Mental Health Connection is inserted within Connections for staff at the Centre for Mountain Health Services.

2. Vital Signs – The Marketing & Community Relation's department publishes a quarterly newsletter for physicians with privileges at St. Joseph's Healthcare called Vital Signs. The newsletter includes messages from the Chief of Staff and VP of Medical Affairs along with new policy information, new research updates and any info relevant to this particular audience.

3. Innovator Magazine- Published bi-annual. Highlights innovative research, ground breaking surgical techniques, and Foundation information

- Regular e-mails to staff to inform them of important news stories relating to the hospital, information on upcoming events and other information where applicable.
- Hospital Website where important events, such as Pandemic Planning, are given a prominent place
- Elevator Postings – Each elevator at the Charlton campus is equipped with a locked bulletin board for staff to access the latest internal information updated weekly.
- Special bulletins and events newsletters are also be used to focus on particular subjects

EXTERNAL

Communication external to the hospital

- Website – The main page of the central web page includes links to a list of current hospital events including a link to Pandemic Planning
- Public Service Announcements via Radio and TV and local newspapers are often used to send out important health related messages to the community.
- On-Hold Marketing- Timely information on hospital visitation policies, upcoming events, public health issues are played on this service. Recordings are changed on a monthly basis.
- Signage is developed as required to communicate policies, direction and current information to the hospital employees and the public. Information is displayed at each of the hospital entrances and on relevant clinical units

    1. Hand washing signs,
    2. Visiting hour policies or restrictions

It's Your Call Program

The Marketing and Community Relations department address all hospital questions or concerns expressed by patients, families and visitors through the "It's Your Call Program."

1. Marketing and Community Relations can respond directly to the person in their office during regular business hours
2. Via pager after hours
3. Voice message on the "It's Your Call" telephone line at ext. 6567

All information remains confidential and is recorded according to departmental procedure. Once the follow-up is complete, the outcome is identified on the department record and the person is contacted accordingly.

Communication Evaluation

The following describe how the department tests or evaluates the effectiveness of their communication methods

- Surveys
- Tracking of web site hits
- After significant projects or events a comprehensive communication wrap report is prepared to outline whether the communication objectives were achieved. This report tracks all media coverage and provides a review of the extensiveness of key messaging
- Media monitoring via media clipping service to track clip and analyze the extent of key message pick-up. This would provide a valuable resource for evaluating the success of external public relations.

All information remains confidential and is recorded according to departmental procedure. Once the follow-up is complete, the outcome is identified on the department record and the person is contacted accordingly.

Resource Directory

- Current and accurate contact information of all staff members in the Marketing and Community Relations department.
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Hospital intranet directory.

Surveillance

In the event of an outbreak, the Marketing & Community Relations department is notified by Infection Prevention & Control. A Marketing & Community Relation's staff member participates in the daily outbreak meeting

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Marketing and Community Relations will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Current Marketing and Community Relations Positions:

- Media & Public Relations Specialist
- Webmaster & Publications Coordinator
- Public Relations Specialist – CMHS
- Media Specialist

Equipment and Supplies:

Currently the departmental staff appoints an office manager on a rotational basis to maintain equipment and supplies. A record of all orders and purchases are maintained in the office manager binder for further reference.

Respiratory/Influenza Season

Marketing & Community Relations participates in several initiatives to educate staff, patients and visitors about influenza. These include:

1. Hospital wide postings recommending that all Healthcare workers receive the annual influenza vaccine. These will also include schedules and locations for receiving the vaccine.

2. Educational submissions in the Connections newsletter providing the reader accurate information on the current influenza vaccine.

3. Using proactive media opportunities to disseminate educational messages to the Public during Influenza Season. Infection Prevention & Control and Occupational Health & Safety work collaboratively to ensure that clear, current and accurate information is being shared with the community. Examples:

    a) Explaining the difference between cold and influenza
    b) Education on influenza and its transmission
    c) Simple facts on how to stay healthy today
    d) Who should receive the influenza vaccine
    e) Where can you receive your influenza vaccine
    f) Observation of proper hand washing techniques
    g) Reminding those who are sick not to visit the hospital

Infection Prevention and Control

It is Marketing and Community Relations responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies and procedures

- All departmental and hospital policies must be reviewed by staff.

- Departmental policies must be reviewed and updated annually by the department.

Security

Additional security support will be provided to Marketing and Community Relations during special events such as press announcements or public forums and as required.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Hospital Key spokesperson
- Key spokesperson representing Marketing and Community Relations
- Dedicated telephone information hotline with updated and current information
- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Publications and News letters
- Elevator postings
- Signage
- Pager
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

Communication with the Public

- Public Service Announcements via the Media, Radio, News paper
- Hospital Website
- On-hold marketing
- “It’s Your Call Program”

Media Communication

- Media advisories and press releases will be distributed via fax or email
- Follow-up phone calls will confirm media attendance at the event or their desire for an interview with the key spokesperson
- Media kits will include fact sheets, press releases, background information, biographies, photographs and photo captions et al.
- All media who cannot attend a scheduled press conference or briefing will be couriered a media kit following the event
- All media material will be available on the Pandemic web

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

Staff & Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

Further direction from the MOHLTC

- Managers must notify Employee Health Services of increased staff illnesses on their unit

Regional Surveillance

- Daily media monitoring to keep up-to-date with the latest in the pandemic spread and pandemic preparations internationally, nationally, and locally.
- Regular meetings with the Infection Prevention & Control department to discuss any updates
- Monitoring outbreak bulletins from the Public Health department and any mass e-mail received from the Infection Prevention & Control department.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of Marketing and Community Relations to notify the Redeployment Centre of staffing needs.

The department will at a minimum require the following:

- Director/Manager – To serve as a liaison between the senior management team and the department on the latest developments in the pandemic period. Most importantly, to respond in a timely fashion to all inquiries from patients, family members, visitors or the general public.
- Webmaster/Publications Specialist – To maintain the hospital and pandemic websites, to prepare any graphics or signage on an ad hoc basis as required,

to edit and distribute Connections, the staff internal newsletter and to prepare stories as required.

- Media Relations Specialist – To initiate a pro-active media program, to respond immediately to any media requests or issues, to prepare for daily news briefings with the media.
- Public Relations Specialist – CMHS – To manage public relations for the mental health program and provide assistance to any department colleagues with issues related to the pandemic.
- Media Specialist – To ensure all audiovisual requirements are in place during this period – particularly for daily media briefings
- Marketing and Community Relations have trained other staff to act in the event that illness overtakes the department.

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

The Marketing and Community Relations department will assist the Infection Prevention & Control department to inform staff members, visitors and patients of new practices in several ways.

1) E-mails to all staff outlining the new protocol or procedures
2) Updating the website to include new information as required
3) Inclusion of the information in Connections, the internal newsletter.
4) Development and distribution of signage as required.
5) Inclusion of new information on on-hold marketing system.

Security

Refer to the **Security** component of the Plan

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

3. Refer to post-pandemic period for review process

1. Administrative and Support Services

Bed Management: Charlton Site

OBJECTIVES

To coordinate the overall utilization of all beds within the facility for both influenza and non-influenza patients

ASSUMPTIONS

- There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive making it difficult to maintain staffing levels to operate the beds. During pandemic the number of beds required may be greater than the capacity of the facility. The influenza pandemic may have several waves; therefore Bed Management planning must incorporate both short-term and long-term strategies.
- The necessity of providing Flu units and Non-Flu units may be a challenge
- Non-critical activity may be decreased in order to open up beds

Communication

Key Decision Makers:

- Administrative Directors
- Nurse Managers
- Physician Chiefs/Heads of Service

Daily inventory of beds

- Daily bed management meetings. Meetings may be increased based on patient demands and ER overload

CritiCall

- CritiCall – 24 hour a day emergency referral service for physicians across the province of Ontario. The service assists in contacting on-call specialists, arranging for appropriate hospital beds and accessing transportation for patient.

- Via web-based application/telephone

Surveillance

- Infection Prevention & Control will attend all bed management meetings in the Alert Period ensuring accurate and timely dissemination of the following information:

- Public Health Outbreaks in the community
- Suspicious clusters of illnesses in the hospital
- Internal outbreaks

Business Continuity

Bed Management will coordinate **ALL** requests for inpatient beds at the Charlton Site These may be internal requests or external from other facilities.

Bed Management Team:

- Administrative Director
- Nurse Manager/Delegate (Charge Nurse)
- Coordination of beds is centrally located in the Bed Allocation Office

Note: Direct admissions will be coordinated by the Bed Management Team

Bed Capacity:

Current Number of Registered Beds see table 1& 2

Table 1

St. Joseph's Hospital	Number of Beds
Acute Beds	405
Rehab Beds	36
Complex Continuing Care Beds	38
Centre for Mountain Health Services	**Number of Beds**
Mental Health & Addictions Beds	211

St. Joseph's Hospital
Current Number of Registered Adult Beds per Unit including Isolation and Private Rooms May 16, 2006: Table 2

Unit	# Of Beds	# Of Negative Pressure Rooms	# Of Private Rooms
Kidney Urinary Inpatient Units			
Urology	22		3
Nephrology	21		4
Renal Transplant	7		3
Maternal Child			12
Obstetrics Inpatient Unit	34	2	1 Celebration Room
General Internal Medicine			
Geriatrics Inpatient	36		1
Medical Assessment Unit	19		
Clinical Teaching Unit	30	2	6
Chest-Respiratory		(3 closed rooms)	(6 closed rooms)
Surgical Step-Down	6		1
Head and Neck	10		1
Thoracic Beds	10	2	2
Gastrointestinal Program			
GI Inpatient Unit	43		7
Musculoskeletal Program			
Inpatient Unit	28		2
Rehabilitation Inpatient Unit	36		6
Cardiology			
Cardiac Care Unit	12	2	8
Dowling Cardiology	18		5
ICU	15	15	15
Acute Mental Health			
Tower 9	30	1	10
Tower 10	30	1	8
			These are both seclusion and private rooms

Infection Prevention and Control

Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. ER and all admitting units must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Bed management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

- Daily communication with all Emergency/Critical Care Leadership within the facility;
- Ventilated/monitored bed availability reported to CritiCall by the ICU's;
- ER, ICU and all inpatient units will attend bed management meetings either in person or teleconference to report the updated and accurate census of their units

Business Continuity

Surge Capacity/Capability

Expansion of surge capacity will be based on the Human Resources available, opening of areas with ventilation/monitoring capabilities, and the equipment to support the required care. Table 3 & 4 represent areas within St. Josephs Hospital that may be opened for inpatient care.
Note: These areas may be used to separate the non-flu and the flu patients.

Table 3-
St. Joseph's Hospital Beds or closed areas with medical gas capabilities that may be opened

Unit	# Of potential beds	Location
Kidney Urinary Inpatient Units		
Urology	0	
Nephrology	2	Room 311Physiotherapy gym
	4	Room 327 Conference room
Renal Transplant	0	
Maternal Child		
Obstetrics Inpatient Unit	0	
General Internal Medicine		
Geriatrics Inpatient	11	
Medical Assessment Unit	1	
Clinical Teaching Unit	0	
Chest-Respiratory		
Surgical Step-Down Head and Neck Thoracic Beds	10 beds in total	
Gastrointestinal Program		
GI Inpatient Unit	7	
Musculoskeletal Program	0	
Inpatient Unit		
Rehabilitation Inpatient Unit	0	
Cardiology		
Cardiac Care Unit	0	
Dowling Cardiology	0	
ICU	Critical Care 3 beds	ICU West (OR holding area)
Acute Mental Health Tower	0	
Total # of Beds that could be opened = 35 Medical Beds 3 Critical Care Beds		

Table 4-
The following areas will be assessed on an ongoing basis as required due to the constant change in all areas. All areas will be updated every 6 months.

Unit	Potential # of beds	Location
DSU	TBA Critical Care Beds	
PAR	TBA Critical Care Beds	
5th Floor Mary Grace	TBA Flu versus non-flu units	
7th Floor Tower	TBA Flu versus non-flu units	
Total # of Beds that could be opened = Medical Beds Critical Care Beds		

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

End of First Wave

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

1. Administrative and Support Services

Bed Management: CMHS

OBJECTIVES

- **The Centre for Mountain Health Services (CMHS) will provide specialized care for those patients with serious mental illness and complex needs.**
- **Bed management will coordinate the reporting of bed availability a waitlist management for CMHS.**

ASSUMPTIONS

- There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive making it difficult to maintain staffing levels to operate the beds. During pandemic the number of beds required may be greater than the capacity of the facility. The influenza pandemic may have several waves; therefore Bed Management planning must incorporate both short-term and long-term strategies.
- The necessity of providing Flu units and Non-Flu units may be a challenge
- In the event of a community surge the Medical Officer of Health may request the opening of an Assessment Centre at this site
- Non-essential services may be deferred in order to open up beds

Communication

Key Decision Makers:

- Central Access Coordinator
- Nurse Managers
- Operational Service Managers at CMHS

Internal Key stakeholders:

- Admitting department CMHS
- EPT
- Central Access Coordinator

External Key stakeholders:

- Regional Schedule 1
- LTC facilities in Central South
- HSO Mental Health Programs
- Mental Health Outpatient Programs
- Regional Community Mental Health Programs
- Regional Schedule 1 Mental Health Programs

Daily inventory of beds

- Each unit will email or call the access coordinator with bed availability, including prospective availability over the next 24 hours
- Each morning a daily patient movement sheet will be generated and distributed to all Nurse Managers, Admission Clerks, and the Access Coordinator. This sheet assist with tracking daily admissions and transfers

Surveillance

The Access Coordinator will relay the following information to the admissions clerk, Manager or OSM:

- Patient awaiting admission currently under outbreak management
- Public Health Outbreaks in the community
- Internal outbreaks
- Infection Prevention and Control will be consulted for patient placement

Business Continuity

Bed Management will coordinate **ALL** requests for inpatient beds at the Charlton Site These may be internal requests or external from other facilities.

- **Bed Management Team:**

- Administrative Director
- Nurse Manager/Delegate (Charge Nurse)
- Coordination of beds is centrally located in the Bed Allocation Office

Bed Capacity:

Current Number of Registered Beds see table 1& 2

Table 1

St. Joseph's Hospital	Number of Beds
Acute Beds Rehab Beds Complex Continuing Care Beds	405 36 38
Centre for Mountain Health Services	**Number of Beds**
Mental Health & Addictions Beds	211

Centre for Mountain Health Services

Current Number of Registered Adult Beds per Unit including Isolation and Private Rooms August 30, 2006:

Table 2

Unit	# Of Beds	# Of Private Rooms	# Of Overflow Beds
A1 Geriatric Psychiatry Services	20	2	5
A2 Acute Psychiatry	25		
B2 Psychosocial Rehab	30	2	1
C2 Schizophrenia Assessment	25	2	0
D1 Mood and Anxiety	15	4	0
D2 Schizophrenia Intensive	32	4	2
G1 Specialized Treatment and Assessment	28	3	3
Minimum Secure Forensic Unit	18		
Medium Secure Forensic Unit	18		
Acute Services 9th Floor Tower Charlton	30	10	0
Acute Services 10th Floor Tower Charlton	30	8	0

Infection Prevention and Control

Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. ER/EPT and all admitting units must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Bed management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

- Daily communication with all Emergency/Critical Care Leadership within the facility;
- Ventilated/monitored bed availability reported to CritiCall by the ICU's;
- ER, ICU and all inpatient units will attend bed management meetings either in person or teleconference to report the updated and accurate census of their units

Business Continuity

Assessment Centre

During the pandemic if the surge capacity becomes overwhelming throughout the Region then areas with the CMHS may be required to function as an Assessment Centre to divert the increased numbers of patients seeking medical attention from all Hamilton Hospital Emergency Departments.

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

End of First Wave

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

1. Administrative and Support Services

Building Services

Includes: St. Joseph's Hospital-Charlton Site
Centre for Mountain Health Services-CMHS
Centre for Ambulatory Health Services-CAHS

OBJECTIVES

The primary responsibility within the Building Services department is to ensure the functioning of the facilities in order to maintain services necessary for patient care and staff safety.

ASSUMPTIONS

There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within the department. The influenza pandemic may have several waves; therefore, Building Services must recognize both short-term and long-term strategies

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Personal Pagers
- EPIX work order system
- Cell phones
- Land phone lines
- Information/work order slots

INTERNAL within the hospital:

Communication within the hospital external to Building Services:

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- EPIX work order

EXTERNAL Key stakeholders

Communication with vendors, supplier and contractors

- Email
- Telephone
- Fax

Resource Directory

- Current and accurate contact information of all staff members in the Building Services department.
- Current and accurate Building Services Data Base with updated vendor/contractor information
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Intranet directory.

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.‡
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.‡

- **Managers' Responsibilities re Staff Surveillance**
- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Building Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Formal Education

Outside Contractors that support Building Services include:

- Elevator
- Grounds
- Plumbing
- Electrical
- Refrigeration
- Glass Repair
- Sewer Repair
- PROFAC Facilities Management
- Generator Repairs
- HVAC system
- **All trades are contracted in for CAHS**

Equipment and Supplies

A preventative maintenance system is in place to maintain hospital systems functioning

CMHS

- Three-month supply of material required to maintain hospital is kept On-hand

Charlton & CAHS Site

- One- month supply of material required to maintain the hospital or centre is kept on hand

Surge Capacity/Capability

In the event that areas must be opened to accommodate increase patient capacity the following must be addressed in the alert period.

- Areas within each facility that have medical gas capability will be listed in the Medical Gas Survey. These areas will include:
    1. Current patient care rooms
    2. Offices with medical gas capabilities
    3. Closed units

Charlton Site

- All patient rooms have medical gases at this site
- Non-patient rooms, closed units etc are listed in the Medical Survey available through Building Services

CAHS
The following areas have medical gas capabilities

- Urgent Care

- Surgery Centre
- Radiology
- Specialty Programs
- Geriatrics (oxygen only)

CMHS
There are no medical gas capabilities for patient care currently at this site

Infection Prevention and Control

It is Building Services responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the Building Services department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Building Services must use the appropriate transmission based precautions (airborne, droplet/contact, contact) when entering a patient's room that is in isolation
- Before entering a patient's room assess if isolation precautions are in place
- Verbal communication with the RN before entering a patient's room in isolation
- Put on appropriate PPE as directed by RN and signage
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient areas
- Documentation of use of PPE
- Mask fit testing as per Occupational Health & Safety Department.
- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies & Procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Center
- Hamilton Emergency Services Network (HESN)
- Public Health/Infection Control
- Public Relations

Contractors and vendors will be contacted by using the following methods:

- Email
- Fax
- Phone

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Building Services will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the **Human Resources section** of the Clinical Health Services Plan
- Utilization of a team approach may be implemented due to shortage of skill sets
- Outside contractors may be utilized in the event of staff illness

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies (see **Pandemic Alert Period**)

Essential Services provided by Building Services

The following services must be maintained during the pandemic period:

- Heat
- Water
- Hydro
- Fire alarm system
- Sewage
- HVAC

Deferral of Services

The following services may be deferred or cancelled during the pandemic period:

- Painting
- Construction
- Minor repairs

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

1. Administrative and Support Services

Biomedical Engineering

OBJECTIVES

The primary responsibility within Biomedical Engineering will be to maintain all patient care equipment ensuring the continuity of safe patient care within the facility.

ASSUMPTIONS

There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within the department. The influenza pandemic may have several waves; therefore, Biomedical Engineering planning must recognize both short-term and long-term strategies

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Personal Pagers

INTERNAL within the hospital:

Communication within the hospital external to Building Services:

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Work order request via forms from the Intranet

EXTERNAL Key stakeholders

Communication with vendors, supplier and contractors

- Email
- Telephone
- Fax

Resource Directory

- Current and accurate contact information of all staff members in the Biomedical department.
- Current and accurate Biomedical Data Base with updated vendor/contractor information
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.

- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Intranet directory.

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Biomedical Engineering will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also be provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Biomedical Services

Biomedical Engineering provides services for all 3 sites:

1. St. Joseph's Hospital (Charlton)
2. Centre for Ambulatory Health Services (CAHS)
3. Centre for Mountain Health Services

All technologists are located at the Charlton site and are dispatched to each site as required.

Equipment and Supplies:

- All equipment and supplies are purchased independently and are ordered as required
- Small inventory of approximately 1 week is available and supplies are ordered as needed.
- Supplies will be stocked in the Biomedical Department for easy access

Infection Prevention and Control

It is Biomedical Engineering's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the Biomedical department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Biomedical must use the appropriate transmission based precautions (airborne, droplet/contact, contact) when entering a patient's room that is in isolation
- Before entering a patient's room assess if isolation precautions are in place
- Verbal communication with the RN before entering a patient's room in isolation
- Put on appropriate PPE as directed by RN and signage
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient areas
- Documentation of use of PPE
- Mask fit testing as per Occupational Health & Safety Department.
- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies & Procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Contractors and vendors will be contacted by using the following methods:

- Email
- Fax
- Phone

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Biomedical Engineering will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the **Human Resources section** of the Clinical Health Services Plan
- Utilization of a team approach may be implemented due to shortage of skill sets
- Outside contractors may be utilized in the event of staff illness

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies (see **Pandemic Alert Period**)

Essential Services provided by Biomedical Engineering

The following services must be maintained during the pandemic period:

- All patient care related devices
- Staff training of equipment
- Trouble shooting of equipment failure

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

1. Administrative and Support Services

Environmental Services-

St. Joseph's Hospital (SJH) Charlton Site & Centre for Mountain Health Services (CMHS)

OBJECTIVES

The Influenza virus survives well in the environment and vigorous cleaning of environmental surfaces and equipment with hospital-approved disinfectants is effective in removing contaminants and viruses. All environmental practices will be maintained during the pandemic period

ASSUMPTIONS

There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within the department. The influenza pandemic may have several waves; therefore, Environmental Services planning must recognize both short-term and long-term strategies.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Memo attached to staff sign in/out board
- Staff meetings
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Personal Pagers

INTERNAL within the hospital:

Communication within the hospital external to Environmental Services:

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site meetings
- Telephone/voice mail

EXTERNAL Key stakeholders

- Suppliers and vendors are contacted via telephone, email and on-site meetings

Resource Directory

- Current and accurate contact information of all staff members in the Environmental Services department.

- Current and accurate Environmental Services Data Base with updated vendor/contractor information
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Intranet directory.

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Environmental Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also be provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Sites and services provided by Environmental Services

Table 1

Site	Services Provided
Charlton	• Housekeeping
	• Portering
	• Linen
	• Mail room
	• Purchasing
	• Material Management
	• Printing
225 James	• Contract housekeeping
224 James	• Contract housekeeping
39 Charlton	• Contract housekeeping
Peritoneal Clinic	• Housekeeping
43 Charlton	• Contract housekeeping
CMHS	• Housekeeping
	• Linen
	• Mail room
	• Parking
	• Security
	• Printing
H2 Medium Security	• Contract housekeeping
B2	• Contract housekeeping

Prioritization of Services:

Essential	**Non-Essential**
Cleaning of Patient areas	Cleaning of Office Areas
Cleaning of Common Areas	Cleaning of Clinics – if closed
Biomedical Waste disposal	
Regular Waste disposal	
Linen delivery/collection	
Delivery of sharps containers/Paper supplies	
Patient transport	

Equipment and Supplies:

During the alert period, Environmental Services will contact their vendors and suppliers to request their contingency plan to ensure continued service and supplies to St. Joseph's Healthcare during a pandemic

- Par levels are established and monitored daily
- Orders are placed as required
- All products are stored on site centrally
- Linen is stored and delivered via an outside supplier who currently stores a 7-10 supply.
  Note: During the Pandemic Period they may have the capability to store 180 days providing they have the resources to maintain and deliver.

Infection Prevention and Control

It is Environmental Services responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the Environmental Services department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Environmental Services must use the appropriate transmission based precautions (airborne, droplet/contact, contact) when entering a patient's room that is in isolation
- Before entering a patient's room assess if isolation precautions are in place as posted by signage outside of patient room
- Verbal communication with the RN before entering a patient's room in isolation
- Put on appropriate PPE as directed by isolation sign
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient areas
- Documentation of use of PPE
- Mask fit testing as per Occupational Health & Safety Department.
- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies & Procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Contractors and vendors will be contacted by using the following methods:

- Email
- Fax
- Phone

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Environmental Services will be responsible to:

Notify the Redeployment Centre of staffing needs as per the **Human Resources section** of the Clinical Health Services Plan

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Additional resources will be required to provide the following services during the pandemic period

- Enhanced and more frequent environmental cleaning in "Hot Zones" such as flu wards
- Man power for the physical movement of beds and equipment to open closed units or create wards
- Additional equipment such as washer/dryer for in –house laundering
- Increased volume of cleaning equipment such as mops/rags/pails

Equipment and Supplies (see **Pandemic Alert Period**)

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
- Refer to post pandemic period for review process

1. Administrative and Support Services

Environmental Services – Crothall Services Canada

St. Joseph's Hospital (SJH) Charlton Site

Centre for Acute Health Services

Centre for Mountain Health Services (CAHS)

OBJECTIVES

The Influenza virus survives well in the environment and vigorous cleaning of environmental surfaces and equipment with hospital-approved disinfectants is effective in removing contaminants and viruses. All environmental practices will be maintained during the pandemic period

ASSUMPTIONS

There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within the department. The influenza pandemic may have several waves; therefore, Environmental Services planning must recognize both short-term and long-term strategies.

Communication

Communication to staff members by unit/department manager

- Pre-shift Staff meetings which will address:
  - Issue of keys, pagers
  - Practice changes, special requests, challenges
  - Notices and memos
  - General interest discussions among team members

- Communication boards in each site sign in area where memos and written notices are posted.
- Only the Crothall Director of Environmental Services and the Site Supervisor are able to access the hospital computer network and use Email, Intranet and Internet services.
- A logbook will be available to exchange non critical of information
- Communication binder for hard copies of memos containing critical safety or procedural information and required signature of staff members to confirm receipt and understanding of the memo

INTERNAL within the hospital:

Communication within the hospital external to Environmental Services:

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site meetings
- Telephone/voice mail

EXTERNAL Key stakeholders

Key stakeholders will include:

- Vendors
- Service Providers
- Support contacts

Each Crothall Services unit has an "Operations Binder" in which will include detailed contact and general information on:

- Key vendors
- Service providers
- Internal and external support contacts

Information will be disseminated via:

- Phone
- Email
- Fax

Suppliers and vendors will be contacted via telephone, email and on-site meetings

Resource Directory

- Current and accurate contact information of all staff members in the Environmental Services department.
- Current and accurate Environmental Services Data Base with updated vendor/contractor information
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the "Operations Binder" or other designated file within the department
- Intranet directory.

Surveillance

Staff responsibilities re Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI/influenza symptoms will remain at home
- Staff member who develops FRI will be immediately sent home and asked to contact their family doctor or other external clinic.
- An employee who becomes ill during their shift will report this to the manager/supervisor and be sent home.

Manager's responsibilities re staff surveillance

- Managers will notify Crothall Head Office Health & Safety Department of increase staff illnesses in the department which will be relayed to St. Joseph's Healthcare Occupational Health & Safety

Business Continuity

Crothall Services Canada will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service.

Sites serviced:

Charlton Site → Juravinski Tower,

CAHS → The entire centre

CMHS → H2 Ward

Equipment and Supplies:

During the Alert Period Crothall Services Canada will assess equipment and supplies required to maintain the daily functioning of the hospital during the Pandemic Period. During the Alert period Crothall will contact suppliers/vendors and service contractors asking them to outline their contingency plan to ensure continued supplies during a pandemic.

Supplies:

During the Alert period the Environmental Services-Crothall must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Department to Purchasing and Stores. The list will be **based** on the categories that the MOHLTC has referenced in the "Ontario Health Plan for an Influenza Pandemic", June 2005.

- The above supplies have been identified and currently department specific usage is being gathered
- Items purchased outside of Purchasing /Stores are purchased and provided by Crothall Services Canada
- Inventory par levels for chemical and consumables are maintained according to biweekly usage
- Delivery can be received within 24 hours from the supplier

- There is the ability to access supplies from other Crothall account inventory if required

Equipment:

The Crothall Management team has been trained by manufacturers' representatives to carry out basic repairs, adjustments and preventative maintenance. In the event of major repairs the equipment will be moved to an off-site authorized repair facility. Provisions during the pandemic period will be addressed with these facilities during the alert period.

Storage:

Supplies are stored on site at Charlton and CAHS. Supplies are delivered as required to CMHS from the Charlton site.

Service Prioritizing:

Crothall Services maintains a prioritization list detailing services provided in each area/unit/department. This list is accessible from the Director/Supervisor. Prioritization can be adjusted according to the hospital needs or requirements at any given time.

Infection Prevention and Control

It is Environmental Services responsibility to ensure the following:

Staff

Education

- Mandatory new hire orientation program with a minimum of 6 hours Infection Control training which includes both a written test and hands on demonstration
- In-services throughout the year provided by company experts, supplier partners and St. Joseph's Healthcare Department of Infection Prevention & Control
- Unit specific orientation
- Annual departmental certification/mandatory review must include Infection Prevention & Control practices
- All education and training must be documented and retained in the department
- Staff members must be orientated to St. Joseph's Healthcare Infection Prevention & Control Policy and Procedures
- Staff must be notified of updated Policy and Procedures

Compliance to P&P:

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Environmental Services-Crothall must use the appropriate transmission based precautions (airborne, droplet/contact, contact) when entering a patient's room on isolation precautions.
- Before entering a patient room check to see if isolation precautions are in place
- Apply the correct Personal Protective Equipment as stated by isolation sign
- Step by step instructions of "Donning and Doffing" of Personal Protective Equipment (PPE) will be visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required
- Mask fit testing as per Occupational Health & Safety Department
- Hand washing as per Hospital policy #082 MED Hand Hygiene.

The department Infection Prevention & Control at St. Joseph's Healthcare will ensure that Crothall Services Canada Infection Control practices meet the current standards of the organization.

Policies & Procedures

- Crothall Services Canada will maintain company-wide policies and procedures
- Crothall Services Canada will review all Ministry of Labour policies regularly and update policies and procedures as needed
- Changes will communicated to staff as P&P's are updated
- Crothall staff will be knowledgeable with both Crothall and St. Joseph's Healthcare P&P's

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations
- Crothall Services Canada
- Vendors/suppliers and service contractors via phone, email, fax

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- Illnesses will be reported to the Director/Supervisor and Crothall Services Health & Safety Department
- Possible reporting of staff illnesses to St. Joseph's Healthcare Occupational Health & Safety

Note: There will be further direction from the MOHLTC

Manager's responsibilities re staff surveillance

- Managers will notify Crothall Services Health & Safety Department of increase staff illnesses in the department which will be relayed to St. Joseph's Healthcare Occupational Health & Safety

Business Continuity

During the Pandemic Period the cleaning of non-essential areas will be reduced or eliminated. Staff will be redeployed to more crucial areas to facilitate additional cleaning that will be required for the "hot spots". Infection Prevention & Control will assist in identifying the essential environmental requirements.

Crothall Services will provide updates as required to the Hospital Incident Command Centre to ensure communication continuity.

Human Resources

Human Resource requirements will be handled by Crothall Services Canada

Equipment and Supplies (see **Pandemic Alert Period**)

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

Chapter 2 - Clinical Health Services

1. Administrative and Support Services

Clinical Nutrition & Food Services-

St. Joseph's Hospital (SJH) Charlton Site & Centre for Mountain Health Services (CMHS)

OBJECTIVES

- Patient Food Services will secure and maintain the requirements of food, beverages, enteral feedings, supplies and equipment required to support the needs of patients and clients at SJHH.
- In the event that the retail supplier, Morrison Healthcare Food Services cannot or will not support retail services (to SJH staff, volunteers and retirees) Patient Food Services will provide food and beverages to these groups.
- There will be a provision of clinical nutrition expertise for high- risk patients/clients.
- The department will provide the needed human resources to maintain streamlined services

ASSUMPTIONS

- There will be limited warning of a pandemic incident, therefore limiting the planning time.
- Absenteeism will be extensive (up to 35% of the work force will be absent), making it difficult to maintain normal staffing levels within the department.
- Patient Food Services will streamline operations during an incident, through a simplified non-selective 7-day menu cycle.
- No change in the distribution system (from CMHS to Charlton site).
- Patient Food Services will support inpatient programs
- Morrison Healthcare Food Services will support retail services at Charlton and CMHS sites. If Morrison's is unable to support retail services at a site, Patient Food Services will provide a very simple cafeteria menu with very limited catering.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Supervisor communication book
- Staff meetings
- Phone/voice messages
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message

INTERNAL within the hospital:

Communication within the hospital external to Nutritional Services:

- Personal communication between management team members
- Overhead paging
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site meetings
- Telephone/voice mail
- Teleconference

EXTERNAL Key stakeholders will include:

- Vendors/suppliers
- Equipment service providers
- Regional Hospitals and facilities

Via

- Fax
- Email

- Telephone/voice mail
- Meetings

Resource Directory

- Current and accurate contact information of all staff members in the Nutritional Services department.
- Current and accurate Nutrition Services Data Base with updated vendor/contractor information
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the manager to reflect recent changes/review.
- All directories will be kept in the Department's shared drive/emergency preparedness/communication binder
- Intranet directory.

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increased staff illnesses in the department

Business Continuity

Human Resources

Clinical Nutrition and Food Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also be provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties

- Experience required/skills per position
- Education and formal training required per position

Sites and Services Provided:

Nutrition Service provides services to Charlton and CMHS sites including:

Charlton Site

- Meals and nourishments for the inpatients
- Majority of items used in meal service at the Charlton site are provided by the CMHS site
- Ware washing

CMHS site

- Provide meals and nourishment for the inpatient
- Decants and manages inventory for both sites
- Food items for Charlton patients are delivered via 3rd party trucking firm
- Distributes food items to CAHS as requested
- Supplies food to 2 community clients and these are picked up by the families, when needed` `

Retail Contracts

The Director of Food Services is the liaison for retail contracts

Second Cup
Morrison Health Care Food Services

Equipment and Supplies:

During the Alert Period Nutrition Services will assess equipment and supplies required to maintain the daily functioning of the hospital during the Pandemic Period. During the Alert period Nutrition Services will contact suppliers/vendors and service contractors asking them to outline their contingency plan during a pandemic to ensure continued support to St. Joseph's Healthcare

The key supplier for food services have forwarded to Nutrition Services a very comprehensive 'disaster' plan, which covers their plan should a pandemic or related disaster occur. They provide approximately 75% of all product brought in by the department at present.

All current suppliers to nutrition services are available on the Food Management System (FMS)
In the event of a pandemic, there are many ways in which orders/requests for product could be conveyed to suppliers. Orders may be faxed or emailed or conveyed over the telephone.

Storage

- Food supplies for all three sites of St. Joseph's Healthcare are stored and distributed from the Auchmar Building at CMHS.
- Charlton site receives orders once daily with an option for emergency orders being sent.

Supplies

- Purchasing clerk will order products based on a par and reorder system
- Purchasing clerk and receiver will conduct routine inventories to monitor movement and set par levels.
- Food service helper will be responsible for receiving all goods into stores and checking quality and quantity
- Order templates with par and reorder points for all products are used for each vendor
- The templates secure supplies for 1-2 weeks.

Note: There is limited storage space to accommodate 4 weeks supplies of food as per MOHLTC reference in the "Ontario Health Plan for an Influenza Pandemic", June 2005.

Services by Priority:

- First priority: Inpatient meal service and clinical nutrition expertise for high-risk patients, as per Risk and Prioritizing Protocol for Dietitians.
- Second priority: Outpatients (those defined as High Risk as per above)

Essential Services:

- Menu item preparation such as sandwiches, salads for patients at Charlton and CMHS sites
- Portioning menu items
- Meal service to patients either via beltline or via decentralized service
- Tray ticket and tally printing
- Host Round Sheet Printing
- Dishwashing, sanitizing equipment
- Heating menu items for patients
- Bulk nourishments.
- Enteral feeding products and oral supplements as per Registered Dietitian recommendations

Non-Essential:

- AM and PM coffee preparation and delivery,
- Data entry into CBORD an automated diet office computer system regarding menu choices
- Patient catering

- Out patient feeding

Transportation and Delivery

The vast majority of food is housed at CMHS with the exception of milk and juice for the Charlton site. It is housed either in the dry, refrigerated or frozen state. Based on count sheets, Ingredient Control is responsible for tempering food and assembling entrée items, soup items for Charlton site (beltline and for decentralized units) and for CMHS site (decentralized units).
Food is sent down to Charlton at 1230 every day via refrigerated truck (outsourced trucking firm) and using taxi or other truck runs for emergency orders. Menu items such as sandwiches and salads are also prepared at CMHS for Charlton site and sent down via the same trucking system. Trucks are refrigerated. Very little food is produced in-house, most of it is purchased in ready to use form or ready for heating (such as casseroles).

Infection Prevention and Control

It is Nutrition Services responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Department specific orientation.
- All education and training must be documented and retained in the Nutrition Services department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients and clients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Nutrition Services must acknowledge transmission- based precautions as directed by the signage outside of the unit or patient room (airborne, droplet/contact, contact) for the patient.

- Before entering patient's room assess if isolation precautions are in place

- Tray Delivery:

    - Contact- Deliver tray onto uncluttered patient overhead table
    - Contact- If overhead table is cluttered place tray outside of room or alternative
    - Airborne or Droplet- Do not enter room. Place tray outside of patient room or alternative

- Decentralized Units:
    - The meal service process will be predetermined by the Unit Management, Infection Control and Patient Food Services

- Dietitians and the Dietetic Assistant**:**
    - Before entering patient's room assess if isolation precautions are in place
    - Put on appropriate PPE as determined by isolation sign
    - Documentation of use of PPE in patient's chart
    - Mask fit testing as per Occupational Health & Safety Department

- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies & Procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.
- Ministry of Labour Guidelines will be reviewed by all staff

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Contractors and vendors will be contacted by using the following methods:

- Email
- Fax
- Phone

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Managers must notify Employee Health Services of increased staff illnesses in their areas or units

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Nutrition Services will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the **Human Resources section** of the Clinical Health Services Plan

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies (see **Pandemic Alert Period**)

Surge Capacity/Capability within Nutrition Services

- A non selective menu will be offered limiting the number and amount of food items that will be required for storage
- All suppliers have been made aware of the 7-day non-selective menu.
- Present supplier will house 4 weeks worth of items for SJHH.
- Substitution of non-perishable items will be made should perishable items not be available.
- The menu will be designed in order to minimize perishables (bread, fresh fruit, dairy and vegetables).
- Communication with major suppliers will be made on a daily basis to review their inventory and change menu as required will take place.
- Alternate sites for storage; this may include using the Beckfield stores location to enhance the storage capacity
- Alternate site kitchens may be used for food preparation

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Security

During the Pandemic Period increased security measures may be necessary for the following:

- Locking of fridges and freezers
- Controlled access to the department at all times
- Controlled access to Stores at CMHS site.

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

1. Administrative and Support Services

Nutrition Services –

Morrison Healthcare Food Services

St. Joseph's Hospital (SJH) Charlton Site

Centre for Acute Health Services

Centre for Mountain Health Services (CAHS)

OBJECTIVES

To secure and maintain equipment and supplies of beverages and food required to support the nutritional needs of all healthcare workers

ASSUMPTIONS

- There will be limited warning of a pandemic incident, thereby reducing planning time. As there may be several waves; Morrison healthcare food service planning must recognize both short and long-term strategies for dealing with a number of challenges relating to staffing issues, securing food supplies and services throughout the waves.
- The underlining challenge relating to the Morrison healthcare food service team would be maintaining appropriate staff levels and supplies throughout all the Pandemic phases.
- The challenge would be for us to strategically plan for staff to be cross trained in all service levels so that in the event of high absenteeism, our staff would be prepared to take on the challenge and take on the hat of whichever position needed to be filled.

