Gibson Family Healthcare

Emergency Manual

for

Carveth Care Centre

Nursing Home and Lodge

Emergency Manual for Carveth Care Centre

Developed May 21, 2012

Revision Dates	Administrator Approval and Signature
January 21, 2015	
September 1, 2015	
September 15, 2016	
October 30, 2017	
October 25, 2018	
September 23, 2019	
October 21, 2020	
September 14, 2021	
February 21, 2022	

Emergency Manual Table of Contents

Overview

1.1 Goal

The Emergency Plan has been prepared to facilitate a controlled and coordinated response to an emergency or perceived emergency occurring within or affecting Carveth Care Centre. The goal is to protect the health, safety, and welfare of the residents of when faced with an emergency.

The Emergency Plan outlines the responsibilities of Carveth Care Centre and the various community partners which would respond in emergency situations.

1.2 Emergency Planning Requirements

The licensee of the retirement residence shall ensure that the Emergency Plan for Carveth Care Centre incorporates all aspects of applicable legislation.

1.3 Carveth Care Centre Details

Name of Residence: Carveth Care Centre
Address: 375 James Street
City, Province, Postal Code: Gananoque, Ontario, K7G 2Z1
Phone: (613) 382-4752
Fax: (613) 382-8514
Web Address: www.gibsonfamilyhealthcare.com

Owner of Carveth Care Centre
Name: Gibson Family Holdings – Brett Gibson, Lisa Gibson-Burgess, Donna Gibson
Address: 375 James Street
City, Province, Postal Code: Gananoque, Ontario, K7G 2Z1
Phone: (613) 382-4752 Ext 102 (Brett Gibson)
Cell: (613) 876-1877 (Brett Gibson)

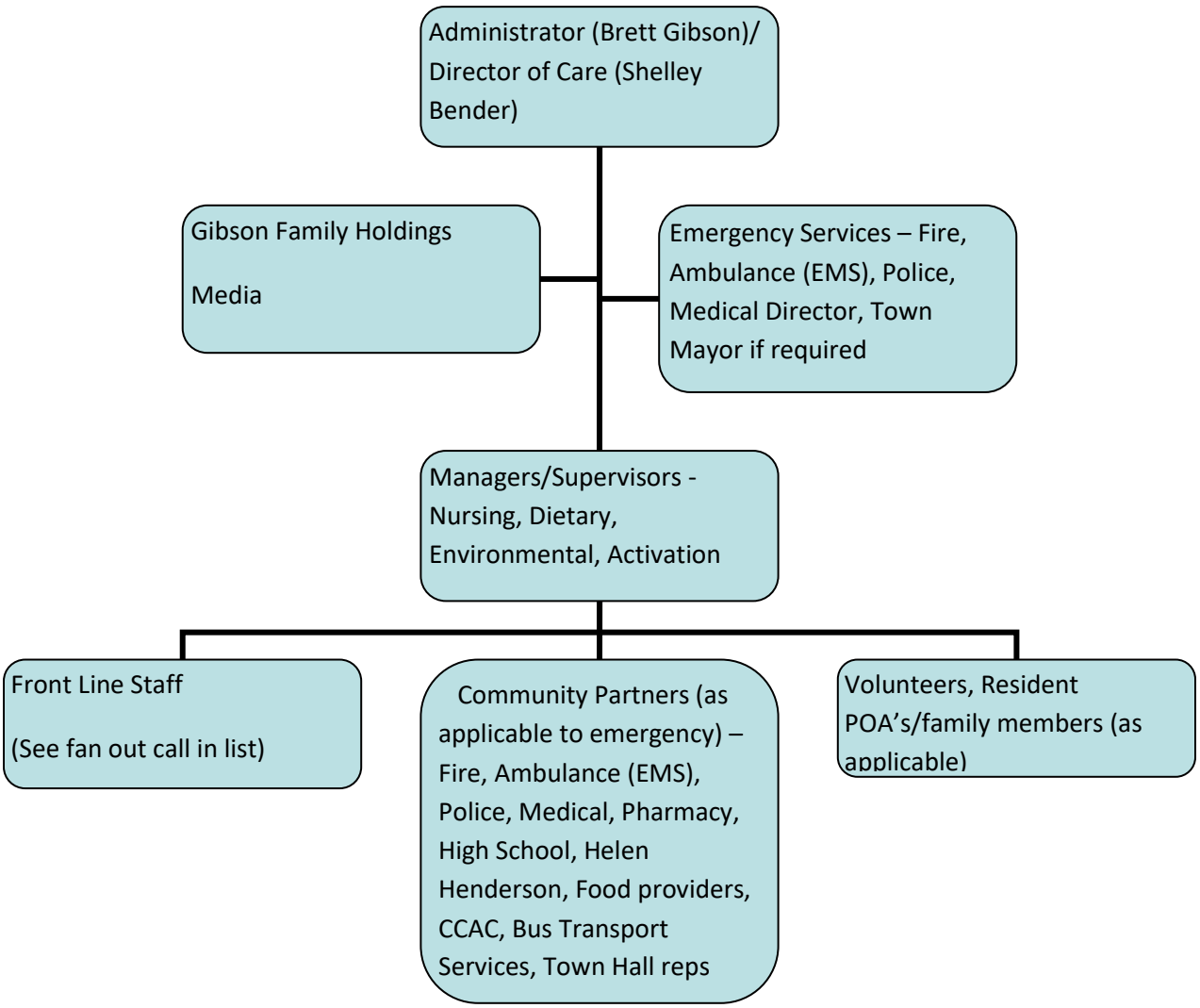
Administrator of Carveth Care Centre
Name: Brett Gibson
Address: 375 James Street
City, Province, Postal Code: Gananoque, Ontario, K7G 2Z1
Phone: (613) 382-4752 Ext 102
Cell: (613) 876-1877
Fax: (613) 382-8514

Director of Care of Carveth Care Centre
Name: Shelley Bender
Address: 375 James Street
City, Province, Postal Code: Gananoque, Ontario, K7G 2Z1
Phone: (613) 382-4752 Ext 103

Cell: (613) 530-6083
Fax: (613) 382-8514

Lodge Manager of Carveth Care Centre
Name: Phyllis Lorbetskie
Address: 375 James Street
City, Province, Postal Code: Gananoque, Ontario, K7G 2Z1
Phone: (613) 382-4752 Ext 110
Cell: (613) 530-6308
Fax: (613) 382-8514

Organizational Chart



All staff are responsible for participating in training of the Emergency Plan

Emergency Designate – Charge Nurse

- Assess the situation and determine the appropriate action and code
- Designate a Command Post
- Obtain and copy of the Emergency Plan and have it available at the Command Post
- Contact Emergency Services, 911
- Contact corporate office, if applicable
- Contact Community Partners if applicable
- Follow procedures for the appropriate emergency code
- As necessary, solve problems
- At the “All Clear”, record how the plan worked, note areas that need revisions and updating and what staff/volunteers participated

Managers/Staff

- Responsibilities as assigned by Emergency Designate
- Adhere to safe work practices in an emergency
- Report to their supervisor any known hazardous situation that may result in the course of an emergency
- Communicating effectiveness of Emergency Plan at the end of the “all clear”

Insert Fan Out List

1.4 Carveth Care Centre Census

Nursing Home Section:	Total number of Rooms: 84
	Total Capacity: 104
Lodge Section:	Total number of Rooms: 36
	Total Capacity: 40

Carveth Care Centre

Resident Census – nursing home

Month: _____

Room #	Resident Name	Mobility (i.e. independent, vision loss, hearing loss, wheelchair, walker)

1.5 Plan activation

Aspects of this plan can be put in place at the direction of the administrator/Director of Care/Designate or at the direction of Community personnel. Once the plan has been activated, the staff of Carveth Care Centre will follow the directions laid out within the plan and other policies and procedures as indicated.

All staff is to be aware that any emergency events specifically occurring in the Lodge are to be dealt with by the Lodge Charge nurse when on duty during day and evening shifts. At all other times the RN Charge nurse in the nursing home section will take the lead for all other emergency events.

Definitions

2.1 Universal Code for Emergencies

Code Red – Fire

Code Blue – Medical Emergency

Code White – Violent Outbursts

Code Yellow – Missing Resident

Code Brown – Hazardous Spill

Code Orange – Community Disasters/Weather Emergencies

Code Black – Bomb Threat

Code Green – Evacuation

Code Grey – Loss of Essential Services

Partnerships

3.1 Community Partners

Policy:

To ensure Carveth Care Centre has arrangements with Community Partners to assist us in the event of an emergency within the home and to consult with the Community Partners to ensure their services match the needs of Carveth Care Centre and are available to us during an emergency.

Agreements and memoranda of understanding documents are negotiated regularly with Community Partners, both private and public, and are included in this document.

Community Partners will ensure that the health, safety, and welfare of the residents of Carveth Care Centre are considered when developing and implementing plans and procedures.

Carveth Care Centre Community Partners include:

Emergency Evacuation Contacts (Community Partners) (Updated September 21, 2022)	
Contact Name	**Telephone Number**
Gananoque Fire Department	911 or 613-382-3334
Gananoque Police Department	911 or 613-382-4422 or 613-382-4509
Ambulance/EMS Department – this service has a plan for additional EMS services	911 or 613-544-5555
Dr. R. Vasquez	Work # - 613-966-4035 Cell # - 613-484-0860 Home # - 613-767-1139
Dr. Justyna Novac	Work #: 613-507-7006 Cell#: 613-545-5252
Dr. Jewer	Cell # 647-217-6687 Fax # 437-800-4498
Dr. W. Hertz – Dentist	613-382-1880
Coroner – if police are contacted first then they will contact the coroner themselves	1-855-299-4100
Kingston General Hospital – also to access extra staffing	613-548-3232
Hunts Pharmacy Pharmacist Dan Hunt (after hours)	613-389-8800 613-382-1164
Pharmasave Pharmacy Pharmacist Jean Tang	613-382-1333
Gananoque Secondary School – lodging and cafeteria services	613-382-4751
Gananoque Recreation Centre - lodging and cafeteria services	613-382-2248
Gananoque Legion - lodging and food services	613-382-3023
Metro Grocery	613-382-7090
Helen Henderson Care Centre – lodging, food services and extra staffing	613-384-4585

Contact Name	Telephone Number
Baldree's No Frills Grocery Owner Scott Baldree (after hours)	613-382-0167 613-382-7866
MacEwen Petroleum Inc. – on call 24 hours for generator fill up	613-546-4074
Howard Bus Service – transportation – has after hours answering service	613-924-2720
Clarks Bus Line	613-382-0016
Gananoque Chev-Olds – transportation and extra help if needed	613-382-2168
Thompson Trucks - transportation and extra help if needed After hours	613-382-2181 613-382-4119
Lanark Pure Country Springs Water	613-253-7472
Medical Mart – medical supplies	1800-268-2848
IT Computers (Jeff Martins)	613-549-5568
Retirement Homes Regulation Authority (RHRA)	1-855-275-7472
Ministry of Health and Long Term Care (MOHLTC) – for nursing home reporting only)	1-855-819-0879
Community Care Access Centre (CCAC)	1-800-267-6041
Brockville Health Unit After hours	1-800-660-5853 1-613-345-5685
Life Labs – Billing # 1291	1-877-849-3637
Medigas	1-866-446-6302
Motion Specialties – seating and mobility rep Tim Gauthier	613-384-0400
<u>Funeral Homes</u> Irvine's Scotland's Simpler Times Cremation Tompkins Barclay's	 1-613-342-2828 1-613-359-5555 613-382-3683 613-382-3088 613-659-2127
Clergy – will be notified by Activation staff as requested	

Daily Maintenance Emergency Contact Numbers

Emergency Personnel (Updated April 27, 2022)

Department	Number	First Aiders:	
		Name:	Location:
Fire	911	Shelley Bender	DOC
Police	911	RN and RPN on Duty	Nursing Home
		Phyllis Lorbetskie	Lodge
Ambulance	911	RPN on Duty	Lodge

Emergency Contractors

	Name:	Phone Number:	Alternate Phone Number:
Plumber	Lemmon's Plumbing	613-546-9161	613-536-8601
Electrician	McClement Electric	613-382-4968	613-328-1706
Fire System & Sprinklers	Georgian bay fire Drapeau (Sprinkler)	1-800-265-3197 613-549-3353	
Generator	Vince Ring	1-613-888-5266	1-800-700-0939
Refrigeration Heating	Service in Motion Evertemp	613-384-1718 613-634-0178	
Nurse Call System	Cimtel	613-880-5947 613-727-8340	

Local City Departments or Utilities Companies

	Name:	Phone Number:	Alternate Phone Number:
Water	Gananoque PUC	613-498-2111 ext. 234	
Hydro	Eastern Ontario Power	613-382-2118	
Gas	Union Gas	1-877-969-0999	

Other Important Numbers

	Name:	Phone Number:	Alternate Phone Number:
Laundry-Machines Chemicals	Pete's Appliance Ecolab-(also Kitchen)	613-546-3863 1-800-387-7551	 Gord 613-561-6386
Roof	Amherst Roofing	613-542-0779	
Tubs & Lifts	Arjo	1-800-665-4831	
Locksmith	A-1 Locks	613-384-5536	
Snow Removal	Classic Landscaping	613-331-1260	
I.T. e-mar	Jeff Martins	613-549-5568	
Administrator	Brett Gibson	613-659-2483	613-876-1877
DOC	Shelley Bender	613-926-1684	Cell: (613) 530-6083
Lodge Manager	Phyllis Lorbetskie	(613) 382-8585	Cell: (613) 530-6308
Building Maintenance	Tim Keyes	613-561-6386	613-328-3116

4.1 Code Grey - Loss of Essential Services

Our goal is to provide a safe and secure environment for all residents, staff, and visitors. Code Grey policies will be implemented based on:

Loss of Heating System

Loss of Cooling System

Power Outage

Total Loss of Water

- Boil Water Advisory

Total Loss of Natural Gas

- Gas Leak

Major Food Shortage

Flood

Carveth Care is equipped with an industrial emergency generator that is activated automatically after 30 seconds with no power. The gas that runs the generator lasts approximately 24 hours and we have a contract with local MacEcwen Petroleum Inc. to refill the generator when it is in use. They have an emergency number listed on the “Emergency Evacuation Contacts List”.

Carveth Care is also incorporated into the town of Gananoque’s emergency plan and as such has emergency access to a second generator if needed.

Failure of the Heating System

During Extreme Cold Weather

Policy:

Staff will be familiar with procedures to follow in the event of a failure of the heating system.