Communication

Communication to staff members by unit/department manager

- Written memo format
- Memo postings in specific assigned staff areas
- Intranet
- Phone
- Fax
- Morrison Bulletin Board located in the Kitchen Area. This is updated on an as needed basis
- Notices are clear, concise, and direct for all staff to read
- Communication binder for hard copies of memos containing critical safety or procedural information and required signature of staff members to confirm receipt and understanding of the memo

INTERNAL within the hospital:

- Email
- Intranet
- Phone

EXTERNAL Key stakeholders

Key stakeholders will include:

- Vendors
- Service Providers
- Support contacts

Information will be disseminated via:

- Phone
- Email
- Fax

Resource Directory

- Morrison's will maintain a current and accurate directory of internal and external current stakeholders by verbal notification from staff, by utilizing he internal and external intranet directories of St Joseph's Healthcare Hamilton and Compass Group Canada.
- Directories are updated as changes occur or at least monthly

Surveillance

Staff responsibilities re Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI/influenza symptoms will remain at home
- Staff member who develops FRI will be immediately sent home and asked to contact their family doctor or other external clinic.
- An employee who becomes ill during their shift will report this to the manager and be sent home.
- Illnesses will be reported to Manager and Compass Group Canada's (CGC) Quality and Risk Department as warranted

Manager's responsibilities re staff surveillance

- Managers will notify CGC of increase staff illnesses in the department which will be relayed to St. Joseph's Healthcare Occupational Health & Safety

Business Continuity

Morrison Health Food Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service.

Sites and Services Provided:

Charlton Site

- Charlton Café (Retail staff/visitor)
- On site Catering

CMHS Site

- Café (Retail staff/visitor)
- On site Catering

CAHS

- Café (Retail staff/visitor)
- On site Catering
- Meals on Wheels to VON

Equipment and Supplies:

During the Alert Period Morrison Health Food Services will assess equipment and supplies required to maintain the daily functioning of the hospital during the Pandemic Period. During the Alert period Morrison Health Food Services will contact suppliers/vendors and service contractors asking them to outline their contingency plan to ensure continued supplies during a pandemic.

Food Preparation & Delivery

- Majority of food prepared at Charlton site
- Some food prepared on CAHS and CMHS site such as hot/cold beverages, soups
- Delivered via Morrison van to CAHS and CMHS

Storage

- All food and non-food supplies are stored at the Charlton site and delivered via Morrison van to each site as required

Essential Services:

- Staff/visitor meals
- Meals on Wheels

Non-Essential:

- On site catering

Infection Prevention and Control

Compass Group Canada provides basic Food Safety and Sanitation training to its entire staff. In addition some staff receive AFST e.g. Management and production staff. They ensure current in food safety practices, handling, and food preparation/service procedures. Compass Group Canada continuously reviews its food safety programs.

Compass Group Canada ensures staff compliance with hand hygiene as per Hospital policy #082 MED **Hand Hygiene**.

The department Infection Prevention & Control at St. Joseph's Healthcare will ensure that Compass Group Canada's Infection Control practices meet the current standards of the organization.

Policies & Procedures

- CGC P&P maintains company-wide policies and procedures
- Compass Group Canada will review all Ministry of Labour policies regularly and updates Compass Group Canada's policies and procedures as needed
- Changes will be communicated to staff as P&P's are updated
- Morrison staff will be knowledgeable with CGC and St. Joseph's Healthcare P&P's

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations
- Compass Group Canada
- Vendors/suppliers and service contractors via phone, email, fax

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- Possible reporting of staff illnesses to St. Joseph's Healthcare Occupational Health & Safety

Note: There will be further direction from the MOHLTC

Manager's responsibilities re staff surveillance

- Managers will notify CGC of increase staff illnesses in the department which will be relayed to St. Joseph's Healthcare Occupational Health & Safety

Business Continuity

Human Resources

Human Resource requirements will be handled by Compass Group Canada.

Equipment and Supplies (see Pandemic Alert Period)

Services provided during the Pandemic

Morrison Healthcare Food Services will continue to provide day-to-day operations during the Pandemic Period based on the availability of resources such as manpower and food supplies. The following may apply during this period:

- A non-selective menu may be offered limiting the amount of food items that will be required for storage
- All suppliers have been made aware during the Alert Period of the 7-day non-selective menu.
- Present supplier has committed to storing in-house supplies for 4 weeks worth of items for SJHH.
- Substitution of non-perishable items will be made should perishable items not be available.
- Menu will be designed minimizing perishables (bread, fresh fruit, dairy and vegetables).
- Communication with major suppliers will be made on a daily basis to review their inventory and change menu as required will take place.
- Alternate sites for storage; this may include using the Beckfield stores location to enhance the storage capacity
- Alternate site kitchens may be used for food preparation on location

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Security

During the Pandemic Period increased security measures may be necessary for the following:

- Locking of fridges and freezers
- Controlled access to the department at all times

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

3. **Refer to post pandemic period for review process**

1. Administrative and Support Services

Human Resources

OBJECTIVES

- The primary Human Resource goal will be to maintain adequate staffing levels to manage the existing and additional workflow as a result of the Pandemic Influenza Outbreak.
- An ethical guide for issues such as health worker's duty to provide care during the pandemic must be articulated and communicated prior to an outbreak.

ASSUMPTIONS

- A Pandemic Influenza Outbreak will have a significant impact on HR functions. There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels. The influenza pandemic may have several waves; therefore, HR planning must recognize both short-term and long-term strategies.
- The HR Pandemic Operational Plan must be integrated with the Hospital Operational Pandemic Plan as well as local, regional and provincial plans.
- The Plan must be designed such that it can be implemented on very short notice.
- Human resources will need to be strategically enhanced and centrally deployed/redeployed.
- Taking a skills-based rather than profession-based approach will more effectively meet our staffing needs.
- All regulated and some non-regulated health professionals, as well as volunteers, can likely make a contribution to meeting the increased demand that a pandemic will create.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- Human Resources Conference on the email system

INTERNAL within the hospital:

Communication within the hospital external to the Human Resources:

- Bi-monthly employee newsletter
- Policies and procedures on intranet
- Bulletin and education boards
- Notices in elevators
- Signage
- Email
- Reports/memos
- Intranet/electronic/conference features
- Manuals
- Attachments to pay stubs
- Innovator magazine
- Site committee meetings
- Professional Practice Council

Stakeholders within the hospital include:

- Employees
- Management
- Union leaders
- JOHSC members

- Occupational Health & Safety
- Security
- Payroll
- Management Information Services
- Telecommunications

Stakeholders external to the hospital include:

- WSIB
- Insurance Carrier
- Legal Counsel
- OHA
- Employment Agencies
- LHIN Partners
- Educational Institutions
- Employee Assistance Programs
- Ministry of Health and Long Term Care (MOHLTC)

Resource Directory

- Current and accurate contact information of all staff members in the Emergency Services department.
- Infinium program will need to be updated to ensure it contains accurate and up to date employee contact information.
- Current and accurate physician directory.
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Hospital intranet directory.
- Current and accurate union executive contact information.

Surveillance

Staff and Volunteers Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.

- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

All units/departments will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Note May 2007: Human Resources is currently in the process of working with all Directors, Managers and relevant practice councils to update **all** job descriptions within SJHH

Attendance Support Program Policy #27 HR

The provision of quality health care at SJHH relies heavily on the skills and expertise of all Employees, whether they are involved in direct patient care or in providing a support service. Regular and consistent attendance at work by all Employees is an essential requirement of employment. It is the Employee's responsibility to take the appropriate steps necessary to meet this requirement. During the Pandemic Period this policy will require revision.

The Human Resources Department will:

- Maintain the Human Resources Information System (HRIS) based on the current information as provided by each department/unit.
- All Labour classes within the hospital will be available in the HR Department.
- Maintain staffing needs as they are communicated through the formal "Request for Staff" system.
- Address real time/automated scheduling as a hospital wide initiative. Time and attendance:

    1. Software to track real time/automated scheduling allowing the capability to know who is currently working, what skill sets they hold and the built in call-in procedures as per the collective agreement language

2. In the event that real time scheduling is unavailable, the redeployment centre will utilize email or fax to create an availability list for staff who are available to work

- During the Alert Period a central directory of all positions within the hospital requiring registration/certification/licensing will be developed.
- Maintain verification of licenses and registrations by the following:

1. College of Nurses Verification System
2. Professional Practice Leaders
3. Credential Policy for all Regulated Health Professionals

- Determine job categories and develop job descriptions that will be needed during a pandemic. Attention to risk thresholds is imperative. New job categories specific to the pandemic may include:

1. Paid health care professionals
2. Paid health care professionals who are not licensed
3. Paid non-health care staff such as support and maintenance staff
4. Volunteer health care professionals
5. Volunteers trained in medical tasks who are not licensed
6. Volunteers not trained in medical tasks but who could provide essential service support

Skill Set Inventory

During the alert period Human Resources will develop a skill set inventory. This will assist with a more efficient process in the re-deployment of our staff. During a Pandemic we may need to take a skill sets versus a professional based approach to meet all of our staffing needs and requirements:

1. Development of a skills set inventory via a skill set inventory survey on the MedLearn system. Estimated date of hospital wide roll out is June 2007
2. Develop a skills inventory of healthcare workers willing to provide service during a pandemic

Employee Sick Time

- Sick time is currently tracked using the Parklane and Infinium programs.
- During the Alert Period HR must develop

1. A new payroll code for pandemic sick time
2. Scheduler/Time and Attendance system to facilitate logistics

Labour Relations-Union Expectations

During the alert phase the HR communication plan will include provisions for communication with all union leadership to discuss hospital pandemic plans. The following will be required:

- Examine the legal and regulatory requirements which will allow the temporary increase of health care workers and re-deployment of others
- Working within MOHLTC's guidelines to develop guidelines to effectively

deal with grievances filed during pandemic.

- Establish a collaborative relationship with the unions to develop alternate plans and "Pandemic Memorandums of Agreements" when existing central agreements will not meet the hospital needs during a pandemic.
- A Memorandum of Agreement to address the following during the Pandemic Period:
    1. Scheduling changes
    2. Re-deployment
    3. Cross training
    4. Work accommodation
    5. Work refusals
    6. Risk Management
    7. Compensation guidelines

Hospital Volunteers

Human Resources may be limited in the Pandemic period. A Volunteer Recruitment Strategy must be developed during the Alert period. The Department of Human Resources will develop the following during the Alert period:

- Development of a pandemic employee application for volunteers
- A list of skill sets for hospital volunteers who have expressed an interest in attending to duties during a pandemic.
- A volunteer recruitment strategy and training and orientation must be developed for retired employees. Recruitment letter to be sent to retirees regarding their interest in assisting SJHH during the pandemic period
- Development of Pandemic-specific job descriptions for each category of volunteers
- Incorporate all information into the Infinium System
- Contact community organizations that may be willing to assist during the Pandemic.

    1. St. John Ambulance
    2. Red Cross
    3. Salvation Army
    4. Community Service Agencies
    5. Big Brothers, Big Sisters
    6. Local schools, colleges and universities

- Develop prior mutual aid agreements with agencies willing to assist during the Pandemic
- Develop a resource directory of all organizations and agencies

Insurance

The following insurances are in place to protect employees:

- WSIB
- Hospital liability coverage
- Life Insurance
- Malpractice and Personal Liability

During the Alert Period Human Resources will review insurance provisions during the Pandemic Period. The following will be addressed:

- Review of licensing with regulatory bodies, associations and colleges
- Compile complete inventory of insurance and liability coverage
- Develop guidelines for coverage for both employees, volunteers, physicians, and contract agency workers

Organization Resiliency – Coping Mechanisms During the Pandemic

Due to several waves of influenza pandemic, staff resiliency and morale may become a difficult problem. A large number of employees will be ill, and remaining staff will feel overwhelmed with the heavy workload. It will be difficult to maintain staffing requirements as staff members begin to feel the inability to cope and therefore may lead to increased absenteeism and staff resignation. Coping mechanisms will be taxed as staff tries to deal with both work responsibilities and home commitments of caring for their ill children and family members. Employee Assistance Program (EAP) needs and usage will increase leading to a drain on resources. The following must be addressed during the Alert Period:

- EAP providers have confirmed that additional resources will be available to ensure the provision of extended support services to staff during the Pandemic
- Confirm what crisis management coverage will be provided by our EAP provider during the Pandemic
- Develop an inventory of internal supports that would be available.
- Develop a coordinated Pandemic Crisis Management Plan in conjunction with EAP, internal stakeholders including unions and other acute and community based healthcare providers to address topics such as accommodation for staff with need for family care; basic personal support in the workplace such as food; rest and recuperation; job protection for staff moving to other areas during pandemic; and, emotional support /grief counseling.
- Support services available within the hospital include:
    1. Managers
    2. Union Leaders
    3. Occupational Health and Safety
    4. Spiritual Care
    5. Social Work
    6. Department of Human Resources
    7. Department of Educational Services
    8. Other applicable departments/services (i.e. Mental Health)

Redeployment Center

Note: During the pandemic the Redeployment Centre will work collaboratively with the Incident Command Centre.

During the Alert Period Human Resources will assess and create a blueprint for the development and implementation of a Redeployment Centre. The centre must have the ability to be mobilized within 48 hours. The blueprint will identify and include the following information:

- Location of Centre
- Mandate /Span of control

- Reporting Structure
- Most responsible person
- Roles and responsibilities of Centre staff
- Policies and Procedures within the Centre
- Job categories outlining clear roles and responsibilities
- Mechanisms for assessment of staffing requests according to priority
- Orientation and training programs/protocols for staff
- Maintain records of training
- List of equipment requirements within the Centre
- Budget and cost centre number
- Communication plan

The Human Resource Department will work within the MOHLTC and other relevant guidelines, to develop Redeployment Principles and Operational Guidelines in collaboration with managers, union leaders and community partners. Some preliminary considerations for the Centre include:

- All requests for staffing and redeployment must be done through the Center.
- A centralized redeployment list must be maintained through the Center.
- Mechanisms by the Centre to track, and monitor all redeployment activities from the beginning to end of assignments.
- A skills-based rather than a profession-based approach to staffing will be used.
- Strategies needed to ensure competent practice such as narrow, tightly focused delegation and clear approaches to supervision will be used.
- Clear and broadly understood operational guidelines will be essential, including mechanisms for updating and determining skills needed in each area, updating staff rosters and deploying and redeploying staff.
- Clinical experts will be seconded to oversee clinical deployment assignments.
- Orientation and training will be provided to redeployed staff as necessary.
- Wherever possible, principles and operational guidelines should be consistent across the healthcare sector.
- Outcome measures will be built into the plans.

Note: These operational principles and guidelines will be developed within the context of SJHH Pandemic Ethical Guidelines.

In the Alert Period work must be done in conjunction with the groups such as MOHLTC, OHS, regional and community partners, unions, and SJHH Professional Advisory Councils to articulate and communicate the ethical principles that will be used to guide difficult decisions during the Pandemic.

Of the four ethical issues identified in “Stand on Guard for Thee: Ethical Considerations in Preparedness for Pandemic Influenza”, the one most relevant to HR Planning is “Health workers’ duty to provide care during a communicable disease outbreak”.

As outlined in the Canadian Pandemic Influenza Plan, we must also recognize that SJHH has a reciprocal duty to ensure that redeployment of staff during a Pandemic is supportive of employees and demonstrates good stewardship. Safety of staff must be balanced with patient care needs. Careful consideration should be given when staff is asked to practice outside their scope of practice or competencies. Duty to provide care has to be balanced with needs of staff that are caring for ill family members.

Communication and decision-making must be seen to be open, transparent, frequent and reasonable with frequent opportunities for staff to raise concerns and be heard. These principles will help shape our HR Pandemic Plan.

Infection Prevention and Control

It is the Human Resources Department's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the Emergency department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies and procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.
- Mandatory General Orientation
- Education Sessions
- Professional Practice Councils
- Signage
- Bulletin board postings
- Intranet

During the Alert period Pandemic polices and procedures will need to be developed and communicated. These will fall under the Redeployment Centre Operational Guidelines. Some of the policies will require collaboration with unions, community agencies and volunteers associations. Examples of these include:

- Pandemic Payroll Policy
- Payment of volunteers
- Approval for Redeployment and Overtime
- Triaging for staff
- Work refusal
- Work accommodation
- Recruitment, Selection and Screening policies
- Use of Unregulated health professionals
- Payment of non-hospital employees

Security

Staff identification is mandatory as per policy #022 - SJH Rules and Regulations - HR section 22.06

Identification Badge

Each employee is provided with a photo identification badge by Security Services at the time employment commences. The purpose of this badge is to identify the wearer as a member of St. Joseph's Healthcare staff and to minimize opportunities for the intrusion of unauthorized persons. All staff members are required to wear this identification badge so it is clearly visible while on St. Joseph's Healthcare's premises.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Key spokesperson representing HR
- HR communication will be managed through the Redeployment Centre in collaboration with the Command Centre
- Dedicated telephone information hotline with updated and current information
- Staff and union communication will occur daily.
- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Center
- Public Health/Infection Control
- Marketing and Community Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff & Volunteer Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of all units to notify the Redeployment Centre of staffing needs.

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Recruitment of Staff during the Pandemic

During the Pandemic Period Human Resources will build on existing staffing structures to recruit:

- Staffing agencies
- Volunteers (see **Alert** period)
- Student Career programs (requires discussion in **Alert** period)
- Intern and residency programs (requires discussion in **Alert** period)
- Recall leaves and vacations

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

Security

Refer to the **Security** component of the Plan

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
- Refer to post pandemic period for review process

1. Administrative and Support Services

Occupational Health & Safety Services

St. Joseph's Hospital (SJH) Charlton Site

Centre for Acute Health Services (CAHS)

Centre for Mountain Health Services (CMHS)

Additional research on influenza transmission will inform the final policy on personal protective equipment. The MOHLTC, in collaboration with internal and external partners, will continuously review emerging and evolving science on influenza transmission, and update the recommended protective practices as appropriate.

Based on the Precautionary Principle as set out by Justice Campbell December 2006, reasonable steps to reduce risk should not await scientific certainty. In the event of a pathogen/virus of unknown etiology the highest level of precaution will be recommended pending further clarification.

OBJECTIVES

- To prevent and minimize the transmission of Influenza
- To facilitate adherence to Occupational Health & Safety (OH&SS) and Infection Prevention & Control policies and procedures for influenza prevention
- Ensure compliance with the Occupational Health & Safety Act and associated Regulations for Health Care and Residential Facilities, indicating an employer has a legal obligation to take reasonable precautions to protect all employees
- The OHA/OMA Communicable Disease Surveillance Protocols, which includes the Influenza Surveillance Protocol, applies to all persons who carry on activities in the hospital including employees, students, medical house staff, physicians, volunteers and contract workers—who will be referred to as health care workers (HCW's)
- Ensure engineering controls such as ventilation systems designed and maintained in accordance with CSA Standard
- OH&S will endeavor to ensure that services will be maintained during the pandemic period and continue to provide:
    1. Appropriate education to HCWs e.g. hand washing, appropriate personal protective equipment (PPE), cough etiquette
    2. Immunization of HCWs once vaccine available
    3. Maintaining ongoing education regarding protective practices such as PPE, hand hygiene etc.
    4. N95 respirator fit testing

- To develop an effective system for storing and distributing vaccine and antivirals to HCWs
- To develop a clear communication plan allowing for efficient and effective communication to all HCWs

ASSUMPTIONS

- There will be no vaccine available for the first wave.
- There may be a limited supply of antiviral medications available in the first wave
- Antiviral medication may be in short demand, recommendations and tools as per the MOHLTC will be used to determine priority in dispensing of antivirals to HCWs

Communication

Communication to OH&S staff members by department manager

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those staff who do not have email
- Memo postings in specific assigned staff areas
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- OH&S Conference on the intranet
- Daily rounds with Occupational Health Nurses from all sites
- Staff meetings
- Group voicemail

Communication within the hospital external to OH&S department

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Hospital publication “Connections”
- Hospital wide postings of OH&S information
- Site Committee meetings
- Formal link of communication with Infection Prevention & Control
- Link with the 3 Joint Occupational Health & Safety Committees (JOHSC) and providing them with current information
- Development of OH&SS web site

Internet/Intranet with following information posted:

- Fact sheets on seasonal and pandemic influenza
- Details re: expectation of all Health Care Workers (HCWs) during the Pandemic Period
- Surveillance strategies and expectations in the Alert Period and Pandemic Period i.e. Febrile Respiratory Illness Tool and self screening
- Hand Hygiene and Respiratory Etiquette
- Details on anti viral medication in the Alert Period (outbreak management) and availability during the Pandemic Period
- Influenza Management Policy # 089 ADM
- Details for Influenza Immunization in the Alert Period and during the Pandemic Period
- Personal Protective Equipment (PPE)

Information Line during the Alert Period

- 24 hour Hot Line

- Current OH&S updates
- Details of expectations of all Health Care Worker's
- Surveillance strategies
- Immunization availability

External
Communication external to the hospital

- Public Health
- Ministry of Labour
- WSIB
- Regional Committee meetings
- Union Leadership
- Ontario Hospital Association (OHA)

Resource Directory

- Current and accurate contact information of all staff members in the OH&S department
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit
- Hospital Intranet directory

Surveillance

Staff responsibilities re Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI/influenza symptoms will remain at home and contact the Manager/delegate or unit (as per hospital policy –027-HR) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's responsibilities re staff surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Occupational Health Nurse (OHN)

- Employee surveillance is completed by the Charlton and CAHS site for all 3 sites of St. Joseph's Healthcare
- Records daily sick calls that have been reported on the Employee Health Services line
- Clusters on units are reported by the OHN to Infection Prevention & Control and Public Health (Employee names remain confidential to OH&S)
- All master copies of surveillance documentation will remain at the Charlton site
- Will be responsible for contacting Health Care Workers that are off due to illness and advising protocol re:
    a. Remaining off work
    b. Instructions for the Anti Viral medication if available.
    c. Clearance to return to work-regular or alternate

- Is responsible for the dispensing and education of Antivirals that are used for Influenza Outbreaks

Occupational Health Physician

- Provides further health assessment and clarification of medical information
- Refers for further treatment to appropriate health care practitioners
- Provides consultation in regards to referrals to independent medical practitioners
- Evaluates medical documentation in conjunction with the health assessment of Employee and determines restrictions, if any
- Reviews and revises medical directives routinely as alert develops
- Provides direction and acts as a resource to complex issues

Business Continuity

Human Resources

The Occupational Health & Safety Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program Name
- Position Title/Classification
- Position Summary/Mission Impact Statement
- Position Responsibilities and Key duties
- Experience required/skills
- Education and Formal Training required

Equipment and Supplies:

During the Alert period the OH&S must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the department to Purchasing and Stores. The list will be **based** on the categories that the MOHLTC has referenced in the "Ontario Health Plan for an Influenza Pandemic", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Vaccine/Antiviral program

Vaccination is recognized as the single most effective way of preventing or attenuating influenza for those at high risk of serious illness or death from influenza infection and related complications.

Vaccination of Health Care Workers and high-risk patients results in significant reduction in total patient mortality, influenza-like illness, and serologically confirmed influenza.

In order to prevent and reduce the risk of influenza virus infection, the hospital will:

- Recommend that all HCWs receive, and vaccinate with the current influenza vaccine

- OH&S will provide an influenza immunization program for all HCWs which will include:

    a. Timely access to the influenza vaccine at no cost to the HCW
    b. A system of tracking immunized staff
    c. A system of tacking lost time due to influenza
    d. Education on influenza and its transmission

In order to manage influenza outbreaks within SJHH, the following will occur:

1. Outbreaks will be declared by Public Health in conjunction with Infection Prevention and Control and an outbreak number will be assigned
2. **Refer to Outbreak Investigation and Influenza Management Policy # 089 MED**
3. All HCWs in the outbreak area will be offered immunization through the OH&S with the current influenza vaccine and will be considered immune if 14 days or more has passed since receiving the vaccination
4. Other HCWs may work in the outbreak area if they meet the following criteria:
    - Antiviral medication has been initiated through OH&S
    - Vaccination had been given in less that 14 days and antiviral medication has been initiated through OH&S

N95 Fit Testing

To ensure the safety of all employees who are working in areas that are designated as high risk for airborne disease the following will occur during the Alert Period:

- According to CSA standards respirator fit testing must be repeated every two years
- When possible all employees will be fit tested for two N95 respirators
- Education, training, and documentation (mask fit card) will be provided to the employee during the N95 fit testing
- All managers will receive a current list of their employees fit testing results to ensure that the appropriate N95 respirators are available on their respective units/departments/areas
- Plans are in place to trial a Canadian source N95 respirator
- Collaboration with Infection Prevention and Control to reassess units/areas/departments at all three sites that may require fit testing
- Employees who are community based will be fit tested according to risk
- Development and maintenance of a current employee data bank that can be accessed to provide information on all employees who have received training and the respirators that were deemed appropriate for them as per CSA standards
- Updated training for all OH&SS staff

Infection Prevention and Control

It is Occupational Health & Safety Services responsibility to ensure the following:

Staff

Education:

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual mandatory departmental review must include Infection Prevention & Control practices
- All education and training must be documented and retained in the OH&S department
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet

Compliance to P&P:

- The Occupational Health Nurse (OHN) when assessing HCWs must use Routine Practices/Standard Precautions. Additional precautions

may be required for those HCWs presenting with certain clinical conditions or syndromes. The OHN must initiate and document the appropriate transmission based precautions (airborne, droplet/contact, contact)

- Step by step instructions of "Donning and Doffing" of Personal Protective Equipment (PPE) must visible in all assessment/care areas
- Mask fit testing as per Occupational Health & Safety Department
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Policies & Procedures

- All departmental and hospital polices must be reviewed by staff
- Departmental polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

The information on the current employee **hot line** will be changed to communicate the needs during the Pandemic Influenza Outbreak.
Information on the hot line will include:

1. Details re expectation of all Health Care Workers
2. Surveillance strategies and expectations
3. Details for Anti Viral Medication availability for Health Care Workers
4. Details for Immunization when available

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Outbreak Management Committee via Pandemic Steering Committee
- Public Health/Infection Control
- Public Relations
- MOL
- MOHLTC
- OHA

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Managers must notify Employee Health Services of increased staff illnesses on their unit

Note: There will be further direction from the MOHLTC

Fit to Work

Employees who become ill at home:

Option # 1 Dedicated phone line

- Employee will call into OH&SS dedicated phone line and follow instructions given
- Employee will call their unit/department/area to report illness
- Employee will follow return to work call-in prompt if able to return to work

Option #2 Dedicated email

- OH&SS to work collaboratively with Information Services to establish a central email for Employee Health which will have the ability to collect and monitor all information provided by the employee
- Employee will report their illness by emailing their manager or delegate and OH&SS

Option #3 Dedicated fax

- Employee will report illness to OH&SS via a dedicated fax line

Employees who become ill at work

- If the employee is having respiratory symptoms they will be asked to apply a fluid resistant mask
- The employee will notify their manager of the illness
- The employee will leave a message on the dedicated OH&SS phone line and follow the prompts
- The employee will proceed to a dedicated central triage area for medical follow-up (triage area yet to be determined)

Return to Work

Day 6 or earlier of influenza symptom onset

OHN or designated healthcare professional may contact employee on day 6 or earlier to establish possible return to work on day 7 or earlier to work on established flu wards with recovering influenza patients.

Day 8 or earlier of influenza symptom onset

OHN or designated healthcare professional may contact employee on day 8 or earlier to establish possible return to work on day 9 or 10

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Occupational Health & Safety Services will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the **Human Resources section** of the Clinical Health Services Plan

Equipment and Supplies (see **Pandemic Alert Period**)

Labour Relations Issues:

- It will be recommended that all Health Care Workers be immunized once the vaccine is available. All HCWs will sign a consent form which will reflect current vaccine information
- Health Care Workers will be provided with and strongly encourage to take the Anti Viral Medication in order to continue working and minimize the symptoms of Influenza. This will vary depending on the availability of Anti Viral Medications.
- If a Health Care Worker demonstrates milder symptoms, they will be encouraged to work during the Outbreak and will be assigned to patients with Influenza like symptoms.

Vaccine/Antiviral Program

Note: Further direction as per MOHLTC

Vaccines are the primary means to prevent disease and death from influenza. During influenza pandemic a vaccine will not be available for at lease 4-6 months after the pandemic strain is identified. The vaccine developed for the current influenza year may be used as an option pending the development of the pandemic influenza vaccine.

Antivirals are effective for both influenza treatment and prophylaxis and may provide an adjunctive management strategy during a pandemic-particularly during the period when a vaccine is not available. There is no current evidence to support that putting a large population on prophylactic antivrials will slow or stop the spread of disease; however, anitvirals may be an important option for maintaining essential services until a vaccine becomes available. Antiviral distribution will be based on the current epidemiological information available during the pandemic period and the reported susceptibility or resistance of the virus to the antiviral medication. Distribution will be based on the following groups:

1. Treatment of the influenza illness;
2. Pre-emptive treatment for those who have been in contact with the virus;
3. Outbreak management

The comprehensive immunization/antiviral program will include the following:

- Ongoing immunization distribution strategies (based on MOHLTC guidelines)
    - No pandemic influenza vaccine available/Antiviral available for treatment
    - No pandemic influenza vaccine available/Antiviral available for healthcare prophylaxis in an outbreak situation
    - No vaccine/No antiviral
    - Vaccine available/Antiviral available for treatment
    - Vaccine available/Antiviral available for healthcare prophylaxis in and outbreak situation
    - Vaccine available/No antiviral available

Vaccination clinics will be established for the distribution and administration of the vaccine when it becomes available, or for dispensing the current influenza vaccine. OH&SS may utilize SJHH nurses and physicians to assist with the education and vaccination of healthcare workers to ensure accessibility to all.

- Options for distribution of antiviral for treatment

- Employee may receive home delivery of antiviral treatment via designated driver
- Employee may receive antiviral at work via direct observed therapy on unit or at designated central distribution centre at all three sites or one site if closures occur
- 24 hour availability of antiviral distribution to be determined

- Development of a consistent, ethical and evidence-based decision-making process to determine priority access to antivirals and vaccines in the Alert Period. **Note** as per MOHLTC
- Inventory of necessary equipment and supplies will be addressed in the Alert Period
- Secure storage of vaccine and antivirals in hospital pharmacy
- Policies and Procedures for maintaining the cold chain for the vaccine
- Medical Directives for dispensing antivirals and vaccines
- Development of an algorithm for antiviral treatment and prophylaxis
- An effective system to distribute and administer vaccine and antivirals
- A mechanism to monitor and document vaccine and antiviral adverse events
- Maintaining a database of all HCWs who receive antiviral treatment or vaccination. This will be required for redeployment strategies
- Consent form for immunization with current and accurate information on the consent form
- Consent form for antivirals (if needed)

N95 Fit testing

To ensure N95 fit testing will continue to be available during the pandemic period The following must be in place:

- Central location for testing
- Supplies in place
- Computer access
- Human resources required to accommodate the increase work demand

(Training of all OH&SS staff to take place during the alert period)

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

3. Refer to post pandemic period for review process

1. Administrative and Support Services

Purchasing / Materials Management-Equipment & Supplies

OBJECTIVES

To provide adequate medical-surgical supplies, equipment and service to all areas of the hospital during a pandemic outbreak

ASSUMPTIONS

Due to a pandemic event, the ability to replenish supplies may become limited as suppliers ability to ship, store and distribute would be affected. Human resources will also be limited, affecting the ability to order, receive, house and distribute equipment and supplies

Communication

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those staff who do not have email
- Memo postings in specific assigned staff areas
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings

INTERNAL within the hospital:

- Monthly management meetings
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site Committee meetings
- Formal link of communication with Infection Prevention & Control

EXTERNAL

Communication external to the hospital

- Regional Committees

Vendors:

Electronic Data Interface for 50% of purchase orders
Email
Phone
Fax
Purchasing –Materials Management meetings
Oakville Warehouse:

- Email
- Phone,
- Fax

Medbuy:

- Annual meeting/conference
- Contract Request For Purchase – phone conference with co-coordinator, Clinical Specialist and other Medbuy shareholders

Resource Directory

- Current and accurate contact information of all staff members in Purchasing and Stores
- Current and accurate vendor dictionary
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit
- Hospital Intranet directory

Surveillance

Staff responsibilities re Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI/influenza symptoms will remain at home and contact the Manager/delegate or unit (as per hospital policy –027-HR) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's responsibilities re staff surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Purchasing/Materials Management will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Equipment and Supplies:

Locations for storage:

Oakville warehouse
Auchmar facility (small inventory)
Charlton Site (small inventory)

Order cycles are completed and delivered within 24 hours and STAT deliveries can be accomplished within 30 minutes via dedicated truck distribution.

Ordering, receiving and distribution of supplies

To ensure adequate supplies are maintained for all sites Purchasing and Stores will:

Communicate with the Oakville warehouse. Currently the Oakville warehouse maintains a 2-week inventory of products for Just in Time (JIT) delivery to all sites. This inventory is based on historical use.

- Generate reports to validate inventory status and requirements
- Material Management will control the ordering of products for departmental supply carts.
- Non stock products are controlled by the departments to meet the specific needs of the department
- Either Materials Management staff order supplies using a tracker device or processing of non-cart stock requisitions in the system will drive replenishment of stock from stores.
- The Materials Management Supervisors will supervise the supply carts for all departments/units/programs
- Supply Attendant staff currently track products for the various department supply carts in accordance with pre-established min/max PAR levels, downloads this information to the system for picking, store and distribute inventory to sites/units.
- Supplies are restocked in clean supply rooms by Supply Attendants.
- The Materials Management Supervisor is the single point of contact for departments
- There are formal procedures in place to identify roles and responsibilities in the supply management process.
- The Purchasing Clerk places all orders to the vendor. Confirmation of placement of the order is then verified and maintained with the clerk.
- The OR coordinates some of the purchasing functions independently and is not managed by the Materials Management Supervisor

Surge and Contingent Access to Essential Supplies

Over the past two years there has been an increasing focus and interest on how hospitals will react in the event of a pandemic or other significant crisis. This

section outlines the current and prevailing thoughts and actions with respect specifically to the provision of supplies. In order to be clear some of the assumptions and definitions need to be understood.

1. Pandemic will cause a need for extra and extraordinary supplies – this we define as needing a "surge capacity".
2. A pandemic or another crisis may cause a breakdown in the required supply chain. There is a need to have alternatives. This we define as needing "contingency capacity".
3. The Focus on Healthcare Supply Chain Integration is looking at what possible "surge capacity" models might exist for the 18 hospitals involved.
4. There is no work currently being done regarding extraordinary contingency capacity. Normal hospital operations require alternative sourcing or contingency plans and these are well established for each hospital.
5. There are a number of activities occurring with respect to broader pandemic planning.

There are three lists of products and equipment currently being developed: Pandemic, Life Saving, and Critical Clinical. Life Savings are products that are used immediately in life and death situations. There are good contingency plans for these but no catastrophic contingency plan.

A pandemic supply list has been developed at SJHH and HHS based on provincial templates. A common list (where possible) of actual supplies, vendors and distributors is complete with the inclusion of short-term and long-term substitutions as applicable.

There are two ways to create surge capacity. We can identify specific items and ask the manufacturer or distributor to actually hold and rotate stock purchased by the hospital(s). The other method is for the hospitals themselves to operate a separate warehousing facility dedicated to surge capacity stock piling. Both methods will be employed if possible.

While the prospect of a catastrophic supply chain event is terrifying, the sheer scope of inquiry and the lack of available resources have dictated that no detailed work occur in this regard. The reality of Canada being 2% of the world health care supplies market dictates that we will always have to source some of our supplies outside of the country.

Ongoing action items therefore are;

1. Approval of "pandemic" supplies list by SJHH pandemic working group and Executive Team
2. Approval of funding of the supplies list, the Personal Protective Equipment (PPE) 72 hour supply carts and off-site PPE kits
3. Critical/essential supplies

There has been no identification of a funding source for these surge capacity items and so while we may develop detailed plans, no actual purchasing or contracting will occur until the money is available.

Pandemic Supplies

Purchasing has developed a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the hospital. The equipment portion of the list has not been completed at this time. This list has been **based** on the categories that the MOHLTC has referenced in the "Ontario Health Plan for an Influenza Pandemic", June 2005.
During the Alert Period departments/units/programs will review the list and add any additional requirements that may not be on the list and include all external specialty orders that are crucial for the safe delivery of patient care

Critical Items

It has been identified that we must establish a clear definition of what is an essential or critical item.
There is work in progress to identify required life saving products and source pre-approved substitutes.

Backorders-warehouse

As identified by Purchasing, substitute items are automatically ordered when it has been pre-approved. Working with the Inventory Analyst, Clinical Specialist and the end user an acceptable substitute is found and then ordered.

Backorders--Direct purchase

Purchasing clerk places order with vendor. If item on backorder this is communicated to the clerk. The analyst, Clinical Specialist and end user will assess an acceptable substitute.

Product Recall

Stock Items

- Notification is received from the vendor/manufacturer
- Notification is sent to clinical spec/analyst
- Products are pulled from warehouse and units/departments as per policy and procedure (Policy to be developed)
- Key stakeholders are notified via email and/or fax

Direct Purchases (excluding the OR)

- Notification sent to the Clinical Specialist/Analyst/Purchasing Clerk
- Products are pulled from department's stock as per policy and procedure
- Key stakeholders are notified via email and/or fax

Infection Prevention and Control

It is Purchasing/Materials Management responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies and procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Hospital Key spokesperson
- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Infection Prevention & Control
- Public Relations

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre communicates with Medical Officer of Health
- Public Health/Infection Prevention & Control-Bulletins
- Public Relations-Web site
- Vendors, service providers: teleconference, email, fax

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff & Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

Further direction to come from the MOHLTC

- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of Purchasing and Stores to notify the Redeployment Centre of staffing needs.

Purchasing and Stores will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies

Pandemic Supplies

This is currently being addressed in the Alert Period (see **Pandemic Alert Period**)

Critical or essential Supplies

This is currently being addressed in the Alert Period (see **Pandemic Alert Period**)

Ordering, receiving and distribution of supplies

- Maintain systems that are in place during the Alert Period for ordering and delivery of supplies.
- Supply depot only for Pandemic supplies may be outsourced
- Frequency of replenishment and hours of operations may be adjusted to meet the demand requirements
- Direct purchases on necessary equipment will be processed as required.

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

- Maintain Infection Control practices already in place in the Alert Period
- Information will be circulated by using the methods described in the Communication section

Security

Refer to the **Security** component of the Plan

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

- **Refer to <u>post-pandemic period for review process</u>**

1. Administrative and Support Services

Information Services

OBJECTIVES

To ensure that healthcare workers, patients and the public have access to transparent, accessible, accurate information that will help them to respond to challenges during each phase/period of the pandemic

ASSUMPTIONS

There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive making it difficult to maintain staffing levels within the department. The influenza pandemic may have several waves; therefore IS/IT planning must recognize both short-term and long-term strategies

Communication

Note: Information Services manages all Email and Intranet processes within SJH
Public Relations manage Internet and Elevator postings.

Telecommunications manages general voicemail and overhead paging.

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- Voicemail
- IS conference on the email system

INTERNAL within the hospital:

Employees and volunteers

- General Mail Admin email function which releases information via a predetermined distribution list
- Information posted on front page of the intranet www.stjosham.on.ca
- (Managed by Public Relations)
- Memos posted in elevators (managed by Public Relations).
- Voice mail to all voice mailboxes in the organization (managed by Telecommunications)
- Overhead Announcements (managed by Telecommunications

Patients, visitors and public

- Internet www.stjosham.on.ca
- Memos in hospital elevators
- Signage in public areas

External Key stakeholders:

- Directors of Information Services at surrounding hospitals
- Chief Information Officer of Local Integrated Health Network LIHN 4

Resource Directory

- Current and accurate contact information of all staff members in the Marketing and Community Relations department.
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Hospital intranet directory.

Evaluation of Communication methods within IS

- Feedback from the end users
- All messages are proof read for clarity and interpretation prior to distribution

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Staff surveillance McKesson employees

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain home and contact their manager or Administrative Assistant.
- Increased illnesses will be reported to OH&S/EHO
- Staff members who become ill while at work will be directed to the Emergency Department or their own family physician

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Information Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to McKesson Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

In the event of excessive human resource depletion vendors may be requested to assist with product and maintenance support

Equipment and Supplies:

During the Alert period IS must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the department to Purchasing and Stores. The list will be **based** on the categories that the MOHLTC has referenced in the "Ontario Health Plan for an Influenza Pandemic", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- The department Administration Assistant will monitor the stock on hand and places orders as required in order to maintain supplies.
- All stock items will be directed using the on-line purchasing application, with the exception of those items ordered through Corporate Express
- IS will maintain a supply list of all supplies purchased from outside sources. Vendor supply list available from department.
- During the Alert period IS will draft a letter to suppliers/vendors asking them to outline their contingency plan during a pandemic to ensure continued support to St. Joseph's Healthcare

Software / Hardware

A complete inventory of all SJHH, Personal Computers, Mobile Devices, Network Printers, Laptops, Standard Applications, Software Licenses, Network Storage, Servers and Infrastructures is available through IS in the "LHIN Software & Hardware Audit".

Services Provided by IS to all St. Joseph's Healthcare sites:

- Service Desk
- Help Desk
- Network Control
- Applications Support
- Data Centre Operations

Patient Data and Patient Tracking

TAR Patient Care is used to store/retrieve patient data and tracking

- Physically it is multi-site. However, the computer system operates as just one facility. Capability to access Meditech system from HHS to retrieve patient data is being addressed.
- Information on patients from all hospitals in Hamilton is Corporation specific at this time.
- Units/areas with Star Patient Care will have access to all registered patients in the MPI (master patient index) allowing for patient census and visit information
- Designated Healthcare workers with Virtual Private Network (VPN) access can retrieve patient data from their homes

Employee / Skills Tracking

Note: This area is under discussion with Information Services, Nursing Informatics, Payroll and Human Resources to identify lead and action plan.

- Currently there is not a computerized system in place to track hospital employees who enter and exit the facility.
- Currently there is not a computerized system in place to track employees skills which could be used for redeployment purposes

Secure Communication Channels

Secure Communication Channels are maintained internally by locating all network devices in secure locations accessible only by authorized personnel. The network is monitored for abnormal activity and if detected appropriate action is taken. Patient and employee data is housed in a secure locked environment requiring combination access by authorized personnel and guest sign in. Internet activity and access is restricted by Firewall based on business need.

Computer Information Continuum

In the event of power failure the Computer Room is run from a UPS, which is powered by a Generator. Regarding "equipment failure" all systems contain redundancy, which was state of the art at time of purchase and has been upgraded where possible. For Computer Virus issues we have a dynamically updated device, which will push the most recent virus definitions to the desktops as they become available

Request for Service

- UNICENTRE software is currently used to maintain a log of all customer queries and requests for service. See attached Table 1 for Prioritization for Service and Response times.

Table 1: Prioritization for Service and Response Time

Severity Level	Examples	Initial Response	Target Resolution
		Customer contacted within this timeframe for acknowledgement	Resolution within this timeframe where applicable
Severity 1 – Critical ▪ Adversely affects Patient Care ▪ Cause Financial Liability ▪ Affects multiple users	▪ Enterprise down ▪ Clinical system ▪ Core system	< 15 minutes	Resolution target communicated within 2 hours
Severity 2 – High ▪ Adversely affects Patient Care ▪ Repeatedly affects customer usage or data integrity ▪ Workflow issue that affects and prevent timely completion of work ▪ Single dept, time sensitive issues	▪ Segment down ▪ Nursing Station down ▪ Department Server problem ▪ Key element fails ▪ Impacting Patient	<1 hour	<8 hours
Severity 3 – Standard ▪ Workaround available ▪ Single system or device ▪ Interferes with timely & effective work, but does not result in a complete disruption of work	▪ Can't login ▪ Microsoft Application not functioning ▪ How-to question ▪ Hardware not working	Same Business Day	<5 Business Days, 95% of the time
Severity 4 – RFS ▪ Request for something New	▪ User Access – within **5** business days ▪ Install Software within 3 business days ▪ Install Hardware within 5 business days of customer receiving hardware	▪ Logged within 1 Business Day ▪ Customer contacted by Next Business Day after assigned.	<1 month, 95% of the time

Infection Prevention and Control

It is Information Services responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the Information Services department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies and procedures

- McKesson polices will be reviewed annually and approved by the Director and Management Team.
- Both SJHH and McKesson employees will be directed to view all departmental and hospital policies

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Infection Prevention & Control
- Public Relations

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

Staff & Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

Further direction from the MOHLTC

- Managers must notify Employee Health Services of increased staff

illnesses on their unit

Business Continuity

Human Resources

During the Pandemic Period the IS department will maintain communication with McKesson Human Resources and Head Office via email and phone. It is uncertain due to travel/border restrictions whether McKesson will be able to assist with HR replacement from the United States. IS will rely on existing staff members and other areas of support as follows:

- All "trained pool" of staff members that will backfill or relieve IS during the Pandemic Period will be accessible by pager and phone.
- Project and Application Services team will consist of "Maintenance" type tasks in or to keep the system functioning and Subject Matter Experts to ensure that patient lists such as census and SQL reporting needs are available.
- In the event of large employees absence, the Service Desk and Desk Top Support team will suspend Request For Service (RFS) and Project Activity allowing them to concentrate primarily on Maintenance functions and high priority Break/Fix functions
- Analysts will have computer access to the hospital network from home allowing them to provide any emergency tasks
- Vendors may also be requested to assist with product and maintenance support.
- Prioritization for request of service Table 1 will be used to prioritize service

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

- **Refer to post-pandemic period for review process**

1. Administrative and Support Services

Telecommunications

St. Joseph's Hospital (SJH) Charlton Site

Centre for Ambulatory Health Services (CAHS)

Centre for Mountain Health Services (CMHS)

OBJECTIVES

- To ensure our current duties and responsibilities are fulfilled during a pandemic influenza outbreak. This will include ensuring all our systems and equipment remains operational.

- To ensure that are communication lines remain viable at all sites during the pandemic

- Our goal will be to maintain to prompt, courteous and responsible service to all our customers in an efficient and effective manner

ASSUMPTIONS

- It is our assumption that telecommunication demands and workload will increase significantly during a pandemic outbreak and our staffing component will decrease

Communication

Communication will be managed by using the following methods:

INTERNAL BY SITE

Charlton

- Phone system – connected via mega route to CAHS and CMHS
- Call Pilot (voicemail system centrally located for Charlton, CAHS, CMHS)
- ER wireless phone system
- Paging services
  - Pagers – in house
  - Pagers long range (standalone systems supported centrally)
  - Over head paging

- Avotus online directory
- Cell phones (supported centrally)
- Blackberries (supported centrally)
- All incoming calls
- Initiate all code procedures
- Alarm panels
  - Fire panel
  - Gas alarms panel
  - Freezer alarm panel
  - Outer building alarms
  - Door alarms

CAHS

- Phone system – connected via mega route to Charlton and CMHS

CMHS

- Phone system – connected via mega route to CAHS and Charlton
- Pager services
  - Pagers – in house
  - Pagers – long range
  - Over head paging

- Alarm panels
  - Fire panel
  - Outer building alarms
  - Door alarms
  - Maintenance alarms (e.g. sump pumps)

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- Voicemail

INTERNAL within the hospital:

Communication external to Telecommunications

- Personal communication between management team members
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Overhead announcements
- Broadcast messages through the voicemail system
- Auto attendant messages
- Group alerts through the in-house pagers
- Site committees

EXTERNAL

Communication to the public and patients

- Auto attendant
- Overhead announcements
- Pre-recorded messages with hospital information or bulletins such as the hospital mailing address and directions.
- On-hold marketing announcements

Resource Directory

- Hospital on line directory available on the intranet will be updated by telecommunications weekly as changes occur and printable directory updated every 3 months
- Current and accurate contact information of all staff members in the Telecommunications department.
- Current and accurate administration directory
- Current and accurate physician directory

- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.

Evaluation and testing of telecommunications

The following are tested daily:

- Phone systems remotely
- Temperature in phone room
- Overhead system
- Group alerts
- Microphone
- Elevator phones

ALSO testing is performed on the following:

- Alarm testing weekly
- Barge line tested nightly
- DND tested weekly
- Hot line 4 times day
- CAHS security check 3 times nightly
- Engineering 3 times nightly
- Tape records weekly

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Telecommunications will maintain a current and accurate inventory of all human

resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Equipment and Supplies:

Currently the administration assistant will maintain:

- Office supplies
- Batteries

Supervisor will maintain:

- Headsets
- In house pagers
- Replacement long distance pagers
- Telephone sets
- Ordering for all new requests as submitted by departments

During the Alert period Telecommunications will:

- Maintain a supply list of all supplies purchased from outside sources. Vendor supply list available from department.
- Contact suppliers/vendors asking them to outline their contingency plan during a pandemic to ensure continued support to St. Joseph's Healthcare

Power Disruption

In the event of a power disruption, Telecommunications has the following in place to maintain day-to-day functions:

All equipment is plugged into Emergency power

- Phones system each have their own battery backup system
- Help line for calling phone problems. The calls are logged and a trouble ticket given to the technician.
- Dedicated Bell Canada technician on site
- Phone systems are monitored remotely and have a process for calling in support.
- The technician, manager, supervisor carry pagers for immediate response.
- Each major department and all nursing units have black emergency phones. The list of the phone numbers associated with these phones is updated and maintained on the intranet for access by all.

Repair, Security and information logs:

The following are documented and maintained within the department

- Telephone repairs
- Paging requests
- Key sign out
- Pager sign out
- Porter paging
- All emergency codes
- Alarm responses
- Elevator problems

Prioritization Request for service:

Prioritization for Service and Response times are as follows:

Hotline - immediate
Codes – immediate

- Fire Panel - immediate
- Alarms – immediate
- Paging – immediate or within three rings
- Consoles – immediate or within three rings
- Requests for Keys, etc – as presented at window
- Phone system problems – immediate by pager
- Voicemail system problems – immediate by pager
- Phone Troubles – within the working day
- Voicemail Resets – within the working day
- Pager Problems – within the working day
- Request for New Phones – within a week – requires form and approval
- Request for Phone Moves – within a week – requires form and approval
- Request for Pagers, Cell Phones, Headsets – with two weeks and approval

Infection Prevention and Control

It is Telecommunications responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies and procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

Security

Telecommunications works closely with Security. They are responsible to dispatch the security officers as the requests are processed. It has been identified that it would be beneficial to have radio contact with security during an emergency crisis such as pandemic and not depend on only the pager system. Direct contact would be critical.

Telecommunications is secure with limited access and requires a swipe or key to gain access.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Pager
- Infection Prevention & Control
- Public Relations

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital (see **Pandemic Alert Period**) **and in addition**:

- Addition of an auto attendant to direct calls
- All patient phones may be connected allowing patients a connection to home while deterring visitors from entering the hospital

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

Staff & Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee

Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

Further direction from the MOHLTC

- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of Telecommunications to notify the Redeployment Centre of staffing needs.

1. Notify the Redeployment Centre of staffing needs as per the HR section of the plan

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies: (see **Pandemic Alert Period**)

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Security

Refer to the **Security** component of the Plan

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

- **Refer to post-pandemic period for review process**

1. Administrative and Support Services

Pharmacy

St. Joseph's Hospital (SJH) Charlton Site

Centre for Acute Health Services

Centre for Mountain Health Services (CAHS)

OBJECTIVES

The primary goals within the Pharmacy Program will be to:

- Secure and maintain an adequate supply of the current influenza vaccine and antiviral medication, to meet the needs of staff and patients related to both treatment and prophylaxis.
- Ensure adequate antibiotic supplies to treat secondary bacterial infections. List of antibiotics to be developed in the Alert Period
- St. Joseph's Healthcare formulary will be used vs. provincial recommendations (to minimize wastage and decrease risk of medications errors in the event of a pandemic)
- Ensure adequate supplies of critical medications for supportive treatments
- Maintaining adequate supplies of all other medications for treating seriously ill patients, including autonomic, CNS and cardiac medications.

ASSUMPTIONS

- There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within the department. The influenza pandemic may have several waves; therefore, Pharmacy planning must recognize both short-term and long-term strategies.
- There may be some difficulties in obtaining supplies due to supply chain disruption
- There will not likely be a vaccine available for the first wave.
- There may be a limited supply of Antiviral medications available in the first wave

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- Voicemail
- Pharmacy Conference on the intranet
- Bi-weekly Pharmacists meetings
- Technician meetings as required
- Departmental meetings

INTERNAL within the hospital:

Communication external to Telecommunications

- Personal communication between management team members
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Overhead paging
- Site committees
- Personal pagers

EXTERNAL key stakeholders

- Public Health: fax, email and telephone
- Health Canada; Bulletins
- Pharmaceutical Companies: electronic orders, fax, telephone
- Medbuy: fax, email, telephone
- Other Hospitals; telephone, email
- Community Pharmacies
- LHIN 4 Pharmacy Committee
- **Note**: Canadian Society of Hospital Pharmacists and buying groups

are currently working on strategies to improve communication with all hospital pharmacies on pharmaceutical back orders and shortages

Resource Directory

- Current and accurate contact information of all staff members in the Pharmacy department.
- Current and accurate physician directory
- Current and accurate community pharmacy and hospital directory
- Vendor, pharmaceutical and wholesaler directory
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.

Additional Resource Directories

- Current Compendium of Pharmaceuticals & Specialists (CPS)
- Canada's Premier Pharmaceutical Product Reference (PPS Pharma)

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Pharmacy will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be

easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Trained pool:
During the Alert period Pharmacy will generate a list of potential trained resources that could be contacted to relieve staff in the event of a staffing shortage. This list may include:

- Residents
- Summer pharmacy students
- Technician students
- Retired employees

Equipment and Supplies:

During the Alert period the Pharmacy Department must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the department to Purchasing and Stores. The list will be **based** on the categories that the MOHLTC has referenced in the "Ontario Health Plan for an Influenza Pandemic", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently the Technicians maintain all stores ordering

Pharmaceutical Supplies

The following is the system currently in place during the Alert Period to ensure the efficient process of the managing receiving, processing and distribution of pharmacy supplies throughout the facility.

Charlton:

- Central Pharmacy will coordinate the efficient flow of all medications throughout the facility
- Storeroom Personnel are dedicated to order and receive all pharmaceutical supplies
- Pharmaceuticals are stored in the pharmacy storeroom or the main pharmacy on site allowing for quick distribution
- Fast moving supplies and Narcotics are stored in central pharmacy,
- An inventory list is generated by the inventory manager/technician and maintained manually once a week to ensure adequate supplies

- Robot on-line and off-line inventory is automated and can be retrieved at any time
- Pharmacy managers and pharmacists will address adequacy needs of pharmaceuticals and supplies as they are identified by other Health Care Professionals within the hospital
- Patient specific items are distributed daily in pre-packaged unit-doses
- Stock items are verified daily by the technicians. Technicians determine any product needs, which are the specified to the purchasing clerks
- Robots fill 24 hour supplies of patient specific medication, some units receive 72 hour supplies such as Obstetrics
- Designated delivery technicians with locked boxes ensure the safe and secure delivery of daily unit dose and stock medications to the nursing units
- STAT orders are sent via the tube system to the units
- STAT orders that are critical are delivered to the caregiver in person by a pharmacy technician or pharmacist
- Narcotics are distributed by one dedicated technician through central pharmacy
- Returned doses are assessed to ensure seal secure, scanned and restocked

CHMS:

- Units are provided with a 7 day supply from CMHS pharmacy
- Drug Usage Report is generated to ensure supply requirements
- Pharmaceuticals are stored in the pharmacy storeroom allowing for quick distribution
- Designated delivery technicians with locked boxes ensure the safe and secure transport of pharmaceutical supplies to patient units

CAHS

- No patient specific medications are supplied
- An inventory of stock medications only on hand
- One pharmacist and one technician provide service to the facility
- Retail pharmacy also incorporated into pharmacy services at CAHS (legislated separate inventory form inpatient stock)
- Stock medications supplied twice a week to each patient area

Rotation of supplies and Expiry Dates

Charlton

- Technicians monitor stock items on the Nursing Units quarterly
- Hospital specific expiry dates are checked daily on prepackaged and manufactured products
- All received inventory is rotated as it is placed on the shelf
- Items identified as expiring within one month have colour dotted stickers placed on them for easy identification
- Acudose provides automated inventory information to Pharmacy; reviewed and updated on a daily basis in applicable patient care areas
- Robot-Rx checks expiry date of all medications prior to being dispensed
- Robot-Rx ensures adequate rotation of supply (ensures stock-out every 30 days to decrease wastage)
- Expiry dates are checked at CAHS on a quarterly basis

Other Areas Serviced by Charlton

- Nuclear Medicine
- Nuclear Cardiology
- EDS
- Firestone Clinic
- TB Clinic
- Peritoneal Dialysis
- Hemodialysis
- Research
- Allergy Testing

CMHS

- All stock is checked monthly
- Red stickers are placed on items that are expiring in the next 4 months

CAHS

- Outpatient pharmacy at CAHS dispenses stock and supplies to; Urgent Care, Surgery Centre, Hemodialysis, and Out Patient Clinics

Technology Infrastructure

Note: Pharmacy is heavily dependent on technology to provide drug distribution Currently there is a backup system that can be used manually to access patient profiles and be used for dispensing in the event of computer system breakdown Medication profiles for all patients are copied on a daily basis to the T-Drive. Connect Rx can also provide a recent medication profile for all patients.

The following must be addressed during the Alert Period

- Collaborative communication between Information Services and Pharmacy to ensure all requirements and needs are met within the Pharmacy Department
- Back up and maintenance agreements for faxes, printers etc.
- Maintenance agreements with all vendors: Omnicell, Accudose, Robot-X and Baxa

Vaccine / Antiviral Program

Inpatient

- Pharmacy will ensure that they acquire adequate dosages of the yearly influenza vaccine from Public Health for the inpatient population based on previous usage history, or as requested by specific outpatient programs such as the Firestone Clinic and Hemodialysis Program. Refer to policy 085 MED Influenza Management
- Preprinted order sheets are currently be used for antiviral ordering
- Ordering, dispensing and returning of unused vaccines for inpatients need to be addressed for a more efficient flow during the alert period

Healthcare workers

- Pharmacy will ensure that they acquire adequate dosages of the yearly influenza vaccine from Public Health for the Employee Health Office
- Pharmacy will store the vaccine and distribute the vaccine to Employee Health as required

Vaccine Storage and distribution

- Central pharmacy has a refrigerator that is monitored by a temperature alarm 24 hours a day
- All vaccines that are stored on nursing units or in specific departments must have monitored fridges with temperature recording twice daily-records are maintained for 1 year
- Technicians check refrigerators on each floor for unused vaccines daily and return supply to central pharmacy
- Cold packs must be used when transporting between facilities
- Ordering, dispensing and returning of unused vaccines for inpatients need to be addressed for a more efficient flow

Note: If vaccine is in short supply and staffing permits, vaccine would be provided in a unit-dose format (pre-filled syringe) to minimize waste and eliminate the need for returning unused serum. Syringes would be prepared in Pharmacy and dispensed patient-specific.

Address stockpile of antibiotics as per OHPIP:

Assumptions:

- Use St. Joseph's Healthcare formulary alternatives (equivalent dose)
- Maintain a 60 day supply of suggested antibiotics
- Greater than 60-day supply could create back-order situations (based on discussions with several drug manufactures; Medbuy discussions)
- Rotate current stock; medications will not be stored separately
- Maintain 60-day supply of critical medications (Critical List already used in Pharmacy; includes inotropes, vasopressors, etc.)
- Inventory will be verified 3 times per week (on an ongoing basis – as per current process)

Table 1: Stockpile of antibiotics as per OHPIP

Antibiotic (OHPIP)	Antibiotic (St. Joe's Formulary)	Unit / Strength	Route	Quantity (60 day Supply)
Amoxicillin/Clavulinic acid (200)	Same		Tablet	
Amoxicillin/Clavulinic acid (200)	Same		Tablet	175 tabs (500mg)
Azithromycin oral liquid	Same	15ml bottle	Oral-Liquid	0
Azithromycin 500mg IV	Same	500mg	IV	50
Azithromycin 250mg tablet	Same	250mg tab	Tablet	200
Levofloxacin 250mg tablet	Moxifloxacin	400mg tab	Tablet	1000
Levofloxacin 500mg tablet	Moxifloxacin	400mg tab	Tablet	
Levofloxacin 250mg/100ml bag	Moxifloxacin	400mg/250ml	IV Minibag	500
Levofloxacin 500mg/100ml bag	Moxifloxacin	400mg/250ml	IV Minibag	
Vancomycin 1g vial	Vancomycin	1g/250ml	IV Minibag	600
Cefuroxime 1.5g vial	Cefuroxime	750mg inj	Injection	150
Ceftriaxone 2g vial	Cefotaxime	1g vial	Injection	750
Ceftriaxone 1g vial	Cefotaxime	1g vial	Injection	
Additional medications, Federal Plan				
Meropenem 500mg inj	Same	500mg and 1g	Injection	250
Piperacillin/Tazobactam	Same	4.5g	Injection	1000
Cefuroxime 500mg tab	Same	500mg	Oral	250
Septra DS Tabs	Same	DS	Oral	500

Infection Prevention and Control

It is Pharmacy's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. All Pharmacy personnel must wear the appropriate transmission based precautions (airborne, droplet/contact, contact) when entering a patient room
- Before entering a patient's room assess if isolation precautions are in place
- Step by step instructions of "Donning and Doffing" of Personal Protective Equipment (PPE) must visible in all patient care areas
- Documentation of isolation precautions and use of PPE is required on the patient's chart
- Mask fit testing as per Occupational Health & Safety Department
- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies and procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

Security

Charlton

- Main pharmacy and the store room are accessible via a key pad system
- Visitors may only access is using the buzzer system.
- Medication carts are locked on each unit
- All medication storage rooms are only accessible by keys
- Tamper seals are on multi-dose packages
- Sealed unit dose packaging
- All narcotics are locked on each unit

Currently there are no extra security provisions in place at the Charlton site when pharmaceuticals are being transported from the pharmacy to the nursing units or other departments throughout the facility. This procedure must be assessed during the Alert Period to in order to ensure safe and secure supply routes.

CMHS

- Pharmacy storage is only accessible by keys
- Medication carts are locked on each unit
- All medication storage rooms are only accessible by keys
- Tamper seals on multi-dose packages
- Sealed unit dose packaging

The supply route at CMHS is via the basement. Currently the hallways are well lit and have emergency phones with direct links to switchboard. This supply route must be assessed during the Alert Period in order to ensure that it is a safe and secure route.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Pager
- Infection Prevention & Control
- Public Relations

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Public Health/Infection Control: fax, email, telephone
- Drug Companies: telephone, fax, electronic orders
- Other hospitals: telephone
- Vendors and suppliers: telephone, fax, email

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

Staff & Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

Further direction from the MOHLTC

- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of Pharmacy to notify the Redeployment Centre of staffing needs.

1. Notify the Redeployment Centre of staffing needs as per the HR section of the plan
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies: (see **Pandemic Alert Period**)

Product Supply

- Clinical pharmacy practice will be limited with focus on the drug distribution system primarily. Pharmacy may have to defer dispensing accommodate Self Administration Medication Programs (SAM) or day/weekend passes.
- Drug distribution to CAHS must be maintained as to accommodate possible critical beds openings
- Other offsite drug provision (i.e. TB clinic and outpatient department) will need to be assessed and addressed, as on-site distribution becomes a priority
- Outpatient pharmacy's responsibilities would have to be delegated to community pharmacies
- If the public has limited access to the hospital then the retail pharmacy may close allowing for the redeployment one of the pharmacists and 3 or 4 of the pharmacy technicians to central pharmacy
- Pharmacists may be provided the ability to enter orders from home. Orders will be transferred via fax. Quantity of ward stock items will be increased to extend the intervals of stocking requirements, thus, relieving pharmacy staff.
- The pharmacy may need to resort to extending its hours to accommodate distribution function.
- May require increased need for medication safety monitoring- sicker medical patients requiring more drugs and resources.

Vaccine/Antiviral Program for Inpatients

Ordering and distribution of vaccines and antivirals will be directed by the MOHLTC

- Antivirals will be distributed as sealed unit doses and may be stocked in the critical care areas with a tracking mechanism similar to that of narcotics.
- Vaccines during the pandemic period will be stored only in Pharmacy
- Log maintained for each vial, tablet; controlled using the narcotic control process (Narc Station used for inventory management in Pharmacy)
- Acudose cabinets may be used to secure storage of antiviral agents (non-refrigerated items)
    - Log of person retrieving medication
    - Forced witness
    - Inventory management
    - Password protected
- Discrepancy reports reviewed on a daily basis on Acudose and Narcstation will quickly identify any diversion of medication
- Vaccines/antivrials will be kept for inpatient use only. There may be the need to discontinue the practice of loaning these medications to other facilities in the event of a shortage. **Direction from MOHLTC**
- Antiviral order sheets to aid in the mass prescribing. See alert period
- It is expected that there will not be a vaccine available for the first wave. However protocols must be in place once the vaccine is available. See Alert Period
- Drug Reaction Monitoring Program from Health Canada will be accessed online to monitor and report any adverse reactions to vaccine or identify and resistance to antivirals

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Security

Refer to the **Security** component of the Plan

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

- **Refer to post-pandemic period for review process**

1. Administrative and Support Services

Spiritual Care

Objective:

To provide compassionate and sensitive emotional and spiritual support to our patients, their families and our employees at all three sites. The spiritual care department will continue to respect different needs within our multicultural community.

Alert Period:

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.
- Managers will notify Employee Health Services of increase staff illnesses in the department
- Maintain a current and accurate resource directory of all Spiritual Care employees and external resources
- Continue to offer spiritual care needs as requested by patients, families and employees
- Ensure that Human Resources have a current and accurate account of your human resource requirements.
- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Spiritual Care employees must use the appropriate transmission based precautions (airborne, droplet/contact, contact) when visiting with patients or family members in isolation.

Pandemic Period:

- During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.
- During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of Spiritual Care to notify the Redeployment Centre of staffing needs.

- During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Spiritual Care employees must obey signage as posted at all hospital entry points related to Self Screening, Hand Hygiene and Respiratory Etiquette.
- The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Incident Management System. Spiritual Care will maintain all infection control practices in place during the alert period.

1. Administrative and Support Services

Security

St. Joseph's Hospital (SJH) Charlton Site

Centre for Acute Health Services

Centre for Mountain Health Services (CAHS)

OBJECTIVES

Security Services is a committed and dedicated team, providing quality service and a safe and secure environment. During the Pandemic Period our service objectives are:

- To protect all individuals (Staff, Patients, Visitors, Volunteers etc.) by providing a safe environment for all who work at or are required to attend the facility
- To protect assets (Property, Equipment, Information, Valuables, etc.)
- To manage risk
- To minimize liability
- To provide other Services as required to ensure the safety of all patients, family and staff
- To maintain and project a positive image within the organization

ASSUMPTIONS

- A Pandemic Influenza Outbreak will have a significant impact the Security Department. There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels. The influenza pandemic may have several waves; therefore, Security planning must recognize both short-term and long-term strategies.

- The Security Pandemic Operational Plan must be integrated with the Hospital Operational Pandemic Plan. The Plan must be designed such that it can be implemented on a short notice.

- During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Maintaining a secure perimeter and accesses will be a human resource challenge for the Security Department.

- Services within the hospital may be deferred or cancelled. Security will be required to ensure that patients who arrive for continued services reach their destinations in a safe and efficient manner

- Vehicular/pedestrian traffic control will be a human resource challenge for the Security Department

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- Security conference on the email site
- Radio, phone, pagers

INTERNAL within the hospital:

- Personal communication between management team members
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Overhead announcements
- Site committees
- Pagers

EXTERNAL key stakeholders:

The Manager of Security Services will meet with external stakeholders regularly and keep them apprised of updates.

- HHS Security
- Integrated Security Controls
- Vendors for equipment such as 2-way radios
- Impark (Parking Kiosk employees)
- Parc Automation (parking equipment)
- Carecor Security (CMHS & CAHS)

Resource Directory

- Current and accurate contact information of all staff members in the Security department.
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Hospital intranet

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Security will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly *:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Security Department Services

The following are services provided by the Security Department to all 3 sites:

- Hospital ID
- Alarm Responses
- Assault
- B&E-Facility/Vehicles
- Responds to all Emergency Codes
- Disturbances
- Elevator Breakdown
- Safety Escort
- Theft investigations
- Vandalism-Property/Vehicle
- Parking Enforcement
- Patient assists-urgent and non-urgent
- Safekeeping-Patient Valuables

Equipment and Supplies:

During the Alert period the Security Department must provide a detailed list of all pandemic equipment and supplies required to maintain a safe environment and daily functioning of the Hospital to VP Corporate Services.
This may include:

- Signage to direct visitors and staff members during a facility lockdown (Public Relations Initiative)
- Investment of access control equipment for both the interior and exterior perimeters
- Security vests for non-security staff who may augment the Security Department

Infection Prevention and Control

It is Telecommunications responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Security must use the appropriate transmission based precautions (airborne, droplet/contact, contact) when assisting Health Care Workers with patients.

Upon arrival to the patient room/area Security will do the following:

a. Before entering patient's room assess if isolation precautions are in place
b. Verbal communication with RN/Physician to assess if PPE is required
c. Chart review if time allows and assess patients signs and symptoms
d. Put on appropriate PPE

- Documentation of use of PPE on Security Report
- Mask fit testing as per Occupational Health & Safety Department
- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Policies and procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre two –way radio communication with Security
- All controlled accesses will have two-way radio communication with Security
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Pager
- Infection Prevention & Control
- Public Relations

Communication to staff members by manager (see **Pandemic Alert Period**)

- Daily and required briefings to security staff

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

Staff & Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

Further direction from the MOHLTC

- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of Security Services to notify the Redeployment Centre of staffing needs.

1. Notify the Redeployment Centre of staffing needs as per the HR section of the plan
2. Staffing levels will be monitored daily by the coordinator.
3. Requests for additional security staff will be made to the third party security provider.
4. Environmental services staff may be recruited to back fill any gaps

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies: (see **Pandemic Alert Period**)

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Security Services

In the event of a large surge the hospital may be required to lock down in order to control visitor and staff access. The following may be implemented as directed by the Incident Command Centre in phases as required to ensure the safety of the hospital:

Charlton Site:

- There will be security staff assigned to each entrance if screening is mandated by the MOHLTC (locations and hours TBD)
- One security officer will be posted in the ER 24/7 to assist with any incidents.
- Lock down policy currently under development

- The ER will be locked down so that only authorized staff can access or egress.
- Triage entrance may be used for patient and visitor screening.
- All non-essential entrances and exits will be secured by locking them to ensure that no one can access but may egress (without the proper installation of magnetic locks these doors can be propped open allowing unauthorized access).
- The emergency ramp will be used by EMS, Police and for Patient transfer only. All other vehicles will be directed to Ramp 3 visitor parking or the Roof Deck.
- The Tower Main Entrance will be used by Darts for drop off and pick up of dialysis patients and for the Fire Department during a Code Red. All other traffic will be directed to Roof Deck, Ramp 3 visitor parking or shipping receiving.
- All emergency code responses will be managed according to the current SJHH polices.

CAHS Site

- During operating hours, two security officers will be on duty. One security office will be posted in Urgent care and the second will perform their daily duties.
- All staff and non-dialysis visitors will be screened if mandated by the MOHLTC through the Urgent Care entrance.
- Dialysis Patients will be given access through the dialysis entrance.

CMHS To be addressed

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

- **Refer to post-pandemic period for review process**

1. Administrative and Support Services

Sterile Processing Department-SPD

OBJECTIVES

- To ensure that the current standards/guidelines are maintained for the cleaning, sterilization and assembly of surgical/procedural instruments during the pandemic period.
- Maintain a supply of sterile Operating Room instrumentation as required during the Pandemic
- Continue to provide ETO sterilization for the region
- Building services must work with SPD to maintain essential services that are required for SPD to continue functioning during the pandemic. This will include gas, steam, water, electric and medical air.

ASSUMPTIONS

- There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within the department and the facility. The influenza pandemic may have several waves; therefore SPD planning must recognize both short-term and long-term strategies

- External maintenance support may be disrupted during the pandemic therefore a backup plan must be developed in the Alert Period

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- Emails/memos with attached photographs of equipment to clearly show staff detailed specifics
- Instrument management system throughout SPD that will interface with the OR scheduling system. The instrument system will have pop-up memos when the employee logs on to the system. This will keep staff informed of all important information for the current day and future events
- Staff meetings for weekly in-services or one-on-one meetings if needed
- Presentations to staff from vendors related to new equipment or services

INTERNAL within the hospital:

- Personal communication between management team members
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Overhead announcements
- Site committees
- Pagers

EXTERNAL key stakeholders:

- Regional Committees
- Vendors via purchasing and stores

Resource Directory

- Current and accurate contact information of all staff members in the SPD department.
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Hospital intranet

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

SPD will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties

- Experience required/skills
- Education and formal training required

Note: All staff in SPD will be cross-trained in all SPD areas by the end of the 2006/07 fiscal years

Equipment and Supplies:

During the Alert period the SPD department must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the SPD to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "Ontario Health Plan for an Influenza Pandemic", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants track and maintain supplies on units and in departments. **Note**: there may be changes in tracking when the stores department moves to Oakville.
- Supply carts on units and in departments will have standardized supplies based on the needs of the SPD by the Manager and Materials Management

Product Supply:

The following is how SPD will ensure adequate instruments/trays/product are available throughout the facility in the Alert Period:

- A par level of instrumentation sets will be maintained. Daily usage will be monitored and the par level will be based and adjusted according to usage.
- Units/departments within the hospital will send a daily requisition to SPD to maintain their daily requirements
- OR scheduling will generate pick list 24 hours prior to case allowing SPD to build the case carts in advance
- Or scheduling will only schedule cases based on availability of equipment and instruments
- Refer to Loaner Policy for all equipment that is sent to other surrounding hospitals. **Note**: The OR scheduling is referred to and it is determined if the equipment is required within our own OR prior to lending out.
- If a piece of equipment requires tracking SPD will use the following information to track:
    - Autoclave reporting and tracking
    - Biological indicator reporting and tracking
- OR scheduling system will be interfaced with the Instrument Management System which will provide real time tracking to the OR and SPD concerning instrumentation
- Supply attendant will track supplies used within the SPD
- SPD will use a dedicated elevator for transporting all soiled equipment
- Each area within SPD has an inventory list maintained on a daily basis

- Stores can track product usage, as they are able to generate a usage list of all products used in the SPD for a specified time frame.
- For **URGENT** requests a hot pick system is in place to ensure delivery of that the product within the hour
- In the event of transportation disruption in the Alert Period the following modes of transportation can be used:

1. Bus
2. Truck
3. Taxi
4. Lifeline to CHC
5. Courier to St. Josephs Villa

Maintenance & Cleaning of Equipment.

- Maintenance agreements are in place in the Alert Period with all vendors that care for our equipment
- The service providers are on a quarterly preventative maintenance schedule at the Charlton site and bi-annually at the CAHS providing volumes remain at the same level
- All SPD staff has accessibility to binders with pictures and cleaning instructions for all instruments. The SPD educator maintains this.
- The Instrument Management System will also house all of the applicable disassembly, cleaning, assembly, packaging and sterilization instructions.

Infection Prevention and Control

It is the Sterile Processing Departments responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- All SPD employees must use routine Practices/Standard Precautions. Additional precautions may be required for those procedures, which may generate splashes or sprays to the eyes, nose or mouth.
- Step by step instructions of "Donning and Doffing" of Personal Protective Equipment (PPE) must visible in all areas within SPD
- Mask fit testing as per Occupational Health & Safety Department
- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Occupational Health & Safety Policies

- All departmental and hospital policies related to the safe handling of waste and sharps must be reviewed by staff
- MSDS list of all chemicals available in WHMIS binder /online and switch board

Policies & Procedures

- All departmental and hospital policies must be reviewed by staff
- Departmental policies must be reviewed and updated annually by the department
- Reviews or alterations are also made based on changes per the Canadian Standards Association (CSA) and Operating Room Nurses Association of Canada (ORNAC) recommendations

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Pager
- Infection Prevention & Control
- Public Relations

Communication to staff members by manager (see **Pandemic Alert Period**)

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

Staff & Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

Further direction from the MOHLTC

- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of Security Services to notify the Redeployment Centre of staffing needs.

1. Notify the Redeployment Centre of staffing needs as per the HR section of the plan
2. Staffing levels will be monitored daily by the coordinator.
3. Requests for additional security staff will be made to the third party security provider.
4. Environmental services staff may be recruited to back fill any gaps

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies: (see **Pandemic Alert Period**)

Deferral of Services during the Pandemic Period

- Deferral of services will be guided by the IMS, Surgical Services and Medical Officer of Health

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

- **Refer to post-pandemic period for review process**

Physicians Organizational Response

Objective

The main goal of the Physician's Organizational Response is to maintain adequate physician staffing levels throughout the organization in order to manage existing and additional workflow as a result of the Pandemic Influenza Outbreak.

Assumptions

- Critical care capacity will be increased during the pandemic period with a need for personnel skilled in the management of critically ill patients
- Additional personnel can be realized through scale-back of elective and non-
- urgent services

2. **Clinical Services**

Emergency Services

St. Joseph's Hospital-Charlton Site

Includes: Emergency Psychiatric Treatment-EPT, Emergency Psychiatric Assessment Unit-EPAU and Emergency Pediatrics.

OBJECTIVES

To ensure access to care and appropriate medical attention for those patients requiring Emergency Services during a Pandemic Influenza Outbreak.

ASSUMPTIONS

- Emergency Services will at some point become overwhelmed with the additional number of patients arriving with flu symptoms
- The Emergency Department will require additional resources to accommodate the increased volume and acuity.
- Patient's seeking/ requiring psychiatric assessment and/ or treatment may be referred in a variety of ways from a large regional catchment area.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Emergency Conference on the email system
- Staff meetings
- Emergency Department Tracking Board
- Companion Phones
- Disaster Call-in response for the ER physicians

INTERNAL within the hospital:

Communication within the hospital external to the Emergency Services:

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- Site committees

EXTERNAL to the hospital

- Radio Patch phone direct to paramedics in Emergency Medical Services
- Red emergency phone direct to ambulance dispatch for immediate notification regarding ER status e.g. Alternate status
- Provincial Transfer Authorization Centre (PTAC) - Mandatory online request through Ontario Air Ambulance for all patients requiring inter facility transfers. This is located on the hospital Intranet under Clinical Informatics.
- Emergency Medical Services (EMS) - Fax request for patient transfer to

Dispatch – Confirmation numbers are returned by fax

- CritiCall – 24 hour a day emergency referral service for physicians across the province of Ontario. The service assists in contacting on-call specialists, arranging for appropriate hospital beds and accessing transportation for patient.
- Critical Care Transport Team CCTT – used for Critical Care transports between sending and receiving facilities within the Hamilton region. They are located at HHS-MUMC and can be reached through HHS paging.
- Ontario Patient Transport (OPT) – provides 24 hour/365 day bedside- to – bedside service locally and long distance for stable patients
- Infectious Disease and ICP daily communications
- Public Health Infectious Disease reports are received via fax or email on a routine basis to ensure staff awareness of communicable disease issues within the community.
- Repatriation of patients upon discharge – notify receiving facility such as Long Term Care Facility, rehabilitation center etc. of impending discharge.
- Regional Committee meetings

Resource Directory

Current and accurate contact information of all staff members in the Emergency Services department.