Purpose:

To ensure the appropriate measures are taken to protect residents during extreme cold weather.

Procedure:

1. If the failure of the heating system is due to a power failure, refer to the power failure policy and checklist.
2. If the failure is related to the heating system, initiate “Failure of Heating System Checklist”.
3. If the failure is related to the heating system, the charge person will contact the Maintenance Supervisor, Tim Keyes, who will contact the contracted service provider for the heating system to come to the home and investigate and restore the heating system.
4. Contact the Director of Care who will make decision whether or not to contact Administrator.
5. Until the heating system is restored, the following procedures will be followed:
    - Ensure all windows and exterior doors are closed
    - Make additional blankets available to keep residents warm
    - Keep vacant room doors closed
    - Family members of residents will be contacted to see if they are able to take the resident home until heating is restored in the nursing home.
    - In the event the temperature in the home drops below acceptable level and/or the heating system cannot be restored for an extended period of time, the Lodge Director of Care for making the decision whether or not to initiate the evacuation plan.
6. Document all procedures implemented noting dates, times and staff person involved
7. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Failure of the Heating System Checklist

Date of Heating System failure: _____	Charge Staff Signature
Check thermostats to ensure they are set for heat	
Contact maintenance manager (Tim Keyes) to contact contracted service provider	
Implement additional procedures found in the Failure of the Heating System Policy	
Charge person to consult with Director of Care to determine if the home will need to be evacuated.	

Names and Signatures of all staff Involved:

Staff Name	Staff Signature

Recommendations for Change

_____
_____
_____
_____

Date Reviewed by Director of Care: _____ Director of Care Signature: _____

Date Reviewed by Administrator: _____ Administrator Signature: _____

Failure of the Cooling System

During Extreme Hot Weather

Policy:

Staff will be familiar with procedures to follow in the event of failure of the cooling system.

Purpose:

To ensure the appropriate measures are taken to protect residents during extremely hot weather conditions.

Procedure:

1. If the failure of the cooling system is due to a power failure, refer to the power failure policy.
2. If the failure is related to the cooling system, initiate "Failure of Cooling System Checklist".
3. If the failure is related to the cooling system, the charge person will contact the Maintenance Supervisor, Tim Keyes, who will contact the contracted service provider for the cooling system to come to the home and investigate and restore the heating system.
4. The Charge nurse will contact Director of Care who will make decision whether or not to contact Administrator.
5. Until the cooling system is restored, the procedures listed for extreme hot weather are to be followed.
6. If the cooling system cannot be restored for an extended period of time and the extreme hot weather is expected to continue, the Director of Care will consult with the Administrator/owner to determine if the home will need to be evacuated.
7. Until the cooling system is restored, the following procedures will be followed:
    - Ensure all windows and exterior doors are closed and curtains drawn
    - Make additional fans available to keep residents cool
    - Keep vacant room doors closed
    - Family members of residents will be contacted to see if they are able to take the resident home until cooling is restored in the home
    - In the event the temperature in the home rises above an acceptable level and/or the cooling system cannot be restored for an extended period of time, the Director of Care (in consultation with the Administrator) will be responsible for making the decision whether or not to initiate the evacuation plan.
    - Drink plenty of water
    - Stay in cool or air conditioned areas
    - Report abnormal symptoms to staff
    - Avoid direct sunlight
    - Wearing loose, lightweight clothing
    - Keep windows and drapes closed during peak times of day
    - Substitute foods on the menu that are higher in fluid content and require minimal cooking/baking
    - Provide extra fluids (water and juice etc.) at meal times and throughout the day, avoiding beverages which act as diuretics (caffeinated tea and coffee).

- Modify or limit activity programs which involve increased activity.
- Any resident demonstrating heat related illness, immediately implement treatment and if necessary transfer to local hospital.

8. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Recommended Indoor Temperatures:

Conditions	Relative Humidity	Acceptable Operation Temperatures	
		°C	°F
Summer (light clothing)	If 30%, then If 60%, then	24.5-28 23-25.5	76-82 74-78
Winter (warm clothing)	If 30%, then If 60%, then	20.5-25.5 20-24	69-78 68-75

Failure of Cooling System Checklist

Date of Cooling System failure: _____	Charge Staff Signature
Check thermostats to ensure they are set for cooling/air conditioning	
Contact maintenance manager (Tim Keyes) to contact contracted service provider	
Begin procedures to reduce temperature in the building (air conditioning, fans, attic ventilation)	
Implement additional procedures found in the Extreme Hot Weather Policy	
Charge person to consult with Director of Care to determine if the home will need to be evacuated.	

Names and Signatures of all staff Involved:

Staff Name	Staff Signature

Recommendations for Change

_____

_____

_____

_____

Date Reviewed by Director of Care: _____ Director of Care Signature: _____

Date Reviewed by Administrator: _____ Administrator Signature: _____

Power Outage

Policy:

All staff will be aware of procedure to follow during a power outage

Purpose:

To ensure residents are kept comfortable during a power outage.

Procedure:

1. The trouble alarm will signal in the event of a power failure
2. In the event of total loss of power, the charge nurse will contact hydro/PUC and determine the anticipated duration of the power loss.
3. The charge nurse will contact the Maintenance Supervisor to activate the emergency generator for the long term and deactivate the "trouble alarm", if required.
4. The charge nurse will implement the power failure checklist to ensure all appropriate measures are taken.
5. The charge nurse will be able to utilize the telephones Lodge phones by pushing the button on the phone that says, "Analog Line". This will automatically allow outgoing and incoming calls. Internally, if additional communication is required, the walkie-talkies, located in the medication room, can be utilized.
6. The charge nurse will notify the fire department that the power is off and a fire safety patrol will be initiated to monitor residents' rooms, corridors, common areas and service areas for potential fire safety hazards every ½ hour. These checks will be documented on the "Fire Safety Patrol" checklist.
7. If the power supply will not be restored for an extended period of time, charge nurse will consult with the Director of Care/Administrator, Maintenance Supervisor and hydro to determine and prepare for a total building evacuation, if required.
8. Until the power is restored, the following procedures will be followed:
    - Ensure all windows and exterior doors are closed.
    - Make additional flashlights available.
    - Keep vacant room doors closed
    - Family members of residents will be contacted to see if they are able to take the resident home until the power is restored
9. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Power Outage System Checklist

Date and time of Power System failure: _____	Charge Staff Signature
Complete resident visual check using resident room list	
Contact Hydro/PUC to determine how long power will be out maintenance manager (Tim Keys) to contact contracted service provider	
Contact maintenance manager (Tim Keyes) to activate generator over long term and silence trouble alarm, if required	
Switch phones to "analog" line and use walkie-talkies as needed	
Notify fire department and alarm company that power is off	
Ensure kitchen and laundry room equipment is turned off	
Initiate fire safety patrol checklist and patrol Lodge area every half hour	
Make additional flashlights available	
Ensure all external windows and doors are closed	
Charge person to consult with Director of Care to determine if the home will need to be evacuated.	

Names and Signatures of all staff Involved:

Staff Name	**Staff Signature**

Recommendations for Change

_____

_____

_____

_____

Date Reviewed by Director of Care: _____ Director of Care Signature: _____

Date Reviewed by Administrator: _____ Administrator Signature: _____

Fire Safety Patrol Checklist

The charge nurse will notify the fire department that the power is off, and a fire safety patrol will be initiated to monitor residents' rooms, corridors, common areas and service areas for potential fire safety hazards every ½ hour. These checks will be documented on the "Fire Safety Patrol" checklist. Forward completed forms to the Director of Care for review.

Date of Patrol: _____

Time of Patrol (a.m.)	Signature of Person completing the Patrol	Time of Patrol (p.m.)	Signature of Person completing the Patrol
0000		1200	
0030		1230	
0100		1300	
0130		1330	
0200		1400	
0230		1430	
0300		1500	
0330		1530	
0400		1600	
0430		1630	
0500		1700	
0530		1730	
0600		1800	
0630		1830	
0700		1900	
0730		1930	
0800		2000	
0830		2030	
0900		2100	
0930		2130	
1000		2200	
1030		2230	
1100		2300	
1130		2330	

Total Loss of Water

Policy:
All staff will be aware of the procedure to follow in the event of total loss of water and to have a protocol in place to deal with an incident of loss of water which would allow for minimal disruption to the Home.

Purpose:
To ensure residents are hydrated and provided with the water necessary for proper hygiene and provision for food service.

Procedure:

1. The Charge nurse will contact the Director of Care who will make the decision whether or not to contact Administrator.
2. The charge nurse will contact the Maintenance Supervisor, Tim Keyes who will attempt to determine the anticipated duration of the loss of water.
3. In the event of a complete loss of water, the charge nurse to contact local Public Utilities in order to determine expected duration of shutdown.
4. In the event of a total loss of water, the charge nurse will contact the contracted water company (telephone # listed on emergency contacts list at front of manual) at the direction of the Director of Care.
5. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.
6. Water Main Break
    a. Call Gananoque PUC # 613-498-2111 ext. 234 to report the outage.
    b. Notify maintenance staff.
    c. Evacuate the building if necessary.
    d. Shut off valve at primary control point at the advice of the maintenance staff.

Boil Water Advisory

Policy:
All staff will be aware of the procedure to follow in the event of a boil water advisory and to have a protocol in place which would allow for minimal disruption to the Home.

Purpose:
To ensure residents are hydrated and provided with safe water necessary for proper hygiene and provision for food service.

Procedure:

1. If safe water services will be returned to normal quickly, no further action need be taken.

2. If safe water supplies will not be available for several hours, the following procedure is to be followed:
   - Milk and fruit juices are to be used to meet the needs of residents.
   - Laundry and dishwashing operations and regular resident bathing shall be discontinued for the duration of the safe water shortage.
   - Disposable hand wipes will be obtained through the Nursing Office for delivery of personal care.
   - Hand sanitizer will be used for hand hygiene and cavilon disinfectant wipes for surface areas.
   - Water required for emergency care of the residents may be obtained from the water stored for drinking fountain use.
   - Minimize the use of toilets during the period of the water shortage. Remember that a toilet can be flushed only once after water supply to building is cut off.
   - If water supplies will not be returned to normal for an extended period, initiate contact with our pre-planned emergency water sources:
     ^ Complete Purchasing # 1-866-694-3277
     ^ Baldree's No Frills Grocery # 613-382-0167
     Owner Scott Baldree (after hours) # 613-382-7866
     ^ Metro Grocery # 613-382-7090
     ^ Helen Henderson Care Centre # 613-384-4585
     ^ Lanark Pure Country Springs Water # 613-253-7472

3. If water supplies will not be returned to normal indefinitely, initiate loss of water procedure.

Major Food Shortage

Policy:
To ensure food supplies are available in the event a food supply chain breakdown occurs.

Purpose:
To ensure residents health is not jeopardized by a significant breakdown in food supplies by the contracted supply chain.

Procedure:

1. In the event of a shortage of food from supplier the Lodge may initiate the following steps under the direction of the Administrator/Food Service Supervisor:

- Purchase food supplies from a local grocery store
- Enact Memoranda of Understanding with Community Partners, if applicable
- Arrange with local restaurants to provide meals

2. In the event food supplies are not available within the community the Administrator may order an evacuation.

3. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Loss of Natural Gas

Policy:
There will be a protocol in place to deal with an incident of loss of natural gas in a way that minimizes disruption to the residents and staff.

Purpose: To ensure the wellbeing of the residents and staff in case of a loss of natural gas and key staff will have knowledge and an understanding of protocols for loss of natural gas.

Procedure:

1. In the event of loss of gas, contact local Gas Company (Union Gas - 1-877-969-0999) to determine the expected duration of the shutdown.
2. If the supply of gas will be restored quickly, no further action need be taken.
3. If the loss of gas is to be restored in a reasonable period:
    - Suspend operation of laundry and dishwashing services in order to conserve hot water for residents' use.
    - For emergency feeding of residents, see "Interruption of Dietary Services".
4. In the event that the gas supply is not to be restored for an extended period of time, initiate Total Evacuation.

Gas Leak

Policy:
There is a systematic plan in place to respond to a natural gas leak to protect residents, staff, and the public from immediate danger.

Purpose:
To ensure the that all staff are responsible for the wellbeing themselves and the residents and in the event that there is a gas leak, and that key staff will have the knowledge and an understanding of protocols to follow.

Procedure:

Natural gas is colourless, odourless, and non-poisonous. It can become highly explosive when combined with air and an ignition source. In high concentrations asphyxiation can occur. A strong odourant, mercaptan, which smells like rotten eggs is deliberately added by the supplier so that even the smallest amount of escaped gas can be detected by smell.

If you smell gas and/or suspect a leak:

1. Evacuate the immediate area and alert others to leave the area. Take those in need of help with you, if possible. Otherwise, provide their location to emergency responders.
2. Notify the charge nurse immediately and notify her of the potential leak's location.
3. Call 911 immediately if a gas leak is suspected.
4. Call Union Gas immediately at the 24-hour emergency number 1-877-969-0999 from a non-restricted phone NOTE: Do not call from the affected area.
5. In the event of the need to evacuate follow the home's evacuation procedure as directed by the person in charge.
6. In the event of partial or total building evacuation, evacuees must be taken a safe distance from the Home:

• well out of the way of first emergency responders (fire, police, ambulance, and Union Gas personnel)

• a safe distance as directed by the fire department NOTE: safe distance is contingent upon the size of pipe and the gas pressure.

SAFETY TIPS: If You Smell Gas Indoors or Outdoors or are near a gas leak

- Do not use a telephone or cell phone in the vicinity of the gas smell (phones can create a source of ignition sufficient to ignite gas fumes).
- Do not turn any electrical switches, appliances, or computers on or off (electrical equipment can create a source of ignition sufficient to ignite gas fumes).
- Do not smoke, use lighters, or matches.
- Do not start any motors or motor vehicles near the gas leak.
- Avoid use of elevators.
- In the event of fire - do not use water on fires that involve natural gas.
- Ensure that internal natural gas lines are clearly marked.
- Ensure that personnel in charge of the building know where the external natural gas shut off valve is located.

7. The Fire Department and/or Union Gas will test the internal air quality/gas levels and determine when it is safe for residents, staff, and public to reenter the building or a specific area of the building.

Gas Line Break/Leak:

1. Call 9-1-1.

2. Evacuate the building immediately. Follow home specific evacuation procedures.

3. Shut off main valve if instructed and safe to so.

4. Call # 1-877-969-0999 (Union gas company) to report break/leak.

5. Notify maintenance staff.

6. Open windows and doors.

7. Re-enter building only at the discretion of utility officials/fire department.

4.2 Code Yellow – Missing Resident

Our goal is to provide a safe and secure environment for all residents, staff and visitors. Code Yellow policies will be implemented when a resident is deemed missing.