- Current and accurate physician directory.
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Intranet directory.

Surveillance

It is the responsibility of the Emergency Services to ensure that the FRI tool is completed on each patient during the triage process. Patients will continue to be assessed for the duration of their stay in the ER for any changes in medical status that may represent Febrile Respiratory Illness.

Refer to hospital policy #80-MED Febrile Respiratory Illness Surveillance Protocol

FRI Tool

The ER will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct weekly random audits to ensure compliance.

Arrival to ER (Triage Nurse or Charge Nurse for ambulance admissions)

- The patient is assessed using the FRI tool and the completed document placed on the patient chart.
- Isolation precautions to be implemented as required.

EPT/EPAU

- All direct referrals to EPT will have a FRI tool completed and placed on the patient chart.
- EPAU will review chart for completion of FRI tool.

Transfer from ER

- Prior to transfer ER must communicate the patients FRI status to the receiving unit (this also includes all diagnostic areas) to ensure appropriate isolation is in place
- If FRI is not completed on the patient chart the receiving unit will notify their manager for follow-up with the ER manager.

Family Visitor Surveillance

- Prior to entering the ER department area, all family/visitors will take direction as per posted signage at all hospital entrances:
    1. Self screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover Your Cough"
- Family/visitors presenting to the ER with obvious respiratory signs and symptoms will be encouraged to go home, however if circumstances are such that they are required to stay they will be provided with and shown how to wear a surgical face mask while in the ER department.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.‡
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

- When arranging transport for a patient with Influenza or any other isolation requirement, the Emergency Department will inform the transferring agency of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")
- PTAC includes demographics and transfer information allowing for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:
    - All inter facility transfers and;
    - All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
- OPT is used for EPT/EPAU patients "Formed" or requiring a stretcher, the FRI tool will accompany the patient.
- FRI tool accompanies patients to all facilities and stays on charts until discharge.

Business Continuity

Human Resources

The Emergency Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Physicians' Organizational Response

Equipment and Supplies

During the Alert period the Emergency Services must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the ER to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies. **Note:** there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on the needs of the Emergency Department as identified by the Emergency Manager and materials management

Bed Management

Patient Flow through the Emergency Department

Patient Process

Walk-in

- Triage cubicle (FRI assessment completed) patient wears mask if FRI
- Registration
- Common waiting room or patient directed to Critical Care/Observation or Assessment (isolation put in place if FRI)
- Discharge home/Admit to unit/Transfer to another facility

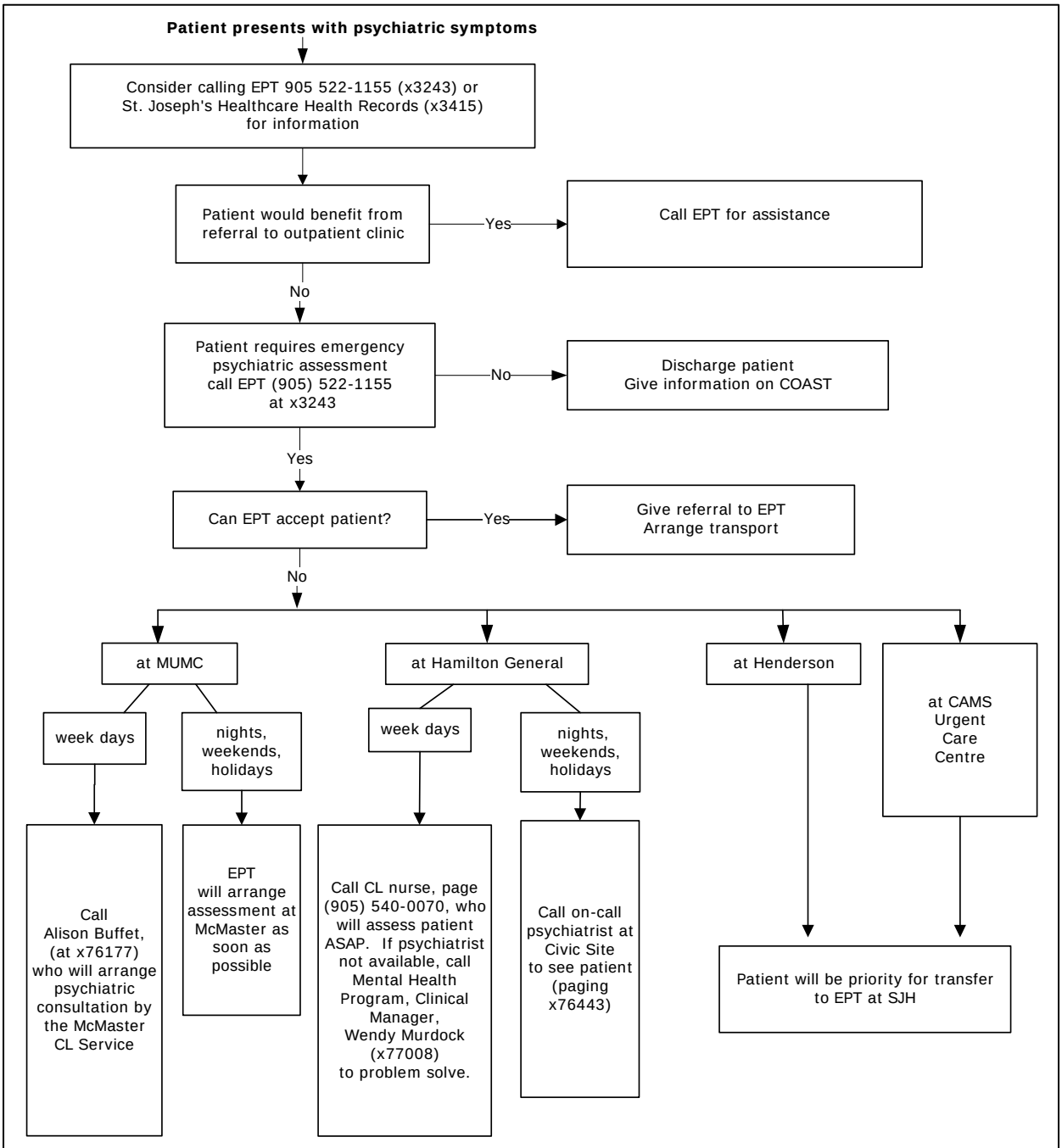
Ambulance Arrival

- Patient Triaged by Charge Nurse (FRI assessment completed) precautions put in place if FRI
- Registration
- Assigned to Critical Care, Observation or Assessment area
- Discharge, Admit or Transfer

Emergency Pediatric "Quick Care" (PQC)

- Referral from clinics, physician offices to Pediatrician on call
- Patient assessed on arrival to PQC
- Stays no longer than 24hrs
- Discharge home or
- Transfer to MUMC if > 24hrs

Emergency Psychiatric Care Flowchart



Problems?
For HHS issues, contact Brenda Johnstone, Program Director x73032 or Dr. Cathy Mancini, Medical Director x76004.
For EPT issues, contact Dr. Jenn Brasch, Director, or Jennifer Anderson, Nurse Manager, at EPT x 3243.

Note:
Emergency Psychiatry assessments are available for both children and adults. Patients 15 and under are reviewed/ seen by the on-call child psychiatrist.

approved June 2005 by PES Steering Committee

Bed Management

Bed Management meetings are held daily each morning and as necessary to keep the flow of patients moving from the ER to hospital admission (refer to the **Bed Management section** of the Clinical Health Services plan).

ER Patient Tracking System

- Tracking board displays patients in ER including those to admit, diagnosis and isolation status
- HBO system will track the following information:
    1. Patient name
    2. Date of admission
    3. Unique number and other patient identifiers e.g. Age, next of kin etc.
    4. Diagnosis
    5. Most responsible physician (MRP)
    6. Source of admission
    7. Transfer/discharge date and location
    8. All deaths are recorded by date and MRP is notified.

Bed/Surge Capacity (Emergency Services)

Unit	# Of Beds	Vented Beds	Isolation Rooms with Negative Pressure	Surge Capacity Beds	Notes
Charlton Site					
Critical Care	10	1	9	0	
Assessment	9	0	1	0	
Observation	9	0	0	0	
ER Pediatrics	5	0	5	0	
EPT/EPAU	See notes	0	0	See notes	▪ 4 seclusion suites ▪ 2 interview rooms (EPAU) ▪ 2 interview rooms (beyond EPAU secure doors)
Total	**33**	**1**	**15**	**0**	

Infection Prevention and Control

It is the Emergency Department's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- Annual Critical Care/Emergency certification/mandatory review must include Infection Prevention & Control practices.
- All education and training must be documented and retained in the Emergency department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The Emergency Department must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control.
- The appropriate isolation signage must be placed on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step-by-step instructions of "Donning and Doffing" of Personal Protective Equipment (PPE) must be visible in all patient care areas.
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart. *
- Mask fit testing as per Occupational Health & Safety Department.
- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Patients/Visitors

- Signage encouraging all visitors to self screen will be located at all hospital entrances and specific areas within the Emergency Department, e.g. waiting room.
- Visitation must be discouraged if the visitor is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand

products and signage at all entrances of the hospital and upon entry and exit of the Emergency Department.

- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the ER, e.g. waiting room.
- Staff must provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Step-by-step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Center
- Hamilton Emergency Services Network (HESN)
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the Emergency Services to ensure that the FRI tool is completed on each patient during the triage process. Patients will continue to be assessed for the duration of their stay in the ER for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

EPT/EPAU

During the Pandemic Period direct referrals may not be accepted to EPT/EPAU directing all psychiatric referrals through the ER or an alternate site.

Family Visitor Surveillance

Note: there may be limited visitation during this period

- Prior to entering the ER all family/visitors must self screen as per posted signage at all hospital entrances
- Education by the ER staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self screening
    2. Hand hygiene
    3. Respiratory etiquette "cover your cough"
    4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Managers must notify Employee Health Services of increased staff illnesses on their unit

Reporting of Respiratory Clusters

Note: Further direction to come from MOHLTC

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Patient Transfer

- When arranging transport for a patient with Influenza or any other isolation requirement, the Emergency Department must inform the transferring agency of the isolation precautions in place (refer to Policy #__ "**Transferring Patient in Isolation**").

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. The ER will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the **Human Resources section** of the Clinical Health Services Plan
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets

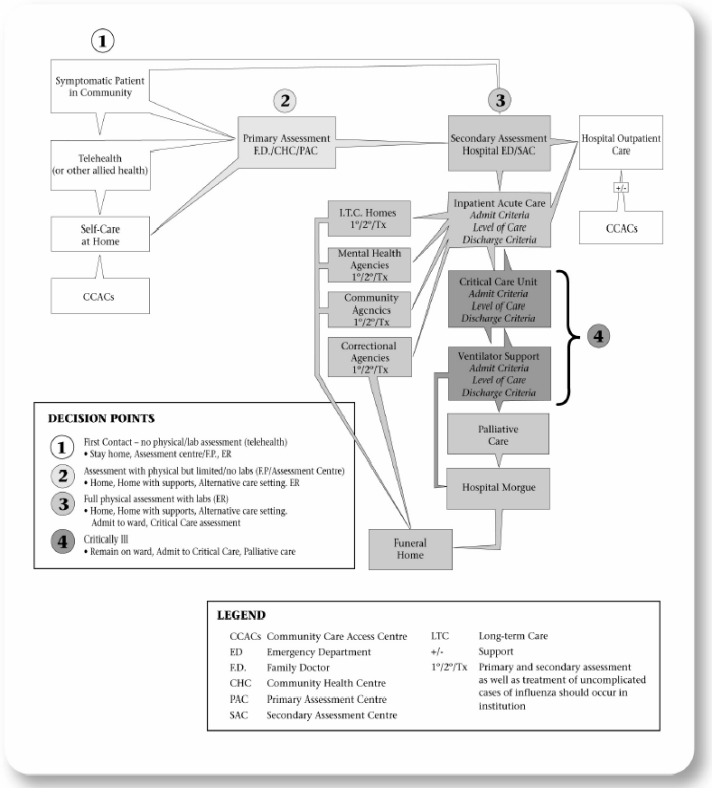
Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Triage Process

Decisions regarding where and how patients will be cared for are being planned at a provincial level. As such, it is anticipated that local plans will be based on a common province-wide template. This will begin with primary assessments of patients to separate people into those who do not need hospital care from those who will need further (secondary) assessment. The latter will direct those in need to hospital where triage as to level of care will be required (refer to **Figure 10** below for further information).

Figure 10 - Possible Process for Assessing Influenza Patients
(**Ontario Health Plan for an Influenza Pandemic** - June 2005)



Admission / Discharge Criteria

The following criteria are based on the final report of the OHPIP Adult Critical Care Admission, Discharge, Triage Working Group (April 2006)

Recommendations for Operationalization of Draft Adult Influenza Clinical Pathway within the ER:

KEY DECISION required - requires approval from Hospital Executive Team

- Completion of Primary Assessment Form (Hospital) which will include the following information:
  - Infection control reminders
  - Clear directions using arrows and specific instructions
  - Patient history
  - Onset of signs and symptoms (patient to complete if able)
  - Documented assessment findings, which include cues for abnormal values or criteria.
  - Cues for critical intervention
  - Flags for critical care assessment
  - Standing orders to allow the patient to move quickly to the next stage
  - Prompts for discharge

- Completion of Secondary Assessment Form includes the following information:
  - Watermark cues to prompt recording information in standard formats
  - Decision management criteria that facilitate the use of a decision tree to guide less experienced/familiar clinicians.
  - Guided formula for calculating estimate of renal function
  - Drug dosing based on renal function with two choices. Hospitals can modify based on their drug formulary.
  - Documentation for drug administration
  - This form should be "carbon copied", the back copy remains as the documentation, and the top copy as the order or prescription.

- Completion of Influenza Admission (Adult hospital) Form includes the following information:
  - Uses data already collected to prevent duplication and also allows for additional information.
  - Check boxes with common information for a quick history.
  - Home medication history which gives the physician the option of ordering same medication with a simple check mark eliminating the need to rewrite orders.
  - Substance history, i.e. is patient "high risk"?
  - Social supports
  - Nursing assessment documentation with "red flag" zones prompting MD assessment
  - Nursing charting focusing on key systems with "red flag" zones for MD review.
  - MD physical exam with check boxes and diagrams for easy, quick charting, progress notes will allow check boxes to say "no change" or

area for new findings with focus on conveying status changes in patient during stay.
  - Pre-printed admission orders with patient safety factors to reassess potassium containing IV fluids by monitoring electrolytes.

- Critical Care Triage Protocol for Pandemic
  - Inclusion/Exclusion Criteria
  - Minimum Qualifications for Survival
  - Triage Tool (SOFA Scale)

- If the patient is discharged the following forms will be completed and sent home with the patient or family member:
  - Discharge instructions
  - Self-care instructions

Note: It is highly recommended t hat these forms be approved by all internal committees in advance of the pandemic to allow the forms and standing orders to be used during the pandemic.

Bed Management

All direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds. The following will occur:

- Daily communication with all Emergency/Critical Care Leadership within the facility.
- Ventilated/monitored bed availability reported to CritiCall by the ICUs.
- The Emergency Department will attend bed management meetings as scheduled.

Surge Capacity/Capability

- Expansion of surge capacity will be based on Human Resources available, opening of areas with ventilation/monitoring capabilities and the equipment to support the required care. The following are potential areas for Emergency overflow:

Emergency Overflow Areas

ER Overflow Area	Potential for Beds/Chairs
▪ EPT/EPAU	8
▪ Fracture Clinic	TBA
▪ Firestone Clinic	TBA

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Security

Refer to the **Security** component of the Plan

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
- Refer to post pandemic period for review process

2. **Clinical Services**

Urgent Care Services

Centre for Acute Health Services

OBJECTIVES

- To ensure appropriate access to care and appropriate medical attention for those patients requiring urgent medical services during a Pandemic Influenza Outbreak.
- During the alert period St. Joseph's Healthcare will continue to educate the community on the services that are provided at the Urgent Care Centre.

ASSUMPTIONS

- Urgent Care will at some point become overwhelmed with the additional number of patients arriving with flu symptoms
- Urgent Care will require additional resources to accommodate the increased volume and acuity.

- Urgent Care may be designated as an Assessment Centre

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Emergency/Urgent Care Conference on the email system
- Staff meetings
- Disaster Call-in response for the ER physicians

INTERNAL within Urgent Care:

Communication within the centre:

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees

EXTERNAL to the hospital

- Emergency Department at Charlton Site as required
- Communication with Service specific physicians as required with Charlton and area hospitals
- Provincial Transfer Authorization Centre (PTAC) - Mandatory online request through Ontario Air Ambulance for all patients requiring inter facility transfers. This is located on the hospital Intranet under Clinical Informatics.
- Emergency Medical Services (EMS) - Fax request for patient transfer to Dispatch – Confirmation numbers are returned by fax
- CritiCall – 24 hour a day emergency referral service for physicians across the province of Ontario. The service assists in contacting on-call

specialists, arranging for appropriate hospital beds and accessing transportation for patient.

- Critical Care Transport Team CCTT – used for Critical Care transports between sending and receiving facilities within the Hamilton region. They are located at HHS-MUMC and can be reached through HHS paging.
- Ontario Patient Transport (OPT) – provides 24 hour/365 day bedside- to – bedside service locally and long distance for stable patients
- Infectious Disease and ICP daily communications
- Public Health Infectious Disease reports are received via fax or email on a routine basis to ensure staff awareness of communicable disease issues within the community.
- Repatriation of patients upon discharge – notify receiving facility such as Long Term Care Facility, rehabilitation center etc. of impending discharge.
- Regional Committee meetings

Resource Directory

Current and accurate contact information of all staff members in the Urgent Care department.

- Current and accurate physician directory.
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Intranet directory.

Surveillance

It is the responsibility of Urgent Care to ensure that the FRI tool is completed on each patient during the triage process. Patients will continue to be assessed for the duration of their stay in the ER for any changes in medical status that may represent Febrile Respiratory Illness.

Refer to hospital policy #80-MED Febrile Respiratory Illness Surveillance Protocol

FRI Tool

Urgent Care will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct weekly random audits to ensure compliance.

Arrival to Urgent Care (Triage Nurse or Charge Nurse for ambulance admissions):

- The patient is assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

- Prior to transfer Urgent Care must communicate the patients FRI status to the receiving unit/facility (this also includes all diagnostic areas) to ensure appropriate isolation is in place
- If FRI is not completed on the patient chart the receiving unit will notify their manager for follow-up with the Urgent Care manager.

Family Visitor Surveillance

- Prior to entering the Urgent Care area, all family/visitors will take direction as per posted signage at all hospital entrances:
    1. Self screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover Your Cough"
- Family/visitors presenting to Urgent Care with obvious respiratory signs and symptoms will be encouraged to go home, however if circumstances are such that they are required to stay they will be provided with and shown how to wear a surgical face mask while in the department.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.‡
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

- When arranging transport for a patient with Influenza or any other isolation requirement, Urgent Care will inform the transferring agency of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")
- PTAC includes demographics and transfer information allowing for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:
- All inter facility transfers and;
- All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)

- FRI tool accompanies patients to all facilities and stays on charts until discharge.

Business Continuity

Human Resources

Urgent Care will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Physicians' Organizational Response

Equipment and Supplies

During the Alert period Urgent Care must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of Urgent Care to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies. **Note:** there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on the needs of the Urgent Care Department as identified by the Urgent Care Manager and materials management

Bed Management

Patient Flow through Urgent Care

Note: Urgent Care is not equipped to ventilate and maintain critical care patients however is capable of stabilizing and transferring patients to a critical care bed within the facility

Bed Capacity:

Number of Urgent Care beds	Number of Urgent Care Vented Beds
7 stretchers	0
4 monitored beds	
1 isolation room w/negative pressure	

Urgent Care Patient Tracking System

- HBO system will track the following information:
  1. Patient name
  2. Date of admission
  3. Unique number and other patient identifiers e.g. Age, next of kin etc.
  4. Diagnosis
  5. Most responsible physician (MRP)
  6. Source of admission
  7. Transfer/discharge date and location
  8. All deaths are recorded by date and MRP is notified.

Infection Prevention and Control

It is Urgent Care's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- Annual Critical Care/Emergency certification/mandatory review must include Infection Prevention & Control practices.
- All education and training must be documented and retained in the Urgent Care department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with

certain clinical conditions or syndromes. Urgent Care must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control.

- The appropriate isolation signage must be placed on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step-by-step instructions of "Donning and Doffing" of Personal Protective Equipment (PPE) must be visible in all patient care areas.
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart.
- Mask fit testing as per Occupational Health & Safety Department.
- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Patients/Visitors

- Signage encouraging all visitors to self screen will be located at all hospital entrances and specific areas within the Emergency Department, e.g. waiting room.
- Visitation must be discouraged if the visitor is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of Urgent Care.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within Urgent Care, e.g. waiting room.
- Staff must provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Step-by-step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Center
- Hamilton Emergency Services Network (HESN)
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of Urgent Care to ensure that the FRI tool is completed on each patient during the triage process. Patients will continue to be assessed for the duration of their stay in Urgent Care for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period

- Prior to entering Urgent Care all family/visitors must self screen as per posted signage at all hospital entrances
- Education by the Urgent Care staff must be completed with all family/visitors to reinforce the requirements of the following:

1. Self screening
2. Hand hygiene
3. Respiratory etiquette "cover your cough"
4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Managers must notify Employee Health Services of increased staff illnesses on their unit

Reporting of Respiratory Clusters

Note: Further direction to come from MOHLTC

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Patient Transfer

- When arranging transport for a patient with Influenza or any other isolation requirement, Urgent Care must inform the transferring agency of the isolation precautions in place (refer to Policy #__ "**Transferring Patient in Isolation**").

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Urgent Care will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the **Human Resources section** of the Clinical Health Services Plan
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Patient Flow:

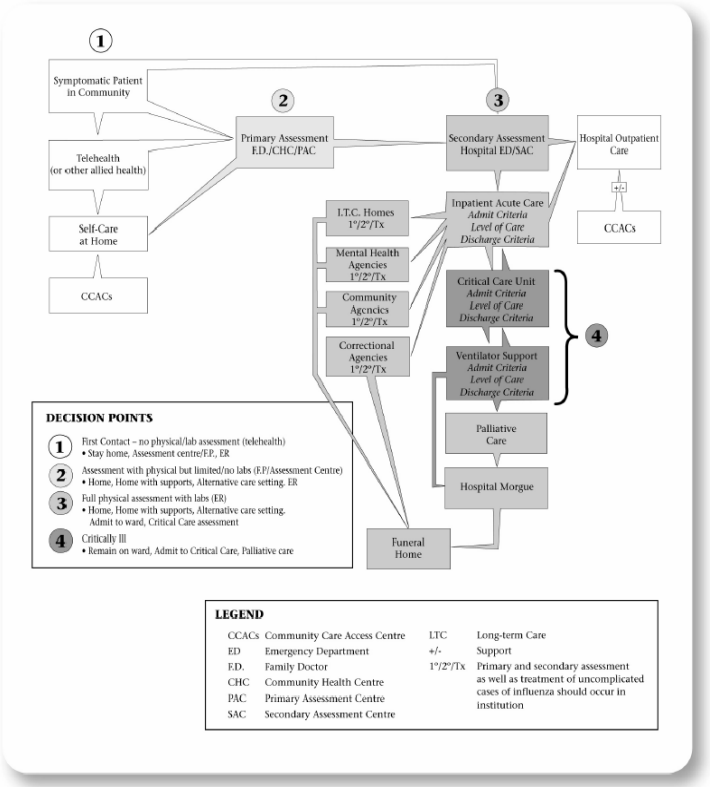
Note: During the pandemic if the surge capacity becomes overwhelming throughout the Region then Urgent Care may be required to function as an Assessment Centre to divert the increased numbers of patients seeking attention from all Hamilton Hospital Emergency Departments.

Triage Process

During the Pandemic Period, how will patients be triaged, ability to separate influenza and non-influenza. This area still needs to be addressed

Decisions regarding where and how patients will be cared for are being planned at a provincial level. As such, it is anticipated that local plans will be based on a common province-wide template. This will begin with primary assessments of patients to separate people into those who do not need hospital care from those who will need further (secondary) assessment. The latter will direct those in need to hospital where triage as to level of care will be required (refer to **Figure 10** below for further information).

Figure 10 - Possible Process for Assessing Influenza Patients
(**Ontario Health Plan for an Influenza Pandemic** - June 2005)



Admission / Discharge Criteria

The following criteria are based on the final report of the OHPIP Adult Critical Care Admission, Discharge, Triage Working Group (April 2006)

Recommendations for Operationalization of Draft Adult Influenza Clinical Pathway within Urgent Care:

KEY DECISION required - requires approval from Hospital Executive Team

These forms need to be assessed to see if applicable to the Urgent Care Setting. This must be addressed by the ER Physicians and Executive Team

- Completion of Primary Assessment Form (Urgent Care) which will include the following information:
  - Infection control reminders
  - Clear directions using arrows and specific instructions
  - Patient history
  - Onset of signs and symptoms (patient to complete if able)
  - Documented assessment findings which include cues for abnormal values or criteria.
  - Cues for critical intervention
  - Flags for critical care assessment
  - Standing orders to allow the patient to move quickly to the next stage
  - Prompts for discharge

- Completion of Secondary Assessment Form (Urgent Care) includes the following information:
  - Watermark cues to prompt recording information in standard formats
  - Decision management criteria that facilitates the use of a decision tree to guide less experienced/familiar clinicians.
  - Guided formula for calculating estimate of renal function
  - Drug dosing based on renal function with two choices. Hospitals can modify based on their drug formulary.
  - Documentation for drug administration
  - This form should be "carbon copied", the back copy remains as the documentation, and the top copy as the order or prescription.

- If the patient requires admission to hospital then**… Require a pathway to incorporate admission to hospital from Urgent Care**

- If the patient is discharged the following forms will be completed and sent home with the patient or family member:
  - Discharge instructions
  - Self-care instructions

Note: It is highly recommended t hat these forms be approved by all internal committees in advance of the pandemic to allow the forms and standing orders to be used during the pandemic.

Bed Management

All direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds. The following will occur:

- Daily communication with all Emergency/Critical Care Leadership within St. Joseph's Healthcare;
- Urgent Care representation at all daily debriefings by the Incident Management Centre

Surge Capacity/Capability

Expansion of surge capacity will be based on Human Resources available, opening of areas with ventilation/monitoring capabilities and the equipment to support the required care. The following are potential areas for Emergency overflow:

Urgent Care over flow Area	Potential for beds/chairs
Specialty Clinic areas	TBA
Specialty clinic waiting area	Separation of flu/non-flu waiting area
Cafeteria	Assessment area or separation of flu/non-flu

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Security

Refer to the **Security** component of the Plan

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. **Clinical Services**

Critical Care Adult- ICU

OBJECTIVES

During Pandemic Influenza the goal of the Critical Care Adult Services (ICU) will be to maintain safe patient care to our critically ill adult patient population by utilizing the appropriate resources available.

"To do the most with what we have on hand".

ASSUMPTIONS

- During Pandemic Influenza the ICU would be in a position where the need for equipment and human resources would overwhelm availabilities required to provide safe care to those patients identified in need of critical care support. Potentially there may be a 1/3 reduction of staff during the pandemic period. The usual supply chains may be interrupted at this time.
- Due to limited critical care beds; patient admissions and discharges to/from the ICU will require regular assessments based on tools provided by the Ministry of Health and Long Term Care (MOHLTC).
- Elective surgical admissions/activity will be limited and only critical cases will be given consideration.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- ICU conference on the intranet
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the ICU:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- Site committees

EXTERNAL

Communication external to the hospital.

- Regular scheduled meetings with external key stakeholders
- Regional committees
- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- CritiCall – 24 hour a day emergency referral service for physicians across the province of Ontario. The service assists in contacting on-call specialists, arranging for appropriate hospital beds and accessing transportation for patients. The ICU updates the system every 4 hours.

- Critical Care Transport Team CCTT – used for Critical Care transports between sending and receiving facilities within the Hamilton region. They are located at HHS-MUMC can be reached through HHS paging.
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Repatriation of Patients upon Discharge – Notify receiving facility such as Long term care facility, rehabilitation center etc. of impending discharge

Resource Directory

Current and accurate contact information of all staff members in the ICU.

- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of the Intensive Care Unit (ICU) to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in the ICU for any changes in medical status that may represent Febrile Respiratory Illness (refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

FRI Tool

The ICU will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct weekly random audits to ensure compliance.

Transfer from ER

- Upon admission to ICU the chart must be reviewed for the completed FRI tool.
- Prior to transfer ER must communicate the patients FRI status to the ICU to ensure appropriate isolation is in place
- If FRI is not completed and on the patient chart, notify the ICU manager for follow-up with the ER manager. ICU manager to copy correspondence to the manager of Infection Prevention & Control.

Transfer External / Internal

- Upon transfer externally to the ICU the patient chart must be reviewed for the completed FRI tool from the sending facility.
- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Direct Admission

- Upon admission to the ICU the patient must be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

Family Visitor Surveillance

- Prior to entering the ICU area, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the ICU staff must be completed and documented with all family/visitors to reinforce the requirements of the following:
  - Self screening
  - Hand hygiene
  - Respiratory etiquette "Cover Your Cough"
- Family/visitor presenting to the ICU with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they must be provided with and shown how to wear a surgical face mask while in the ICU. *

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.‡
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.‡

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the ICU will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

- All inter facility transfers
- All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
- FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

The Critical Care Services - Adult (ICU) will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period the ICU must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the ICU to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.

- Supply carts will have standardized supplies based on Critical Care needs as identified by ICU Manager and materials management

Bed Management

Patient Flow through Critical Care - Adult Services

Process

- Multidisciplinary approach with ER, ICU team, Surgical Services, CritiCall
- Bed Management meetings are held daily (refer to **Bed Management Plan** for further details).

Table 1 – Bed/Surge Capacity (Critical Care – Adult)

Unit	# Of Beds	Vented Beds	Isolation Rooms with Negative Pressure	Surge Capacity Beds	Notes
ICU	15	15	4	0	
PAR	0	0	0	See notes	▪ Based on # of available anaesthesia machines with mechanical ventilators incorporated
ICU West (OR holding area)		4	0	4 Overflow	
Cardiac Care Unit	12	12	0	12	
Total	**27**	**31**	**4**	**16**	

Critical Care Adult Patient Tracking System

- HBO and CARVUE system will track the following information:
  1. Patient name
  2. Date of admission
  3. Unique number and other patient identifiers e.g. Age, next of kin etc.
  4. Diagnosis
  5. Most responsible physician (MRP)
  6. Source of admission
  7. Transfer/discharge date and location

- All deaths are recorded by date and MRP is notified.

Infection Prevention and Control

Note: It is the ICU's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual Critical Care certification/mandatory review includes Infection Prevention & Control practices
- ICU invites Infection Prevention & Control to staff meetings as required which is reflected in staff meeting minutes
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the ICU department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The ICU must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the ICU.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.

- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of “Donning and Doffing” of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the ICU to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to be assessed for the duration of their stay in the ICU for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the Critical Care Services area all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Critical Care Services – Adult staff must be completed with all family/visitors to reinforce the requirements of the following:

1. Self- screening
2. Hand hygiene
3. Respiratory etiquette "Cover your cough"
4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.

The ICU will audit patient charts on admission for completion of the FRI document. Weekly random audits will be required to ensure compliance.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Surgical Services will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Patient Care

Adult Critical Care Patient Tracking System

Admission / Discharge Transfer Log

Patients are tracked using the Meditech System. The following information can be obtained:

1. Patient name
2. Date of admission
3. Unique number and other patient identifiers e.g. age, next of kin etc.
4. Diagnosis
5. Most Responsible Physician (MRP)
6. Source of Admission
7. Transfer date and location
8. All deaths are recorded by date and MRP is notified by the unit

Admission / Discharge / Transfer Computerized:

Above information is recorded in the HBO, bed allocation and CARVUE systems.

Bed Management

All direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds. The following will occur:

- Daily communication with all Critical Care Leadership within the facility.
- Ventilated/monitored bed availability reported to CritiCall
- Adult Critical Care will attend bed management meetings as scheduled

  Refer to bed management component of plan

Surge Capacity / Capability

Expansion of surge capacity will be based on Human Resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care (refer to **Table 1**)

Critical Care Overflow Area	Potential # of Ventilated Beds
Post Anesthetic Recovery	Based on # of available anesthesia machines with mechanical ventilators incorporated
ICU West (OR holding area) Used for overflow	3-4 beds
Cardiac Care Unit	12 beds

Table 1

Critical Care Response during a Pandemic

KEY DECISION required - requires approval from Hospital Executive Team

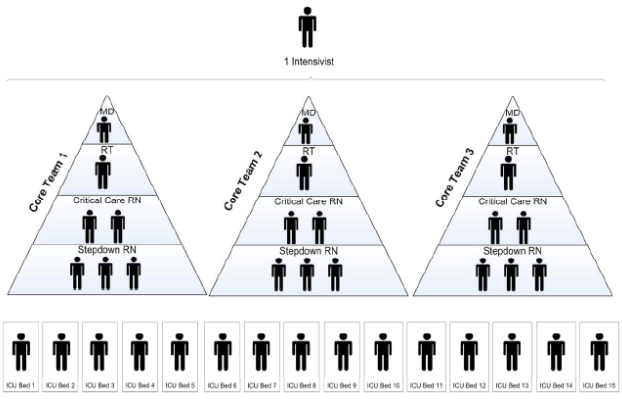
During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. The implementation of an external disaster or "code orange" protocol.
2. The Operationalization of the Incident Management System (IMS), which will evaluate the supply/demand balance and triage outcomes within the Critical Care Services.
3. Maintaining long- term sustainability by:
   - Increasing human resources and redeployment
   - Scaling back of elective and non-emergent services/surgeries
   - Opening of overflow beds (refer to Table 2)
   - The use of the Care Team model (refer to **Diagram A**)

Care Team Model

Healthcare workers (HCWs) who have useful skills but lack experience in critical care can work in teams supervised by those with the relevant experience. Instead of individual HCWs caring for one or two patients a team of HCWs who amongst them possess a complete skill set and relevant experience can collectively care for a group of patients. A team composed of 2 ICU nurses supervising 3 step-down nurses working in conjunction with a respiratory therapist and a physician could care for 8 to 10 patients.

Diagram A - Mass Critical



Mass Critical Care Triage Protocols

KEY DECISION required - requires approval from Hospital Executive Team

After all efforts to expand capacity and demands still exceed available capacity, the type of care being provided must be altered to focus on key interventions. Mass critical care is aimed at ensuring resources are targeted to optimize both the effectiveness and efficiency of resource utilization including both supplies and manpower. Key critical care interventions include:

- Basic mode of ventilation
- Hemodynamic support
- Antibiotics
- Disease specific countermeasures such as thrombolysis
- Prophylaxis such as that required for DVT

There are three essential key elements that support the foundation for Mass Critical Care Triage Protocols.

1. Mass Critical Care Triage Protocols are not aimed at deciding who will or will not receive care. **All patients will receive care.**
2. Effective triage will ensure that fairness and justice prevail during a time when circumstances would leave people vulnerable to inequitable treatment.
3. Mass Critical Care Triage Protocols is only ethically, legally and morally justifiable in an overwhelming crisis such as pandemic when all available resources are in danger of becoming exhausted.

Components of Triage Protocol

KEY DECISION required - requires approval from Hospital Executive Team

NOTE: The Mass Critical Care Triage Protocols apply to all patients who are being considered for admission to critical care, since there will be minimal resources that must be shared by both influenza and non-influenza patients.

This protocol is intended to provide guidance for making triage decisions during the first days to weeks of a pandemic. Modification of the protocols may be required based on the evaluation of supply/demand balance. During a pandemic, with a triage goal of doing "the most for the most", intense consumption of resources must be limited. The triage protocol has three components:

Inclusion Criteria

- Primarily focuses on respiratory failure given that the ability to provide ventilatory support is fundamentally what differentiates the ICU from other acute care areas.
- It is anticipated that hemodynamic support and other advanced care modalities will be provided in areas that have appropriate monitoring

but don't typically provide that level of care. Should hemodynamic support not be available elsewhere, it will qualify as inclusion criteria.

Exclusion Criteria

This criteria is broken down into 3 categories:

1. People who currently have a very poor prognosis/chance of survival even when treated aggressively in an ICU. For example:
   a. The patient with severe burns with two or more high risk factors is a significant mortality risk.
   b. Un-witnessed cardiac arrest patients or recurrent arrests and those who do not respond to prompt electrical interventions such as defibrillation or cardiac pacing, require significant resources but rarely survive to discharge.
   c. Those patients with a Sequential Organ Failure Assessment (SOFA) score of >11 have a mortality rate in excess of 90% even with full critical care during a normal period (see **Appendix 1**).

2. People who will need a level of resource that simply cannot be met during a Pandemic. For example:
   a. Patients requiring large volume blood transfusions are often associated with high mortality rates. The availability of blood during a pandemic remains uncertain at this point.

3. Those with underlying significant and advanced medical illnesses whose underlying illness has a poor prognosis with high short-term mortality even without their current concomitant critical illness. For example:
   a. The patient with advanced cancer or immunosuppression who have very high resource requirements and are likely to suffer significant complications from influenza among other infections.
   b. Those patients who have end stage organ failure involving their heart, liver or lungs.

Patient Prioritization for Admission to ICU (see **Appendix 2**)

This final component is used for the prioritization of patients for potential admission to the ICU and ventilation.

BLUE patients are those who fall into the expectant category and should not receive critical care. Depending on their condition and medical issues the patient may either continue to have curative medical care on a ward or palliative care.

RED patients are highest priority for ICU admission and ventilation if required. The goal is to optimize the effectiveness of the triage protocol so that every patient who receives resources will survive.

YELLOW patients are those who at baseline are very sick and may or may not benefit from critical care. They should receive care if the resources are available

but not at the expense of denying care to someone in the red category who is more likely to recover.

GREEN patients are essentially those who should be considered for transfer out of the ICU.

Minimum Qualifications for Survival (MQS)
(see **Appendix 3** and **Appendix 4**)

KEY DECISION required - requires approval from Hospital Executive Team

Placing a ceiling on the amount of resources that will be allocated to any one individual to ensure that the maximum potential benefit of the available resources can be realized and a larger number of people overall can be saved.

The key component of the MQS is its attempt to identify early those patients who are not improving and are likely to have a poor outcome. Assessments must be made at 48 and 120 hours as well as an ongoing ceiling if a patient ever develops a **SOFA score** of > 11 or any other exclusion criteria.