POLICY:

The statement "Our Family Caring for Your Family" is taken very seriously. In order to keep the resident safe and protected, a detailed plan of care will be established in the event a resident wanders and becomes lost within the home or the community.

PROCEDURE:

1. The code for announcing a lost or missing person over the PA system is "**CODE YELLOW".**
2. Staff Duties:

   Director of Care

   a. The Director of Care is to be notified immediately of a missing person by the Charge nurse at the time of the event.
   b. The Director of Care will notify the Administrator.
   c. The Director of Care will take part in the search.
   d. If the missing person is not found in the home, the Director of Care or Charge nurse will notify the police department and the POA for personal care.
   e. If the resident is missing less then 3 hours and there are no significant changes in the resident either physically or mentally, the Director of Care will notify the Compliance Officer within business hours the day of or the next day, if after business hours. If the resident is missing less then 3 hours but there are significant changes in the resident either physically or mentally, the DOC or designate will call the MOHLTC emergency pager and report the incident immediately, regardless of change. If the resident is missing more then 3 hours, the DOC or designate will notify the Compliance Officer immediately (see Critical Incident policy). Immediately initiate the on-line mandatory critical incident system if the incident occurs Monday to Friday 8am to 5pm. For all other times and during statutory holidays the emergency pager number must be called at 1-800-268-6060

   Administrator

   a. During business hours the Director of Care will report to the Administrator.
   b. After hours and on weekends the Charge nurse will call the Administrator and Director of Care at home.
   c. If the police are involved in the search, the Administrator shall be available to provide information.
   d. The Administrator and the Director of Care will keep in constant communication with the police and resident's POA for personal care.

   Charge Nurse

a. The Charge nurse on duty at the time of a missing person incident will be in charge of the search.

b. If the resident remains missing after an immediate search of the resident's room and surrounding area has been completed the Charge nurse will announce "**CODE YELLOW"** over the PA system. This (and all subsequent searches) will involve the missing resident's room including the closets, bathroom, under the bed. The same routine will be followed for all other rooms.

c. When "Code Yellow" has been announced over the PA system, all staff, housekeeping, dietary, maintenance and laundry will report to the nursing station #1 for instructions. If the event occurs on evenings or nights, the Lodge section may be contacted to assist with the search. Any staff member bathing a resident in the tub room will remain there and finish bathing and dressing the resident before reporting to the Charge nurse.

d. The Charge nurse will send staff out by 2's to search each area of the home. The same routine will be followed for all other rooms on that wing. The search will then fan out from there. Each pair will receive a walkie-talkie from the Charge nurse (additional walkie-talkies located in the nursing home in each of the 3 med rooms). Staff searching will report back to the Charge nurse if the resident is located. REMEMBER, IF YOU SEE A PERSON SITTING IN A CHAIR OR LYING ON A BED, DON'T ASSUME IT IS THE PERSON WHO RESIDES IN THAT ROOM. IT COULD VERY WELL BE THE PERSON YOU'RE SEARCHING FOR.

e. After any area or wing has been searched, close the door, and flip the fire marker to notify other staff that area has been searched completely.

f. The foyer, public washrooms, coat room, waiting room in the CPHC office area must be searched as well.

g. Two members of the Lodge staff who report to the Charge nurse will be given a picture of the resident and a description of what he/she was wearing. The staff persons will be asked to search the nursing home wings including the tub rooms, dining rooms, closets and common areas and report back to the Charge nurse.

h. As each area is searched and staffs are reporting back to the Charge nurse, she/he will cross off that section on the laminated floor plan with a dry erase pen. The floor plan will be posted on the wall of the main nursing station medication room.

i. The maintenance staff will search the garage, mechanical rooms and the grounds surrounding the building.

j. Two staff will each go to the front and back parking lots and search parked cars.

k. After a thorough search in and around the immediate area, staffs are to return to the main nursing station to await further instructions.
l. The Director of Care or Charge nurse will then notify the police.
m. Staff is to return to their regular duties and wait for further instructions, if any.
n. After the local police have arrived, they will take over the search in the community and the Charge nurse will follow their instructions. It will be up to the police to decide whether or not to call in local off duty staff to help with the community search.
o. A description and picture of the missing resident will be given to the police.
p. If the decision to call in off duty staff is made, the Director of Care will call in any Carveth Care staffs that are available if it is within regular business hours. After business hours, the charge nurse will assign someone to do this.
q. Staff coming in to help search will be asked to leave their cell phone numbers with the Charge nurse to keep the lines of communication open.

Housekeeping and Laundry

a. When "code yellow" is called, all housekeeping and laundry staff will report to nursing station #1 to receive instructions.
b. Each staff member will assist with the search of the wing on which they are working including housekeeping closets and the laundry room.

Maintenance

a. Report to nursing station #1 when "code yellow" is called.
b. Check all mechanical rooms in case a door was left unlocked. This would include upstairs areas including the activation storerooms, washrooms, mechanical rooms, office and roof.
c. Walk the perimeter of the building when the search is extended to the exterior.
d. Follow instructions of the police if needed to drive around the surrounding community area. Keep in touch with the Charge nurse with either a walkie-talkie or a cell phone.

Dietary

a. Report to nursing station #1 when "code yellow" is called.
b. Have dietary staff check food service areas, dining rooms, washroom, storage rooms, walk-in fridge and freezer.
c. Assign one staff to remain in the kitchen.
d. Remaining staff are to help with the expanded search, at which time they will be reporting to and receiving instructions from the Charge nurse.

Activation

a. Report to nursing station #1 when “code yellow” is called.
b. Assign activation staff to search each activation room including bathrooms and storerooms.
c. Upon completion of searching these areas activation staff will report to the Charge nurse and receive instructions for expanded search.

Lodge Direct Care Staff

a. Two members of the lodge staff who report to the Charge nurse will be given a picture of the resident and a description of what he/she was wearing. The staff persons will be asked to search the nursing home wings including the tub rooms, dining rooms, closets and common areas and report back to the Charge nurse.
b. Lodge care staff will be given a room to room search including common areas, tub rooms, washrooms, utility closets.
c. After a thorough search of all areas is completed, the lodge care staff will report back to the Charge nurse and await further instructions.

3. Expanded Search
   a. The police and POA for personal care will be notified by the Charge nurse. The Charge nurse will notify the Administrator that an expanded search is to be initiated.
   b. A picture and description of the missing person will be given to the police. Give the police a complete and concise description of the resident i.e. what the resident was wearing, age, weight, height and any other pertinent facts i.e. uses a cane, has a limp, left arm paralyzed, wears a baseball cap, etc.
   c. After the police have been called in, the staff will be receiving instructions from them. It will be up to the police as to whether or not extra staff will be called in to help with the search.
4. The search will be called off only after the resident has be found or at the discretion of the police.
5. When the search is completed, all staffs are to return to nursing station #1 to await further instructions.
6. Complete an Incident report and file in resident’s chart. Document the time the resident last seen, by whom, time resident noted missing, search procedures, any unusual behaviour of the resident and who was notified and what time the resident went missing.
7. Be sure to notify the police service and POA for personal care when the resident has been found and returned to the home.

Please insert home floor plan to be used in search procedures.

4.3 Code Blue- Medical Emergency

Policy:
All staff and volunteers are familiar with the procedures to follow if a medical emergency occurs.

Purpose:
To ensure Carveth Care Centre develops a policy for dealing with a medical emergency.

Procedure:
A Code Blue is initiated by a staff member in the event that a resident/ visitor/ staff are exposed to a life-threatening situation.

Using the paging system, announce Code Blue three times. The paging system should only be used for announcements related to the Code Blue until the all clear has been announced.

- Stay with the individual in distress until medical assistance arrives
- In the event that a resident's physician, or the physician on call, cannot be reached, and a resident requires immediate emergency medical attention, the resident must be transferred STAT via ambulance to the closest hospital.

When contacting emergency services (911):

- Remain calm
- Be prepared to respond to the following questions:
    - name of home
    - Street Address
    - Location of the incident (i.e. dining room, resident's room etc.)
    - Date of birth of the individual if available
    - Medical status of the individual (i.e. breathing/not breathing, stable/not stable, pulse/ no pulse etc.)
- Notify the emergency department and contact physician after the resident has been transferred
- If the resident is transferred to hospital without a physician's order, the Charge Nurse/ designated staff will document the Physicians Progress and Order sheet, "Resident transferred to hospital via ambulance. Dr. _____ notified/ Nurses signature, Reg. N./ Designated staff member."

Hot Weather Related Illness

Policy

Gibson Family Healthcare will develop and maintain guidelines to address the prevention and management of hot weather-related illness centered on evidence-based practices.

1. As of summer 2022, all Gibson Family Healthcare homes and lodges are fully air conditioned and equipped with air exchange units which maintain a consistent air temperature summer and winter, although based on individual resident preference, there are times when the air temperatures may feel warm or cool. Air temperatures do not rise or lower to dangerous levels and comply with legislated requirements.

   Note: *Maintain air at a minimum temp of 22°C and monitor to ensure air conditioned /or cooled rooms do not fall below 22°C.*

Purpose

To recognize the need to manage the serious risks to residents associated with hot weather- related illness.

Background

Elderly individuals are more prone to heat conditions and illness for several reasons. Elderly people do not adjust as well to sudden changes in temperature, they are more likely to have a chronic medical condition that upsets the body's normal response, and they are more likely to take prescription medications that impair the body's ability to regulate temperature. Many elders exhibit multiple health conditions, decreased mental capacity and physical limitations which combine to affect the body's ability to cool itself.

Residents in LTCHs are at an increased risk of hot weather-related illness due to normal physiological changes. Older adults may not recognize the signs of thirst, may not drink sufficient fluids to maintain adequate hydration, may have difficulty regulating body temperature and may have a decreased awareness of their body's needs. The majority of residents in LTCHs are likely to suffer from one or more medical conditions or take medications that may increase fluid loss, affect sweat production, or impair the body's ability to regulate internal temperature. In addition, residents' risk of having an adverse reaction to heat is also subject to environmental variables including air temperature, humidity, radiant temperature, and air movement.

Ontario's Heat Warning and Information System

Normal summer (May to September) temperatures in Ontario, depending on the region, can range between 13-30 degrees Celsius (°C). However, humidity levels are not included in weather watches. A separate system, referred to as the "humidex" has been developed to warn people when conditions pose increased risks for heat-related illness.

The Humidex

The humidex is an index developed to describe how hot or humid weather feels to the average person. The humidex combines the temperature and humidity into one number to reflect a perceived temperature. It is a better measure of how stifling the air feels than either temperature or humidity alone. The higher the relative humidity, the greater the discomfort experienced since perspiration evaporates less readily and the body feels hotter and stickier. The Meteorological Service of Canada uses humidex ratings to inform the general public when conditions of heat and humidity are possibly uncomfortable.

Heat Warning Information System

A Heat Warning Information System (HWIS) was implemented by Environment and Climate Change Canada (ECCC) on May 31, 2016, in order to standardize timely heat health messaging to reduce the avoidable human health consequences of extreme heat.

The HWIS enables PHUs to increase consistency in response to heat events and to better protect residents, vulnerable community members and visitors.

During a severe or prolonged heat event, lasting more than 2 days, some PHUs may use the term "extended heat warning" or a "prolonged heat event" or a heat emergency.

Under the HWIS, the province has been divided into three regions, northern, southern, and extreme south-west (Windsor) area. Each region has its own updated temperature and Humidex (see definition below) criteria based on health evidence and climatology for each region. ECCC issues heat warnings 18 to 24 hours in advance of an extreme heat event when two consecutive days of weather that meets or exceeds the criteria set for humidex and temperature (daytime highs and nighttime lows) are expected.

The HWIS includes criteria incorporating ambient air temperature for both day-time highs and nighttime highs or a Humidex value for at least two days. See table below.

Heat Warning Region	Condition	Duration
SE Ontario	Tmax $\geq$ 31C & Tmin $\geq$ 20C *OR* Humidex $\geq$ 40	2+ days

** Tmax represents maximum daily temperature. Tmin represents minimum nighttime temperature. ** A heat warning is for a two-day event.

Emergency Alerts

In areas of emergency alert (indoor air temperature of 32C humid air or 34C dry air) quick action must be taken to limit exposure times of all residents beginning with those at highest risk.

1. Those residents most susceptible (high risk) to heat-related illnesses will be removed from the emergency alert areas to a designated cooling area. These residents may include those who currently have a febrile illness, acute infection, diarrhea, or vomiting.

2. Remaining residents should be removed from Emergency alert areas with 4 hours. Until residents are moved, steps should be taken to utilize other means of lowering residents' level of heat stress. Engineering controls that will reduce air temperature should be implemented where possible.

The designated cooling areas in Carveth Care Centre comply with legislated requirements and include:

- all dining rooms – nursing home and Lodge
- the multipurpose room
- activity and programming rooms
- chapel
- Lodge areas have heat exchange mechanisms therefore temperatures do not rise to dangerous levels

The intervention and emergency alerts criteria for Gibson Family homes and lodges are:

Intervention Alert

Humid air with an air temperature of 26C

Dry air with an air temperature of 28C

Emergency Alert

Humid air with an air temperature of 32C

Dry air with an air temperature of 34C

Procedure

1. The Administrator/designate of Carveth Care Centre will ensure that all staff, residents, families, and visitors are familiar with their home's policies and procedures relating to hot weather prevention and management.

Staff from all departments, residents, families, and volunteers are to be included in training. The training should review information contained in these guidelines that include:

- recognition and treatment of hot weather-related illness
- Summertime practices
- Intervention Alert practices
- Emergency Alert practices
- Roles and responsibilities of staff
- Environmental evaluation
- Risk factors

2. Risk Factors

There are several additional risk factors that place some residents at an increased risk of hot weather-related illness. An interdisciplinary resident-focused risk assessment is completed for each resident on an annual basis (May). This is completed by data being entered into the resident's computer chart. PointClickCare completes a resident focused algorithm based on the resident information data entered into the system by all care disciplines (environmental, nursing, activation, dietary, and medical) and determines the resident's heat risk assessment. Our resident dieticians' complete nutritional assessments on admission for all residents and when there is a significant change in the resident's health condition.

Risk Category	Risk Description
History of Heat Related Illness or Heat Intolerance:	History of: ▪ heat related illness or heat intolerance (i.e. heat exhaustion, heat stroke) ▪ infection with or without fever ▪ poor fluid intake or dehydration ▪ failure to thrive or malnourishment
Functional Status:	▪ dysphagia ▪ severe general debility/bedridden ▪ significant decline in activities of daily living ▪ cognitive impairment including poor judgment ▪ enteral/tube feeds
Medical Status:	▪ obesity ▪ cardiovascular disease

	▪ respiratory disease ▪ endocrine disorders ▪ renal disease ▪ skin disease ▪ combination of two or more of the following medications - diuretics, anticholinergic drugs, psychotropic mediations, tricyclic anti-depressants, and antihypertensive medications

After completing the risk assessment, it is determined whether residents are:

- ▪ at increased risk during hot weather; OR
- ▪ potentially at increased risk during hot weather

A list of residents determined to be high risk must be readily available for staff. A current list is to be kept in each report book, in the kitchen and also on the nourishment cart. This information should be incorporated into each individual resident's care plan.

3. Heat-related illnesses – description, symptoms, and care provision actions:

Gibson Family Healthcare staff must be familiar with hot weather-related illnesses and factors that contribute to their development. The ability to recognize signs and symptoms of hot weather-related illnesses and to respond promptly may prevent illness, injury or even death.

Condition	Description	Symptoms	Care Provision Actions
Heat Rash	A skin irritation caused by excessive sweating with exposure to hot, humid weather. Sweat glands become clogged with sweat trapped beneath the skin surface unable to evaporate causing a mild inflammation or rash. Also known as prickly heat.	• Cluster of red bumps. • Likely to appear on neck; upper chest; groin areas; under the breasts; and in elbow creases. • May feel itchy, or sore, with prickly sensation	• Wear lightweight, light coloured clothing (preferably cotton). During this time residents must be restricted to a single layer of clothing. • Provide a cooler, less humid environment. • Keep the affected area dry. • Do not use creams or lotions on the affected

			areas. • If the condition persists, the attending physician should be notified.
Heat Cramps	Heat cramps are muscle pains or spasms. Excessive sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps.	• Painful muscle cramps or spasms, usually felt in the abdomen, arms, or legs. • Heat cramps may also be a symptom of heat exhaustion.	• Wear lightweight, light coloured clothing (preferably cotton). During this time residents must be restricted to a single layer of clothing. • Seek medical attention for heat cramps: ^If cramps do not subside in one (1) hour. ^ If resident heart problems are known. ^If resident is on low sodium diet. • If medical treatment not necessary: ^ Stop all activities and rest quietly in a cool place. ^ Provide beverage of clear juice or sports beverages. ^ Avoid strenuous activities for a few hours after the cramps subside as may lead to heat exhaustion or heat stroke.
Heat Exhaustion	Heat exhaustion is a milder form of heat-related illness that can develop after several days	Warning signs of heat exhaustion: • heavy sweating	• Treatment of heat exhaustion should focus on fluid and electrolyte replenishment.

	of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone are elderly people with high blood pressure, and those working or exercising in a hot environment.	• paleness • muscle cramps • tiredness • weakness • dizziness • headache • nausea or vomiting • fainting • skin may be cool and moist • pulse rate fast and weak • breathing fast and shallow.	• Drink cool, non- alcoholic, non-caffinated beverages. ^ Restore body fluids by pushing fluids. ^ Record the resident's fluid intake and output. • Inform dietary staff of the need for additional fluids to be provided at meal and nourishment times. • Place the resident in the most supine position feasible with head lowered and knees drawn up. • Rest. • Cool shower, bath, or sponge bath. • Provide air- conditioned, or air-cooled environment. • Wear lightweight, light coloured clothing (preferably cotton). During this time residents must be restricted to a single layer of clothing. • Cool down the resident by cold-water sponging and fanning. • Advise the attending physician and POA of resident's condition. • Keep the resident comfortable by various

			measures including bed linen changes as needed. • Monitor and record, blood pressure, pulse, respiration rate, skin color, temperature, therapeutic measures provided, and resident response to these. • If heat exhaustion is untreated, it may progress to heat stroke. ^ Maintain close observation for signs of heat stroke. • Review, and if possible, reduce drugs with high potential side effects. • Transfer resident to hospital when clinically indicated.
Heat Stroke	Is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: The body temperature rises rapidly; sweating mechanism fails; body is unable to cool down, and body temperature may rise to 40°C or higher within 10 to 15 minutes. Many reported fatalities have occurred during the 48-hour period following	Warning signs of heat stroke vary but may include: • body temperature above 40°C • red, hot, and dry skin (no sweating) • rapid, strong pulse • throbbing headache • dizziness • nausea • confusion	Heat stroke can cause death or permanent disability if emergency treatment is not provided in a timely manner • Have someone call for immediate medical assistance while you begin to cool the person rapidly. • Do not give the person alcohol to drink. • Get medical assistance as soon as possible. • While waiting for

	recognition of heat stroke, even after the residents were reported to be clinically stable. If, for any reason, the resident is returned to Carveth within this time period, close monitoring is essential.	• unconsciousness	ambulance: ^ Maintain absolute bed rest with the head of bed elevated in the absence of hypotension. ^ Cool down with fanning and sponge bathing. ^ If transfer time to acute care is anticipated to be significant, the physician should consider more drastic measures such as submersion in a tub filled with cold water, when this measure is used, temperature should be monitored every 10 minutes to avoid hypothermia. This procedure must be supervised by a registered nurse. ^ Ensure appropriate fluid intake if resident conscious and able to drink safely. ^ Promote circulation by massaging extremities and back and change positions side-to-side frequently. ^ Registered staff to take temperature every 15 minutes, record signs and symptoms, fluid intake and output, most recent weight, treatments provided and resident's response. This information should be forwarded to the emergency

			unit with the resident. ^ Registered staff to administer antipyretic drugs, oxygen as ordered and other therapeutic measures as ordered by the physician. ^ Keep the resident's attending physician informed of the current medical status.

4. Pre-planning:

Gibson Family Healthcare homes/lodges prepares in advance of the hot weather season and reviews and updates annually a plan that will be in effect during the hot weather season. The breakdown of actions by departments reflects the assumption that while heat related illness is preventable, it requires an interdisciplinary approach to the provision of resident care.

Department	Actions
Administration	▪ Develop policies and procedures relating to preparation, planning prevention and management of resident heat illness and that incorporates the individual attributes of the home environment. ▪ Develop a communication protocol to convey hot weather action plan (including humidex readings) to residents, staff, volunteers, family, visitors, and others as required. ▪ Implement annual staff education and training program on prevention and management of heat related illness and hot weather plan. ▪ Make available and maintain appropriate cooling equipment and other resources. ▪ Establish linkages with community-based services which can assist as necessary with temporary heat relief strategies during extreme hot weather conditions.

All Staff	▪ Attend annual staff education and training program on prevention and management of heat related illness. ▪ Contribute to interdisciplinary care plans for heat-related illness. ▪ Review policies and procedures for health-related emergencies. ▪ Identify need for additional cooling resources as warranted.
Medical/Nursing	▪ Complete resident risk assessments for seasonal risk relating to hot weather. ▪ Identify residents who are at an increased risk of or potentially at risk of heat related illness and communicate to interdisciplinary team members. ▪ Develop interdisciplinary resident care plans for seasonal risk related to hot weather. ▪ Notify resident/substitute decision maker and families of the requirement for appropriate hot weather clothing and accessories.
Food Service/Nutritional Care	▪ Develop enhanced hydration protocols including the type, amount, and frequency of fluids to be offered to residents during hot weather conditions. ▪ Plan alternate menus to replace hot entrees and support the reduced use of heat generating equipment. ▪ Develop protocol for residents with dysphasia who require thickened fluids. ▪ Assess and develop a plan for each resident's hydration status and determine any risks related to hydration i.e. altered fluid requirements including those residents on enteral nutritional replacement therapies, fluid restrictions, thickened fluids, etc. ▪ Ensure plans include those residents who are unable to access fluids independently (e.g. those who require feeding

	assistance and adaptive aids. ▪ Evaluate the need for and provide electrolyte replacement, as necessary.
Activation	▪ Develop seasonal activation program or modify existing programs for hot weather to decrease physical exertions. ▪ Identify cooler areas of the home interior and protected outdoor areas for programs. ▪ Plan for the distribution of additional fluids during activity programs with input from dietary department staff. ▪ Plan community outings that are located in appropriate cool settings and include the use of air-conditioned transportation. ▪ Plan for availability of cool rest/break area during outdoor activities especially during peak hot times of the day. ▪ Collaborate with nursing to advise resident/substitute decision maker and families of the requirement for appropriate hot weather clothing and accessories.
Maintenance	▪ Review and update the home's hot weather contingency plan. ▪ Review and update the building and equipment audit program including a review of strategies for keeping the building as cool as possible. ▪ Review and implement agreements with external contractor's responsibility for building systems to support preventative maintenance of cooling systems. ▪ Review and update the home's internal "Preventative Maintenance Plan". ▪ Ensure generator is functional with backup fuel supplies. ▪ Implement routine checks to assess indoor temperatures and humidex levels for humidex tables and measurement strategies ensuring that the temperature is measured and documented in writing, at a minimum in the following areas

	of the home: > at least two resident bedrooms in different parts of the home. >one resident common area which may include a lounge, dining area or corridor. > every designated cooling area in the home. The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. Note: *Maintain air at a minimum temp of 22°C and monitor to ensure air conditioned /or cooled rooms do not fall below 22°C.*

5. Prevention:

Preparation & planning, prior to the hot weather season, is designed to provide guidance during the summer months and considered when hot weather conditions are most likely to occur**.** Prevention is a deliberate, action-oriented process that can significantly reduce the likelihood of serious resident hot weather-related illness. These actions are not to be considered a substitute for medical advice and a physician should always be consulted if there are any concerns.

Departments	Actions
Administration	▪ Implement policies and procedures. ▪ Monitor and assess the need to declare heat related emergency.
All Staff	▪ Implement, evaluate, and monitor the results of a hot weather-related plan. ▪ Monitor residents for signs and symptoms of heat related illness. ▪ Monitor indoor climate for overall comfort and report resident discomfort and /or temperature

	changes that would affect overall resident well-being health and safety. ▪ Keep shades, drapes, blinds, or window coverings closed.
Medical/Nursing	▪ Assess need for and provide additional fluids to residents 24 hours per day, and seven days per week based on assessed need. ▪ Refer residents at increased risk due to poor fluid intake to Registered Dietitian for further assessment and action. ▪ Assess and implement body cooling strategies as required. ▪ Assess and provide additional skin care in response to hygiene requirements of each resident. ▪ Dress residents in suitable clothing and accessories that are appropriate for the weather conditions.
Food Service/Nutritional Care	▪ Assess the need to implement all or part of alternate menu plans or modify menus, including reducing the use of heat generating equipment. ▪ Assess the hydration status of residents and ensure the provision of additional fluids, including, but not limited to implementing additional beverage passes and/or provision of additional beverages in accessible locations. ▪ Offer a variety of beverage choices at meals and with snacks. ▪ Implement enhanced hydration protocols for those residents at increased risk for hot-weather related illness. ▪ Ensure assistance is provided for residents

	who are unable to access fluids independently e.g. feeding assistance and adaptive devices.
Activation	▪ Carry out activity programs inside in cooler areas of the home utilizing additional cooling sources as warranted. ▪ Refrain from moderately intense physical activity. ▪ Incorporate frequent rest breaks and seated activities into programs. ▪ Provide fluid and additional external body cooling aids as needed. ▪ Limit outdoor activities to cooler times of the day and provide those activities in areas that are shaded from the sun. ▪ Encourage residents where feasible or appropriate to dress in appropriate clothing and provide sun blocking accessories.
Maintenance	▪ Implement strategies to maximize ventilation. ▪ Distribute cooling equipment and portable fans. ▪ Maximize use of an ice machine to support a continuous supply of ice. ▪ Monitor the indoor air temperatures and humidex levels at varying times throughout the day so that the indoor air temperature does not fall below 22° C and remains cooler and less humid than outdoor air conditions.

6. Intervention

Interventions that are recommended during prolonged, severe hot weather. Prevention actions discussed in the previous section will be ongoing. The actions that are outlined are not to be

considered a substitute for medical advice and a physician should always be consulted if there are any concerns relating to resident health or general well-being.

Departments	Actions
Administration	▪ Implement resident care policies and procedures related to hot weather conditions. ▪ Implement environmental policies and procedures related to hot weather conditions. ▪ Determine when emergency contingency plans are to be implemented.
All Staff	▪ Monitor residents' responses to interventions implemented.
Medical/Nursing	▪ Notify physician of any resident suspected or assessed to have heat related illness. ▪ Request consultation with a Registered Dietitian for those residents experiencing any degree of hot weather illness. • Reinforce that it is the PSW's responsibility to ensure that each resident (ambulatory and non-ambulatory) assigned to his/her care has an adequate intake of fluid corresponding to the resident care plan. • Recognize that some frail residents may require to be administered sips. • Maintain food and fluid records in PCC of every high-risk resident to assist in the monitoring of fluid balance. • Monitor for over-hydration – signs and symptoms include shouting and delirium, blurred vision, muscle cramps and twitching, paralysis on one side of the body, poor coordination, nausea and vomiting, rapid breathing, sudden weight gain, and weakness. The resident's complexion is normal or flushed.