Triage Officers

It is essential that proper training be provider prior to a pandemic with ongoing support provided throughout the pandemic. The best triage decisions are those made by senior physicians who have training in triage and significant clinical experience to draw upon. **Note:** Further development through the MOHLTC will occur over the next year with rollout similar to current Chemical Biological Radioactive and Nuclear (CBRN) protocol processes.

Central Triage Committee

Note: A central MOHLTC committee will be created with those who are very familiar with triage protocol development to oversee provincial triage during a pandemic. The triage committee will have absolute command and control over the critical care resources in order to ensure accountability.

Protocol Activation

If the triage protocol is implemented too late, many resources will be utilized by a few patients early in the pandemic. The pandemic will evolve over time therefore Implementation of the protocol should occur in a gradual fashion, particularly if only a gradual influx of cases initially.
Note: Further direction to be released by the Critical Care Surge Group.

Appendix 1:

OHPIP Steering Committee, Ontario Health Pandemic Influenza Plan
Draft April 9, 2006

Table 1. The Sequential Organ Failure Assessment (SOFA) Score*

	SOFA Score				
Variables	**0**	**1**	**2**	**3**	**4**
Respiratory Pao_2/Fio_2, mm Hg	>400	≤400	≤300	≤200†	≤100†
Coagulation Platelets $\times 10^3/\mu L$‡	>150	≤150	≤100	≤50	≤20
Liver Bilirubin, mg/dL‡	<1.2	1.2-1.9	2.0-5.9	6.0-11.9	>12.0
Cardiovascular Hypotension	No hypotension	Mean arterial pressure <70 mm Hg	Dop ≤5 or dob (any dose)§	Dop >5, epi ≤0.1, or norepi ≤0.1§	Dop >15, epi >0.1, or norepi >0.1§
Central nervous system Glasgow Coma Score Scale	15	13-14	10-12	6-9	<6
Renal Creatinine, mg/dL or urine output, mL/d‖	<1.2	1.2-1.9	2.0-3.4	3.5-4.9 or <500	>5.0 or <200

*Norepi indicates norepinephrine; Dob, dobutamine; Dop, dopamine; Epi, epinephrine; and Fio_2, fraction of inspired oxygen.
†Values are with respiratory support.
‡To convert bilirubin from mg/dL to µmol/L, multiply by 17.1.
§Adrenergic agents administered for at least 1 hour (doses given are in µg/kg per minute).
‖To convert creatinine from mg/dL to µmol/L, multiply by 88.4.

Dopamine (Dop)
Epinephrine (Epi)
Norepinephrine (Norepi) doses in ug/kg/min, SI units in brackets

Reference:
Ferreira FI, Bota DP, Bross A, Melot C, Vincent JL.
Serial Evaluation of the SOFA score to predict outcome in critically ill patients.
JAMA 2001; 286(14): 1754-1758

Appendix 2

OHPIP Steering Committee, Ontario Health Pandemic Influenza Plan
Draft April 9, 2006

Critical Care Triage Tool
(Initial Assessment)

Colour Code	Criteria	Priority/Action
Blue	Exclusion Criteria* Or SOFA > 11*	Medical Mgmt +/- Palliate & d/c from CC
Red	SOFA ≥ 7 Or Single Organ Failure	Highest
Yellow	SOFA 8 – 11	Intermediate
Green	No significant organ failure	Defer or d/c, reassess as needed

Appendix 3

OHPIP Steering Committee, Ontario Health Pandemic Influenza Plan
Draft April 9, 2006

Critical Care Triage Tool (48-Hour Assessment)		
Colour Code	Criteria	Priority/Action
Blue	? Exclusion Criteria Or ? SOFA > 11 Or ? SOFA 8 – 11 no change	Palliate & d/c from CC
Red	SOFA score < 11 and decreasing	Highest
Yellow	SOFA < 8 no change	Intermediate
Green	No longer ventilator dependant	D/c from CC

Appendix 4

OHPIP Steering Committee, Ontario Health Pandemic Influenza Plan
Draft April 9, 2006

Critical Care Triage Tool (120-Hour Assessment)		
Colour Code	Criteria	Priority/Action
Blue	Exclusion Criteria* Or SOFA > 11* Or SOFA < 8 no change	Palliate & d/c from CC
Red	SOFA score < 11 and decreasing progressively	Highest
Yellow	SOFA < 8 minimal decrease (< 3-point decrease in past 72h)	Intermediate
Green	No longer ventilator dependant	d/c from CC

* If patient's exclusion criteria or SOFA score of > 11 occurs at anytime from 48 – 120 hours then change triage code to Blue and palliate.

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

- Maintain Infection Control practices already in place in the Alert Period.
- Information will be circulated by using the methods described in the Communication section

Security

Refer to the **Security** component of the Plan

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

Critical Care - Neonatal Intensive Care Unit (NICU)

OBJECTIVES

The primary responsibility within the Neonatal Intensive Care Unit (NICU) will be to maintain adequate staffing levels to manage the existing and additional workflow as a result of the Pandemic Outbreak.

ASSUMPTIONS

- There will be limited warning of a Pandemic Incident, thereby reducing planning time.
- Absenteeism will be extensive making it difficult to maintain staffing levels.
- The influenza pandemic may have several waves; therefore NICU planning must recognize both short-term and long-term strategies.
- It is expected that MUMC will redirect a significant number of newborns to other level II and III nurseries to ensure that the MUMC nurseries are able to take more babies that are critically ill.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email to confirm receipt and understanding of the memo
- Memo postings in specific assigned staff areas
- Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- NICU conference on the intranet
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the ICU:

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings

EXTERNAL to the hospital

- Patient Transfer Authorization Centre (PTAC): Mandatory online request through Ontario Air Ambulance for all patients requiring inter facility transfers. This is located on the hospital Intranet under Clinical Informatics.
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- CritiCall – 24 hour a day emergency referral service for physicians across the province of Ontario. The service assists in contacting on-call specialists, arranging for appropriate hospital beds and accessing transportation for patients. The NICU updates the system every 4 hours.
- Feeder hospitals wishing to transfer critical newborns
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.

- Neonatal Critical Care Transport
- Community Care Access Centre - via phone and fax
- Pediatricians/Neonatologists

Resource Directory

- Current and accurate contact information of all staff members in the NICU
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of the Labour and Delivery Unit to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in the L&D and post-partum unit for any changes in medical status that may represent Febrile Respiratory Illness. Infection Prevention and Control will conduct random audits to ensure compliance on L&D and Postpartum.

There is no FRI surveillance for the Neonate.

Family Visitor Surveillance

- Before entering the NICU are, all family/visitors will take direction as per postage signage at all hospital entrances:
  1. Self screening
  2. Hand hygiene
  3. Respiratory etiquette “Cover Your Cough”

- Family/visitors presenting to the NICU with obvious respiratory signs and symptoms will be encouraged to go home, however if circumstances are such that they are required to stay they will be provided with and shown how to wear a surgical face mask while in the NICU department.
- All family and visitors must sign/phone in to the NICU and can therefore be tracked through this log.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy –027-HR) and also

call Employee Health Services at ext. 3344 and follow the menu directions.

- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.
- Staff members who become ill while at work will be directed to Employee Health Services

Managers' Responsibilities

- Managers will notify Employee Health Services of increase staff illnesses in the department.

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transportation

When arranging transport for patients with influenza or any other isolation requirements, the will inform the agency of isolation precautions in place. PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

- Inter facility transfers
- Inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)

Business Continuity

Human Resources

NICU will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources.

The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Physicians' Organizational Response

Equipment and Supplies

During the Alert period the NICU must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the NICU to Purchasing and Stores.

The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Service Coordinator/Core attendants will track and maintain supplies. Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on Critical Care needs as identified by ICU Manager and materials management.

Patient Flow through the NICU

Outlying or Within Facility

- Consult to NICU Fellow or attending physician.
- Neonatal Transport team sent to transport baby back to NICU or if consult is required the sending facility will transport baby to site without assistance of the Transport Team.

From Home

- Babies less than 28 days old may be accepted to the NICU once approved by attending physician based on level of care required.
- Babies admitted from home are isolated on admission.

Labour and Delivery

- Once NICU is consulted to/after a delivery the baby is admitted to the unit.

Discharges

- Babies from SJH NICU are discharged home under the direction of the NICU physician.
- Pending level of care required 3 potential nurseries within close range of the baby's birth are called regarding availability for transfer.
- Once availability is confirmed the NICU physician or Clinical Nurse Specialist must speak with the receiving physician/Pediatrics on call or transfer will not occur.

Bed Management

- Charge Nurses at both SJH and MUMC will discuss transfers and backlogs
- Charge Nurses from L&D, Postpartum and NICU will discuss volumes, acuity and staffing requirements to maintain number of beds
- Manual and electronic records are kept of patient admissions/discharges and transfers within the NICU

Table 1 - Bed/Surge Capacity (Critical Care – NICU)

Bed Capacity	Notes
20 bassinets	▪ CPAP and short term ventilation ▪ No negative pressure ▪ 2 isolation rooms

Infection Prevention and Control

Note: It is the NICU's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual NICU Critical Care certification/mandatory review includes Infection Prevention & Control practices
- All education and training must be documented and retained in the NICU
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- Monthly Neonatal operational meetings

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The NICU must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment

- Step by step instructions of “Donning and Doffing” of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient’s chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy #082 - MED Hand Hygiene policy

Patients / Visitors

- Signage encouraging all visitors to self- screen is located at all hospital entrances and specific areas within the unit.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the NICU.
- Respiratory Etiquette is reinforced with the visible placement of the “Cover your Cough” sign at all entrances of the hospital and specific areas within the unit.
- Staff must provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient’s chart
- Step by step instructions of “Donning and Doffing” of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies and Procedures

- All departmental and hospital polices will be reviewed by staff.
- Polices will be reviewed and updated annually by the department.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital (see **Pandemic Alert Period**)

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the Labour and Delivery Unit to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in the L&D and In-Patient

Obstetrics for any changes in medical status that may represent Febrile Respiratory Illness.

Family Visitor Surveillance

Note: there may be limited visitation during this period.

- Prior to entering the NICU, all family/visitors will self-screen as per posted signage at all hospital entrances
- Education by the NICU staff must be completed with all family/visitors to reinforce the requirements of the following:

1. Self screening
2. Hand hygiene
3. Respiratory etiquette "cover your cough"
4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services. Please refer the Occupational Health & Safety section of the Clinical Health Services Plan.
- Managers must notify Employee Health Services of increased staff illnesses on their units.

Patient Transfer

- When arranging transport for a patient with Influenza or any other isolation requirement, the NICU must inform the transferring agency of the isolation precautions in place.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. The NICU will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Admission/Discharge Criteria

Admission / Discharge / Transfer

- Admission/discharge/transfer criteria may change based Ministry guidelines (to be developed).
- NICU charge Nurse in conjunction with the medical lead, will coordinate appropriate admissions and discharges.

Bed Management

- Ventilated/monitored bed availability reported to CritiCall.
- Charge Nurses from L&D, Postpartum and NICU will discuss volumes, acuity and staffing requirements to maintain number of beds

Surge Capacity Capability

- Expansion of surge capacity will be based on Human Resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. St. Joseph's Healthcare, in collaboration with Hamilton Health Sciences and CritiCall, will work together to ensure the placement of NICU patients pending their level of care (refer to **Table 1** in the Pandemic Alert Period for Bed/Surge Capacity).

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Security

Refer to the **Security** component of the Plan

End of First Wave

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. **Clinical Services**

Surgical Services

This will include:

Pre-Admission Assessment Unit (PAAU); Day Surgery; Post Anaesthetic Recovery (PAR) and Operating Room (OR)

OBJECTIVES

- To ensure that temporary cancellation of surgical procedures does not have any severe health consequence to patients as a result of the delay. Maintenance of services for life-threatening conditions will be maintained throughout the influenza pandemic".
- "To promote alternate critical care services if needed"

ASSUMPTIONS

- The "Criteria and Indicator Conditions for Deferring Hospital Services" (OHPIP June 2005) will be used as a guide to identify elective surgical services that may be deferred and those essential surgical services that must be maintained. Decisions will be made on a daily basis taking into consideration staffing at all levels.
- The need for additional support for ventilated patients may require the OR and PAR to provide space, equipment and human resources

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of staff members to confirm receipt and understanding of the memo for those who do not have access to email
- Memo postings in specific assigned staff areas
- Hospital e-mail using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- OR/PAR Conference on the email system

INTERNAL within the hospital:

- Personal communication between management team members
- Overhead paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings-ICU is the representative and communicates information to the OR
- Regularly scheduled meetings with internal key stakeholders

EXTERNAL

Communication external to the hospital

- CritiCall – 24 hour a day emergency referral service for physicians across the province of Ontario. The service assists in contacting on-call specialists, arranging for appropriate hospital beds and accessing transportation for patients.
- Regional Committees

Public Communication:

- Signage
- Patient information sheets
- Volunteers

Resource Directory

- Current and accurate contact information of all staff members in the Surgical Services department.
- Current and accurate Surgeon and Anaesthetists directory
- Current and accurate Disaster Fan Out List for use in an emergency such as Code Orange.
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the unit.
- Hospital intranet directory.

Surveillance

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department of isolation precautions in place. Follow "Transferring Patient in Isolation" policy

FRI Tool

The Day Surgery will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct random audits to ensure compliance.

Pre Admission Assessment Unit (PAAU)

- Prior to entering the PAUU area, patients will take direction as per posted signage at all hospital entrances:
    1. Self screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover Your Cough"
- Any patients presenting to PAAU with obvious respiratory signs and symptoms will be given a surgical mask if they can tolerate wearing it. If the patient cannot tolerate the mask then the staff member will wear the mask/shield combination.

Admission to Day Surgery:

- Upon admission to Day Surgery the nurse must complete the FRI tool. If the patient has respiratory symptoms and a fever the patient must be isolated using droplet/contact precautions and the surgeon notified

Transfer from ER:

- Upon admission to Surgical Services the chart must be reviewed for the completed FRI tool.
- Prior to transfer ER must communicate the patients FRI status to the Surgical Services to ensure appropriate isolation is in place and physician notification has occurred.
- If FRI is not completed and on the patient chart, notify the Surgical Services manager for follow-up with the ER manager. Surgical Services manager to copy correspondence to the manager of Infection Prevention & Control.

Transfer internal:

- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Family Visitor Surveillance

- Prior to entering any Surgical Services area, all family/visitors will take direction as per posted signage at all hospital entrances:
    1. Self screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover Your Cough"

- Family/visitors presenting to any Surgical Services area with obvious respiratory signs and symptoms will be encouraged to go home, however if circumstances are such that they are required to stay they will be provided with and shown how to wear a surgical face- mask while in the area/department.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy **#027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Managers' Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Surgical Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program name
- Position title/classification
- Position Summary/Mission Impact Statement
- Position responsibilities and key duties
- Experience required/skills
- Education and formal training required

Equipment and Supplies:

During the Alert period all Surgical Services areas must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of Surgical Services to Purchasing and Stores.
The list will be based on the categories that the MOHLTC has referenced in the "Ontario Health Plan for an Influenza Pandemic", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently a Materials Management Resource Nurse will track and maintain routine supplies in the Omni-cell system. The resource nurse also orders specialty equipment and supplies.
- Pharmacy provides daily pharmaceutical supplies
- Sterile Processing Department provides supplies as required
- Respiratory Therapy maintains Anaesthesia supplies on a daily basis

Bed Management:

Patient flow through Surgical Services
Process:

- OR Booking
- Patients brought to holding area from DSU, ER or in-patient units
- In the holding area the following checks must be completed

1. Patient name to ensure correct patient
2. Consent form signed by patient or delegate and witnessed
3. Does consent form reflect the correct surgery

4. Patient transferred to OR by Room Based Attendant as instructed by OR staff
5. At conclusion of surgical procedure patients are transported to PAR by the anaesthetist/resident or surgeon/resident
6. Upon discharge from PAR back to the DSU or in-patient unit the patient is transported by the PAR portering staff and accompanied by a RN as required.

Bed Capacity: Table 1

Number of beds in Surgical Services
14 Operating rooms
14 Patient bays in PAR
3 Beds in Minor procedure room
29 patient bays in DSU
3-4 PAAU patient rooms

Infection Prevention and Control

It is Surgical Services responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation.
- Unit specific orientation.
- All education and training must be documented and retained in the department.
- Staff members must be orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet.
- Staff must be notified of updated P&P on the Hospital intranet.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The Surgical Services must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- The appropriate isolation signage must be placed on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of Personal Protective Equipment (PPE) must visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety Department

- Hand washing as per Hospital policy #082 MED **Hand Hygiene**.

Visitor's compliance to Infection Prevention & Control Practices

- Refer to Hospital policy regarding visitors to the OR MED 063
- Refer to unit policy regarding visitors in DSU and PAR
- Signage encouraging all visitors to self screen will be located at all hospital entrances and specific areas within the Emergency Department e.g. Waiting room
- Visitation must be discouraged if the visitor is feeling unwell. e.g. Respiratory symptoms, nausea, vomiting and diarrhea
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the Emergency Department
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the ER. e.g. Waiting room
- Staff must provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies and procedures

- All departmental and hospital policies must be reviewed by staff.
- Departmental policies must be reviewed and updated annually by the department.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management
- Infection Prevention & Control
- Public Relations

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

Patient Surveillance: (see **Pandemic Alert Period)**

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Surgical Services must inform the transferring agency or

receiving department of the isolation precautions in place. Follow "Transferring Patient in Isolation" policy

Family / Visitor Surveillance:

Note there may be limited visitation during this period

- Prior to entering any Surgical Services area all family/visitors must self screen as per posted signage at all hospital entrances
- Education by the Surgical Services staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self screening,
    2. Hand hygiene
    3. Respiratory etiquette "cover your cough"
    4. PPE

Staff & Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work.
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).

Further direction from the MOHLTC

- Managers must notify Employee Health Services of increased staff illnesses on their unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. It will be the responsibility of Surgical Services to notify the Redeployment Centre of staffing needs.

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets
3. Surgeons and anesthetists to be assessed in the Physician organizational response plan.

Redeployment Centre (refer to **Redeployment Principles and Operational Guidelines** in Alert period)

Equipment and Supplies (see **Pandemic Alert Period**)

Admission/Discharge Criteria

Patient Flow:
Key Decision

Once a pandemic is declared, hospitals will begin a phased deferral of some services in order to ensure that essential services are in place for both influenza and non-influenza patients. All surgical service deferral decisions will be based on a careful clinical assessment of each patient's health condition, prognosis, and risk of infection during acute hospital care. An ethical and legal framework will be applied to the decision making process along with consistent criteria from the MOHLTC. The "Criteria and Indicator Conditions for Deferring Hospital Services" (OHPIP June 2005) will be used as a guide to identify elective surgical services that may be deferred and those essential surgical services that must be maintained. Decisions will be made on a daily basis.

Bed Management:
All direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds

1. Daily communication with all Surgical/Critical Care Leadership within the facility.
2. Ventilated/monitored bed availability reported to CritiCall/ICU/OR
3. ICU will continue to attend bed management meetings as scheduled and report back to the Surgical Services

Surge Capacity/Capability

The ICU may require some assistance in providing ventilation support to their critical care patients. Expansion of surge capacity within the Surgical Services will be based on Human Resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. The following in Table 2 are potential areas for critical care overflow:

Table 2

Surgical Care Overflow Area	Potential # of Ventilated/monitored Beds
Post Anesthetic Recovery	Based on # of available anesthesia machines with mechanical ventilators incorporated 14 patient bays
ICU West (OR holding area) Used for overflow	3-4 beds
Minor procedure room	3 Monitored beds
DSU	29 Monitored beds

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

1. Maintain Infection Control practices already in place in the Alert Period
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

3. Refer to post-pandemic period for review process

2. **Clinical Services**

Inpatient-Medicine

Clinical Teaching Unit
Medical Assessment Unit
Geriatrics Assessment
Geriatric Inpatient Unit
Nephrology/Transplant Unit
Cardiology Units
Rehabilitation Unit

OBJECTIVES

To ensure timely access to care and the provision of appropriate medical attention for patients requiring the services within the field of Medicine

ASSUMPTIONS

- The Medical departments will, at some point, become overwhelmed with the additional number of patients arriving to their wards and will require additional resources to accommodate the increased volume and acuity
- Some services within the Medicine Program such as the Rehabilitation Program may be deferred in order to respond to the increased volume and acuity
- The usual patient population may change to a more acutely ill population requiring more medical needs

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the Medical units:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- Site committees
- Program Operational meetings

Key stakeholders include:

- Program Directors
- Medical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL

Communication external to the hospital.

- Regular scheduled meetings with external key stakeholders
- Regional committees

- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Repatriation of Patients upon Discharge – Notify receiving facility such as Long term care facility, rehabilitation center etc. of impending discharge
- Patient and public information using:

    1. Signage
    2. Posters
    3. Pamphlets
    4. Fact Sheets

- Public Relations/On-hold marketing

Resource Directory

- Current and accurate contact information of all staff members in the Medical Units
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of all Medicine Inpatient Units to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness (refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

FRI Tool

The Medicine Units will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct weekly random audits to ensure compliance.

Transfer from ER

- Upon admission to the Unit the chart must be reviewed for the completed FRI tool.

- Prior to transfer ER must communicate the patients FRI status to the unit to ensure appropriate isolation is in place
- If FRI is not completed and on the patient chart, notify the Medicine Inpatient manager for follow-up with the ER manager. Medicine manager to copy correspondence to the manager of Infection Prevention & Control.

Transfer External / Internal

- Upon transfer externally to the Medicine Unit the patient chart must be reviewed for the completed FRI tool from the sending facility.
- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Direct Admission

- Upon admission to the Medicine Unit the patient must be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

Family Visitor Surveillance

- Prior to entering the Medicine Inpatient area, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Medicine staff must be completed and documented with all family/visitors to reinforce the requirements of the following:
  - Self screening
  - Hand hygiene
  - Respiratory etiquette "Cover Your Cough"

- Family/visitor presenting to the Medicine Unit with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they must be provided with and shown how to wear a surgical face mask while in the Medicine Unit

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Medicine Unit will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

- All inter facility transfers
- All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
- FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

All Medicine Inpatient Units will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period all Inpatient Medicine Units must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Medical Units to Purchasing and Stores. The list will be based on the categories that

the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on Critical Care needs as identified by Medicine Manager and materials management

Bed Management

Bed Management meetings are held daily each morning and as necessary to keep the flow of patients requiring admission or transfer up to date.
Refer to Bed Management component of the plan for further details

Bed Capacity: Refer to Bed Management

Medicine Inpatient Tracking System:

- HBO system will track the following information:
  1. Patient name
  2. Date of admission
  3. Unique number and other patient identifiers e.g. Age, next of kin etc.
  4. Diagnosis
  5. Most responsible physician (MRP)
  6. Source of admission
  7. Transfer/discharge date and location
  8. All deaths are recorded by date and MRP is notified.

Infection Prevention and Control

Note: It is the Medicine unit's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet

- All education and training must be documented and retained in the Medicine department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. All Medicine Units must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients / Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the Medical Units to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to be assessed for

the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the Medicine Inpatient area all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Medicine Inpatient staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self- screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover your cough"
    4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.♥

The Medical Units will audit patient charts on admission for completion of the FRI document. Weekly random audits will be required to ensure compliance.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Medicine will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Surge Capacity/Capability

Expansion of surge capacity will be based on human resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. Refer to bed management component of the plan.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in Critical Care or any specific area can work in teams supervised by those with relevant experience.

Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2. All Units will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. **Clinical Services**

Inpatient-Surgical Services

Surgical Step-down, Head & Neck and Thoracics
Gastrointestinal Inpatient
Musculoskeletal Inpatient
Urology/Gynecology

OBJECTIVES

To ensure that those patients requiring life-threatening surgical interventions have the post- operative in-patient care that is required for having a full recovery

ASSUMPTIONS

The surgical in-patient departments will, at some point, become overwhelmed with the additional number of medical patients arriving to their wards and will require additional resources to accommodate the increased volume and acuity

As a result of this impact the following may occur:

Overflow / over-census in-patient beds may be required

- Additional nursing staff and other support staff will be required to manage the activity
- Additional supplies and equipment will be required
- As volumes increase there may be a need to cancel all elective surgical procedures

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the Surgical units:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- Site committees
- Program Operational meetings

Key stakeholders include:

- Program Directors
- Surgical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional committees

- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Repatriation of Patients upon Discharge – Notify receiving facility such as Long term care facility, rehabilitation center etc. of impending discharge
- Patient and public information using:

    1. Signage
    2. Posters
    3. Pamphlets
    4. Fact Sheets

- Public Relations/On-hold marketing

Resource Directory

- Current and accurate contact information of all staff members in the Surgical Units
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of all Surgical Inpatient Units to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness (refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

FRI Tool

The Surgical Units will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct weekly random audits to ensure compliance.

Transfer from ER

- Upon admission to the Unit the chart must be reviewed for the completed FRI tool.

- Prior to transfer ER must communicate the patients FRI status to the unit to ensure appropriate isolation is in place
- If FRI is not completed and on the patient chart, notify the Surgical Inpatient manager for follow-up with the ER manager. Surgical manager to copy correspondence to the manager of Infection Prevention & Control.

Transfer External / Internal

- Upon transfer externally to the Surgical Unit the patient chart must be reviewed for the completed FRI tool from the sending facility.
- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Direct Admission

- Upon admission to the Surgical Unit the patient must be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

Family Visitor Surveillance

- Prior to entering the Surgical Inpatient area, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Surgical staff must be completed and documented with all family/visitors to reinforce the requirements of the following:
  - Self screening
  - Hand hygiene
  - Respiratory etiquette "Cover Your Cough"
- Family/visitor presenting to the Surgical Unit with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they must be provided with and shown how to wear a surgical face mask while in the Surgical Unit

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Surgical Unit will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

- All inter facility transfers
- All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
- FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

All Surgical Inpatient Units will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period all Inpatient Surgical Units must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Surgical Unit to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on Critical Care needs as identified by Surgical Manager and materials management

Bed Management

Bed Management meetings are held daily each morning and as necessary to keep the flow of patients requiring admission or transfer up to date.
Refer to Bed Management component of the plan for further details

Bed Capacity: Refer to Bed Management

Surgical Inpatient Tracking System:

- HBO system will track the following information:
  1. Patient name
  2. Date of admission
  3. Unique number and other patient identifiers e.g. Age, next of kin etc.
  4. Diagnosis
  5. Most responsible physician (MRP)
  6. Source of admission
  7. Transfer/discharge date and location
  8. All deaths are recorded by date and MRP is notified.

Infection Prevention and Control

Note: It is the Surgical unit's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation

- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the Surgical Inpatient department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. All Surgical Units must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control
- Unit based “Pandemic Emergency Board” to post information

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the Surgical Unit to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the Surgical unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Surgical inpatient staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self- screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover your cough"
    4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.

The Surgical Unit will audit patient charts on admission for completion of the FRI document. Weekly random audits will be required to ensure compliance.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Surgical units will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Surge Capacity/Capability

Expansion of surge capacity will be based on human resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. Refer to bed management component of the plan.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in Critical Care or other areas can work in teams supervised by those with relevant experience. Instead of individual HCWs caring for one or two patients, a team of HCWs, who amongst them possess a complete skill set and relevant experience, can collectively care for a group of patients.

Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2 All Units will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. **Clinical Services**

Labour & Delivery (L&D)

Obstetrics and Post-Partum (Clinical Unit)

OBJECTIVES

The primary responsibility in L&D and the clinical unit will be to maintain adequate staffing levels to manage the existing and additional workflow as a result of the Pandemic Outbreak.

ASSUMPTIONS

L&D and the clinical unit will at some point become overwhelmed with the lack of human resources to provide care for those patients requiring their services. Additional resources will be required to accommodate the increased staffing needs

There will be no deferral of services as babies will continue to be born during the Pandemic Period

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the Obstetrical/L&D units:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- Site committees
- Program Operational meetings

Key stakeholders include:

- NICU
- BANNA clinic
- Women's Health Concerns clinic
- Maternity Centre
- Maternal visit program
- Child life workers
- Social Work

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional committees

- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Public Health
- Infant Hearing and Screening program
- Physicians- Obstetricians and Pediatricians
- CritiCall
- Catholic Children's Aid Society- CCAS
- Children's Aid Society-CAS
- MUMC
- Other hospitals
- Patient and public information using:

1. Signage
2. Posters
3. Pamphlets
4. Fact Sheets

Resource Directory

- Current and accurate contact information of all staff members in the L&D and Clinical Unit
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of L&D to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in L&D and Clinical Unit for any changes in medical status that may represent Febrile Respiratory Illness (refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

FRI Tool

L&D and the Clinical Unit will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct weekly random audits to ensure compliance.

Patient Arrival to L& D or direct admit to clinical unit

- The patient will be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required

Internal Transfer from L&D or clinical unit

- Prior to transfer the sending unit must communicate the patients FRI status to the receiving unit (this also includes all diagnostic areas) to ensure appropriate isolation is in place
- If FRI is not completed on the patient chart the receiving unit will notify their manager for follow-up with the program manager.

Transfer External / Internal

- Upon transfer externally to the L&D or Clinical Unit the patient chart must be reviewed for the completed FRI tool from the sending facility.
- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Direct Admission

- Upon admission to the Clinical Unit the patient must be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

Family Visitor Surveillance

- Prior to entering the L&D or Clinical Unit, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the L&D and Clinical Unit staff must be completed and documented with all family/visitors to reinforce the requirements of the following:
    - Self screening
    - Hand hygiene
    - Respiratory etiquette “Cover Your Cough”

- Family/visitor presenting to L&D or the Clinical Unit with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they must be provided with and shown how to wear a surgical face mask while in the L&D or Clinical Unit*

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, L&D or the Clinical Unit will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

1. All inter facility transfers
2. All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
3. FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

Labour and Delivery and the Clinical Unit will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period Labour and Delivery and the Clinical Unit must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of L&D and the Clinical unit to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on Critical Care needs as identified by the L&D and Clinical Unit Manager and materials management

Admission

- A care path is used for patient admission and flow through the program
- Pre-printed physician orders are signed for each patient admission. Criteria for length of stay (LOS)

    1. Labour & Delivery varies on LOS
    2. Vaginal delivery- 12-24 hours
    3. Cesarean Section- 48-72 hours

Patient Tracking System:

HBO system will track the following information:

1. Patient name
2. Date of admission
3. Unique number and other patient identifiers e.g. Age, next of kin etc.

4. Diagnosis
5. Most responsible physician (MRP)
6. Source of admission
7. Transfer/discharge date and location
8. PTAC tracks all external transfers
9. All deaths are recorded by date and MRP is notified.

Bed Management

Bed Management meetings are held daily each morning and as necessary to keep the flow of patients requiring admission or transfer up to date.

Bed Capacity:

Table 1

Area	Number of Beds	Negative Pressure Rooms	Private Rooms
Labour & Deliver	11	0	11
Postpartum	27	12	2
Triage and Assessment	4	0	0

Infection Prevention and Control

Note: It is the L&D and Clinical Unit's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the L&D and Clinical Unit department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with

certain clinical conditions or syndromes. L&D and the Clinical Unit must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control

- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients / Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

Security

The Obstetric and Postpartum unit is locked unit with keypad access

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of L&D and the Clinical Units to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering L&D and the Clinical Unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the L&D and Clinical Unit staff must be completed with all family/visitors to reinforce the requirements of the following:

1. Self- screening
2. Hand hygiene
3. Respiratory etiquette "Cover your cough"
4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.

L&D and the Clinical Unit will audit patient charts on admission for completion of the FRI document. Weekly random audits will be required to ensure compliance.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. L&D and the Clinical Unit will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Patient Care

Patient Flow:
This will remain the same as in the alert period.
MOHLTC and the Hospital Incident Management System will disseminate further direction during this period.

Surge Capacity/Capability

Expansion of surge capacity will be based on human resources available, and the equipment to support the required care. Refer to bed management component of the plan. The following in Table 2 are potential areas for Obstetrics and Postpartum overflow.

Table 2

Area	Number of Beds	Overflow Beds
Postpartum	27	6
Triage and Assessment	4	0
Pediatric Day Surgery	0	12 stretchers
	Total: 31	**Total**: **18** Extra beds/stretchers **Surge Capacity**: **49 patients**

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS), which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

- Increasing human resources and re-deployment
- Scaling back of elective and non-emergent services/surgeries
- Opening of over flow beds
- Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in Critical Care can work in teams supervised by those with relevant experience. Instead of individual HCWs caring for one or two patients, a team of HCWs, who amongst them possess a complete skill set and relevant experience, can collectively care for a group of patients. A team composed of 2 ICU nurses supervising 3 step-down nurses working in conjunction with a respiratory therapist and a physician could possibly care for 8-10 patients

Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2. All Units will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section.

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. **Clinical Services**

Complex Continuing Care

OBJECTIVES

To maintain safe and quality care of the patients in Complex Continuing Care Unit during the Pandemic Period

ASSUMPTIONS

- Due to the complex needs of these patients the Complex Continuing Care Unit will not close beds.
- Due to the complex needs of these patients the unit will not discharge patients to families or home
- In the event of available beds palliation of influenza patients may occur on Complex Continuing Care

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the Medical units:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- Site committees
- Program Operational meetings

Key stakeholders include:

- Department of Rehabilitation
- Hemodialysis
- Musculoskeletal Unit
- Social Work
- Community Care Access (CCAC

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional committees

- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Repatriation of Patients upon Discharge – Notify receiving facility such as Long term care facility, rehabilitation center etc. of impending discharge
- Patient and public information using:

1. Signage
2. Posters
3. Pamphlets
4. Fact Sheets

External Key stakeholders include:

- Hospitals
- Complex Continuing Care/Chronic Care Hospitals
- Nursing Homes
- St. Peter's
- CCAC
- Physicians

Resource Directory

- Current and accurate contact information of all staff members in the Complex Continuing Care Unit
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of the Complex Continuing Care Unit to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness (refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

FRI Tool

Transfer from ER

- Upon admission to the Unit the chart must be reviewed for the completed FRI tool.
- Prior to transfer ER must communicate the patients FRI status to the unit to ensure appropriate isolation is in place
- If FRI is not completed and on the patient chart, notify the Complex Continuing Care manager for follow-up with the ER manager. Complex Continuing Care manager to copy correspondence to the manager of Infection Prevention & Control.

Transfer External / Internal

- Upon transfer externally to the Complex Continuing Care Unit the patient chart must be reviewed for the completed FRI tool from the sending facility.
- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Direct Admission

- Upon admission to the Complex Continuing Care Unit the patient must be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

Family Visitor Surveillance

- Prior to entering the Complex Continuing Care Unit, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by Complex Continuing Care staff must be completed and documented with all family/visitors to reinforce the requirements of the following:

1. Self screening
2. Hand hygiene
3. Respiratory etiquette “Cover Your Cough”

- Family/visitor presenting to the Complex Continuing Care Unit with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they must be provided with and shown how to wear a surgical face mask while in the Unit.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.

- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Complex Continuing Care Unit will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

- All inter facility transfers
- All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
- FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

The Complex Continuing Care Unit will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period the Complex Continuing Care Unit must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Medical Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on Critical Care needs as identified by the Complex Continuing Care Manager and materials management

Admission process;

Patients are assessed and identified as requiring placement needs by nursing, physician, family physician, social work and other allied health professionals. Submission of application is completed by social work and CCAC to deem patients eligibility in a Nursing Home, Long Term Care or Complex Continuing Care. St. Peter's Hospital manages central intake for all Chronic Care placements within Hamilton. Patients are admitted from:

- Home
- Acute Care Hospital
- Nursing Home

Complex Continuing Care Criteria:

Based on the assessment via CCAC and St. Peter's, patients who are eligible for Complex Continuing Care have the following needs.

- Higher care needs than a Nursing Home can offer
- Complex issues such as wounds, dialysis, chronic ventilation
- The patients must be stable medically prior to admission

Bed Management

Currently beds on Complex Continuing Care are managed by St. Peter's central intake

Current Bed Capacity:

Unit	# Of Beds	# Of Private Rooms	# Of Negative Pressure Rooms	# Of Beds Closed
Complex Continuing Care Level 5	38	8	2	0
Complex Continuing Care Level 6	38	8	0	0

Patient Tracking System:

HBO system will track the following information:

1. Patient name
2. Date of admission
3. Unique number and other patient identifiers e.g. Age, next of kin etc.
4. Diagnosis
5. Most responsible physician (MRP)
6. Source of admission
7. Transfer/discharge date and location
8. All deaths are recorded by date and MRP is notified.

Infection Prevention and Control

Note: It is the Complex Continuing Care Unit's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet

- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the Medicine department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Complex Continuing Care must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients / Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations
- St. Peter’s
- CCAC

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the Complex Continuing Care Unit to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to

be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the Complex Continuing Care Unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Medicine Inpatient staff must be completed with all family/visitors to reinforce the requirements of the following:
  1. Self- screening
  2. Hand hygiene
  3. Respiratory etiquette "Cover your cough"
  4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.
- Note further direction to come from the MOHLTC

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Complex Continuing Care will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Patient Care

Surge Capacity/Capability

Expansion of surge capacity will be based on human resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. Refer to bed management component of the plan.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - ❖ Increasing human resources and re-deployment
    - ❖ Scaling back of elective and non-emergent services/surgeries
    - ❖ Opening of over flow beds
    - ❖ Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in Critical Care or other areas can work in teams supervised by those with relevant experience. Instead of individual HCWs caring for one or two patients, a team of HCWs, who amongst them possess a complete skill set and relevant experience, can collectively care for a group of patients.

Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2. All Units will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

End of First Wave

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. Clinical Services

Palliative Care

Objective

To ensure that best practice guidelines are utilized to assist clinicians to effectively provide the appropriate palliative care as required maintaining the comfort and dignity of the patient

To assist in the planning and implementation of bereavement support for staff and families

SJHH Palliative Care direction will be further evaluated pending recommendations from the MOHLTC Palliative Care Working Group

2. Clinical Services

Firestone Institute for Respiratory Health (FIRH)

FIRH Clinic

Urgent Outpatient referrals

FIRH Pulmonary Function Laboratory

Sleep Laboratory

TB Clinic

OBJECTIVES

- To provide rapid expert respiratory assessment, early management and triage in patients with acute influenza like illnesses
- To facilitate diagnosis using a full range of diagnostic tools available including: culture collection, pulmonary function testing, and sputum induction
- To maintain services to existing patients with established respiratory disease
- To maintain urgent outpatient consults for those patients presenting with acute respiratory presentations requiring immediate attention

ASSUMPTIONS

- Firestone will assist in keeping patients from presenting at our Emergency Departments and will remain open as long as manpower and supplies are available to continue operation of the clinic
- In the event of a large surge affecting the Emergency Department, Firestone may be set up as a Triage centre for “flu” patients
- In the event of a community surge the Medical Officer of Health may request the opening of several assessment centres throughout the city. Firestone may be converted to an assessment centre.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Clinic conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the clinics:

- Personal communication between management team members
- Personal pagers
- Hospital and McMaster email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Physician offices
- Site committees
- Program Operational meetings

Key internal stakeholders include:

- Program Directors
- Medical Leadership
- Research staff
- Acute inpatient services
- Emergency
- Diagnostic Services
- Pharmacy
- Regional Virology Lab
- Respiratory Rehab
- Allied Health Leaders

EXTERNAL Key stakeholders will include:

- Professional organizations and regulatory bodies
- Hamilton Health Sciences and other referring facilities
- Public Health
- Lung Association
- Regional Pharmacies
- Pharmaceutical Companies
- Ministry of Health and Long Term Care
- Utility companies
- Family Physicians
- Regional Committees
- Vendors
- Educational Institutions
- Patient and public communication by using:

    1. Signage
    2. Posters
    3. Pamphlets
    4. Fact Sheets
    5. FIRH website

- Public Relations/On-hold marketing

Resource Directory

- Current and accurate contact information of all staff members in the clinics/program
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

Patients should be directed by the clinic to **not** attend the clinic visit if they are unwell.

Outpatient Surveillance:

- Prior to entering the clinic, all outpatients will take direction as per posted signage at all hospital entrances and within the department:
- Self screening
- Hand hygiene
- Respiratory etiquette “Cover Your Cough”
- Patients who do present with FRI symptoms will be asked to wear a surgical procedure mask if they can tolerate and if not the Healthcare

professional will apply a surgical procedure mask for the duration of the visits

- Family accompanying patients to the clinic with visible signs of respiratory illness will be asked to stay in the waiting area. However if circumstances are such that they are required to stay with the patient then they will be provided with and shown how to wear a surgical facemask while in the clinic.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, FIRH will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

- All inter facility transfers
- All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
- FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

FIRH will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification

- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period FIRH must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the FIRH to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Outpatient Tracking System:

- Patients are tracked by using the HBO system and the PHS system.
- PHS is used to signal the patient arrival

Infection Prevention and Control

Note: It is the Outpatient Clinic's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The clinic must initiate the

appropriate transmission based precautions (airborne, droplet/contact, contact)

- The appropriate signage must be placed on entry to area where patient will be assessed and remain until environmental services has completed cleaning based on isolation sign
- All clinics must have accessibility to PPE
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the clinic e.g. waiting room.
- Appointments must be discouraged if the patient is feeling unwell. e.g. Respiratory symptoms, nausea, vomiting and diarrhea
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the clinic.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the clinic, e.g. waiting room.
- Staff will provide education to all patients/visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meeting
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Patient Surveillance (see **Pandemic Alert Period**)

Note there may be deferral of services at this time

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.♥

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Outpatient Clinics will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Deferral of Services

Once a pandemic is declared, hospitals will begin a phased deferral of some services in order to ensure that essential services are in place for both influenza and non-influenza patients. Decisions for deferral or closures of clinics will be assessed according to the needs of the hospital and the patient population. The ultimate goal will be to keep those clinics open that will assist in diverting patients from presenting at the hospital emergency departments.

Surge Capacity/Capability

During the pandemic period some clinics may be closed allowing for the redeployment of clinic staff to areas where there is human resource depletion. Some clinic areas

may be assessed has having the ability to open up as patient care or assessment areas. Expanding the clinics will be based on human resources available, and the equipment to support the required care. To facilitate the increased surge within the acute care hospitals, FIRH may be used as an Emergency triage area for those with "flu-like" symptoms or as a community assessment centre as ordered by the Medical Officer of Health.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

   - ❖ Increasing human resources and re-deployment
   - ❖ Scaling back of elective and non-emergent services/surgeries
   - ❖ Closing or deferral of clinics as required
   - ❖ Opening of over flow beds
   - ❖ Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in a specific area may work in teams supervised by those with relevant experience. This model will assist those Healthcare workers who may be redeployed to other settings within the hospital.

Surge Capacity

It is important to note that the FIRH is a negative pressure environment and has the capability to support both diagnostic and clinical interventions.

The following table identifies patient care areas in each clinic

Clinic Name	Area within the FIRH Clinic	Capacity
FIRH	Examination Rooms	14 exam tables
	Pulmonary Function Lab	7 stretchers
	Procedure room	1 procedure chair
	Nursing Treatment area	2 stretchers
	Education Room	2 stretchers
Sleep Lab	6 rooms	6 beds
	2 small application rooms	2 procedure chairs
TB Clinic	3 examination rooms	3 stretchers

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

Hemodialysis

St. Joseph's Hospital-Charlton Site
Centre for Ambulatory Care Services-CAHS

OBJECTIVES

To ensure that all patients with end-stage renal disease have access to hemodialysis treatments as required. This will include both chronic and acute patients

ASSUMPTIONS

- Hemodialysis is a life support treatment therefore there will be no deferral or phasing down of the program during the Pandemic Period.
- There may be an increase of acute patients due to secondary illnesses related to influenza illnesses
- Absenteeism due to influenza illness, home commitments may be extensive, making it difficult to maintain staffing levels within the department.
- Due to several waves of influenza pandemic, staff resiliency and morale may become a difficult problem. Up to 35% of employees may be ill or absent. It may be difficult to maintain staffing requirements as staff members begin to feel the inability to cope with both work responsibilities and home commitments therefore leading to increased absenteeism.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital

Internal key stakeholders include:

- Nephrologist
- Primary Care Nurses designated for each Nephrologist
- Hemodialysis Charge Nurses at each site
- Infection Prevention & Control
- Educator
- Access Coordinator
- Diagnostic Imaging
- Inpatient units
- Inpatient/outpatient Pharmacy
- Social Work

Communication with internal stakeholders will take place via:

- Phone/fax
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- In-services
- Nursing Practice Council

EXTERNAL

External key stakeholders will include:

- Public Health
- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Nursing & LTC Homes
- Bayshore
- DARTS
- Six Nation Drivers
- Other hemodialysis centres across Canada
- Hemodialysis program Brantford
- Vendors/suppliers

Communication with the external stakeholders will take place via:

- Phone
- Fax
- Email

Patients and Families
Communication with patient families will be disseminated via:

- Patient Council
- Signage in designated high traffic areas such as weigh scale, entrance and waiting room
- Information sheets
- Fact sheets

Resource Directory

- Current and accurate contact information of all staff members in the Hemodialysis Program
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

Arrival of patient to unit:

- The nurse will complete an assessment of the patient prior to the treatment. This will include assessing if the patient has:
    - New/worse shortness of breath (worse than what is normal)
    - New/worse cough (onset within 7 days)
    - Fever $\geq$ 38 and temperature is based on patients average normal temperature as dialysis patient's normal temperature may run on the low side
    - This is documented on the patient chart

Isolation:

If the patient has signs and symptoms of Febrile Respiratory Illness the following will take place:

- The patient is placed in droplet/contact precautions
- Curtain is pulled around station, and isolation sign placed on curtain
- PPE is used by the HCW for duration of the treatment
- A nasopharyngeal swab is obtained and sent to virology
- The charge nurse is notified and the patient is isolated on the "Hemodialysis Communication Board"
- The patient will remain in isolation until the swab results are completed and reported
- The most responsible physician or the doctor on call and the Primary Care Nurse are notified of positive results
- If the patient is returning to a long term care or nursing home facility they are notified of positive results
- If the patient is returning to the ward then they will be notified of results in order to continue isolation precautions

Transfer Hemodialysis to inpatient unit:

When arranging transport for a patient with Influenza or any other isolation requirement hemodialysis will inform the receiving unit and if necessary bed booking of the isolation precautions in place.

Follow "Transferring Patient in Isolation" policy for inpatient transfers ♥

- Prior to transfer Hemodialysis must communicate the patients FRI status to the receiving unit (this also includes all diagnostic areas) to ensure appropriate isolation is in place

Patient transfer between facilities

When arranging transport for a patient with Influenza or any other isolation requirement, Hemodialysis or the sending facility will inform the transferring agency of

the isolation precautions in place. The sending facility assumes responsibility for obtaining the PTAC #. If there is a change in patient status prior to returning to the sending facility the Hemodialysis Charge Nurse or delegate will inform the transporting agency.

- PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

  - All inter facility transfers

  - All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider

Family Visitor Surveillance

- Prior to entering the Hemodialysis Unit, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Hemodialysis staff must be completed and documented with all family/visitors to reinforce the requirements of the following:

1. Self screening
2. Hand hygiene
3. Respiratory etiquette "Cover Your Cough"

- Family/visitor presenting to the Hemodialysis Unit with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they must be provided with and shown how to wear a surgical face mask while in the Unit

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Business Continuity

Human Resources

Hemodialysis will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period the Hemodialysis Unit must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Medical Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Note: A list of all critical supplies for the maintenance of Hemodialysis has been sent to stores.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on Critical Care needs as identified by the Hemodialysis Manager and materials management

Storage and distribution

Daily requirements are stored on site in clean core, technician's room and storage room. Larger quantities of supplies are shipped by suppliers to Oakville warehouse and delivered as required.
Equipment Maintenance
The Senior Nephrology Technologist will:

- Maintain spare parts and supplies
- Oversee technical service contracts
- During the Alert period will contact suppliers/vendors asking them to outline their contingency plan during a pandemic to ensure continued support to the St. Joseph's Healthcare Hemodialysis Program

Sites where Hemodialysis treatments are provided:

- Charlton site
- CAHS site
- Hamilton Health Sciences for acutely ill patients

Bed Management

Charlton Site:

- Hemodialysis extension – 6 chairs
- Unit 1 – 18 beds plus 2 isolation rooms
- Unit 2 – 21 chairs

CAHS Site:

- 39 chairs
- 5 training stations
- 3 isolation rooms no negative pressure

Hemodialysis Patient Tracking System:

1. Hemodialysis Communication Tracking board displays patients on dialysis including those to admit, diagnosis and isolation status
2. Physician on service sends reports bi-weekly to CN with information on patients admitted to hospital and those waiting to start program
3. HBO registration system will track the following information:

    - Patient name
    - Date of admission
    - Unique number and other patient identifiers e.g. Age, next of kin etc.
    - Diagnosis
    - Most responsible physician (MRP)
    - Source of admission
    - Transfer/discharge date and location
    - All deaths are recorded by date and MRP is notified.

Infection Prevention and Control

Note: It is Hemodialysis's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the Medicine department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Hemodialysis must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- Placement of appropriate signage on entry to patient's room/station. e.g. sign on door or curtain
- Placement of isolation cart outside of patient room/station with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart

- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Patient Surveillance (see **Pandemic Alert Period**)

Note: Further direction to come from MOHLTC on how outpatient programs will be screened during the pandemic period.

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the Hemodialysis Unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Hemodialysis staff must be completed with all family/visitors to reinforce the requirements of the following:

1. Self- screening
2. Hand hygiene
3. Respiratory etiquette "Cover your cough"
4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.
- **Note** further direction to come from the MOHLTC

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Hemodialysis will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Patient Care

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in the area may work in teams supervised by those with relevant experience. Instead of individual HCWs caring for one or two patients, a team of HCWs, who amongst them possess a complete skill set and relevant experience, can collectively care for a group of patients.

Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. **Clinical Services**

Outpatient Clinics/Programs-Charlton Site

Obstetrics/Gynecology Clinic
BANNA Clinic
Fracture Clinic
Outpatients Department
ENT Clinic
5 Fontbonne Clinics
Endoscopy
Motility Clinic
Diabetic Clinic
Transplant/Nephrology Clinic
Kidney Function Program Clinic

OBJECTIVES

- To ensure access to Outpatient/Ambulatory Care Clinics for those patients requiring urgent medical needs other than influenza while in the Pandemic Period.

ASSUMPTIONS

- Clinics that will assist in keeping patients from presenting at our Emergency Departments will remain open as long as manpower and supplies are available to continue operation of the clinic
- Outpatient/Ambulatory Care Clinics may at some point have to close down services to assist with the functioning of the Acute Care areas. The influenza pandemic may have several waves; therefore the Outpatient/Ambulatory Care Clinics planning must incorporate both short-term and long-term strategies.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Clinic conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the clinics:

- Personal communication between management team members
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings

Key stakeholders include:

- Program Directors
- Medical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL Key stakeholders will include:

- Family Physicians
- Public
- Regional Committees
- Networks

- Vendors
- Public Health
- Patient and public communication by using:

    6. Signage
    7. Posters
    8. Pamphlets
    9. Fact Sheets

- Public Relations/On-hold marketing

Resource Directory

- Current and accurate contact information of all staff members in the clinics/program
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

Patients should be directed by the clinic to **not** attend the clinic visit if they are unwell.

Outpatient Surveillance:

- Prior to entering the clinic, all outpatients will take direction as per posted signage at all hospital entrances and within the department:
- Self screening
- Hand hygiene
- Respiratory etiquette “Cover Your Cough”
- Patients who do present with FRI symptoms will be asked to wear a surgical procedure mask if they can tolerate and if not the Healthcare professional will apply a surgical procedure mask for the duration of the visits
- Family accompanying patients to the clinic with visible signs of respiratory illness will be asked to stay in the waiting area. However if circumstances are such that they are required to stay with the patient then they will be provided with and shown how to wear a surgical facemask while in the clinic.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Medicine Unit will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

- All inter facility transfers
- All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
- FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

All Clinics will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Equipment and Supplies

During the Alert period all clinics must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Medical Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Outpatient Tracking System:

Patients are tracked by using the HBO system or an independent electronic system within the clinic

Infection Prevention and Control

Note: It is the Outpatient Clinic's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The clinics must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact)
- The appropriate signage must be placed on entry to area where patient will be assessed and remain until environmental services has completed cleaning based on isolation sign

- All clinics must have accessibility to PPE
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the clinic e.g. waiting room.
- Appointments must be discouraged if the patient is feeling unwell. e.g. Respiratory symptoms, nausea, vomiting and diarrhea
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the clinic.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the clinic, e.g. waiting room.
- Staff will provide education to all patients/visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meeting
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Patient Surveillance (see **Pandemic Alert Period**)

Note there may be deferral of services at this time

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.♥

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Outpatient Clinics will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Deferral of Services

Once a pandemic is declared, hospitals will begin a phased deferral of some services in order to ensure that essential services are in place for both influenza and non-influenza patients. Decisions for deferral or closures of clinics will be assessed according to the needs of the hospital and the patient population. The ultimate goal will be to keep those clinics open that will assist in diverting patients from presenting at the hospital emergency departments.

Surge Capacity/Capability

During the pandemic period some clinics may be closed allowing for the redeployment of clinic staff to areas where there is human resource depletion. Some clinic areas

may be assessed has having the ability to open up as patient care or assessment areas. Expanding the clinics will be based on human resources available, and the equipment to support the required care.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2 Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3 Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Closing or deferral of clinics as required
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in a specific area may work in teams supervised by those with relevant experience. This model will assist those Healthcare workers who may be redeployed to other settings within the hospital.

Surge Capacity

The following table identifies patient care areas in each clinic

Clinic Name	Potential number of Beds	Area could be used for
OBS/GYNE Fontbonne	4-6 assessment areas No oxygen/no suction	
Fracture Clinic	8 Treatment areas	
Outpatient Department	14 stretchers 12 Lazy Boy Chairs	
5 Fontbonne	9 exam rooms	
Endoscopy	15 stretchers 5 procedure rooms (Hepa filtration) 8 recovery bays	
Nephrology/Transplant Clinic	6 assessment rooms	

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. Clinical Services

Outpatient Clinics/Programs-CAHS

Eye Clinic, Health for Older Adults Program, Surgery Centre, Diabetic Clinic, Women's Health, Diagnostic Imaging & East Regional Mental Health

OBJECTIVES

- To ensure access to Outpatient/Ambulatory Care Clinics for those patients requiring urgent medical needs other than influenza while in the Pandemic Period.

ASSUMPTIONS

- Clinics that will assist in keeping patients from presenting at our Emergency Departments will remain open as long as manpower and supplies are available to continue operation of the clinic
- Outpatient/Ambulatory Care Clinics may at some point have to close down services to assist with the functioning of the Acute Care areas.
- In the event of a community surge of illness, CAHS may be operated as an assessment centre under the mandate of the Medical Officer of Health

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Clinic conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within CAHS:

Communication within CAHS external to the clinics:

- Personal communication between management team members
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings

Key stakeholders include:

- Program Directors
- Medical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL Key stakeholders will include:

- Family Physicians
- Public
- Regional Committees
- Networks

- Vendors
- Public Health
- Patient and public communication by using:

    1. Signage
    2. Posters
    3. Pamphlets
    4. Fact Sheets

- Public Relations/On-hold marketing

Resource Directory

- Current and accurate contact information of all staff members in the clinics/programs
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

Patients should be directed by the clinic to **not** attend the clinic visit if they are unwell.

Outpatient Surveillance:

- Prior to entering the clinic, all outpatients will take direction as per posted signage at all hospital entrances and within the department:
- Self screening
- Hand hygiene
- Respiratory etiquette “Cover Your Cough”
- Patients who do present with FRI symptoms will be asked to wear a surgical procedure mask if they can tolerate and if not the Healthcare professional will apply a surgical procedure mask for the duration of the visits
- Family accompanying patients to the clinic with visible signs of respiratory illness will be asked to stay in the waiting area. However if circumstances are such that they are required to stay with the patient then they will be provided with and shown how to wear a surgical facemask while in the clinic.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the clinic will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

- All inter facility transfers
- All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
- FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

All Clinics will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period all clinics must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Medical Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Outpatient Tracking System:

Patients are tracked by using the HBO system or an independent electronic system within the clinic

Infection Prevention and Control

Note: It is the Outpatient Clinic's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The clinics must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact)
- The appropriate signage must be placed on entry to area where patient will be assessed and remain until environmental services has completed cleaning based on isolation sign

- All clinics must have accessibility to PPE
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the clinic e.g. waiting room.
- Appointments must be discouraged if the patient is feeling unwell. e.g. Respiratory symptoms, nausea, vomiting and diarrhea
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of CAHS and upon entry and exit of the clinic.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the clinic, e.g. waiting room.
- Staff will provide education to all patients/visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meeting
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period CAHS entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Patient Surveillance (see **Pandemic Alert Period**)

Note there may be deferral of services at this time

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Outpatient Clinics will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Deferral of Services

Once a pandemic is declared, hospitals will begin a phased deferral of some services in order to ensure that essential services are in place for both influenza and non-influenza patients. Decisions for deferral or closures of clinics will be assessed according to the needs of the hospital and the patient population. The ultimate goal will be to keep those clinics open that will assist in diverting patients from presenting at the hospital emergency departments.

Surge Capacity/Capability

During the pandemic period some clinics may be closed allowing for the redeployment of clinic staff to areas where there is human resource depletion. Some clinic areas may be assessed has having the ability to open up as patient care or assessment

areas. Expanding the clinics will be based on human resources available, and the equipment to support the required care.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Closing or deferral of clinics as required
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in a specific area may work in teams supervised by those with relevant experience. This model will assist those Healthcare workers who may be redeployed to other settings within the hospital.

Surge Capacity

The following table identifies patient care areas in each clinic

Clinic Name	Potential number of Beds	Area could be used for

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. Clinical Services

Mental Health & Addictions Inpatient-Acute Care

Acute Mental Health Charlton Site Tower Level 9 & 10,

Acute Mental Health A2

OBJECTIVES

To ensure access to acute mental health care and appropriate medical attention for those patients seeking/requiring treatment during a Pandemic Influenza Outbreak."

ASSUMPTIONS

There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within all departments. The pandemic influenza may have several waves; therefore, "Mental Health & Addictions" planning must recognize both short-term and long-term strategies."

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the acute care units:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- Site committees
- Program Operational meetings

Internal Key stakeholders include:

- Nurse Managers
- Pharmacy
- Program Directors
- Medical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders

- Regional committees
- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Patient and public information using:

    1. Signage
    2. Posters
    3. Pamphlets
    4. Fact Sheets

- Public Relations/On-hold marketing

External Key stakeholders include:

- Family physicians
- Private psychiatrists
- Outpatient clinics
- Consultation Liaison Teams
- Shelters
- Withdrawl management agencies
- Hamilton Health Sciences
- Community Care Access Centre (CCAC)
- PPAO (Psychiatric Advocacy Office)
- Long Term Care Facilities

Resource Directory

- Current and accurate contact information of all staff members in the Acute Care Units
- Current and accurate physician directory
- Current and accurate for external agencies used within the program
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of all Acute Care Inpatient Units to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness (refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

FRI Tool

Infection Prevention and Control will conduct random audits to ensure compliance.

Transfer from ER/EPT

- Upon admission to the Unit the chart must be reviewed for the completed FRI tool.
- Prior to transfer ER/EPT must communicate the patients FRI status to the unit to ensure appropriate isolation is in place
- If FRI is not completed and on the patient chart, notify the Acute Mental Health Inpatient manager for follow-up with the ER/EPT manager. Acute Mental Health manager to copy correspondence to the manager of Infection Prevention & Control.

Transfer External/Internal

- Upon transfer externally to the Unit the patient chart must be reviewed for the completed FRI tool from the sending facility.
- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Direct Admission

- Upon admission to the Acute Mental Health Unit the patient must be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

Family Visitor Surveillance

- Prior to entering the Inpatient area, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Acute Mental Health staff must be completed and documented with all family/visitors to reinforce the requirements of the following:
  - Self screening
  - Hand hygiene
  - Respiratory etiquette “Cover Your Cough”

- Family/visitor presenting to the Acute Mental Health Unit with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they

must be provided with and shown how to wear a surgical face mask while in the Unit

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Acute Mental Health Unit will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

- OPT is used for EPT/EPAU patients "Formed" or requiring a stretcher, the FRI tool will accompany the patient.
- PTAC will be used for patients transferred to medical units
- PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

    - All inter facility transfers
    - All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
    - FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

All Acute Mental Health Units will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human

Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period all Inpatient Units must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on needs as identified by Manager and materials management

Bed Management

Bed Management meetings are held daily in EPT with teleconference from CMHS. The conference feature is easily accessed in the event of more frequent meetings. Acute units call EPT with discharges throughout the day.
Refer to Mental Health Bed Management component of the plan for further details

Bed Capacity: Refer to Mental Health Bed Management

Acute Mental Health Inpatient Tracking System:

- Mental Health & Addictions Bed management tracks all admissions/discharges and transfers
- HBO system will track the following information:
    1. Patient name
    2. Date of admission
    3. Unique number and other patient identifiers e.g. Age, next of kin etc.
    4. Diagnosis
    5. Most responsible physician (MRP)
    6. Source of admission
    7. Transfer/discharge date and location
    8. All deaths are recorded by date and MRP is notified.

Admission/discharge/transfer criteria

- Majority of Patients are admitted from ER/EPT after EPT clinicians have assessed them. If they require ongoing assessment and treatment they will be admitted to the acute care units.
- Direct referrals from the community are coordinated by the acute mental health medical director
- Patients who are at risk of harm to self and others will be placed under the Mental Health Act-certified on a form 1, which will allow for a psychiatric assessment. At the end of 72 hours the patient status is changed to voluntary, involuntary or they may be discharged.
- The average inpatient stay is 2 weeks, and if the patient requires ongoing treatment they will be transferred to tertiary care specialty services such as schizophrenia services, mood disorders or general tertiary services
- Patients will be discharged once they have been assessed to be psychiatrically stable and no longer a risk to self or others.
- All discharged patients must be able to function adequately in the community along with community support if required
- All discharged patients must have lodging available upon discharge i.e. home, lodging home etc.
- Transfers may occur at anytime to inpatient mental health and tertiary services at CMHS or to an inpatient medical service if required

Infection Prevention and Control

Note: It is the Acute Mental Health units' responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in each department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. All Acute Mental Health Units must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- In the event that the unit does not have the required accommodations such as a negative pressure room then the patient must be transferred to a medical unit to support the precautions that are necessary
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.

- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the Acute Mental Health Units to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to be

assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Acute Mental Health staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self- screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover your cough"
    4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.♥

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. The Acute Mental Health units will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Surge Capacity/Capability

Expansion of surge capacity will be based on human resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. To facilitate the increased surge within the acute care hospitals the Centre for Mountain Health Services may open an assessment centre within the facility.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in Critical Care or any specific area can work in teams supervised by those with relevant experience.

Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2. All Units will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

End of First Wave

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.

3. Refer to post pandemic period for review process

2. Clinical Services

Mental Health & Addictions Inpatient-Specialty Services

Geriatrics, Community Liaison, Mood Disorders & Schizophrenia programs

OBJECTIVES

To ensure access to the necessary mental health care and medical attention for those patients seeking/requiring treatment during a Pandemic Influenza Outbreak."

ASSUMPTIONS

There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within all departments. The pandemic influenza may have several waves; therefore, "Mental Health & Addictions" planning must recognize both short-term and long-term strategies."

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the Specialty Services units:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- Site committees
- Program Operational meetings

Internal Key stakeholders include:

- Pharmacy
- Program Directors
- Medical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders

- Regional/external committees
- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Patient and public information using:

    1. Signage
    2. Posters
    3. Pamphlets
    4. Fact Sheets

- Public Relations/On-hold marketing

External Key stakeholders include:

- Family physicians
- Private psychiatrists
- Outpatient clinics
- Consultation Liaison Teams
- CCAC
- Human Services and Justice Coordinating Committee
- Network Interface Committee
- Centralized Access Team
- Long Term Care/Mental Health Working Group

Resource Directory

- Current and accurate contact information of all staff members in the Specialty Services programs
- Current and accurate physician directory
- Current and accurate for external agencies used within the program
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of all Specialty Services Units to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will

continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness (refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

FRI Tool

Specialty Services Units will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct weekly random audits to ensure compliance.

Transfer from ER/EPT

- Upon admission to the Unit the chart must be reviewed for the completed FRI tool.
- Prior to transfer ER/EPT must communicate the patients FRI status to the unit to ensure appropriate isolation is in place
- If FRI is not completed and on the patient chart, notify the Specialty Services Inpatient manager for follow-up with the ER/EPT manager. Specialty Services manager to copy correspondence to the manager of Infection Prevention & Control.

Transfer External/Internal

- Upon transfer externally to the Unit the patient chart must be reviewed for the completed FRI tool from the sending facility.
- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Direct Admission

- Upon admission to the Specialty Services Unit the patient must be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

Family Visitor Surveillance

- Prior to entering the Inpatient area, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the Specialty Services staff must be completed and documented with all family/visitors to reinforce the requirements of the following:
  - Self screening
  - Hand hygiene
  - Respiratory etiquette “Cover Your Cough”

- Family/visitor presenting to the Unit with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they must be provided with and shown how to wear a surgical face mask while in the Unit*

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Specialty Services Unit will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

- OPT is used for EPT/EPAU patients "Formed" or requiring a stretcher, the FRI tool will accompany the patient.
- OPT and EMS are used for patients admitted from the region
- PTAC will be used for patients transferred to medical units or outside of CMHS

  PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

  - All inter facility transfers
  - All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
  - FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

All Specialty Services Units will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period all Inpatient Units must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on needs as identified by Manager and materials management

Bed Management

The Central Access Coordinator will report to the Specialty Services Inpatient units on a daily basis from Monday – Friday. The Central Access Team meets on a weekly basis or as required.
Refer to Mental Health Bed Management component of the plan for further details

Bed Capacity: Refer to Mental Health Bed Management

Specialty Services Inpatient Tracking System:

- Mental Health & Addictions Bed management tracks all admissions/discharges and transfers
- HBO system will track the following information:
  1. Patient name
  2. Date of admission

3. Unique number and other patient identifiers e.g. Age, next of kin etc.
4. Diagnosis
5. Most responsible physician (MRP)
6. Source of admission
7. Transfer/discharge date and location
8. All deaths are recorded by date and MRP is notified.

Admission/discharge/transfer criteria

- Referrals are received from schedule 1 hospitals, other community agencies or family physicians. Medical clearance is required.
- Central Access Coordinator receives all referrals for specialized/tertiary care mental health beds.
- Patients who are at risk of harm to self and others will be placed under the Mental Health Act-certified on a form 1 which will allow for a psychiatric assessment within 72hours before they may leave or be discharged from the inpatient unit
- Discharge planning begins on admission and is updated weekly
- Discharge occurs when behaviors/mental health status has been stabilized and they have been assessed to be psychiatrically stable and no longer a risk to self or others.
- All discharged patients must be able to function adequately in the community along with community support if required
- All discharged patients must have lodging available upon discharge i.e. home, lodging home etc.
- Transfers may occur at anytime between programs or to inpatient medical units if required

Infection Prevention and Control

Note: It is the Specialty Services units' responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. All Specialty Services Units must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- In the event that the unit does not have the required accommodations such as a negative pressure room then the patient must be transferred to a medical unit to support the precautions that are necessary
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the Specialty Service Units to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to be

assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self- screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover your cough"
    4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.♥

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. The Specialty Service units will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Surge Capacity/Capability

Expansion of surge capacity will be based on human resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. To facilitate the increased surge within the acute care hospitals the Centre for Mountain Health Services may open an assessment centre within the facility. Refer to bed management component of the plan.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in Critical Care or any specific area can work in teams supervised by those with relevant experience.

Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2. All Units will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

a. Maintain Infection Control practices already in place in the Alert Period.
b. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. Clinical Services

Mental Health & Addictions Inpatient Forensics Services

OBJECTIVES

To provide high quality medical and psychiatric assessment/care to mentally disordered offenders admitted to our services or managed in the community by our Transitional Outreach Team.

ASSUMPTIONS

- There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within all departments. The pandemic influenza may have several waves; therefore, Minimum/Medium Forensics planning must recognize both short-term and long-term strategies.
- The integrity of the minimum/medium static and dynamic security must remain intact at all times. The units must achieve and maintain optimal control of the safety and security of our environment at all times.
- Patient transfers both in/out may be reduced, thereby creating pressures within the detention centres and courts.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to Forensic Services:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Cell phones/walkie-talkies
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings

Internal Key stakeholders include:

- Pharmacy
- Program Directors
- Medical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional/external committees
- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Patient and public information using:

    1. Signage
    2. Posters
    3. Pamphlets/booklets
    4. Fact Sheets
    5. Patient Community Meetings

External Key stakeholders include:

- Regional Forensic Coordinator
- Detention Centres
- Crown and Defense Attorneys
- Police

Resource Directory

- Current and accurate contact information of all staff members in the Forensic Services programs
- Current and accurate physician directory
- Current and accurate directory for external agencies used within the program
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of Forensic Services to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness (refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

FRI Tool

Infection Prevention and Control will conduct random audits to ensure compliance.

Transfer from ER/EPT

- Upon admission to the Unit the chart must be reviewed for the completed FRI tool.
- Prior to transfer ER/EPT must communicate the patients FRI status to the unit to ensure appropriate isolation is in place
- If FRI is not completed and on the patient chart, notify the Specialty Services Inpatient manager for follow-up with the ER/EPT manager. Specialty Services manager to copy correspondence to the manager of Infection Prevention & Control.

Transfer External/Internal

- Upon transfer externally to the Unit the patient chart must be reviewed for the completed FRI tool from the sending facility.
- Upon transfer internally the patient must be assessed by both the sending and receiving unit for the need of isolation precautions

Direct Admission

- Upon admission to the Forensic Unit the patient must be assessed using the FRI tool and the completed document placed on the patient chart
- Isolation precautions to be implemented as required.

Family Visitor Surveillance

- Prior to entering Forensic Services, all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the staff must be completed and documented with all family/visitors to reinforce the requirements of the following:
  - Self screening
  - Hand hygiene
  - Respiratory etiquette “Cover Your Cough”

- Family/visitor presenting to the Unit with obvious respiratory signs and symptoms should be encouraged to go home, however if circumstances are such that they are required to stay they must be provided with and shown how to wear a surgical face mask while in the Unit

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on-call Infection Control Practitioner.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, Forensic Services will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

- Patients who have been referred to SJHH, CMHS Forensic Service for court ordered assessments (i.e. criminal responsibility/Fitness to Stand Trial/Pre-sentence risk assessments) are, in the majority of cases, transferred by Special Constables of the Court Escort Branch to the Forensic Service. Court Escort would similarly transfer a patient from Forensic Service to court on completion of the assessment.

- On occasion a patient referred for a court ordered assessment may be transferred to and from the Forensic Service by Ontario Provincial Police (i.e. Cayuga court jurisdiction) or by Correctional Officers (i.e. from Maplehurst Detention Centre/Vanier Centre for Women).

- Patients referred for the above-mentioned assessments would have on admission to the Forensic Service a Health Care Record Transfer Summary from the Detention Centre, Medical Department where the patient had been detained prior to the scheduled admission date.

- Patients transferred to SJHH, CMHS Forensic Service pursuant to an Ontario Review Board Disposition are escorted by nursing staff from another Provincial Forensic Programs.

- On occasional instances a high-risk patient of the Forensic Service of SJHH, CMHS may be escorted to the maximum secure Forensic facility of Oakridge Division, Penetanguishene Mental Health Centre by a constable of a Police Service.

- PTAC will be used for patients transferred for medical issues if warranted outside of CMHS
- PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

    - All inter facility transfers
    - All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
    - FRI tool must accompany all patients and stay on charts until discharged.

Business Continuity

Human Resources

Forensics Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period Forensics Services must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.

- Supply carts will have standardized supplies based on needs as identified by Manager and materials management

Bed Management

The Regional Forensic Coordinator is responsible for coordinating all referrals and intakes. Intake is done in collaboration with the Nurse Manager, Operational Services Manager and Head of Service. Discharges are dependent upon assessment outcomes and courtroom decisions.

Refer to Mental Health Bed Management component of the plan for further details

Bed Capacity: Refer to Mental Health Bed Management

Specialty Services Inpatient Tracking System:

- MOHLTC Provincial Forensic Bed Registry tracks all admissions/discharges and transfers
- HBO system will track the following information:
    1. Patient name
    2. Date of admission
    3. Unique number and other patient identifiers e.g. Age, next of kin etc.
    4. Diagnosis
    5. Most responsible physician (MRP)
    6. Source of admission
    7. Transfer/discharge date and location
    8. All deaths are recorded by date and MRP is notified.

Infection Prevention and Control

Note: It is the Forensic Services responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet

- All education and training must be documented and retained in the department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Forensic Services must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- In the event that the unit does not have the required accommodations such as a negative pressure room then the patient must be transferred to a medical unit to support the precautions that are necessary
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

Note: Visitors to the Medium Security Unit are pre-arranged and pre-approved.

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

Security

- Forensic Services has a separate entrance
- Minimum and medium units are both locked units with controlled access
- Minimum Secure entrance is unlocked by staff or via intercom, the unit staff monitor every access and exit to and from the unit if there are restrictions in place
- Non-forensic staff are approved for entry onto the Minimum Security Unit
- Medium Secure has enhanced access control via remote unlocking by security personnel.
- Non-forensic staff must be accompanied onto the Medium Security unit by staff and announced at the nursing station for proper entry practice/protocol
- Internal keys on the Medium Secure unit are unique to that unit and are only provided to unit-based staff members.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of Forensic Services to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to be assessed for

the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

Minimum Secure and Medium Secure will have pre-approved and pre-arranged visitation

- Prior to entering the unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self- screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover your cough"
    4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.♥

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Forensic Services will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.

2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Surge Capacity/Capability

Expansion of surge capacity will be based on human resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. To facilitate the increased surge within the acute care hospitals the Centre for Mountain Health Services may open an assessment centre within the facility. Refer to bed management component of the plan.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in Critical Care or any specific area can work in teams supervised by those with relevant experience.

Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2. All Units will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

End of First Wave

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

2. Clinical Services

Mental Health & Addictions Outpatient- Forensics Transitional Outreach & Support Team

OBJECTIVES

- To ensure access to essential Mental Health: Outpatient Care Clinics for those patients requiring urgent psychiatric needs other than Influenza while in the Pandemic Period.
- On site and off site outpatient services will provide specialized intensive forensic services and follow-up care for the Ontario Review Board (ORB) patients who, in conjunction with their ORB dispositions, are permitted residency.
- Services will be provided as determined by the individual's ORB disposition (e.g. weekly, bi-weekly, monthly reporting obligations).

ASSUMPTIONS

- The Clinic is an essential service that must remain operational at all times due to ORB reporting requirements.
- The service will provide outpatient treatments and community reintegration services and support the forensic population served by the Centre for Mountain Health Services.
- In accordance with the mental health provisions of the Criminal Code of Canada, the protection of public safety will be a primary consideration in addition to the treatment and rehabilitation needs of the patients.
- Registered forensic patients (in follow-up with the forensic ambulatory service) will have direct re-entry to the forensic inpatient units for re-stabilization or crisis intervention/management
- There will be limited warning of a pandemic incident, thereby reducing planning time. Absenteeism will be extensive, making it difficult to maintain staffing levels within all departments. The pandemic influenza may have several waves; therefore the Forensic Outpatient Clinic must recognize both short-term and long-term strategies.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to Forensic Services Outpatient:

- Personal communication between management team members
- Bed management
- Over head paging
- Personal pagers
- Cell phones/walkie-talkies
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings

Internal Key stakeholders include:

- Pharmacy
- Program Directors
- Medical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional/external committees
- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Patient and public information using:

    1. Signage
    2. Posters
    3. Pamphlets/booklets
    4. Fact Sheets
    5. Patient Community Meetings

External Key stakeholders include:

- Forensic Network
- Forensic Director's
- Human Services and Justice Coordinating Committee
- Centralized Access Team @ CMHS

Resource Directory

- Current and accurate contact information of all staff members in the Forensic Services programs
- Current and accurate physician directory
- Current and accurate for external agencies used within the program
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

Patients should be directed by the clinic **not** to attend the clinic visit if they are unwell.

Outpatient Surveillance:

- Prior to entering the clinic, all outpatients will take direction as per posted signage at all hospital entrances and within the department:
    1. Self screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover Your Cough"
- Patients who do present with FRI symptoms will be asked to wear a surgical procedure mask if they can tolerate and if not the Healthcare professional will apply a surgical procedure mask for the duration of the visits
- Family accompanying patients to the clinic with visible signs of respiratory illness will be asked to stay in the waiting area. However if circumstances are such that they are required to stay with the patient then they will be provided with and shown how to wear a surgical facemask while in the clinic.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Forensic Service Outpatient Clinic will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")♥

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

1. All inter facility transfers
2. All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
3. FRI tool must accompany all patients and stay on charts until discharged.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions. ‡
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work. ‡

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Forensics Services will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period Forensics Services must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Patient Tracking

Forensic Services Outpatient clinic Tracking System:

- MOHLTC Provincial Forensic Bed Registry tracks all admissions/discharges and transfers
- HBO system will track the following information:
    1. Patient name
    2. Date of admission
    3. Unique number and other patient identifiers e.g. Age, next of kin etc.
    4. Diagnosis
    5. Most responsible physician (MRP)

6. Source of admission
7. Transfer/discharge date and location
8. All deaths are recorded by date and MRP is notified.

Admission to hospital from the clinic:

- Outpatients on Leave Of Absence or registered outpatients are escorted to the Minimum Security if admission is required
- Registered outpatients are escorted to EPT should admission be required
- Patients who are admitted to the inpatient unit are directly re-admitted to the Forensic Outreach and Support Team on discharge.

Infection Prevention and Control

Note: It is the Forensic Services responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The clinic must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact)
- The appropriate signage must be placed on entry to area where patient will be assessed and remain until environmental services has completed cleaning based on isolation sign
- The clinic must have accessibility to PPE
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the clinic e.g. waiting room.
- Appointments must be discouraged if the patient is feeling unwell. e.g. Respiratory symptoms, nausea, vomiting and diarrhea
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the clinic.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the clinic, e.g. waiting room.
- Staff will provide education to all patients/visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

Medium Secure has pre-approved and pre-arranged visitation

- Prior to entering the unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self- screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover your cough"
    4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Forensic Services will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Deferral of Service:

The Forensic outpatient clinic is an essential service that will remain operational during the Pandemic Period.

Bed Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2. All Units will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

Mental Health & Addictions-Outpatient

Community Schizophrenia, Transitional Outpatient Program of the Schizophrenia Service, Geriatric Outreach, Assertive Community Treatment Teams (ACTT), Fontbonne Clinics, East Regional Mental Health Services, Health for Older Adults Service, Womankind Day Treatment, Cleghorn Program, Homes for Special Care and Crisis Outreach Support Team (COAST)

OBJECTIVES

- To ensure access to essential Mental Health: Outpatient Care Clinics for those patients requiring urgent psychiatric needs other than Influenza while in the Pandemic Period.