	• Observe resident for symptoms of hot weather-related illness.
Food Service/Nutritional Care	▪ Monitor, evaluate, and reassess fluid requirements as needed based on signs and symptoms in all residents with a particular focus on those assessed as being at high risk, including residents receiving enteral nutritional therapy, thickened fluids, fluid restrictions, and those residents who require assistance with eating and drinking. ▪ Determine the need to provide interventions to correct electrolyte imbalances. • Ensure morning, afternoon and evening nourishments are prepared and ready for distribution to dependent residents and directly to every independent resident. • Revise menus to include foods that require little or no use of heat-producing food preparation equipment within the facility. • Include fluids such as popsicles in between meals. • Work closely with the Activity department for theme days that will offer cool events/treats, such as “Ice cream days” • Ensure measures are put into place to keep the dining room at a comfortable temperature. Ensure that window shades are pulled, and air conditioning is on.
Activation	▪ Avoid/cancel outdoor programming in areas that do not provide for air-conditioned or transport to air-conditioned indoor settings. ▪ During programs, if resident status changes, immediately notify registered staff and obtain assistance; administer first aid as necessary and implement appropriate heat illness

	interventions. • Work closely with the Dietary department for theme days that will offer cool events/treats, such as “Ice cream days”. • Create posters to be displayed during summer months as a visual reminder for residents and families of recommended practices. • Summer activation programs are geared to slow/less active programs which include time to relax either indoors or out in a cool setting. (Activity room and chapel are common rooms where residents may be placed with air conditioners) • During heat events try to have outings scheduled for later part of day or evenings, umbrellas/liquids etc. are taken to ensure shade and proper hydration. • Refreshments and cooking/baking to emphasize fluids, ie. Watermelons, fresh fruit, popsicles, ice cream, slushes etc. • Put yearly notices in Newsletter and address at Resident Council meetings to advise families and residents to wear light appropriate clothing during hotter weather and to include hats and sunscreen when going outdoors. • Residents should be offered w/c assistance to and from activities during high heat. • In extreme conditions activities shall be closed down and resident monitoring in cooling areas shall go into effect.
Maintenance	▪ Move residents to common air conditioned/cooled areas ▪ Reduce the use of heat generating equipment from kitchen, laundry, and other areas to

	alternate times during the day (night/evening). ▪ Turn off unused electrical appliances and equipment as appropriate. ▪ Implement alternate methods for air cooling as appropriate. ▪ Temperature, humidity, and radiant heat may be determined with the use of thermometers and barometers. ▪ Ensure the temperature is measured and documented in writing, at a minimum in the following areas of the home: > at least two resident bedrooms in different parts of the home. >one resident common area which may include a lounge, dining area or corridor. > every designated cooling area in the home. ▪ The temperature is required to be measured and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. ▪ Readings should be taken when the indoor air temperature exceeds 22C. ▪ Readings should be rounded to the nearest degree. ▪ Thermometers should be placed in the centre of the room away from direct sunlight. A humidity measuring instrument should be used and placed in the centre of the room away from direct sunlight. The device should be allowed several minutes to reach equilibrium before a reading is taken.

SUDDEN UNEXPECTED DEATH

Purpose: To ensure emergency medical care is provided as soon as possible.

Witnessed:

Procedure:

1. In the event of a **witnessed** sudden unexpected death, the Charge nurse will contact the emergency response number: **911**
2. Check vital signs of the resident. The signed advanced directives on the resident's chart will be followed. If there is **not** a signed "DNR" direction on the chart, then cardio- pulmonary resuscitation will be initiated. Staff will continue CPR until the home staff is relieved by Emergency Response personnel. The Emergency response team has the authority to continue with CPR or discontinue it with continued vital signs absent.
3. Resident will be transferred to hospital by the Emergency Response personnel when the resident's condition is stabilized, if applicable.
4. The Charge nurse will notify the attending physician of the situation, request a visit to confirm death and follow any other further instructions. The physician may request a Coroner be notified.
5. The Charge nurse or physician will notify the resident's POA for personal care and inform them of the emergency transfer to hospital and/or death.
6. The Charge nurse will notify the Lodge manager and Business office of the death.

Un-witnessed:

A sudden unexpected death would be suspected if death is related to violence, negligence, malpractice, cluster deaths, suddenly and unexpectedly or under any circumstance that may require further investigation.

1. In the event of an **un-witnessed** sudden unexpected death, the Charge nurse will contact the physician who may request that the coroner be notified.
2. The resident will remain unmoved and the area secured until the physician/coroner arrives. Coroner's investigations will be automatically conducted into:
    - All deaths that qualify under section 10(1) of the *Coroner's Act*.
    - Any death where there have been any complaints or concerns from any individual regarding care given by institutional personnel.
    - A possible cluster death incident.

VISITORS INJURED

Policy: Staff will follow protocol when a visitor is injured.

Purpose: To ensure emergency medical care is provided as soon or as possible.

Procedure:

1. Assess visitor's injury, administer first aid as required and/or call an ambulance to transport the visitor to the hospital or to his/her physician.
2. Notify the Director of Care and Administrator immediately
3. Document the incident on an internal incident report form:
    a. Interview the person witnessing or discovering the visitor's incident
    b. Report should be detailed, factual and without an expression of opinion based on individual observations and including statements of the witnesses and the visitor.
    c. Report should describe the visitor's condition before and after the incident
    d. Report is to be forwarded to the Director of Care who will forward it to the Administrator at earliest possible time.
    e. The report will be kept on file in the Administrator's office.

4.4 Code White – Violent Outburst

The goal of Carveth Care Centre is to provide a safe and secure environment for all residents, staff, and visitors. The Code White policy is to be implemented when an actual or potential aggressive or violent offender is located in the home or on the property.

Workplace Anti-Violence Policy

The Code White policy (Emergency Manual) is to be implemented when an actual or potential aggressive or violent offender is located in the home or on the property.

This policy will be reviewed and revised by the employer as often as necessary and at least annually and will be dated and signed by the Administrator of the home as required by the Occupational Health and Safety Act [section 32.0.1(1)(a) and (c)] and posted in a conspicuous place in the workplace.

This policy will be reviewed by all staff and members of the Occupational Health and Safety Committee of Carveth Care Centre as often as necessary and at least annually and posted in a conspicuous place in the workplace.

The Occupational Health and Safety Act sets out the general duties for an

employer under section 25;

supervisor under section 27; and

worker under section 28.

These general duties also apply to workplace violence [section 32.0.5].

Purpose

Ontario's Occupational Health and Safety Act sets out the rights and duties for occupational health and safety of all parties in the workplace. The requirements establish minimum standards and set out the rights and duties of all those who have a role in dealing with workplace violence and workplace harassment.

One of the primary purposes of the Occupational Health and Safety Act is to facilitate a strong Internal Responsibility System (IRS) in the workplace. The IRS means that everyone in the workplace has a role to play in keeping workplaces safe and healthy.

Carveth Care Centre is committed to building and preserving a safe working environment for its employees. In pursuit of this goal, Carveth Care Centre does not condone and will not tolerate acts of violence against or by any Carveth Care Centre employee. Carveth Care Centre will take every reasonable precaution and implement measures to prevent violence and protect all employees from potentially violent situations. As such, this policy prohibits physical or verbal threats – with or without the use of weapons – intimidation, or violence in the workplace or on the property to minimize risk of injury or harm resulting from violence to Carveth Care Centre employees from all possible sources (customers, clients, employers, supervisors, workers, strangers and domestic/intimate partners).

Specifically, if Carveth is aware that violence is likely to expose an employee to a workplace physical injury every reasonable precaution will be implemented to protect the individual.

It is also a violation of Carveth Care Centre's Anti-Violence Policy for anyone to knowingly make a false complaint of violence, or to provide false information about a complaint. Individuals who violate this policy are subject to disciplinary and/or corrective action, up to and including termination of employment and may

be reported directly to the police. Carveth Care Centre firmly believes that by working together with our employees, the risk of workplace violence can be minimized.

Carveth Care Centre strictly prohibits violence in the workplace.

Workplace Coordinator

For the purposes of this policy the Administrator or Director of Care shall act as a Workplace Coordinator with respect to workplace violence and harassment issues.

Application of this policy

This policy applies to all those working for the organization including front line employees, contract service providers, managers, officers or directors. The organization will not tolerate violence whether engaged in by fellow employees, managers, officers, directors, or contract service providers of the organization.

All Carveth Care Centre employees are personally accountable and responsible for enforcing this policy and must make every effort to prevent and eliminate violence in the work environment and to intervene immediately by advising a member of management if they observe a problem or if a problem is reported to them.

This policy prohibits reprisals against individuals, acting in good faith, who report incidents of workplace violence or act as witnesses. Management will take all reasonable and practical measures to prevent reprisals, threats of reprisal, or further violence. Reprisal is defined as any act of retaliation, either direct or indirect.

Definitions

The **workplace violence** definition is broad enough to include acts that would constitute offences under Canada's Criminal Code.

The Occupational Health and Safety Act defines but is not limited to, **workplace violence** as the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker. It also includes an:

- an attempt to exercise or exercising actual physical force against a worker in a workplace, that could cause or does cause physical injury to the worker; and a
- A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against a worker, in a workplace, that causes or could cause physical injury to the worker [section 1].

This may include:

- verbally threatening to attack a worker;
- leaving threatening notes at or sending threatening e-mails to a workplace;
- shaking a fist in a worker's face;
- wielding a weapon at work;
- Physical acts (e.g., hitting, shoving, pushing, kicking, sexual assault)
- throwing an object at a worker;
- sexual violence against a worker;
- kicking an object the worker is standing on, such as a step stool, ladder; or
- trying to run down a worker using a vehicle or equipment such as a wheelchair or lift;

- any threat, behaviour or action which is interpreted to carry the potential to harm or endanger the safety of others, result in an act of aggression, or destroy or damage property
- disruptive behaviour that is not appropriate to the work environment (e.g., yelling, swearing).

Workplace Harassment is defined in the Occupational Health and Safety Act as engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome. The definition of workplace harassment includes workplace sexual harassment.

The definition of workplace harassment is broad enough to include all types of harassment prohibited under Ontario's human rights code. This also includes "psychological harassment" or "personal harassment". The comments or conduct typically happen more than once and may occur over a short period of time eq. a day or longer eq. days, weeks, months, years). However, the conduct may happen only once eq. sexual solicitation.

Continuum of Behaviours is defined as a variety of inappropriate or unacceptable behaviours that occur in the workplace. This can range from offensive remarks to violence. Workplace harassment may escalate over time. Where harassment, including sexual harassment, in the workplace involves threats, attempts or acts of physical force, this would be considered to be workplace violence under the Act.

It is important for all staff to recognize these behaviours and to deal with them promptly. Addressing incidents of harassment not only helps the targeted worker but their co-workers as well. Taking action can also prevent harassment from escalating in the workplace and possibly resulting in physical violence by either the harasser or the targeted worker.

Risk of Violence Assessment

In accordance with the Occupational Health and Safety Act, Carveth Care Centre will conduct a risk assessment of the work environment to identify any issues related to potential workplace violence impacting the operation [section 32.0.3(1)] taking into account the circumstances of Carveth Care Centre and similar workplaces [section31.0.3(2)]. Carveth Care Centre will use this information to develop measures and procedures to control any identified risks that are likely to expose a worker to physical injury [section 32.0.3(3)(a)]. This information will also be provided to the Joint Health & Safety Committee or a Safety Representative.

The risk assessment may include review of records and reports i.e. critical incident reports, employee incident reports, staff surveys, health and safety inspection reports, first aid records or other related records. Specific areas that may contribute to risk of violence may include: contact with public, exchange of money, receiving doors, security of exit doors, identification of residents with a history of aggression and violence.

Carveth Care Centre will repeat this assessment as often as necessary to ensure this policy and program continue to protect workers from workplace violence [section 32.0.3(4)]. This re-assessment information will also be provided to the Joint Health & Safety Committee or a Safety Representative. The assessment will be reviewed annually to ensure it remains relevant to our work environment.

A reassessment should be undertaken if:

► the workplace moves or the existing workplace is renovated or reconfigured;

- ► there are significant changes in the type of work;
- ► there are significant changes in the conditions of work;
- ► there is new information on the risks of workplace violence; or
- ► a violent incident indicates a risk related to the nature of the workplace, type of work, or conditions of work was not identified during an earlier assessment.

Carveth Care Centre recognizes its duty to provide information, including personal information while respecting privacy as much as possible, related to a risk of workplace violence from a person with a history of violent behaviour if:

- ► the worker can be expected to encounter that person in the course of his/her work and
- ► the risk of workplace violence is likely to expose the worker to physical injury
- ► the disclosure of personal information is deemed reasonably necessary to protect the worker from physical harm.

Under the Occupational Health and Safety Act, employers and supervisors must disclose as much information about a person with a history of violent behaviour as needed to protect workers from physical injury while respecting privacy as much as possible [sections 32.0.5(3) and (4)]. Some factors to consider include:

- Was the history of violence associated with the workplace or work?
- Was the history of violence directed at a particular worker or workers in general?
- How long ago did the incident(s) of violence occur?
- What measures and procedures are in place in the existing workplace violence program?

For example, the information disclosed should allow workers to identify the person with the violent history and, if appropriate, the triggers of his/her potential aggression.

Only personal information that is necessary to protect the worker from physical injury will be disclosed.

Procedure for Reporting Violence

1. All workers are encouraged to report workplace violence to their supervisor, either verbally or in writing, at the time of the occurrence or as soon as possible thereafter. If the alleged violated employee does not feel comfortable reporting the occurrence to their supervisor or their supervisor is the employee being accused then the employee reporting the incident, he/she may report the incident to the Administrator and/or the Director of Care. This is to be done in all confidence and without fear of reprisal. The worker is not to be penalized for reporting an incident or participating in a workplace violence investigation. This is prohibited under the Occupational Health and Safety Act. Workers may seek help also from other resources to address workplace violence and these may include but are not limited to union representatives, a Joint Health and Safety Committee member, Human Rights etc.

2. All reported incidents of workplace violence will be investigated in a fair and timely manner. Information about the complaint will not be disclosed except to the extent necessary to protect workers, to investigate the complaint, to take corrective action or as otherwise required by the law.

3. The investigation will include:
    - informing the violator of the complaint

- interview the complainant, any person involved in the incident and any identified witnesses
- interview any other person who may have knowledge of the incidents related to the complaint or any other similar incidents

Investigation of the Complaint

Under section 32.0.7 of the Occupational Health and Safety Act (OHSA), the employer will ensure that an investigation, appropriate in the circumstances, is conducted into incidents or complaints of workplace harassment/violence.

A workplace violence investigation appropriate in the circumstances should:

- **Be undertaken promptly.** It would be reasonable to complete the investigation as soon as possible within 90 days or less unless there are compelling reasons why a longer investigation is needed (e.g. there are multiple witnesses, a key witness is unavailable due to illness, etc.).
- **Be objective.** The person conducting the investigation should not be involved in the incident and should not be under the direct control of the alleged violator.
- **Maintain confidentiality.** Information about the incident or complaint, including information about the people involved, should not be disclosed unless the disclosure is necessary to protect workers from physical abuse or is needed to investigate the incident or complaint, take corrective action and/or is otherwise required by law.
- **Be thorough.** Reasonable efforts should be made to interview the worker who allegedly was violated, the alleged violator(s) and any witnesses, as appropriate in the circumstances. When interviewing, ask specific questions about the incident or complaint. For example, what did the person see, hear or experience. Take detailed interview notes, and make sure that relevant documents from the worker, alleged violator, witnesses and the employer are collected and reviewed.

Person conducting the investigation

When there is an incident or complaint of workplace violence, the employer will ensure that an investigation appropriate in the circumstances is conducted. The person conducting the investigation can be internal to the workplace (e.g., supervisor, senior manager), work at another employer location (e.g. Helen Henderson Care Centre) or may be someone external to the organization (such as the police, a licensed private investigator, human resource professional, lawyer, or someone who holds some other professional designation).

The person conducting the investigation must be aware of the workplace anti-violence policy and reprisal provisions under the OHSA and be knowledgeable regarding the home's workplace anti-violence policy.

There is no requirement under the OHSA for the person who conducts the workplace violence investigation to have a license. However, a person whose work primarily consists of conducting investigations into the character or actions of a person may be required to have a license under the Private Security and Investigative Services Act, 2005. For further information visit the Ministry of Community Safety and Correctional Services website.

A copy of the complaint, detailing the complainant's allegations, is then provided to the respondent(s).

- The respondent is invited to reply in writing to the complainant's allegations and the reply will be made known to the complainant before the case proceeds further.
- The Company will do its best to protect from unnecessary disclosure the details of the incident being investigated and the identities of the complaining party and that of the alleged respondent.
- During the investigation, the complainant and the respondent will be interviewed along with any possible witnesses. Statements from all parties involved will be taken and a decision will be made.
- If necessary, Carveth may employ outside assistance eq. police or request the use of our legal counsel.
- Employees will not be demoted, dismissed, disciplined or denied a promotion, advancement or employment opportunities because they rejected sexual advances of another employee or because they lodged a violence complaint when they honestly believed they were being physically abused.
- Where it is determined that violence has occurred, a written report of the remedial action will be given to the employees concerned.
- Interim measures and corrective actions may be required while the complaint is being investigated eq. reassignment of staff involved
- While the investigation is being completed, both the accused and accuser and witnesses will be instructed not to discuss the complaint, the incident or the investigation unless necessary to obtain advice about their rights.

If it is determined that personal physical violence has occurred, appropriate disciplinary measures will be taken as soon as possible up to and including notification of police authorities as applicable..

Disciplinary Measures

- If it is determined by the company that any employee has been involved in personal violating of another employee, immediate disciplinary action will be taken. Such disciplinary action may involve counselling, a formal warning, apologies, education etc. and could result in immediate dismissal without further notice.

- This Anti-Violence Policy must never be used to bring fraudulent or malicious complaints against employees. It is important to realize that unfounded/frivolous allegations of physical violence may cause both the accused person and the company significant damage. If it is determined by the company that any employee has knowingly made false statements regarding an allegation of personal physical violence, immediate disciplinary action will be taken. As with any case of dishonesty, disciplinary action may include immediate dismissal without further notice.

Record Keeping

Carveth Care Centre will keep records of all complaints or incidents of workplace violence including:

a) a copy of the complaint or details about the incident;

b) a record of the investigation including notes;

c) copy of witness statements, if taken;

d) a copy of the investigation report, if any;

e) a copy of the results of the investigation that were provided to the worker who reported workplace violence and the alleged violator; and

f) a copy of any corrective action taken to address the complaint or incident

For the OHSA purposes, records must be kept for at least one year from the conclusion of the investigation.

All records of harassment/violence, and subsequent investigations, are considered confidential and will not be disclosed to anyone except to the extent required by law.

In cases where criminal proceedings are forthcoming, Carveth Care Centre will assist police agencies, attorneys, insurance companies, and courts to the fullest extent.

The employer must develop and maintain the written workplace anti-violence program in consultation with the joint health and safety committee or a health and safety representative. The consultation will provide an opportunity for the joint health and safety committee or a health and safety representative to provide feedback, whether orally or in writing, on the program and the feedback must be considered by the employer.

Employee/Supervisory Roles in Maintaining a Positive & Safe Work Environment

Manager's and Supervisor's Role

- Legally, management is responsible for creating and maintaining a safe and health workplace free from violence.
- Ensure that all known incidents of workplace violence are investigated (within 90 days of the reported incident) and to the extent appropriate based on the nature of each incident and the actual or potential threat it posed to worker safety.
- Consult and co-operate with other parties as required (i.e. Legal Counsel, Health & Safety consultants, JHSCs, Employee Assistance Provider, Human Rights office, Local Police Services).
- Take all reasonable and practical measures to minimize or address risks identified by the incident
- document the incident, its investigation, and corrective action taken.
- Take all reasonable and practical measures to protect workers, acting in good faith, who report workplace violence or act as witnesses, from reprisal or further violence.
- Submit a report of the incident to the Ministry of Labour where an employee incurs a lost time injury as a result of violence in the workplace.
- Managers and supervisors must be sensitive to the climate in the workplace and address potential problems before those problems become serious.
- If a manager or supervisor becomes aware of violence in the workplace and chooses to ignore it, that manager/supervisor and Carveth Care Centre risk being named co-respondent in a complaint and may be found liable in legal proceedings brought about by the complainant and/or government representatives.
- Support the employee without prejudging the situation.
- Work with the employee and document the offensive action(s) and have the employee sign a complaint.
- Contact their superior and/or senior management and provide details of the incident on behalf of the employee.

Employee's Role

In the event that an employee is either directly affected by or witness to any violence in the workplace, it is required, for the safety of all Carveth Care Centre employees, that the incident be reported without delay.

- Report any violence or potentially violent situations immediately to management/supervisor on duty.
- Consult and co-operate with other parties as required (i.e. Management, Legal Counsel, Health & Safety consultants, JHSCs, Human Rights office, Local Police Services).
- We trust that all of our employees will help us eliminate the threat of violence from our workplace.
- All employees are responsible for preventing and reporting acts of violence that threaten or perceive to threaten a safe work environment.
- Ensure all information remains confidential.

The Joint Health & Safety Committees/Safety Rep will:

Review the Workplace Violence Hazard Assessment results and provide recommendations to management to reduce or eliminate the risk of violence

- Review all reports forwarded to the JHSC regarding workplace violence and other incident reports as appropriate, pertaining to incidents of workplace violence that result in personal injury or threat of personal injury, property damage, or police involvement
- Participate in the investigation of critical injuries (e.g., incidents that place life in jeopardy, result in substantial blood loss, fracture of leg or arm, etc.)
- Recommend corrective measures for the improvement of the health and safety of workers
- Respond to employee concerns related to workplace violence and communicate these to management
- In addition, JHSCs may participate in the investigation of reported incidents that result in personal
- injury or have the potential to result in injury.

Disciplinary Measures

- If it is determined by Carveth Care Centre that any employee has been involved in a violent behaviour or unacceptable conduct related to another employee, immediate disciplinary action will be taken. Such disciplinary action may involve counselling, a formal warning and could result in immediate dismissal without further notice and pursuit of legal action.
- This Anti-Violence Policy must never be used to bring fraudulent or malicious complaints against employees. It is important to realize that unfounded/frivolous allegations may cause both the accused person and Carveth significant damage. If it is determined by Carveth that any employee has knowingly made false statements regarding an allegation related to violence, immediate disciplinary action will be taken. As with any case of dishonesty, disciplinary action may include immediate dismissal without further notice.
- Any Carveth Care Centre visitor who threatens, harasses or abuses an employee, or any other individual at or from the workplace shall be asked to leave the property and if they are not co-operative, the charge nurse may contact the police and have the visitor removed.
- Any resident who threatens, harasses or abuses an employee or fellow resident, within the workplace may be subject to notification of the police, at the request of the Administrator and/or the affected employee. The potential pursuit of legal action may become a factor. This resident will be referred for behavioural assessment and care according to policy.

Special Circumstances

Should an employee have a legal court order (e.g. restraining order, or "no-contact" order) against another individual, the employee is encouraged to notify his or her supervisor, and to supply a copy of that order to the Administrator or Director of Care. This will likely be required in instances where the employee strongly feels that the aggressor may attempt to contact that employee at Carveth in direct violation of the court order. Such information shall be kept confidential.

If any visitor or employee of the Carveth Care Centre workplace is seen with a weapon (or is known to possess one on their person) on the premises, makes a verbal threat or assault against an employee or another individual the employee is required to immediately call 911 contacting the police and emergency response services and their immediate supervisor that is on duty. The duty supervisor will contact the Administrator/Director of Care.

Canada's Criminal Code deals with matters such as violent acts, sexual assault, threats and behaviours such as stalking. The police should be contacted in these situations. Harassment may also be a matter that falls under Ontario's Human Rights Code.

Dealing with Aggression/ Violent Offenders

Procedure:

1. The procedure will apply to all staff once the announcement of a **CODE WHITE** is made. In the event any person on the property presents a threat to the safety of others, use the paging system to announce Code White three times. The paging system should only be used for announcements related to the Code White until all clear has been announced.

2. Call for help at the first sign of violence or threat of violence, and if the offender is armed, i.e. knife or another weapon, call the 911 immediately to handle the situation and do not attempt to handle it yourself.
    - If the offender is inside the building:
        - Immediately remove all persons from the danger zone and if possible lock down the area if a safe distance is able to be maintained.
        - Remain alert for seemingly harmless objects that can be used against you, i.e. pens, chairs kitchen utensils etc.
        - Search the area for any weapons or other objects that could endanger others and confiscate and store all items in a safe place. Document items confiscated.
    - If the offender is exterior to the building:
        - Lock down all points of entry/exit to the building (doors, windows, fire exits etc.) to prevent entry/departures
        - Using the paging system announce lock down mode to residents and staff three times
        - Monitor presence of the offender from a safe distance without antagonizing the situation
        - Obtain descriptive information as available (i.e. name of the offender, relationship, physical description) to report to authorities

3. Once the police have arrived, they will take control of the scene and staff is to follow their directions.

4. Treat any injuries sustained during the threat, or seek outside medical attention if necessary. Interview any staff or residents who may have observed the incident and document their responses.

5. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Resident to Resident/Resident to Staff Aggression

Procedure:

1. Prior to admission, residents are screened to determine whether a potential resident is at risk of abusing another resident/staff. This screening comes from CCAC referral information about the potential resident's long-term history and/or their current response to care provision. Residents identified as having a history of potentially aggressive behaviour or found to be aggressive after admission will have this history documented on their chart. This information will include:
    - The resident's physical or social maladaptive behaviour
    - The resident's physical capacity
    - When the last altercation may have occurred
    - Any recent changes in the behaviour (worsening or lessening)
    - What triggers the behaviour, to whom is the behaviour directed
    - The resident's life history and general temperament
    - Any cognitive, communication, decision making ability and/or sensory impairments

2. Strategies to reduce/prevent such incidents from occurring will be provided with input from the resident's family and a care plan will be created, identifying goals and approaches to reduce/prevent future occurrences.

3. The identified resident will be monitored on an ongoing basis related to changes that would trigger behaviours. Care plans and flagging systems will identify any risk of violent behaviour, including triggers, responsive behaviours and strategies to prevent, respond to or mitigate violence. Inter-professional health care teams keep each other safe by sharing this information and implementing the documented strategies to protect workers, patients, and the public.

4. A medical referral to the resident's physician will be made immediately upon the identification of a resident who has a history of aggressive behaviour or the potential for abusing others.

5. Initiate a behavioural assessment and care protocols according to policy.

6. Immediate action will be taken in all cases of aggression and involve the following:
    - An attempt to separate the resident from the other resident or staff member using a calm non-threatening approach and the least number of staff and observers required.
    - Speaking to the resident calmly and clearly.
    - Manipulating the resident's environment to remove the cause of the potential trigger for the behaviour and this may mean staff removing themselves and/or the other resident from the situation.
    - Redirecting the aggressive resident by involving him/her in activities, going for a walk etc.
    - Monitoring and adjusting the resident's care to reduce negative outcomes.
    - Reviewing and revising the resident's care plan routinely as their condition changes.

- Contacting the resident's physician in all cases of resident to resident aggression with potential referral to psychiatric services and instances where a staff member has been physically injured.
- Initiation of behavioural assessment and care protocols according to policy.

7. The charge nurse will contact the Administrator/Director of Care in all instances where there is resident to resident abuse and/or physical injury has occurred to a staff member as a result of resident aggression to discuss interventions to be followed eq. potential transfer of resident/staff to hospital, notification of families, police notification etc.

8. An incident report will be written in all cases where resident to resident aggression involves direct physical contact and in cases where a staff member has been physically injured and forwarded to the Administrator.

What can cause aggressive/agitated behaviour?

- Speaking too loudly or too softly to the resident (resident can't hear you)
- Waiting for too long a period eq. toileting, a drink when thirsty etc.
- Dementia (fear, not knowing what is happening)
- Hunger
- Pain
- Increased frustration (with other persons behaviours)
- Being rushed
- Not given opportunity to be independent or to make own choices
- History of aggression
- Psychiatric illness (anxiety, delusions)
- Medical illness (UTI, electrolyte imbalances)
- Decreased sleep
- Keeping anger pent up
- Depression
- When too many demands are placed on a resident's ability to cope
- When someone is not use to change and is hit with too much all at once
- The environment – chaos, noise, being rushed. Maintaining a calm environment and approach is required. Prepare the resident for care ahead of time
- Unrealistic expectations placed on resident

What to do when a resident starts to become agitated:

- Realize that what works, works best
- Realize there is no single way to get an agitated resident to calm down
- Recognize that you may be the trigger. Ask another staff member to attempt care for that resident while you care for one of theirs.
- Keep the agitated resident safe
- Keep other residents around the agitated resident safe
- Keep yourself safe
- Recognize the need to walk away. DO NOT continue to pursue compliance from the resident but ensuring the resident is safe.

- Keep all unnecessary people and objects away from the immediate area. This will reduce stimuli. Added bystanders tend to escalate the situation making it more difficult for the resident to find a face-saving way to exit the situation.
- Find the staff member on duty that the resident relates to best.
- All staff need to remain calm. Getting angry only escalates the resident's behaviours.

Approaches to take

- Maintain intermittent eye contact. DO NOT stare at the resident.
- Have a friendly facial expression but control winking or grinning as this can be misinterpreted by the resident.
- Becalm but serious, you want to get the resident's attention
- Maintain a safe distance between you and the resident. Do not crowd him/her
- Don't stand at a higher level than the resident. Standing over them can cause them to feel threatened.
- Move slowly
- Be relaxed. Have open hands in front of you.
- Avoid being rigid in posture as this can convey fear.
- Avoid clenched fists as this conveys hostility
- Always avoid face to face confrontations.
- DO NOT touch the resident if at all possible and if you need to touch the resident always prepare him/her for it and explain what you are going to do before you do it.
- Voice gently to the resident what you are observing about their behaviour and what they say eq. "I hear you telling me that you're angry because your TV is not working again."
- Redirect the resident if the resident has dementia. Change the way the resident feels NOT the way they think eq. "You have a phone call." "Let's make some coffee" etc.
- Let the resident know that it's OK to be angry and that the staff will not let him/her get hurt or hurt someone else.
- If you do not think you can handle the situation safely get help.
- Accept what the resident says. Do not argue or disagree with him/her.
- Anticipate shame, vulnerability and loss of self-esteem from the resident. harm
- Acknowledge the resident's power to make a decision.
- Express concern and a desire to protect the resident from harm
- Offer the resident a drink, food if hungry etc.
- Ask if he/she is in pain and if so inform RPN/RN to provide analgesic

Record Storage

All records of harassment and violence reports, and subsequent investigations, are considered confidential and will not be disclosed to anyone except to the extent required by law. They will be stored minimally for 1 year.