ASSUMPTIONS

- Clinics that will assist in keeping patients from presenting at our Emergency Departments will remain open as long as manpower and supplies are available to continue operation of the clinic
- Significant disruption in services may cause distress in the client population which may result in an increased volume on the emergency psychiatric services and crisis response teams
- Clinics may close however manpower will still be required to maintain telephone contact with some patients
- Outpatient/Ambulatory Care Clinics may at some point have to close down services to assist with the functioning of the Acute Care areas. The influenza pandemic may have several waves; therefore the Outpatient/Ambulatory Care Clinics planning must incorporate both short-term and long-term strategies.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Unit conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital external to the Outpatient Clinics:

- Personal communication between management team members
- Personal pagers
- Cell phones
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional/external committees
- Patient Transfer Authorization Centre (PTAC): On line request through Ministry of Transportation approval and print hard copy for patient transfer
- Emergency Medical Services (EMS): Fax request for patient transfer to Dispatch - Confirmation # returned by fax
- Ontario Patient Transport (OPT) - Provides 24 Hour / 365 day bedside-to-bedside service locally and long distance for stable patients.
- Community Care Access Centre (CCAC)
- Patient and public information using:

1. Signage
2. Posters
3. Pamphlets/booklets
4. Fact Sheets
5. Patient Community Meetings

External Key stakeholders:

1. Referral sources
2. COAST
3. Pharmacy
4. University and College systems- Academic learners and research

Resource Directory

- Current and accurate contact information of all staff members in the Outpatient Clinic
- Current and accurate physician directory
- Current and accurate for external agencies used within the program
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

Patients should be directed by the clinic to **not** attend the clinic visit if they are unwell.

Outpatient Surveillance:

- Prior to entering the clinic, all outpatients will take direction as per posted signage at all hospital entrances and within the department:
- Self screening
- Hand hygiene
- Respiratory etiquette “Cover Your Cough”
- Patients who do present with FRI symptoms will be asked to wear a surgical procedure mask if they can tolerate and if not the Healthcare professional will apply a surgical procedure mask for the duration of the visits
- Family accompanying patients to the clinic with visible signs of respiratory illness will be asked to stay in the waiting area. However if circumstances are such that they are required to stay with the patient then they will be provided with and shown how to wear a surgical facemask while in the clinic.

Patients/Clients receiving care in their home

All patients/clients receiving care in their home should be assessed for symptoms of FRI.

- Call all new patients/clients within 24 hours of the first visit and ask symptom questions over the phone: Do you have a new/worse cough or shortness of breath? And are you feverish
- If you cannot reach the patient by phone then ask the symptom questions before providing care: For all subsequent visits, the patient or a family member can be asked to self-assess for symptoms of fever or cough, and notify the staff prior to care, or the staff may start each visit by asking about any symptoms of cough or fever
- All employees who participate in home visits will have access to PPE such as mask/shield and gloves
- In the event that the patient is exhibiting FRI/influenza symptoms initiate appropriate droplet/contact precautions (hand hygiene, mask and eye protection) for the duration of the visit.

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the Outpatient Clinic will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

PTAC includes demographics and transfer information. This information allows for accurate tracking of patients in the event of an outbreak. An MT number is mandatory for:

1. All inter facility transfers
2. All inpatients going into the community for appointments and returning to their units (this includes transportation via taxi, family members or transport service provider)
3. FRI tool must accompany all patients and stay on charts until discharged.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Outpatient Clinics will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly*:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period the Outpatient Clinic must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Patient Tracking

Outpatient clinic Tracking System:

- Mental Health & Addictions Bed management tracks all admissions/discharges and transfers
- HBO system will track the following information:
    1. Patient name
    2. Date of admission
    3. Unique number and other patient identifiers e.g. Age, next of kin etc.

4. Diagnosis
5. Most responsible physician (MRP)
6. Source of admission
7. Transfer/discharge date and location
8. All deaths are recorded by date and MRP is notified.

Admission to hospital from the clinic:

- Patient may be transferred to EPT or inpatient units at Charlton or CMHS by using ambulance, CMHS transport service, staff member, police
- Patients at home may be advised to proceed to EPT for assessment
- Patients admitted to hospital against their will may be accompanied to hospital with COAST crisis team, ACT staff and police.

Infection Prevention and Control

Note: It is the Outpatient Clinics responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The clinic must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact)
- The appropriate signage must be placed on entry to area where patient will be assessed and remain until environmental services has completed cleaning based on isolation sign
- The clinic must have accessibility to PPE
- All employees working in the community must have accessibility to PPE
- Step by step instructions of “Donning and Doffing” of all PPE must be visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient’s chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients / Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the clinic e.g. waiting room.
- Appointments must be discouraged if the patient is feeling unwell. e.g. Respiratory symptoms, nausea, vomiting and diarrhea
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the clinic.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the clinic, e.g. waiting room.
- Staff will provide education to all patients/visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the unit all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the staff must be completed with all family/visitors to reinforce the requirements of the following:
    1. Self- screening
    2. Hand hygiene
    3. Respiratory etiquette "Cover your cough"
    4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the unit will inform the department/agency of isolation precautions in place.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Outpatient Clinics will be responsible to:

1. Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
2. Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Deferral of Service:

Once a pandemic is declared, hospitals will begin a phased deferral of some services in order to ensure that essential services are in place for both influenza and non-influenza patients. Decisions for deferral or closures of clinics will be assessed according to the needs of the hospital and the patient population. The ultimate goal will be to keep those clinics open that will assist in diverting patients from presenting at the hospital emergency departments.

Surge Capacity/Capability

During the pandemic period some clinics may be closed allowing for the redeployment of clinic staff to areas where there is human resource depletion. Some clinic areas may be assessed has having the ability to open up as patient care or assessment areas. Expanding the clinics will be based on human resources available, and the equipment to support the required care.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Closing or deferral of clinics as required
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in a specific area may work in teams supervised by those with relevant experience. This model will assist those Healthcare workers who may be redeployed to other settings within the hospital.

Bed Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds

Refer to Bed Management Component of the Plan for more details

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

3. Diagnostic and Therapeutic Services

Infection Prevention & Control

Additional research on influenza transmission will inform the final policy on personal protective equipment. The MOHLTC, in collaboration with internal and external partners, will continuously review emerging and evolving science on influenza transmission, and update the recommended protective practices as appropriate.

OBJECTIVES

The primary objective during an influenza pandemic is to reduce and control the spread of influenza in our hospital, to our patients, staff and visitors, recognizing that infection prevention and control practices may be the only means to control spread in the absence of antivirals or any other means.

The Infection Prevention and Control (IP&C) service's goal is to:

- Maintain the current state of service for as long as possible
- Ensure infection control practices are consistent
- Collaborate with other key stakeholders to ensure information/communication is directed through the Command Centre, and is specific to the issue and it is achievable, reliable, timely and not repetitious

ASSUMPTIONS

Maintaining certain additional precautions (droplet/contact) during the pandemic period may only be achieved in the early phases of the pandemic. As the virus spreads infecting large numbers of people within the community and resources of equipment, supplies and Healthcare workers become scarce it may be difficult to maintain these additional precautions.

- IP&C practices may have to be adapted in order to provide the best practice using the resources available:

    1. Cohorting of patients with influenza
    2. FRI surveillance may change as per MOHLTC

3. Patient influenza immunization program may be deferred if there is a shortage of the current vaccine

- Strict adherence to hand hygiene will be promoted as this may be the only preventative measure available during the pandemic
- IP&C will continue to have on-call services for emergent and urgent questions/concerns as resources permit

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Infection Control conference on the email system
- Personal pagers
- Personal phones (HHS)
- Staff meetings

INTERNAL within the hospital:

- Personal communication between administration and management team members
- Personal communication with staff members in their units/departments/programs
- Format contact tracing memos (SJHH)
- Direct consultation as requested or when necessary
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Bed management meetings
- IP&C intranet
- Hospital wide in-services
- Outbreak bulletins on the hospital email
- Monthly IP&C liaison meetings with nursing, allied health and support services (SJHH)
- Signage/posters “Clean Screen and Go”, “Cover your Cough”
- Patient safety meetings for all disciplines (HHS)
- Site committees
- Weekly Infectious Disease rounds
- Patient flagging system (all sites except MUMC and Chedoke)

INTERNAL key stakeholders include:

- Hamilton Regional Laboratory Medicine Program (HRLMP)- Microbiology, Virology and Pathology
- Infectious Disease physicians
- Administration
- All areas within each facility that provide any patient care (this includes both inpatient and outpatient programs/services)
- Occupational Health & Safety
- Sterile Processing Department/Central Processing Department
- Patients

EXTERNAL

EXTERNAL key stakeholders include:

- Hamilton Public Health-Infectious Disease Program & Public Health Inspectors
- Regional Public Health Departments from other regions as required, to report communicable diseases of patients from their region
- Infection Control Practitioners at other healthcare facilities
- Long Term Care facilities
- Community Care Access Centres
- Public Health Laboratories
- Central South Infection Control Network
- Public/visitors and patient families
- Community & Hospital Infection Control Association
- American Practitioners of Infection Control
- Public Health Agency of Canada
- Ministry of Health & Long Term Care
- Family physicians for contact tracing information re patients exposed to communicable diseases
- Regional Committees

Communication modes for External Stakeholders:

- Videoconferences
- Teleconferences
- Media, i.e. television, radio, newspapers
- E-mail/fax/phone
- Speaking engagements at conferences
- Correspondence by regular mail (contact tracing)

Resource Directory

- Current and accurate contact information of all staff members in the Infection Prevention & Control Program
- Current and accurate Medical Microbiology/Infectious Disease directory
- Current and accurate Public Health directory
- Current and accurate Long Term Care directory

- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

It is the responsibility of the Emergency Department or admitting unit for direct admissions to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient during the triage/admission process. Patients will continue to be assessed for the duration of their stay for any changes in medical status that may represent Febrile Respiratory Illness. (Refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

Units/departments will audit patient charts on a monthly basis for completion of the FRI document. Infection Prevention and Control will conduct weekly random audits to ensure compliance. †

Infection Prevention & Control Responsibilities will include:

Patient Surveillance:

- IP&C will ensure that the FRI tool of patients with respiratory related admission diagnoses is completed.
- Audits for completion of the FRI tool in ER and inpatient units
- Surveillance of the ER department via a computer generated line list for patients being assessed or admitted with respiratory symptoms
- IP&C will maintain the line list for 1 year in case of future contact tracing
- Assessing the patient chart for clinical signs and symptoms that may require additional precautions
- Ensure Droplet/Contact precautions are in place or initiated if FRI tool failed
- Ensuring that a Nasopharyngeal Swab (NPS) has been ordered if the patient is being admitted and failure of FRI tool.
- Monitoring of NPS results via Virology reports
- Documenting instructions in the patient chart for the initiation and discontinuation of isolation practices
- Consult with physician regarding isolation if testing has indicated that isolation may not be required. The physician may be able to provide more clinical data.
- Flag isolation status in computer system.
- Visual monitoring of patient -care areas for appropriate isolation signs and personal protective equipment supplies.
- Attend bed management meetings
- Communicate regional outbreak bulletin and influenza report to all staff via email, intranet as reported by Hamilton Public Health

Patient Transfer
When arranging transport for a patient with Influenza or any other isolation requirement, the unit/ department will inform the transferring agency of the isolation precautions in place

SJH

When assisting with transporting of a patient with Influenza or any other isolation requirement all departments must follow "Transferring Patient in Isolation" policy

HHS

When assisting with transporting of a patient with Influenza or any other isolation requirement all departments must follow IC policy # 35 "Transportation of Patents on Isolation Procedure"

Family / Visitor Surveillance:

- All family/visitors will take direction as per posted signage at all hospital entrances:
  - Self screening
  - Hand hygiene
  - Respiratory etiquette "Cover Your Cough"

- Family/visitors presenting to any unit/department with obvious respiratory signs and symptoms will be encouraged to go home, however if circumstances are such that they are required to stay they will be provided with and shown how to wear a surgical face mask by the nursing staff while in the department.

Surveillance of Nursing / Retirement Homes

- Communication via outbreak bulletin notice & influenza status report from Hamilton Public Health.
- Communication between Infection Control Practitioners at Long term care facilities
- Transfer sheets from LTC on admission to hospital

Staff Surveillance

SJH

4. All staff must self-screen prior to coming to work
5. All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
6. Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

7. Managers will notify Employee Health Services of increase staff illnesses in the department

HHS

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact Employee Health Services as per hospital policy
- Staff members who become ill while at work will be directed to Employee Health Services
- Managers will notify Employee Health Services of increased illness in the department

Reporting of Respiratory clusters:

SJH

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection. Please page Infection Control Practitioner on service/call during the day - time hours and leave a voice message after hours. On weekends page on- call Infection Control Practitioner

- Clusters of employees on units will be reported by the Occupational Health Nurse to Infection Prevention & Control and Public Health (Employee names remain confidential to OH&S)

HHS

- Occupational Health (OH) alerted by IP&C to notify them of any clusters seen in patients to alert Occupational Health to the possibility that there may be an increase in staff members ill.
- Public Health liaison nurse will report clusters of staff illnesses to Public Health

Business Continuity

Human Resources

Infection Prevention & Control will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Bed Management

Role of Infection Prevention and Control

- IP&C will attend bed management meeting daily or as required
- Communicate daily with bed management/manager
- Review daily or as required isolation census to remove or reorganize isolation requirements
- Facilitate bed utilization for isolated patients – i.e. cohorting, discontinuing isolation, placement of patients in correct precautions, based on diagnosis and surveillance results

Admission:

To ensure that patients are admitted using the appropriate infection control precautions the following will be implemented during the alert period by the department:

- Daily review of microbiology reports, admission census and on site surveillance daily
- Consults with physicians, unit/ward managers, charge nurses and front line staff as required regarding isolation requirements
- Review and dissemination of Institutional Outbreak report from PH via email/fax to ensure that the facility is aware of community or LTC outbreaks
- Available 24 hour on-call service for urgent inquiries
- Computer flagging system for isolation of patients informing units of isolation requirements
- Daily monitoring in ER/units/wards
- Chart review to ensure that admitted patients are placed in the appropriate precautions.
- Monitor/audits of FRI tool, which may alert the need for isolation.

Patient admitted with Communicable Disease

- Communicate with unit/ward manager, charge nurse, patient's nurse and/or physician or patient re the presumptive or confirmed diagnosis
- Discuss with the Healthcare staff the modes of transmission and expected precautions to be put in place and the type of PPE expected to be worn
- Document on patient record Infection Control practices that need to be initiated
- Meditech screening system for FRI will be introduced during the alert period during patient registration (HHS)

Inventory of Isolation Rooms and Negative Pressure Rooms
Refer to bed management component of the plan

SJH

- Building Services and IP&C will maintain a copy of isolation rooms
- A matrix listing all negative pressure rooms and isolation rooms will be stored in Infection Prevention & Control shared drive.
- "Negative Pressure Isolation rooms" will be posted on the hospital intranet under Infection Prevention & Control

HHS

- All negative pressure rooms are outlined and are available to view in the policy library under Infection Control-Airborne isolation

In the event of Bed Surge

- Attend the bed management meetings as required
- Review of isolation census to determine removal or reorganize isolation requirements to facilitate bed utilization for isolated patients – i.e. cohorting, discontinuing isolation, placement of patients in correct precautions, based on diagnosis and surveillance results
- Consult with physician, charge nurse or patient nurse as necessary to facilitate beds

Infection Prevention and Control

Note: It is Infection Prevention & Control's responsibility to ensure the following areas are addressed and maintained:

Hospital Education:

- Hospital mandatory orientation
- Unit specific orientation
- Annual unit/department mandatory certification or review must include IP&C
- Annual infection review programs
- Formal and informal in-services for HCW's and support services
- Development and maintenance of IP&C signage

    1. Step by step on "Donning and Doffing" of PPE
    2. Respiratory Etiquette signs
    3. Transmission based signs-Airborne, Droplet/Contact, Contact

- Current intranet / website information on the following:
    1. Patient and HCW fact sheets
    2. Forms
    3. Policies & Procedures
    4. Communicable diseases
    5. Outbreak surveillance bulletins and updates

- Liaison meetings and/or health professional groups
- E-learning modules

IP&C Staff Education:
It is the responsibility of all ICP's to remain current within their field of practice by:

- Attending and/or participating in local and national conferences
- Obtaining and maintaining Certification in Infection Control
- Promoting professional and personal growth with annual professional goals and objectives
- Attending Infectious Disease rounds and case studies
- Using literature searches
- Reading monthly journals
- Maintaining community partner memberships –Local and national infection control chapters and associations.

Infection Prevention &Control Polices and Procedures (P&P):

Regional IP&C policies and procedures will be based on current standards, guidelines and best practice.

Compliance to P&P:

Validation of compliance may be monitored by direct observation, daily review of admission/isolation census and unit/department rounds.

Non-compliance will be addressed directly with the Health Care professional and department/unit manager. The following is applicable to all hospital employees:

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. All Units must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient and then notify Infection Prevention & Control
- Placement of appropriate signage on entry to patients room
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.

- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Staff will provide education to all visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Placement of appropriate signage on entry to patient's room.
- Placement of isolation cart outside of patient room with appropriate supplies including personal protective equipment.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

Security concerns for Infection Prevention & Control

The following must be addressed in the Alert period:

- Multiple and unrestricted accesses to the hospital
- Hospital wide computer tracking capability for physicians, staff, contractors, visitors, and outpatient programs

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- Public Health
- Public Relations

Communication to the Patients and Public
This will be a joint project between IP&C, Administration and Public Relations

- Public Relations- Internet, media, on-hold marketing
- Signage
- Fact sheets available on intranet/internet and staff may distribute to patient and family

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of all Units to ensure that the FRI tool is completed on each patient during the admission process. Patients will continue to be assessed for the duration of their stay in the unit for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Family Visitor Surveillance

Note: there may be limited visitation during this period. Maintain all practices in place during the alert phase for visitors.

- Prior to entering the hospital all family/visitors will self screen as per posted signage at all hospital entrances
- Education by the staff must be completed with all family/visitors to reinforce the requirements of the following:
  1. Self- screening
  2. Hand hygiene
  3. Respiratory etiquette "Cover your cough"
  4. PPE

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Reporting of Respiratory Clusters

- All patient respiratory clusters must be reported to Infection Prevention and Control upon detection.
- Further direction to come from the MOHLTC

Nursing and Retirement Home Surveillance (see **Pandemic Alert Period**)

Reporting of Communicable Disease to Public Health:

- Fax line lists and/or forms

- Phone communication with Public Health
- Report to Public Health via their secure website
- Public Health Liaison Nurse (HHS)

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Infection Prevention & Control will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Bed Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

- Daily communication with all Critical Care Leadership within the facility.
- Ventilated/monitored bed availability reported to CritiCall
- IP&C will attend bed management meetings as scheduled

Refer to Bed Management Component of the Plan for more details

Surge Capacity/Capability

Expansion of surge capacity will be based on Human Resources available, opening of areas with ventilator/monitoring capabilities and the equipment to support the required care. IP&C will

- Participate in consultation to ensure the most efficient use of beds while reducing the risk of transmission to patients, staff and visitors
- Access ICU, Surgical Services and Bed Management plans pandemic plan that identifies the areas that have the capacity for monitored/ventilated beds

Role of IPC in assisting ER with Triage for Patient Placement

- Consistent with MOHLTC directives via the command centre
- Daily surveillance in ER and on-going communication with triage nurse

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

Diagnostic Imaging (DI)

OBJECTIVES

- To ensure essential Diagnostic Imaging Services that are maintained for both influenza and non-influenza patients during the pandemic period.
- To develop a set of guidelines which will assist in determining the levels of service that can be provided during the pandemic period.

ASSUMPTIONS

- Diagnostic Imaging will at some point become overwhelmed with the additional number of patients arriving for their services and will require additional resources to accommodate the increased volume and acuity.
- Services may be confined to emergency, inpatient and urgent outpatient requests
- Elective surgeries requiring Diagnostic Imaging support may be deferred or cancelled.
- The variety of services that Diagnostic Imaging will continue to provide during the pandemic will vary according to the human resources and critical supplies that are available in order to provide these services

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Staff meetings
- DI Conference on the email system
- Weekly Management team meetings
- Monthly senior technologists meeting
- Monthly staff meeting
- Monthly Newsletter
- Weekly radiologist meeting
- Town Hall ad hoc

INTERNAL within the hospital:

Communication within the hospital external DI:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional committees
- Memos from DI Union Stewards
- Communicate with the public by using:
    1. Signage within the department
    2. Brochures/fact sheets

External key stakeholders will include:

1. Equipment vendors and suppliers
2. Equipment service providers
3. Academic affiliates

Resource Directory

- Current and accurate contact information of all staff members in Diagnostic Imaging
- Current and accurate physician directory
- Current and accurate vendor and service provider directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

Outpatient Surveillance:

- Prior to entering the DI department, all outpatients will take direction as per posted signage at all hospital entrances and within the department:
    1. Self screening
    2. Hand hygiene
    3. Respiratory etiquette “Cover Your Cough”

- Family accompanying patients to DI with visible signs of respiratory illness will be asked to stay in the waiting area. However if circumstances are such that they are required to stay with the patient then they will be

- provided with and shown how to wear a surgical facemask while in the department.

Inpatient Surveillance

It is the responsibility of the inpatient unit to ensure that the Febrile Respiratory Illness (FRI) tool is completed on each patient on admission. Patients will continue to be assessed for the duration of their stay for any changes in medical status that may represent Febrile Respiratory Illness.

It is the responsibility of the sending department/unit to inform DI of any isolation requirements prior to the patient arriving to the department. This information must be entered when the testing is ordered.
(Refer to IC Policy "**Transferring Patient in Isolation**")

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Diagnostic Imaging will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period Diagnostic Imaging must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the Medical Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Services

Charlton site offers services to both outpatient and inpatient. These include:

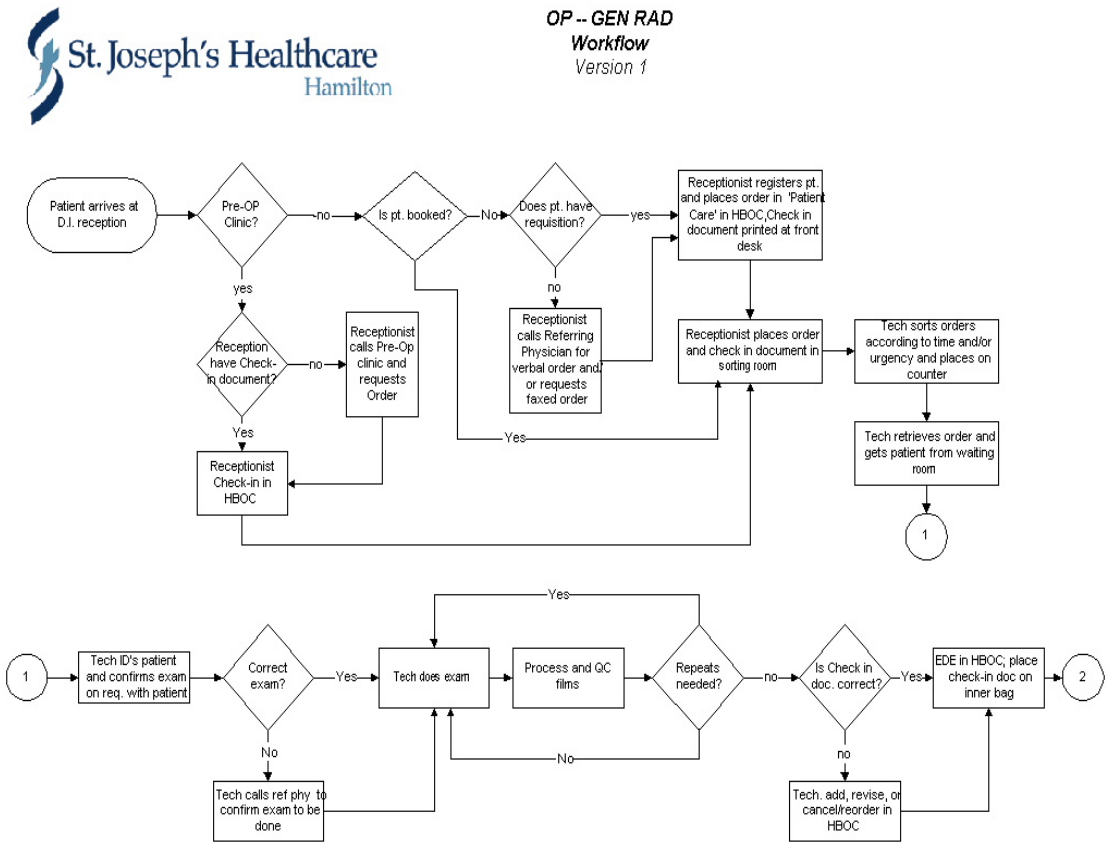
- General X-rays
- CT
- MRI
- Ultrasound
- Angiography/Interventional
- Mammography
- Fluoroscopy
- Nuclear Medicine/Nuclear Cardiology
- Electrodiagnostic services (ECG, EEG, EMG, EVP, ECHO)

CAHS site offers services to outpatients only. These include:

- General X-rays
- Ultrasound
- Mammography
- Bone density

CMHS site offers services to CMHS inpatients only and this includes:

- General X-rays



Outpatient flow through the department

Infection Prevention and Control

Note: It is Diagnostic Imaging's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the DI department.

Compliance to P&P

- All DI employees must use Routine Practices/Standard Precautions for all patient care. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The DI employee must use and document the usage of the appropriate transmission based precautions (airborne, droplet/contact, contact). This will documented via computer on the exam data entry page under comments
- Step by step instructions of "Donning and Doffing" of Personal Protective Equipment (PPE) must visible in all assessment/care areas
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients / Visitors

- Signage encouraging all patients/visitors to self -screen is located at all hospital entrances and specific areas within the unit, e.g. waiting room.
- Visitation is discouraged if the person is feeling unwell, e.g. respiratory symptoms, nausea, vomiting and diarrhea.
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the unit.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the unit, e.g. waiting room.
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas.
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Patient Surveillance (see **Pandemic Alert Period**)

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Diagnostic Imaging will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Surge Capacity/Capability

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or “code orange” protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:
   - Increasing human resources and re-deployment
   - Scaling back of elective and non-emergent services/surgeries
   - Opening of over flow beds
   - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in an area can work in teams supervised by those with relevant experience.

Service	Management Plan	Additional Resources Needed
Gastrics/IVP's	• Cancel all elective GI's Emergency only **2FTE** available	• Clerical staff required to contact patients
Main Department	• Increased volumes from ER • Full staff on all shifts to cover increased inpatients and ER patients	• Extra staff pulled from gastrics and mammography
Mammography	• Cancel all routine screens • Emergency only **1 FTE** available	
Ultrasound	• All routine US exams and non urgent invasive procedures cancelled • Only urgent ER cases and inpatients to be done • Operate 4 US rooms and 1 portable machine • Keep additional supplies on hand for procedures and isolation • ER patients to remain in ER until we are ready for them	
Registration	• Deploy staff to help in other areas • No outpatient registration	
Booking	• Cancellation of all modality exams as requested • Bookings relocated to offsite	• Deploy staff from reception to assist in the cancellation of appointments
CAHS	• Maintain operations status quo if this meshes with hospital plan	• Deploy staff from hospital to assist with increased outpatient volumes
Bone Density	• Cancel all bone density exams **1FTE** available	• Clerical support to arrange cancellations • Redeploy technologist to assist in gen rad
CT	• Will run only 1 scanner, completing scans on IP's and ER	• Deploy staff as necessary

Deferral of Services

Once a pandemic is declared, hospitals will begin a phased deferral of some services in order to ensure that essential services are in place for both influenza and non-

influenza patients. Decisions for deferrals of service will be assessed according to the needs of the hospital and the patient population. Refer to table 1 for programs that may be deferred or scaled back during the pandemic.

Table 1:Template for Deferral of Programs during Pandemic Influenza

MRI	• Cancellation of elective exams • IP's and ER exams only • All cases in MRI Imaging research Centre will be cancelled	• Redeploy staff as necessary
Angio/Interventional	• Cancellation of elective exams • IP's and ER exams only	• Redeploy staff as necessary
Nuclear Medicine	• Cancellation of elective exams • IP's and ER exams only	• Redeploy staff as necessary

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

End of First Wave

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

3. Diagnostic and Therapeutic Services

Respiratory Therapy Services

OBJECTIVES

To provide safe Respiratory care and ventilator resources to critically ill patients during the Pandemic Influenza outbreak

ASSUMPTIONS

- Critical Care requirements will put Respiratory Therapy Services in a position where increased demand for ventilation support will overwhelm both the physical and human resources required;
- St. Joseph's Healthcare and Hamilton Health Sciences will support each other's Respiratory Therapy supply needs to the best of their ability in the event of supply chain disruption.
- St. Joseph's Healthcare may experience an influx of patients receiving chronic invasive and non-invasive ventilation who currently reside in the community

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by department manager/coordinator/educator:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Respiratory Therapy conference on the email system
- Staff meetings
- Documented education/in-services provided by the RT Educator or specific discipline

INTERNAL within the hospital:

Communication within the hospital external to the Medical units:

- Personal communication between management team members
- Over head paging
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings
- Specific department site conferences on the intranet such as ICU
- Bed management (ICU Manager/ Charge Nurse CN)

Key stakeholders include:

- Program Directors
- Medical Leadership
- Allied Health Leaders
- Program Educators

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional committees

Vendors:

- Electronic file of vendors with all contact information required
- Critical information received from vendors will be retained in the Respiratory Therapy Department's vendor file and information disseminated immediately and directly to the managers of all areas that may be directly impacted

Resource Directory

- Current and accurate contact information of all staff members in the Respiratory Therapy Department
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Vendor contacts will be updated with formal notification from purchasing or the vendor
- Hospital intranet directory.

Surveillance

FRI TOOL:
It is the responsibility of the receiving unit/ward to ensure that the FRI tool is completed on each patient upon admission. Patients will continue to be assessed for the duration their admission for any change in medical status that may represent Febrile Respiratory Illness.
Refer to hospital policy #080 MED **Febrile Respiratory Illness Surveillance Protocol**).

Patient

Upon arrival to the patient room the Respiratory Therapist (RT) will do the following:

- Before entering patient's room assess if isolation precautions are in place
- Verbal communication with RN/Physician to assess patient's signs and symptoms
- Chart review if time allows and assess patients signs and symptoms
- Put on appropriate PPE as determined by procedure that will be performed

Patient Transfer

When assisting with transporting of a patient with Influenza or any other isolation requirement, the Respiratory Therapy Service must follow "**Transferring Patient in Isolation"** policy

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

Business Continuity

Human Resources

Respiratory Therapy will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period Respiratory Therapy must provide a detailed list of all pandemic equipment and supplies relative to the professional service required to maintain the daily functioning of the Medical Units to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

- Currently Core attendants will track and maintain supplies.
  Note: there may be changes in tracking when the SJH stores department moves to Oakville.
- Supply carts will have standardized supplies based on Critical Care needs relative to the professional service as identified by Respiratory Therapy Manager and materials management

Respiratory Supply Assistant will provide the following during the Alert Period:

- Clean and prepare all equipment relative to the professional service for sterilization process
- Complete assembly, function checks and storage of respiratory equipment
- Reports any respiratory equipment failures or problems to Manager, clinical coordinator or community coordinator
- Maintains inventory, receiving and storing of all materials and supplies relative to the professional service
- Compile stock records, transportation, setup and inspection of medical gas cylinders

Equipment Maintenance:
During the Alert Period

- Respiratory Services and Biomedical Engineering will coordinate the Preventative Maintenance (PM) for mechanical ventilators and any other RT equipment (**Note**: Biomedical is currently building a data base to track when routine maintenance is due)
- Community Coordinator will track and ensure that PM's are performed for the Chronic patient population
- Clinical Coordinator will track and ensure that PM's are performed on all acute care equipment
- All RT's will perform pre-use checks and record ventilator usage hours
- Equipment that is out of service for repair etc is monitored and tracked by Biomedical via repair forms, a data base and on whiteboard in department

Patient Management:

A Respiratory Therapist will respond to all cardiac arrests called at St. Joseph's Healthcare Charlton Site.

Patient flow through Respiratory Services:

ICU:

- 15 beds are available in ICU and 4 overflow beds in ICU West
- Respiratory Therapists will be assigned and remain in the ICU 24/7
- Communication with the Respiratory Therapist will be through direct communication or via pager
- Respiratory Therapists will ensure communication at all times with the ICU maintaining a clear perspective on patient acuity and human resource requirements in ratio to volume of services required by the program
- Patient report will be verbally given at the end of each shift along with mandatory documentation for the on coming Respiratory Therapist

Operating Room:

- A Respiratory Therapist will be assigned to cover the Operating Room Monday-Friday 0600-1400 hours. Outside of these hours the Respiratory Therapist's covering the inpatient units will respond to clinical issues within the Operating Room
- The Operating Room therapist will liaise with the ICU and inpatient therapists in order to facilitate all needs and requirements within the facility
- Communication with the Respiratory Therapist will be through direct communication or via pager

All Other Patient Care Units:

- Respiratory Therapists will cover the inpatient units and emergency department on day shift and on night shift
- Patient report will be verbally given at the end of each shift along with mandatory documentation for the on coming RT
- Communication with the Respiratory Therapist for service will by telephone or pager
- Routine patient care will be followed by using the patient kardex

Bronchoscopies:

- Routine bronchoscopies will be booked as per Respiratory Therapy policy
- For Urgent bronchoscopies the Respiratory Therapist will be paged STAT

Ventilator Inventory:

Current number of mechanical ventilators in the facility (Adult, PICU & NICU)- March 2006		
Puritan Bennett / PB 7200 / Adult Critical care ventilator	14	Active / replaced with new technology
Maquet Dynamed / Servo-i / Adult-Pediatric-Neonatal Critical care ventilator	7	Active
Drager Canada / Evita Dura II Adult-Pediatric-Neonatal Ventilator	1	Active
Viasys Avea /Adult-Pediatric-Neonatal Critical care ventilator	6	Active
LTV 1000 Transport Ventilator (Adult/Pediatric)	4	Active
Achieva / Chronic care ventilator	1	Active
		Total = 33 Active Ventilators

Current number of anesthesia machines With mechanical ventilator ability- March 2006		
Datex Gas Machine	15	Active
Narkomed	10	4 active, 6 inactive
		Total = 14 Active Ventilators

Current number of non-invasive ventilators- March 2006		
BiPAP Vision	3	Active
BiPAP ST	2	Active
CPAP	16	Active
BiPAP Synchrony	3	Active
Infant Flow CPAP	2	Active
Advanced Infant Flow CPAP	1	Active
Auto Titrating CPAP	1	Active
		Total = 28 Active non-invasive ventilators

Infection Prevention and Control

Note: It is the Respiratory Therapy Services responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Unit specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Routine Practices/Standard Precautions will be used for all patients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. Respiratory Therapy must use the appropriate transmission based precautions (airborne, droplet/contact, contact) for the patient
- Before entering patient's room assess if isolation precautions are in place
- Verbal communication with RN/Physician to assess patient's signs and symptoms
- Chart review if time allows to assess patients signs and symptoms
- Use of appropriate PPE as determined by procedure that will be performed
- Step by step instructions of "Donning and Doffing" of all PPE are visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Respiratory Therapist self audits of PPE compliance during high risk procedures
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Policies & Procedures

- All departmental and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized “Emergency” memo format
- Teleconferences
- Videoconferences
- Management meetings
- Bed management meetings
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Hamilton Emergency Services Network (HESN)
- CritiCall
- Hamilton Health Services Respiratory Department
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

FRI Tool

It is the responsibility of the receiving unit/ward to ensure that the FRI tool is completed on each patient upon admission. Patients will continue to be assessed for the duration of their hospitalization for any changes in medical status that may represent Febrile Respiratory Illness.

Patient Surveillance (see **Pandemic Alert Period**)

Staff Surveillance (see **Pandemic Alert Period**)

1. All staff must self-screen prior to coming to work
2. All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
3. Notify Employee Health Services of increased staff illnesses on your unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. Respiratory Therapy will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Admission/Discharge Criteria

Once a pandemic is declared an ethical and legal framework will be applied to the decision making process along with consistent criteria from the MOHLTC.

Patient Flow for invasive and non-invasive ventilators:
Refer to Intensive Care Plan for criteria.

Surge Capacity/Capability

Expansion of surge capacity will be based on human resources available, opening of areas with ventilator/medical gas/monitoring capabilities and the equipment to support the required care. Refer to bed management component of the plan.

The ICU may require some assistance in providing ventilation support to their critical care patients. Expansion of surge capacity will be based on Human Resources available, opening of areas with ventilator/monitoring/medical gas capabilities and the equipment to support the required care. Refer to **Table 2** for potential areas for critical care overflow.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or "code orange" protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in Critical Care or a specific area may work in teams supervised by those with relevant experience. Instead of individual HCWs caring for one or two patients, a team of HCWs, who amongst them possess a complete skill set and relevant experience, can collectively care for a group of patients. A team composed of 2 ICU nurses supervising 3 step-down nurses working in conjunction with a respiratory therapist and a physician could possibly care for 8-10 patients

Bed Management:

Bed Management direction will be disseminated through the Incident Command Centre who will have citywide information on critical care beds.
The following will occur:

1. All direction will be disseminated through the Incident Command Centre who will have citywide information on beds
2. Daily communication with all Surgical/Critical Care Leadership within the facility.
3. A representative of Respiratory Therapy will attend bed management meetings during the Pandemic Period

Refer to Bed Management Component of the Plan for more details

Table 2

Surgical Care Overflow Area	Potential # of Ventilated/monitored Beds
Post Anesthetic Recovery	14 patient bays
ICU West (OR holding area) Used for overflow	3-4 beds
Minor procedure room	3 monitored beds
DSU	29 monitored beds

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated using the methods described in the Communication section

Security

Security of mechanical ventilators and related supplies must be stored in a centralized secure location.

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post- pandemic period for review process

3. Diagnostic and Therapeutic Services

Laboratory / Morgue

Hamilton Regional Laboratory Medicine Program

St. Joseph's Healthcare Hamilton

Hamilton Health Sciences

OBJECTIVES

During Pandemic Influenza the Hamilton Regional Laboratory Medicine Program's (HRLMP) primary responsibilities are to provide essential laboratory services to our Hamilton Health Sciences and St. Joseph's clients. In order to achieve this we must utilize our human resources effectively and efficiently in this service provision and provide detection and surveillance of influenza.

ASSUMPTIONS

- The coordination and direction of HRLMP operations will come from the Laboratory Control Centre (LCC). The initial location of the LCC will be in L303, St. Luke Wing at the St. Joseph's site.
- With the absenteeism rate expected to be extensive, maintaining full laboratory operations will become more difficult through each wave of the Pandemic. The LCC will make decisions regarding deployment priorities for staffing and laboratory closures.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Manager holds regular staff meetings for information sharing. In addition, email is used to distribute information.
- Written information related to processes and procedures are housed in the Quality software Paradigm

INTERNAL within the hospital:

Communication from laboratories to key stakeholders:

- Site committees
- Written standardized hospital memo format
- Central Laboratory Administration sends out information to all sites via email.
- Personal communication between management team members
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message

EXTERNAL

Communication external to the hospital

- Regular scheduled meetings with external key stakeholders
- Regional committees
- Microbiology Lab to Public Health Laboratory via telephone and fax
- Laboratory Reference Centre (Lab Reference Center) to referring laboratories via electronic communication, fax and telephone
- Central Laboratory Administration at SJH site to hospital-related facilities via electronic communication, fax and telephone

- External key stakeholders will be contacted using the Lab Reference Center directory via electronic communication, fax and telephone
- HRLMP will also utilize the Medical Microbiologist/ Infectious Disease Network (MMTD) directory via electronic

Resource Directory

- Current and accurate contact information of all staff members in the HRLMP via Lab Information System/ HRLMP staff database and back up hardcopy
- Current and accurate physician directory
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Lab manager to reflect recent changes/review.
- All directories will be kept in the Departments shared drive/emergency preparedness/communication binder on the Unit.
- Hospital intranet directory.

Surveillance

Staff Surveillance

SJH

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate or unit (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department

HHS

- All staff must self-screen prior to coming to work
- All staff who develop FRI will remain at home and contact Employee Health Services as per hospital policy
- Staff members who become ill while at work will be directed to Employee Health Services
- Managers will notify Employee Health Services of increased staff illnesses in the department

Business Continuity

Human Resources

HRLMP will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

Standard Operating Procedures for each piece of equipment are in place to guide general duty MLTs in the operation and maintenance of the instruments, to recognize failure, troubleshoot, take corrective action and maintain documentation. Senior MLTs and Key Operators oversee the operation and maintenance providing guidance, monitoring for trends, ensuring corrective action and communicating findings to staff.

Standard Operating Procedures for Purchasing and Inventory Control are in place to ensure availability of adequate reagents and consumables. The Inventory SOP also describes stock rotation to avoid outdating of reagents and consumables. Ninety percent of consumables are maintained on site and 10% remain in the Oakville warehouse.

Reagent Supplies

Most reagents cannot be stockpiled due to expiry dates. During the Pandemic Alert Period discussion must occur with vendors to determine if reagents can be sequestered or allocated.

Service Contracts

- Each major instrument must have a vendor service contract

- Discussions must be in place with vendors for service during the Pandemic

Transportation

- Current transportation schedules include an urgent route with a one hour and fifteen minute turnaround time between acute care facilities with direct courier pickup and delivery from Core lab to Core lab.
- There are routine deliveries provided between LRC and related client facilities with courier pickup from and to receiving (Mail room at Henderson only) departments where lab staff are required to drop off and pickup their own items.
- Supplies are transported twice a day through HRLMP and corporate transport to and from receiving departments.
- Stat samples are sent by taxi, lab to lab

Safety Training

Ongoing safety training (workshops and in-services) includes:

- Transportation of dangerous goods
- WHMIS
- Waste Management
- Biological Disinfection
- Biological related safe work practices

These are mandatory with written competency assessments. Expected performance standard is set at 90%. Quarterly workshops are held for new staff and refreshers are provided for all staff on an annual basis.

Policies & Procedures

All Policies & Procedures within the Laboratory Medicine Program are maintained on the Paradigm Quality System Software and are reviewed annually.

- Ensuring Staff Compliance: The Lab Medicine Program is undergoing review of all gaps noted in the 2005 Quality Program as required by Ontario Laboratory Accreditation (OLA). The occurrence report database is being reviewed with issues identified with resolution to follow.
- Staff Non-Compliance: All HRLMP staff is accountable for reading all Standard Operating Procedures (SOPs). Retraining is available for staff experiencing difficulties. Ongoing issues results in disciplining action with possible reporting competency issues to the College of Medical Laboratory Technologist of Ontario (CMLTO)
- Refer to HRLMP policy # 08-105-070 Personnel – Competency assessment Process

Infection Prevention and Control

Note: It is HRLMP's responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Lab specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the Medicine department.

Compliance to P&P

- Hand washing as per hospital policy # 082 MED Hand Hygiene
- Biological Waste Disposal and Sharps Refer to hospital policy Biomedical Waste #029 ADM
- The HRLMP has approved SOPs relating to PPE.
- Staff will attended the HRLMP safety training and the Infection Control lecture to ensure they understand the need and proper use of PPE. The importance of PPE is reinforced at staff meetings.

Ethics

The HRLMP is currently looking at creating an ethics committee to deal with laboratory ethical issues that may arise before, during and after a pandemic. The HRLMP has adopted the HHS ethical framework for decision-making. The committee members will include physicians and scientists who will liaise with the appropriate clinical experts.

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meetings
- In-patient reports will be maintained via computer (electronic) and/or hard copy fax transmission.
- Public Relations
- Infection Prevention & Control

INTERNAL within the HRLMP

- Information dissemination will be through the Lab Control Centre (LCC); specific duties will be assigned to each LCC member and each lab site (lab manager's, runners) via phone and email.
- The LCC is comprised of staff from Lab Administration at the St. Joseph's site, including: the Laboratory Director, Administrative Director, Lab Information Systems (LIS) Manager, Quality Manager, Education Manager, Business Manager, Office Operation's Manager, Transport & Safety Coordinator, LIS Coordinator and Administrative Assistants.
- Directories will be maintained with a hard copy print.
- Standardized hospital "Emergency" memo format must be used to ensure consistency
- Communication to internal HRLMP key stakeholders will be via email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- A dedicated fax line (905.522.1155 x6090). will be used
- Teleconferencing will be maintained between the LCC and lab manager's, as required.
- Lab Control Centre (LCC) to routinely monitor (morning and evening) for updates to directives.

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations
- The LCC Office Operations Manager or designate will be responsible for evaluating communication. Alternate ways of communicating will be forwarded to key stakeholders.

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Re-deployment center and the Lab Control Centre (LCC). During the Pandemic the HRLMP will endeavor to use trained staff. Untrained staff will be issued Standard Operating Procedures (SOPs) in order to familiarize them with the specific lab operations. Staff will be Re-Deployed by the LCC based on skill sets. This information will be available through the staff inventory process. Assignment of staff will be based on CMLTO direction.

The HRLMP will be responsible to do the following:

1. Initiating the Lab Control Centre
   - ❖ The HRLMP Control Centre will be set up at St Joseph's, L303 in the St Luke Building. Decisions will come from in the LCC, with communication

to the corporate command centre(s) as required. Where necessary, a satellite LCC may be set up to support the second functioning lab site.

2. The Control Centre will re-deploy staff based on pre-determined skill sets.
    - ❖ Re-deploy MLAs/phlebotomists to the designated alternative care sites
    - ❖ Re-deploy phlebotomists (MLA) to the Henderson and General sites for a.m. and p.m. blood collection sweeps
    - ❖ Re-deploy MLAs to functioning Core Laboratories and other departments
    - ❖ As Core Laboratories close down, redeployment of staff (MLTs and MLAs) to the General and St. Joseph's sites.
    - ❖ Maintain satellite labs at the McMaster (Pediatric) and JCC sites to meet special service demands
    - ❖ Re-deploy clerical staff to the control centre and laboratories as runners
    - ❖ Re-deploy molecular staff from closed departments to Microbiology
    - ❖ Re-deploy Core Axsym trained MLTs to Virology as required
    - ❖ Transcriptionists may need to be consolidated
    - ❖ The HRLMP will follow the corporate decision regarding students.

MAINTENANCE OF DAILY TESTING

Decisions regarding laboratory operations will be determined based on Public Health directives, clinical demands and staff availability. To prevent spread of infection during the Pandemic we will:

- ❑ As staffing levels fall, laboratory services will be reduced as listed below:
    - ❖ Close all Out Patient Specimen Collection Centres including CLS
    - ❖ Reduce Anatomical Pathology service as Operating Rooms close
    - ❖ Close one (at approximately 20% sick time) then two (at approximately 35% sick time) Core Laboratories as required:
    - ❖ Keep the General and St Joseph's operational
    - ❖ Keep CAHS operational for dialysis patient testing as long as possible
    - ❖ During the off shifts, maintain testing at only one site
    - ❖ Discontinue support for Point of Care Testing, clinical services to be informed to forward all testing to their on-site laboratory. On-site laboratory to redirect testing to functional laboratory site
    - ❖ Maintain a stat lab at the McMaster site for the Children's Hospital
    - ❖ Reduce LRC and specialty services as required and directed by the LCC
    - ❖ Close Parasitology, Radioimmmunoassay and Immunology laboratories
    - ❖ Close Histocompatibility lab if transplants shut down
    - ❖ Close or reduce activity in Genetics laboratories
    - ❖ Maintain Special Coagulation services for urgent hemorrhagic disorders only
        - Maintain Red Cell Disorders services for urgent hemolytic cases only
        - Maintain Molecular Hematology and Genetics services for high risk prenatal only
        - Consolidate Microbiology to a single site, as necessary
        - Consolidate Transfusion Medicine services as follows: 1st phase – Henderson to Hamilton General, 2nd phase – McMaster to St. Joseph's. A satellite lab for irradiation of blood products only may be necessary (McMaster or St. Joseph's)

TRANSPORTATION

The current transportation schedule will require modification during a pandemic. CLS transport will be cancelled. Hospital transport will support the alternative care sites. As Core laboratories close, transport requirements will need to be assessed in order to move specimens expeditiously to the functional laboratory sites.

The HRLMP may require a secondary transport system if the current system becomes unsustainable, with HRLMP staff providing the service.

TEST MENU PRIORITAZATION BY DISCIPLINE

Priority 3 = full service
Priority 2 = partially compromised staffing (10% reduction)
Priority 1 = services to be preserved throughout pandemic (beginning at a 20% staff reduction)

Table 1

Discipline	Other Services – Priority 3	Core Services – Priority 2	Essential Services – Priority 1
Clinical Chemistry	• Full Laboratory Menu • Depends on which Clinical Services remain. e.g. Tissue Typing if Bone Marrow and/or Renal Transplant remain functional.	• Priority 1 Tests • Digoxin • Ionized Calcium • Phenobarbital • Carbamazepine • Phenytoin • Theophylline* • TSH • FT3* • FT4 • Tobramycin* • PSA* • CEA* • CA125* • AST • GGT • ALP • Vancomycin* • Methotrexate* • GC Alcohol* • Immunosuppressive drugs* • Prolactin* • Estradiol* • FSH* • LH* • Tests with * are performed at a limited number of sites.	• Acetaminophen • ALT • Blood Gases • Bilirubin, Total • Calcium • Creatinine • CSF Glucose • CSF Protein • Ethanol • Glucose • Lactate • Sodium • Potassium • Chrloride • Bicarbonate • Magnesium • MetHb • Osmolality • Phosphate • Troponin T • Urea • Salicylate • HCG • ER Drug Screen* • Urine Dipstix

Table 2

Discipline	Other Services – Priority 3	Core Services – Priority 2	Essential Services – Priority 1
Core Lab Hematology/ Coagulation	• All other Core Hematology/ Coagulation Services	• Simpli Red D dimmer • Latex D dimmer • Mono tests • ESR • Urgent bone marrow collection and morphology • Malaria	• CBC • Urgent peripheral morphology • INR • PTT • TCT • Fibrinogen • Sickle Cell Screen • Sf analysis • Synovial fluid
Microbiology	• All referred out tests • Parasitology • Mycology • Surveillance, etc. typing • Mycobacteriology – routine • Viral serology – Immune status serology	• All other bacterial cultures for diagnosis • Surveillance cultures • Viral serology – diagnostic serology • Routine virus isolation/detection • Ct/GC by ProbeTec	• Respiratory (NPS) screening for influenza virus by PCR • HSV PCR - CSF • CMV antigenemia testing – post transplantation critical patients • Blood cultures • Culture sterile body fluids • STAT (critical) specimens incl. critical sputum specimens • Antibiotic susceptibility testing and identification • Malaria confirmation, critical patients • PCP stain • Cryptococcal antigen • *C. difficile* toxin • Needle stick protocol

Discipline	Other Services- Priority 3	Core Services- Priority 2	Essential Services- Priority 1
Transfusion Medicine		• Cold Agglutinin Testing and assessment	**Maintain all testing:** • Group & screen • Antibody screen • Crossmatch • Antibody investigation • Blood component/product management (receive inventory, storage, Preparation) • Pernatal needs • NICU needs • Pediatric needs
Stem Cell		• New transplant cases will be assessed based on urgency	• All support services will be maintained
Bone Bank			• Suspend receipt and issue of bone and tendons except any urgent cases

Discipline	Other Services – Priority 3	Core Services – Priority 2	Essential Services – Priority 1
Pediatric Satellite Lab at McMaster		• Blood gases • Electrolytes • Glucose • Creatinine • Lactacte • Albumin • Calcium • Magnesium • Phosphate • GGT • ALP • ALT • Urea • Bilirubin • Gentamicin • Urine lytes • U/A • INR • PTT • CBC	• Blood gases • Electrolytes • Glucose • Creatinine • Lactacte • Albumin • Calcium • Magnesium • Phosphate • GGT • ALP • ALT • Urea • Bilirubin • Gentamicin • Urine lytes • U/A • INR • PTT • CBC

EQUIPMENT & SUPPLIES

- Departments with similar specialties have standardized equipment. This standardization will facilitate staff movement between sites.
- The lab is dependent on our vendors for service repairs according to the service contracts. If an instrument goes down and service is unavailable then a decision will need to be made to run the same instrument at another site.
- The LCC will be responsible for coordinating the standardized equipment maintenance within closed labs. This will ensure a quick startup in the event of similar equipment breakdowns occurring at operational labs.
- The Core Modular instruments (major chemistry platform) are dependent on city water at a certain pressure for the operation of the reverse osmosis water systems necessary to run the instrument. In the event of water disruption discussions will occur as to access to dry chemistry systems. West Lincoln uses dry slide technology.
- Distribution of equipment and supplies during the Pandemic from Purchasing and Stores is currently under construction.

Reagent Supplies

In the absence of adequate reagents and consumables, a P-CR (Pandemic Communication Report) is to be filled in and submitted to the LCC. A decision will be made by the LCC Ethics committee regarding testing.

Refrigerated Freezer Capacity

Refrigerator and freezer capacity must be assessed, as additional specimens may be stored during the Pandemic

Morgue

MORGUE
Code Orange- Mass Fatality Protocol **(Draft 1- 2006 01 19)**

Purpose:
To outline the roles and responsibilities and provide a framework for a systematic and coordinated response to a mass fatality situation.

Assumptions & Guiding Principles

1. Unnatural multiple fatality events (e.g. mass accidents, terrorist events) are under the jurisdiction of the Ontario Chief Coroner and require a Coroner's investigation. In such disasters, including chemical, biological, radiological & nuclear (CBRN) events, the Regional Coroner coordinates evacuation of decedents from the disaster scene or staging area directly to the Provincial Morgue Facility in Toronto if victims exceed 12-15.

2. Deaths on arrival to Hospital and casualties from a mass disaster who die following admission to Hospital are managed by the Hospital as Coroner cases. On notification, the Regional Coroner will coordinate their transfer to the Provincial Morgue Facility in Toronto for investigation if necessary

3. If hospital deaths from a mass fatality event exceed the capabilities of HHS/SJH Morgue surge capacity, contingency plan, and local community resources, and decedents cannot be adequately stored or processed in an acceptable time frame and become a public health concern, the assigned Coroner notifies the MOH or Regional Coroner, who in turn notify the Office of the Chief Coroner. The Chief Coroner can activate the Provincial Multiple Fatality Plan to provide assistance with provincial resources or identify alternate arrangements for the management of decedents.

4. Alternate morgue facility plans are implemented when disaster conditions permit an estimate be made of the dead and this number will exceed the surge capacity (see appendix) for a period of time.

5. Any changes to regular practices pertaining to the management of decedents and autopsy requirements are to be authorized by the Chief Coroner in discussion with the Regional Coroner and the Forensic Pathologist.

6. There exists mutual cooperation and assistance between agencies and organizations involved in multiple fatality deaths as defined in their mutual aid agreements

7. Occupational health and safety regulations and standard precautions are followed at all times. Additional precautions are implemented on direction from Infection Control, the Safety Officer or the Office of the Chief Coroner. This may include, but is not limited to, increased personal protective equipment for staff; enhanced monitoring of contaminants (e.g. dosimeters), the work environment, staffing and additional security precautions necessary to prevent contagion or toxic exposures.

8. The morgue is usually the point for release of the decedent and their personal effects to the next of kin or their representative.

9. There is consideration given to decontamination of decedents, their belongings, and their security and storage.

10. Unidentified individuals must be reported to the Coroner for direction on their disposition.

11. The Rapid Processing of Deaths Plan (see appendix) or components of it are implemented as necessary in a Code Orange.

12. During the initial phase of an apparent pandemic, the Coroner is involved for the public health/criminal aspects of the event. Continued coroner

responsibility occurs if criminal activity is detected or a low threshold for notifying the Coroner is recommended of if the specific diagnosis in a given case is unclear. During a pandemic, the Coroner does not automatically have jurisdiction or become involved in all influenza deaths in a declared influenza pandemic.

13. For CBRN events, bodies exposed to chemical, biological, radiological or nuclear contamination undergo decontamination before being transferred to the Morgue whenever possible. If not, the Morgue must be notified in advance. The Coroner or Police may impose additional constraints and documentation, including collection and preservation/chain of evidence. While the exterior of the body is decontaminated before transporting it to the Morgue, internal body decontamination (e.g. lungs, airways etc.) is done at the Morgue or Medical Examiner's Suite. This need for internal decontamination and need for personal protective equipment must be communicated and acknowledged by the Morgue prior to transfer of decedents.

14. All medical or contaminated waste is disposed of according to regulations. If unsure, consult with the Hospital Waste Coordinator and IMS Safety Officer.

Code Orange In-Effect

1. Regular morgue staff and assigned staff/volunteers to the Morgue Unit report to the Morgue Staging Area (General & MUMC –Morgue conference Room; Henderson –conference Room A or B; Chedoke –Central Building outside Morgue) for briefing and assignment of duties & responsibilities by the Morgue Unit Leader.

2. The **Morgue Unit Team** comprises the personnel involved in morgue operations- i.e. pathologists, morgue attendants, security, local law enforcement, information clerks, counselors, interviewers, telephone receptionists, admitting & inventory clerks; charge person, identification personnel, porters, personal effect custodians, secretaries and a 24/7 maintenance person available for refrigeration unit repairs.

3. The **Morgue Unit Team** is responsible to
    a. Establish the means and methods for the respectful care and handling of decedents
    b. Ensure decedents and their belongings are identified, tagged, recorded and secured
    c. Maintain records of temporary morgue sites and logbooks of bodies received, stored and released i.e. decedent name & tag #, who picked up body & destination;
    d. Perform autopsies where indicated, including diagnostic sampling;

4. The **Morgue Unit Leader**
    a. Obtains disaster briefing from IMS Supervisor;
    b. With Security, establishes a security perimeter and processing portal;
    c. Coordinates the necessary resources (equipment, supplies, personnel) and activities for implementation of the mass fatality plan, including additional temporary morgue facilities
    d. Identifies a secure area for tracking and holding of personal belongings

e. Ensures a master list of deceased is established and maintained
f. Oversees the activities & safety precautions of the Morgue Unit
g. Establishes regular Morgue Unit Team reporting cycles
h. Notifies Transportation Unit Leader for assistance in transporting deceased patients, if needed.
i. Ensures reusable equipment or supplies are properly cleaned and returned into the equipment/supply pool as soon as possible (e.g. stretchers returned to Triage area)
j. Monitors staff for stress/fatigue and ensures staff receive rest periods and relief
k. Schedules daily staff defusing sessions with counselor.
l. Reviews documentation of decisions/actions in Morgue Unit, approves and forwards copy to Supervisor; Coordinate with Public Relations

A temporary morgue is to be arranged (e.g. refrigerated trailers with steel floors, storage containers, railroad refrigeration cars, vans, cold storage lockers) and put into operation if the numbers of decedents exceed surge capacity. The temporary morgue is to be located as near as possible to the Hospital and should be fenced or locked for security, removed from public view and have sufficient space for body identification procedures. Most refrigerated trucks can hold 25-30 bodies without additional shelving.

Morgue Storage Capacity

Site	Current	Surge (Double stacked)	Contingency Plan
1. General	23	46	**a.** Neighboring hospitals (e.g. Joe Brant, WLMH, St. Catherine's, Brantford etc)
2. Henderson	4	8	**b.** Office of Chief Coroner
3. MUMC	8	16	**C 1.** Morgue tent (short term holding/staging)
4. Chedoke	2	4	**C 2.** Refrigerated containers, trailers, warehouse (long term)
5. St. Joseph's	10	20	
Total	**47**	**94**	

Rapid Processing of Deaths Plan

1. **Pronouncement of Death**- Follow HHS/SJH Pronouncement of Death Policy/Procedure

2. **Body Preparation**- may be done by additional trained assigned staff/volunteers;

3. **Body Transport to Morgue**- use dedicated decedent transport staff as necessary; Assist in rapid recovery, cleaning and return of transportation equipment to use for other patient transport needs.
   - If death not Coroner's Case, transfer body to morgue after pronouncement;
   - If death Coroner's Case related to disaster, follow Morgue Unit instructions

4. **Certification of Death**-
   - The Chief of Staff designates a dedicated physician to complete all medical certificates of death in a declared pandemic;
   - For Coroner cases, the Chief Coroner has jurisdiction to assign a Coroner responsible for completion of certification of death or warrant to bury;

5. **Autopsies**- follow normal protocols for autopsies, including next of kin consent unless otherwise directed by the Office of the Chief Coroner

6. **Release of Body**- Upon release of the body, the Information Clerk on the Morgue Unit Team will notify the Next of Kin and/or the Funeral Home for pick up to minimize delay.

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

1. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
2. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
3. Refer to post pandemic period for review process

3. Diagnostic and Therapeutic Services

Social Work

OBJECTIVES

- A pandemic influenza could possibly affect as many as 1/3 of the population in the city of Hamilton. Hospital bed capacity will be overwhelmed leading to earlier discharges back into the community.
- Long-term care facilities and nursing homes will also be affected which may delay discharge capabilities from the hospital into the community
- The department of Social Work will prioritize their work within the inpatient units and emergency department in order to ensure that all patients needs are met during this period

ASSUMPTIONS

- The hospital will require the department of Social Work to assess and assist with discharge planning of patients in a time restricted time frame in order to ensure the bed capacity within the hospital is maintained
- The department will continue to coordinate complex discharges from the hospital; this will include connecting with resources and services within the community
- The department will continue to offer: psycho social assessments, crisis intervention counseling, case management and discharge planning

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Department conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital:

- Personal communication between management team members
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings

Key stakeholders include:

- Occupational Therapy
- Physiotherapy
- Recreational Therapy
- Speech and Language
- Nursing
- Physicians
- Dieticians
- Patient accounts
- Respiratory Therapy

EXTERNAL Key stakeholders will include:

- CCAC

- St. Peter's Hospital
- Hamilton Health Sciences
- 28 LTC Homes
- Income Security Programs
- Homeless Shelters
- Women's Shelters
- Residential Care Facilities
- Retirement Homes

Resource Directory

- Current and accurate contact information of all staff members in the program/department
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the departments/programs shared drive/emergency preparedness/communication binder in the department/program
- Hospital intranet directory.

Surveillance

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department/program

Business Continuity

Human Resources

All departments/programs will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period the department/program must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the department/program to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Patient Referral to the Department of Social Work is via:

- Self-referral
- Physician
- Multidisciplinary team
- Rounds
- Family member

Prioritization of referrals is as follows:

- ALC Bed offers
- ER Referrals-Preventing Admission

- Patient discharge that day
- Discharge planning
- Other

Infection Prevention and Control

Note: It is the department/programs responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Department/programs specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all inpatients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The clinicians must acknowledge transmission-based precautions as directed by the signage outside the patient's room. The departments/programs must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact)
- The appropriate signage must be placed on entry to area where patient will be assessed in the department/program and remain until environmental services has completed cleaning based on isolation sign
- All outpatient departments/programs must have accessibility to PPE
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas
- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Policies & Procedures

- All departmental/program and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department/program

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

- Command Centre
- Written standardized "Emergency" memo format
- Teleconferences
- Videoconferences
- Management meeting
- Public Relations
- Infection Prevention & Control

Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

- Incident Command Centre
- Public Health/Infection Control
- Public Relations

Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. The program will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Deferral of Services

Once a pandemic is declared, hospitals will begin a phased deferral of some services in order to ensure that essential services are in place for both influenza and non-influenza patients. Decisions for deferral or closures of services will be assessed according to the needs of the hospital and the patient population. The ultimate goal will be to keep those departments/programs open that will assist in diverting patients from presenting at the hospital emergency departments.

Surge Capacity/Capability

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

1. Implementation of an external disaster or “code orange” protocol
2. Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
3. Maintaining long term sustainability by:

    - Increasing human resources and re-deployment
    - Scaling back of elective and non-emergent services/surgeries
    - Closing or deferral of services as required
    - Opening of over flow beds
    - Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in a specific area may work in teams supervised by those with relevant experience. This model will assist those Healthcare workers who may be redeployed to other settings within the hospital.

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

1. Maintain Infection Control practices already in place in the Alert Period.
2. Information will be circulated by using the methods described in the Communication section

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

i. Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
ii. Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
iii. Refer to post pandemic period for review process

3. Diagnostic and Therapeutic Services

Allied Health:

Speech and Language, Audiology

Physiotherapy and Occupational Therapy

OBJECTIVES

- To ensure that both inpatient and outpatient support is maintained during the Pandemic Period.

ASSUMPTIONS

- Out patient programs that will assist in keeping patients from presenting at our Emergency Departments will remain open as long as human resources and supplies are available to continue the operation of the program.
- Outpatient programs may at some point have to close down services to assist with the functioning of the Acute Care areas.
- The influenza pandemic may have several waves; therefore Speech and Language and Audiology, Physiotherapy and Occupational Therapy planning must incorporate both short-term and long-term strategies.

Communication

Communication will be managed by using the following methods:

INTERNAL

Communication to staff members by unit/department manager:

- Written standardized hospital memo format
- Communication binder for hard copies of memos and required signature of those employees who do not use email
- Memo postings in specific assigned staff areas
- Hospital Email: Using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Department conference on the email system
- Public folders on the email system
- Staff meetings

INTERNAL within the hospital:

Communication within the hospital:

- Personal communication between management team members
- Personal pagers
- Hospital email using priority, tracking or voting settings as required to confirm receipt and comprehension of memo/message
- Site committees
- Program Operational meetings

Key stakeholders include:

- Inpatient units
- Diagnostic Imaging
- Clinical and support staff

EXTERNAL Key stakeholders will include:

- Family Physicians
- Hamilton Preschool Speech and Language Service
- Colleges and Universities
- Vendors
- Schools

- Patient and public communication by using:

    1. Signage
    2. Posters
    3. Pamphlets
    4. Fact Sheets

Resource Directory

- Current and accurate contact information of all staff members in the program/department
- Current and accurate Disaster fan out list for use in an Emergency such as Code Orange
- These directories must be reviewed every 6 months, dated and signed by the Unit manager to reflect recent changes/review.
- All directories will be kept in the departments/programs shared drive/emergency preparedness/communication binder in the department/program
- Hospital intranet directory.

Surveillance

Outpatient Surveillance:

Patients should be directed by the department/program to **not** attend the outpatient service if they are unwell.

- Prior to entering the department/program area, all outpatients will take direction as per posted signage at all hospital entrances and within the department:
- Self screening
- Hand hygiene
- Respiratory etiquette “Cover Your Cough”
- Patients who do present with FRI symptoms will be asked to wear a surgical procedure mask if they can tolerate and if not the Healthcare professional will apply a surgical procedure mask for the duration of the visits
- Family accompanying patients to the department/program with visible signs of respiratory illness will be asked to stay in the waiting area. However if circumstances are such that they are required to stay with the patient then they will be provided with and shown how to wear a surgical facemask while in the clinic.

Staff Surveillance

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact the Manager/delegate (as per hospital policy #**027-HR**) and also call Employee Health Services at ext. 3344 and follow the menu directions.
- Staff members who become ill with FRI/influenza symptoms while at work are to contact Employee Health Services at ext. 3344 and follow the menu directions prior to leaving work.

Manager's Responsibilities re Staff Surveillance

- Managers will notify Employee Health Services of increase staff illnesses in the department/program

Patient Transfer

When arranging transport for a patient with Influenza or any other isolation requirement, the department/program will inform the transferring agency/unit of the isolation precautions in place (refer to IC Policy "**Transferring Patient in Isolation**")

Business Continuity

Human Resources

All departments/programs will maintain a current and accurate inventory of all human resource requirements for the daily operations within their service. This inventory will be easily accessed within the service and also provided to Human Resources. The following information must be part of the detailed description and reviewed and updated yearly:

- Department/Program
- Position title/classification
- Reporting structure
- Position Summary/Mission Impact Statement
- Experience required/skills
- Position responsibilities and key duties

Physicians' Organizational Response

Equipment and Supplies

During the Alert period the department/program must provide a detailed list of all pandemic equipment and supplies required to maintain the daily functioning of the

department/program to Purchasing and Stores. The list will be based on the categories that the MOHLTC has referenced in the "**Ontario Health Plan for an Influenza Pandemic**", June 2005. This must also include all external specialty orders that are crucial for the safe delivery of patient care.

Patient Tracking System:

Inpatient

- Patient referrals are received through the HBO system, or blanket referral for patients from the Head and Neck Service

Outpatient

- Referrals are received from physician's office, or Regional Access, Early Words (Hamilton Preschool Speech and Language Service)
- Appointments booked by Administrative Support

Infection Prevention and Control

Note: It is the department/programs responsibility to ensure the following:

Staff

Education

- Mandatory Hospital Orientation
- Department/programs specific orientation
- Annual certification/mandatory review includes Infection Prevention & Control practices
- Staff members are orientated to Infection Prevention & Control Policy and Procedures on the hospital intranet
- Staff must be notified of updated P&P on the hospital intranet
- All education and training must be documented and retained in the department.

Compliance to P&P

- Routine Practices/Standard Precautions must be used for all inpatients. Additional precautions may be required for those patients presenting with certain clinical conditions or syndromes. The clinicians must acknowledge transmission-based precautions as directed by the signage outside the patient's room. The departments/programs must initiate the appropriate transmission based precautions (airborne, droplet/contact, contact)
- The appropriate signage must be placed on entry to area where patient will be assessed in the department/program and remain until environmental services has completed cleaning based on isolation sign
- All outpatient departments/programs must have accessibility to PPE
- Step by step instructions of "Donning and Doffing" of all PPE must be visible in all patient care areas

- Documentation of initiation and discontinuation of isolation precautions is required on patient's chart
- Mask fit testing as per Occupational Health & Safety plan
- Hand washing as per hospital policy # 082 MED Hand Hygiene

Patients/Visitors

- Signage encouraging all visitors to self -screen is located at all hospital entrances and specific areas within the department/program e.g. waiting room.
- Appointments must be discouraged if the patient is feeling unwell. e.g. Respiratory symptoms, nausea, vomiting and diarrhea
- Hand hygiene is reinforced with the visible placement of alcohol based hand products and signage at all entrances of the hospital and upon entry and exit of the clinic.
- Respiratory Etiquette is reinforced with the visible placement of the "Cover your Cough" sign at all entrances of the hospital and specific areas within the department/program, e.g. waiting room.
- Staff will provide education to all patients/visitors on isolation precautions and instruction on the application and removal of PPE. This is to be documented on the patient's chart
- Direct observation by staff for visitor compliance and re-instruction as needed.

Policies & Procedures

- All departmental/program and hospital polices will be reviewed by staff
- Polices will be reviewed and updated annually by the department/program

During the Pandemic Period the Medical Officer of Health (MOH) will direct all information. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre.

Communication

Communication will be managed by using the following methods:

INTERNAL - within the hospital

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Communication to staff members by manager (see **Pandemic Alert Period**)

EXTERNAL to the hospital

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Resource Directory (see **Pandemic Alert Period**)

Surveillance

During the Pandemic Period hospital entrances may be limited to control the flow of staff and visitors entering the facility. Signage must be at all entry points to provide relevant information related to Self Screening, Hand Hygiene and Respiratory Etiquette.

Patient Surveillance (see **Pandemic Alert Period**)

Note there may be deferral of services at this time

Staff Surveillance (see **Pandemic Alert Period**)

- All staff must self-screen prior to coming to work
- All staff that develops FRI will remain at home and contact Employee Health Services (refer the **Occupational Health & Safety section** of the Clinical Health Services Plan).
- Notify Employee Health Services of increased staff illnesses on your unit

Transfer Internal/External

When arranging transport for a patient with influenza or any other isolation requirements, the department/program will inform the department/agency of isolation precautions in place.

Business Continuity

Human Resources

During the Pandemic period Human Resources will work jointly with the Incident Command Centre to mobilize the Redeployment center. The program will be responsible to:

- Notify the Redeployment Centre of staffing needs as per the HR section of the Clinical Health Services Plan.
- Utilization of a care team approach may be implemented due to shortage of critical care skill sets.

Physicians' Organizational Response

Equipment and Supplies (see **Pandemic Alert Period**)

Deferral of Services

Once a pandemic is declared, hospitals will begin a phased deferral of some services in order to ensure that essential services are in place for both influenza and non-influenza patients. Decisions for deferral or closures of services will be assessed according to the needs of the hospital and the patient population. The ultimate goal will be to keep those departments/programs open that will assist in diverting patients from presenting at the hospital emergency departments.

Surge Capacity/Capability

During the pandemic period some departments/programs may be closed allowing for the redeployment of clinic staff to areas where there is human resource depletion. Some departments/programs may be assessed has having the ability to open up as

patient care or assessment areas. Expanding the departments/programs will be based on human resources available, and the equipment to support the required care.

During a pandemic a series of strategies must be employed to maximize system capacity. Responses include:

- Implementation of an external disaster or "code orange" protocol
- Operationalization of the Incident Management System (IMS) which will evaluate the supply/demand balance and triage outcomes within all services
- Maintaining long term sustainability by:

- Increasing human resources and re-deployment
- Scaling back of elective and non-emergent services/surgeries
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- Opening of over flow beds
- Use of a Care Team model

Care Team Model

Health care workers (HCWs) who have useful skills but lack experience in a specific area may work in teams supervised by those with relevant experience. This model will assist those Healthcare workers who may be redeployed to other settings within the hospital.

Infection Prevention and Control

The Provincial Infectious Disease Advisory Committee, MOHLTC and the Medical Officer of Health will disseminate implementation of new Infection Prevention & Control practices. This in turn will be disseminated through the Hospital Incident Management System to the Incident Command Centre

- Maintain Infection Control practices already in place in the Alert Period.
- Information will be circulated by using the methods described in the Communication section

End of First Wave

Second wave may follow within 3-9 months.

Review

A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.

Based on the evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave. The following must be addressed:

- Any problems gaps or issues must be documented by using the Pandemic Issues Log and kept for further review
- Issues requiring immediate attention must be documented in the Pandemic Issues Log format and brought forward to the Incident Command Centre.
- Refer to post pandemic period for review process

Chapter 3 - Recovery

Recovery operations are an essential component to the Clinical Health Services Pandemic Influenza Plan. An accurate review must take place in order to ensure that appropriate planning will take place prior to the second wave.

Goals

1. Inactivation of the pandemic response, return to Alert Period.
2. Review of all problems, gaps and issues experienced within each component of the plan during the Pandemic Period.
3. Evaluation of the impact of the Pandemic on the Clinical Health Services.
4. Based on review and evaluation, address what changes to the plan must occur immediately to ensure that they are not repeated in the second wave.

Inactivation of Pandemic Plan

1. Revert to Pandemic Alert Period
2. Reinstate services that were closed or deferred
3. De-mobilize and re-evaluate security practices in place such as lock down of facility
4. Communicate to all key stakeholders both internally and externally the concept of "Alert" knowing that we will not return fully to baseline until the Pandemic is declared over by WHO and MOHLTC

Review of Issues

A Pandemic Issues Log (refer to **Appendix A**) will be used during the Pandemic Period to document any weakness, concerns or frailties experienced.
The issues log will be:

1. Kept in the department/unit for further review and evaluation post pandemic
2. All issues that require immediate attention will be brought forward to the Incident Command Centre as they are identified during the Pandemic Period

Incident Review

The Incident Commander will lead the Incident Management System team in reviewing the issues logs and evaluating the effectiveness or ineffectiveness of strategies within the plan. Specific areas that should also be addressed include:

Human Resources

- Effectiveness of redeployment strategies
- Support services both during and post pandemic for staff- emotional, psychological and social

Communication

- Assess communication strategies during the pandemic period for effectiveness

Equipment & Supplies

- Vendors commitment and ability to supply during the pandemic
- Specific items that were unavailable
- Back up support such as outside contractors for maintenance and renting of equipment

Antiviral/Vaccination Program

- Review distribution strategy

Security

- Review security services during the Pandemic

Infection Prevention & Control (IP&C)

- Evaluate practices
- Evaluate surveillance strategies – Patients & Visitors

Occupational Health & Safety

- Evaluate employee surveillance strategies

Impact on Clinical Health Services

A second wave may occur within 3-9 months. During the recovery period the hospital must assess the impact of the pandemic and identify needs in order to prepare for the next wave.

Equipment & Supplies Inventory

The following must be assessed:

- Pharmacy-antibiotic, antiviral and vaccine supplies
- Ventilators-replacements and maintenance
- Laboratory supplies
- Patient supplies-pandemic and critical care
- Nutritional supplies
- Personal Protective Equipment (PPE) supplies

- Patient support equipment- inventory to assess lost, damaged or loaned equipment
- Patient support equipment-maintenance which includes cleaning

Financial Impact

- Staff payroll- sick pay, overtime
- Payment of non-hospital employees
- Financial redress

Debriefing

Once the above areas have been assessed and evaluated the Incident Management team will hold debriefing sessions and the following information will be included:

Summary of the impact on the Clinical Health Services

- Identify strengths
- Identify problems with suggested solutions
- Submission of procedural changes
- Next steps for preparation of next wave

Appendix A – Pandemic Issues Log

St. Joseph's Healthcare Hamilton
It is an honour to serve our community.

Appendix A

Hamilton Health Sciences

PANDEMIC ISSUES LOG

Date: (Month/Day/Year) _____

Completed by: _____

Relates to which section of the Pandemic Plan: please check off which is applicable

- ☐ Communication
- ☐ Policies and Procedures
- ☐ Surveillance
- ☐ Security
- ☐ Business Continuity
- ☐ Ethics
- ☐ Bed Management
- ☐ Surge capacity
- ☐ Infection Prevention and Control
- ☐ Other: (explain) _____

What was the problem?
What did not work? _____

What was the impact? _____

Suggestions for change _____

Resolution_____

_____
_____
_____
_____
_____
_____
_____
_____

FOLLOW-UP:

Emergency Measures Chair Notified _____ (date)

Manager/designate notified _____ (date)

Manager/designate reviewed _____ (date)

Changes implemented _____ (date)

Pandemic Plan modified _____ (date)

Note:
This document must be filed in the pandemic folder of the shared drive

References

Christian, M. (2006). *Critical Care During a Pandemic-final report of the Ontario critical care admission, discharge and triage criteria.*

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Public Health Agency of Canada (September 2005). *Canadian Pandemic Influenza Plan*

Sunnybrook & Women's Hospital (2005). *Sunnybrook & Women's Pandemic Influenza Plan*

Toronto Academic Health Sciences Network (May 2006). *Pandemic Influenza Planning Guidelines*

University of Toronto Joint Centre for Bioethics (November, 2005). A Report of the University of Toronto Joint Centre for Bioethics Pandemic Working Group. *Stand on guard for thee: Ethical considerations in preparedness planning for a pandemic influenza.*

World Health Organization (November, 2005). *Current Phases of Alert in the WHO Global Influenza Preparedness Plan.*