In cases where criminal proceedings are forthcoming, Carveth Care Centre will assist police agencies, attorneys, insurance companies, and courts to the fullest extent. These records will be kept in accordance with our policy for resident chart records.

Indicators, evaluation and reporting

The tracking and analysis of established/standardized key performance indicators provides a basis for assessing an organization's strengths and weaknesses in addressing risks associated with workplace violence. Findings from the analysis can be used to inform action plans that address persistent areas of concern.

Training

Staff Instruction will may be completed:

- on a regular basis at a minimum of annually.
- when there are significant changes to the risks encountered.
- when there are significant changes to the workplace violence policy or program; and/or
- when circumstances indicate additional instruction or training is needed such as when procedures are not being followed or workers do not seem to know about them.

Ministry of Labour

Ministry of Labour health and safety inspectors are appointed under the Occupational Health and Safety Act. They are also appointed as Provincial Offences Officers under the Provincial Offences Act.
They:

- carry out proactive and reactive inspections of provincially regulated workplaces;
- issue requirements or orders where there is a contravention of the Occupational Health and Safety Act or its regulations.
- investigate critical injuries, fatalities, work refusals and health and safety complaints, and
- initiate prosecution under the Provincial Offences Act in respect of offences under the Occupational Health and Safety Act and/or its regulations.

Ministry of Labour health and safety inspectors may check to ensure employers, supervisors and workers are complying with workplace violence and workplace harassment requirements. They may do this as part of a general inspection of a workplace or when investigating a specific complaint or incident. Inspectors may issue written orders to comply with the Act when contraventions are found [section 57].
Ministry inspectors do not resolve or mediate specific allegations of harassment/violence in the workplace. Inspectors do not investigate allegations to determine if the behaviour of any of the individuals involved constitutes workplace harassment as defined by the Act. Inspectors do not have the authority to order individual remedies such as monetary compensation to individuals who experience harassment in the workplace.
See *A Guide to the Occupational Health and Safety Act* for more information on the role of ministry inspectors.

Police

Canada's Criminal Code deals with matters such as assault, sexual assaults, threats of bodily harm and behaviours such as stalking. The police should be contacted immediately when an act of violence has occurred in the workplace or when someone in the workplace is threatened with violence.

Ontario Human Rights System

Ontario's Human Rights Code is a provincial law that gives everyone equal rights and opportunities without discrimination or harassment in specific areas such as employment, housing, and services. The code's goal is to prevent discrimination and harassment based on the following: race, ancestry, place of origin, colour,

ethnic origin, citizenship, creed (religion), sex (including pregnancy), sexual orientation, gender identity, gender expression, age (18 and over, 16 and over in accommodation), marital status (including same sex partners), family status, disability, receipt of public assistance (in accommodation only), and record of offences (in employment only).

"Disability" covers a broad range and degree of conditions, some visible and others not. A disability may be present from birth, caused by an accident or developed over time. It may include physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol dependencies, environmental sensitivities, as well as other conditions.

Under the Human Rights Code, protection from discrimination or harassment includes past, present and perceived conditions involving disabilities. For example, a person who experiences discrimination because he or she was an alcoholic in the past is protected. Similarly, a person whose condition does not limit his or her workplace abilities at present, but who may be at greater risk of having limitations in the future, is also protected. When dealing with workplace violence and harassment, employers should be aware of their responsibilities for people with disabilities under the Human Rights Code.

Ministry of Labour Contact Information

Ministry of Labour Health & Safety Contact Centre

Toll-free: 1-877-202-0008 TTY: 1-855-653-9260 Fax: 905-577-1316

Call any time to report critical injuries, fatalities or work refusals.
Call 8:30 a.m. – 5:00 p.m., Monday – Friday, for general inquiries about workplace health and safety.
In an emergency, always call 911 immediately.

Employment Standards Information Centre

GTA: 416-326-7160 Canada-wide: 1-800-531-5551 TTY: 1-866-567-8893

Public Holiday Pay, Unpaid Wages, Termination Pay
Minimum Wage, Hours of Work, Leaves, Vacations
Filing an Employment Standards Claim

Confidentiality

Carveth Care Centre will do everything it can to protect the privacy of the individuals involved and to ensure that complainants and respondents are treated fairly and respectfully. Carveth Care Centre will protect this privacy so long as doing so remains consistent with the enforcement of this policy and adherence to the law.

Neither the name of the person reporting the facts nor the circumstances surrounding them will be disclosed to anyone whatsoever unless such disclosure is necessary for an investigation or disciplinary action. Any disciplinary action will be determined by the Administrator of Carveth Care Centre and will be proportional to the seriousness of the behaviour concerned. Carveth Care Centre will also provide appropriate assistance to any employee who is victim of discrimination or harassment.

Work Refusals

Under the Occupational Health and Safety Act, a worker can refuse to work if he or she has reason to believe he or she may be endangered by workplace violence [section 43(3) (b.1)]. However, work cannot be refused on the grounds of workplace harassment.

The act sets out a specific procedure that must be followed in a work refusal. It is important for workers, employers, supervisors, joint health and safety committees, and health and safety representatives to understand and follow this procedure.

Not all workers have the right to refuse work due to workplace violence. These workers are police officers, firefighters, workers employed in correctional institutions and workers employed in hospitals, nursing homes, psychiatric institutions, rehabilitation facilities, residential group homes for persons with physical or mental disabilities, ambulance services, first-aid clinics, licensed laboratories or in any laundry, food service, power plant or technical service used by one of the above [section 43(2)]. In addition, teachers cannot refuse work when a pupil's life, health or safety is in imminent jeopardy [section 3(3) of Regulation 857 (Teachers)].

Workers must remain in a safe place as near as reasonably possible to his or her workstation while waiting for the employer to investigate [section 43(5)] or for the Ministry of Labour to investigate [section 43(10)] in the event of a work refusal.

The location will depend on the circumstances that led to the work refusal.

See *A Guide to the Occupational Health and Safety Act* for more information on work refusals.

Notifications

When an incident of workplace violence occurs, the employee or supervisor/charge nurse on duty should first notify police and/or emergency responders for immediate assistance. The supervisor/charge nurse on duty will followed up with the immediate notification of the Administrator/Director of Care. The supervisor/charge nurse and the Administrator/Director of Care, under the Occupational Health and Safety Act, have a number of duties if a workplace violence incident results in a person being killed or critically injured 5 [section 51(1)].

If a workplace violence incident results in a person being **killed or critically injured** the Administrator/Director of Care must:

- immediately notify, by direct means such as telephone, a Ministry of Labour inspector, the workplace's joint health and safety committee or health and safety representative and union, if any; **and**
- within 48 hours notify, in writing, a director of the Ministry of Labour, giving the circumstances of the occurrence and any information that may be required.
- notify the joint health and safety committee or health and safety representative and the union within four days of the incident, if there is an incident of workplace violence and a worker **is disabled or requires medical attention**. This notice must be in writing and must contain any prescribed

information [section 52(1)]. If required by an inspector, this notice must also be given to a director of the Ministry of Labour. Notices are not required for incidents of harassment.

LEGISLATION

Workplace violence is punishable under the following legislation –

- Occupational Health and Safety Act (OHSA)
- Health Care and Residential Facilities Reg.
- Criminal Code of Canada
- Ontario Human Rights Code
- Workers' Compensation Act
- Compensation of Victims of Crime Act
- Regulated Health Professions Act
- College of Nurses (Nurse Abuse, Restraints)

Section under the Occupational Health and Safety Act addressing employer duties include:

- Section 25(1)(b) maintenance of existing equipment in good condition
- Section 25(2)(h) take every precaution reasonable in the circumstances (this may include conducting a risk assessment specific to workplace violence)
- Section 25(2)(j) development of OHS policy and program to implement the policy
- Section 25(2)(a) provide information and instruction to protect the worker

Section under the Occupational Health and Safety Act addressing supervisor duties include:

- Section 27(1):
- (a) works in the manner and with the protective devices, measures and procedures required by this Act and the regulations; and
- (b) uses or wears the equipment, protective devices or clothing that the worker's employer requires to be used or worn.
- Section 27 (2):
  (a) advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which the supervisor is aware;
  (b) where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker; and
  (c) take every precaution reasonable in the circumstances for the protection of a worker. R.S.O. 1990, c. O.1, s. 27.

Section under the Occupational Health and Safety Act addressing worker duties include:

28. (1) A worker shall,
(a) work in compliance with the provisions of this Act and the regulations;
(b) use or wear the equipment, protective devices or clothing that the worker's employer requires be using or wearing;
(c) report to his or her employer or supervisor the absence of or defect in any equipment or protective device of which the worker is aware and which may endanger himself, herself or another worker; and

(d) report to his or her employer or supervisor any contravention of this Act or the regulations or the existence of any hazard of which he or she knows.

Idem

(2) No worker shall,

(a) remove or make ineffective any protective device required by the regulations or by his or her employer, without providing an adequate temporary protective device and when the need for removing or making ineffective the protective device has ceased, the protective device shall be replaced immediately;

(b) use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself or any other worker; or

(c) engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct

REFERENCES FOR WORKPLACE VIOLENCE AND HARASSMENT PREVENTION PROGRAM

Ontario Safety Association for Community and Health Care: Bullying in the Workplace: A handbook for the workplace; March 2009
www.osach.ca

Ontario Safety Association for Community and Health Care: Assessing Violence in the Community: A handbook for the workplace; April 2009

Canadian Centre for Occupational Health and Safety (February 2007) Violence in the Workplace.
http://www.ccohs.ca/oshanswers/psychosocial/violence.html

Ontario Safety Association for Community and Health Care: Workplace Violence Prevention: Preventing Client Aggression. ORCA Workplace Violence Workshops (Ontario, 2007)

Ministry of Labour (July 2007) Workplace Violence.
http://www.labour.gov.on.ca/english/hs/workplace_violence.html

Frequently Asked Questions

What if a worker is accidentally pushed or hurt?

Accidental situations – such as a worker tripping over an object and pushing a co-worker as a result – are not meant to be included.

Does the person need to intend to hurt the worker?

For workplace violence to occur, a person must apply, attempt to apply, or threaten to apply physical force against a worker. However, he or she does not need to have the capacity to appreciate that these actions could cause physical harm. For example, a person may have a medical condition that causes them to act out physically in response to a stimulus in their environment. This would still be considered workplace violence.

Workplace violence could also include situations where two non-workers, patients for example, are fighting and a worker is injured when he or she intervenes. The non-workers may not have intended their violence

to spill over to anyone else, but they used physical force, which ultimately caused physical injury to a worker.

Employers are expected to take these situations into account when assessing the risks of workplace violence and when dealing with incidents. They would be required to establish measures and procedures to protect workers from this type of behaviour.

What happens to the people who complain of violence in the workplace just to retaliate against someone they don't like or get along with?
This is a very unusual situation and more likely to occur when employees are not informed about the definition(s) of workplace violence. Frivolous complaints could result in disciplinary procedures.

How can the investigation be kept confidential if everyone knows what is going on?
Confidentiality is identified as a major concern in all interviews carried out as part of an investigation of any complaint. The employee grapevine is a part of every company and certainly beyond our ability to control. It is the responsibility of the investigator to discuss the complaint only with those who might have knowledge of the situation. Please recognize if a complaint has no merit, there can be damage done to an individual who has been accused. We encourage those with information to support the complaint process and then to leave the conclusions to the investigators.

Will the person who acted in a violent manner with me go to jail?
If a criminal action has occurred and the individual could face criminal charges. As an employer, Carveth Care Centre is required to obey applicable provincial and/or federal statutes protecting against violence in employment.

If I'm accused of a violent activity, may I hire a lawyer?
You may wish to consult with a lawyer. If you cooperate during the investigation, you should be able to expect fair treatment by the Carveth Care Centre. Employees who ignore or abuse the investigative process will be subject to disciplinary procedures.

If someone else is the subject of violent behaviour, do I have to get involved as a witness? It's their problem, not mine.
You cannot be compelled to become involved. However, we trust all employees will help us eliminate violence of any kind from our workplace. A positive safe respectful work place benefits everyone and we must all be proactive.

How do you decide if there were no witnesses and it's just one person's word against another?
Many individuals with violent tendencies repeat their actions with other employees. Investigations can include former employees who have experienced this behaviour. Witnesses are not always required to establish what has occurred.

What is meant by the phrase "circumstances specific to the workplace"?
Circumstances specific to the workplace could include:
• layout and design of the workplace;
• geographic location of the workplace;
• work carried out and conditions of work, including activities or circumstances associated with a higher risk of violence;

• protective measures and procedures, including security measures, that may already be in place;
• past violent incidents in the workplace.

What about privacy legislation?
There may be other laws that govern the release of personal or medical information such as the:
Youth Criminal Justice Act (Canada);
Personal Information Protection and Electronic Documents Act (Canada); and
Personal Health Information Protection Act.

The employer will have to take into account a person's right to privacy under those risks [section 32.0.5(3)].
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How might an employer become aware of domestic violence that may enter the workplace?
An employer may become aware of domestic violence when an incident takes place at the workplace or when a concern is reported by a targeted worker, co-workers or someone else. Other indicators could include threatening emails and phone calls received at work or unwelcome visits at the workplace such as by an abusive partner.

What is the employer's obligation if the targeted worker does not want the employer to take any steps?
Even if a worker does not want any steps taken, the employer may still be required to take some action to protect the targeted worker and other workers, depending on the circumstances.
The employer should work closely with the targeted worker to develop reasonable precautions to address the situation while attempting to respect the worker's privacy and sensitivity of the issue.

Does an employer have to assess the risk that domestic violence will occur in the workplace?
The Occupational Health and Safety Act does not require an employer to assess the risk of domestic violence occurring in a workplace.

Can a worker refuse work on the basis of a threat?
Yes, if it is (or can be reasonably interpreted to be) a threat to exercise force that could cause physical injury to the worker subject to limitations on the right to refuse work for specific categories of workers.
Where a worker receives a threat that does not cause him/her to fear for his/her personal safety, the worker should use the procedures in the workplace violence or harassment program to report the incident to his or her employer.

PSHSA Violence Risk Assessment Scale

Probability Rating	Definition
Highly Likely	Nearly 75-100% chance of occurrence in next year
Likely	Between 25-75% chance of occurrence in next year
Possible	Between 10-25% chance of occurrence in next year
Unlikely	Less than 10% chance in next year
Impact Rating	**Description**
Catastrophic	**Extremely harmful** • Fatal injury or Major disabling injury/illness (resulting in permanent impairment) • Imminent danger and/or jeopardy to any life (hostage taking (Code Purple); bomb threat (Code Black); weapons) • Symptoms of horizontal violence where greater than 50% of staff have complained (i.e. grievances; documented events; excessive absenteeism) • Domestic violence – fatality and/or imminent threat to life at the workplace
Critical	**Very Harmful** • Physical and/or psychological injury resulting in lost time > 5 days • Threatening behaviour by external perpetrator • Symptoms of horizontal violence where 25-50% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism) • Domestic violence - resulting in physical/psychological injury at the workplace
Serious	**Harmful** • Physical and/or psychological injury resulting in lost time 1-5 days, medical aid or first aid • Event resulted in moderate property/equipment damage (broken windows; theft; break-ins) • Symptoms of horizontal violence where 10-25% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism) • Domestic violence - perpetrator has threatened the safety of anyone at the workplace (cyber mediums; phone calls; physical presence on property)
Marginal	**Minor** – observed hazard but has not caused harm • Evidence of minimal property damage (graffiti; defacing) • Symptoms of horizontal violence where <10% of staff have raised concerns (i.e. grievances; verbally reported events; documented events; excessive absenteeism) • Domestic violence – informal complaints/observations

Adapted from: Canadian Centre for Occupational Health and Safety 2009 (based on Occupational Health and Safety Management Systems - Guide: British Standard, BS 8800, BSI 2004; and Managing Safety the Systems Way: Implementing OHSAS 18001 using BS 8800, BSI 2004) and The University of Western Australia, Safety Risk Management Procedures.

Risk Assessment Matrix

	Probability Rating			
Impact Rating	**Highly Likely**	**Likely**	**Possible**	**Unlikely**
Catastrophic	**High**	**High**	**Moderate**	**Low**
Critical	**High**	**High**	**Moderate**	**Low**
Serious	**Moderate**	**Moderate**	**Moderate**	**Very Low**
Marginal	**Low**	**Low**	**Very Low**	**Very Low**

Types of Workplace Violence

Type I External Perpetrator
Type II Client/Customer
Type III Employee Related
Type IV Personal Relationship

Acknowledgement and Agreement

I, _____, acknowledge that I have read and understand the Anti-Violence Policy of Carveth Care Centre. I understand that if I violate the rules of this policy, I may face legal, punitive, or corrective action, up to and including termination of employment and/or criminal prosecution.

Name: _____

Signature: _____

Date: _____

Witness: _____

DOMESTIC VIOLENCE IN THE WORKPLACE

Bill 168, Under the Occupational Health and Safety Act requires employers, who are aware, or who should reasonably be aware, that domestic violence may occur in the workplace to take every precaution reasonable in the circumstances to protect a worker at risk of physical injury.

What is Domestic Violence?

Domestic Violence is defined as a person who has a personal relationship with a worker – (such as a spouse or former spouse, current or former intimate partner or a family member) who may physically harm, or attempt or threaten to physically harm, that worker at work. Domestic violence is a pattern of behaviour used by one person to gain power and control over another with whom he/she has or has had an intimate relationship. This pattern of behaviour may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking and using electronic devices to harass and control.

Domestic violence becomes workplace violence or harassment when it occurs or spills over into the workplace. It is also known as Personal Relationship Violence (PRV).

Employers Involvement:

Carveth Care Centre understands that worker's personal safety and well-being benefit, workers, employers and an organization's bottom line. Under Bill 168, Carveth must respond when aware of domestic violence that may expose the worker to physical injury in the workplace.

Department managers need to recognize the signs of domestic violence, assess the potential risk to the victim, co-workers, and other bystanders, and have measures and procedures in place to control risks. Helping workers feel safe by addressing their personal safety issues and connecting them to appropriate community resources contributes to a healthier, more productive workplace. It also prevents serious injuries and fatalities.

Carveth Care Centre commits to helping workers feel safe by addressing their personal safety issues and connecting them to appropriate community resources which will contribute to a healthier, more productive workplace and prevent serious injuries and fatalities. Workers are encouraged to report their concerns to their employer if they fear domestic violence may enter the workplace.

Effects of Domestic Violence in the Workplace:

- Reduced employee productivity
- Increased absenteeism
- Replacement, recruitment and training costs when victims are injured or dismissed for poor performance
- Higher company health expenses
- Decreased employee morale
- Strained relations among co-workers
- Potential harm to employees, customers etc. when violent abusers enter workplace

- Liability costs if someone harmed

Policy:
Carveth Care Centre has a policy that clearly states that any violence, including domestic violence, will not be tolerated in the workplace and on the property.

Purpose:
To help workers feel safe by addressing their personal safety issues and connecting them to appropriate community resources which will contribute to a healthier, more productive workplace and prevent serious injuries and fatalities?

Procedures:

Department managers need to recognize the signs of domestic violence, assess the potential risk to the victim, co-workers, and other bystanders, and have measures and procedures in place to control risks. Helping workers feel safe by addressing their personal safety issues and connecting them to appropriate community resources contributes to a healthier, more productive workplace. It also prevents serious injuries and fatalities.

Carveth Care Centre commits to helping workers feel safe by addressing their personal safety issues and connecting them to appropriate community resources which will contribute to a healthier, more productive workplace and prevent serious injuries and fatalities. Workers are encouraged to report their concerns to their employer if they fear domestic violence may enter the workplace.

Staff need to recognize the signs of domestic violence in the workplace. These may include:

- Attempts to prevent the victim from getting to work or looking for work, such as:
  - Interfering with transportation
  - Hiding or stealing the victim's identification cards
  - Failing to show up to care for children
- The victim may try to cover bruises, be sad, lonely, withdrawn, have trouble concentrating on a task, be nervous when talking when the perpetrator is there, make last minute excuses/cancellations, use drugs or alcohol to cope, miss work frequently or more often than usual
- The perpetrator may interfere with victim while at work – the most common tactics are repeated harassing phone calls, in-person harassing at the workplace.

Our prevention program includes:

- Recognizing: the signs domestic violence in the workplace:
  - Attempts to prevent the victim from getting to work or looking for work, such as:
    - Interfering with transportation
    - Hiding or stealing the victim's identification cards
    - Failing to show up to care for children
  - The victim may try to cover bruises, be sad, lonely, withdrawn, have trouble concentrating on a task, be nervous when talking when the perpetrator is there, make last minute

excuses/cancellations, use drugs or alcohol to cope, miss work frequently or more often than usual
    - The perpetrator may interfere with victim while at work – the most common tactics are repeated harassing phone calls, in-person harassing at the workplace.
- Training: regular manager and worker training and education about domestic violence and resources available

Steps Carveth will take once we are aware of an incident, complaint, or threat of domestic violence to victims, and accountability measures for the abusers if they work in the organization may include:

- Training: make regular manager and worker training and education about domestic violence and resources available.
- Ensure victims understand that confidentiality will, as much as possible, be maintained on a need-to-know basis.
- Establish leave provisions that allow the victim to deal with legal issues, find housing, child care, etc. – and take time to heal.
- Consideration for the victim's safety at the workplace - this includes a workplace safety plan. If domestic violence has occurred or could enter the workplace, Carveth will take steps to minimize the risk. These will depend on the circumstances of each situation. As an employer, Carveth may take precautions to avert an incident or complaints of domestic violence. This includes:
    - Developing a practical guide with strategies to deal with the abuser (both co-workers and visitors).
    - Offering extended leaves of absences and workplace relocation options for workers who experience domestic violence.
    - Ensure victims understand that confidentiality will, as much as possible, be maintained on a need-to-know basis
    - Communicating our domestic violence policy and supporting program which includes:
        - Emergency response
        - Reporting procedures
        - Police notification
        - Door security
        - Emergency contact numbers
        - Support victims of domestic violence. This includes posting a list of resources for victims in washrooms, staff room and nursing stations
- Accommodate alternative work arrangements, e.g. schedule flexibility, change in start/finish time, transfer to different work location, etc.
- Establish leave provisions that allow the victim to deal with legal issues, find housing, child care, etc. – and take time to heal.

RESOURCES FOR DOMESTIC VIOLENCE:

Victims and survivors of physical, sexual, emotional, or financial abuse can find emergency shelter and housing, health care, legal services, emotional support, counselling, system navigation services, and accompaniment services for interviews or appointments. Intervention and prevention services often focus on abuse in the home or workplace, sexual assault, violent

crime, or human trafficking.

- www.NeighboursFriendsandFamilies.on.ca
  for information on how to help women at risk of abuse, how to talk to men who are abusive and how to plan for safety

- Assaulted Women's Helpline
  1-866-863-0511 and TTY 1-866-863-7868 offers crisis support for abused women in Ontario. This anonymous and confidential service is available in 154 languages. They can also suggest other community resources.

- The Safe @ Work Coalition
  www.safeatworkcoalition.org

- Corporate Alliance to End Partner Violence
  www.caepv.org

DOMESTIC VIOLENCE AND SEXUAL ASSAULT - FRONTENAC & KINGSTON

These Services are located in Frontenac and Kingston

- Dawn House Women's Shelter
  Kingston
  613-545-1379 (24 hour answering machine)
- K3C Community Counselling Centres - Women's Program
  417 Bagot St, Kingston, ON, K7K 3C1
  613-549-7850
- Sexual Assault Centre Kingston
  400 Elliott Ave, Unit 1, Kingston, ON, K7K 6M9
  613-545-0762

These Services are located outside of Frontenac and Kingston

- Abuse Hurts/Canadian Centre for Abuse Awareness
  113 Connaught Ave, Aurora, ON., L4G 6S6
  905-727-4357 (905-727-HELP)
- Act to end Violence Against Women
  390 Steeles Ave W, Ste 209, Thornhill, ON, L4J 6X2
  905-695-5372
- Assaulted Women's Helpline
  PO Box 369, Station B, Toronto, ON, M5T 2W2
  Helpline in GTA: 416-863-0511
  Administration: 416-364-4144

▪ Canadian Red Cross - Simcoe Muskoka Branch - Canadian Red Cross - Promoting Respect, Preventing Violence
65 Cedar Pointe Drive, Unit 809B, Barrie, ON, L4N 5R7

▪ Land O Lakes Community Services - Land O'Lakes Community Services - Violence Against Women Program
12497A Hwy 41, Unit 1, Northbrook, ON, K0H 2G0
613-336-8934- or 613-279-3151

▪ Ontario Association of Interval and Transition Houses
PO Box 27585, Yorkdale Mall, Toronto, ON, M6A 3B8
416-977-6619

These services are available in Leeds and Grenville

▪ Assault Response & Care Centre (ARCC) – Brockville location
1-800-567-7415
www.arc-c.ca

▪ Assaulted Women's Helpline – Brockville location
1-866-863-0511
www.awhl.org

▪ Distress Line
1-800-465-4442
www.dcontario.org

▪ Interval House
1-800-267-4409
www.lgih.ca

▪ Lanark, Leeds & Grenville Legal Clinic
1-800-597-4529
www.legalclinic.ca

▪ Legal Aid Ontario
1-800-668-8258
www.legalaid.on.ca/en/getting/type_domesticviolence.asp

▪ Mental Health Crisis Line
1-866-281-2911
www.rohcg.on.ca/programs-and-services/bmhc-e.cfm

▪ Victim Witness Assistance Program
1-888-216-2191
https://www.attorneygeneral.jus.gov.on.ca/english/ovss/VWAP-English.html

▪ Victim Support Line
1-888-579-2888
www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp

▪ Domestic Violence Publication
www.vcars.on.ca/wp-content/uploads/2012/11/Out-of-Shadows-12-2012.pdf

▪ Safety Planning for the Home
www.flipsnack.com/cdvsca/building-a-safer-home-environment.html

▪ Safety Planning when you live your partner
www.flipsnack.com/cdvsca/living-with-partner-safety-plan.html

▪ Legal Information for Victims of Domestic Violence
www.cleo.on.ca/sites/default/files/book_pdfs/handbook.pdf

▪ Blog Posts on Domestic Violence
victimservices.wordpress.com/category/domestic-violence/

▪ Facts & Statistics re: Domestic Violence
www.canadianwomen.org/facts-about-violence?gclid=CP7VzK7Pu8wCFQoNaQodN9YOLw

▪ 211 Information on Domestic Violence Resources
211ontario.ca/topic/Ontario/ORGANIZATION/fht266/Ontario?gclid=CPza0bvPu8wCFRCOaQodCo0N-g

▪ Violence Against Women Website and provincial resources
http://cfsontario.ca/campaigns/gender-based-violence/provincial-support-resources/

▪ Domestic Violence Hotline
www.thehotline.org

▪ Legal Aid
www.legalaid.on.ca/en/getting/type_domesticviolence.asp

Violent Outbursts

DEALING WITH AGGRESSION/ VIOLENT OFFENDERS

Policy:
All staff and volunteers will be familiar with the procedures to follow if an act/threat of violence or aggression occurs.

Purpose:
To ensure the licensee of Carveth Care Centre develops a policy for dealing with aggression/ violent offenders.

Procedure:

1. The procedure will apply to all staff once the announcement of a **CODE WHITE** is made. In the event any person on the property presents a threat to the safety of others, use the paging system to announce Code White three times. The paging system should only be used for announcements related to the Code White until the "all clear" has been announced.

2. Call for help at the first sign of violence or threat of violence, and if the offender is armed, i.e. knife or other weapon, call the 911 immediately to handle the situation and do not attempt to handle it yourself.
    - If the offender is inside the building:
        - Immediately remove all persons from the danger zone and if possible lock down the area if a safe distance is able to be maintained.
        - Remain alert for seemingly harmless objects that can be used against you, i.e. pens, chairs kitchen utensils etc.
        - Search the area for any weapons or other objects that could endanger others and confiscate and store all items in a safe place. Document items confiscated.
    - If the offender is exterior to the building:
        - Lock down all points of entry/exit to the building (doors, windows, fire exits etc.) to prevent entry/departures
        - Using the paging system announce lock down mode to residents and staff three times
        - Monitor presence of the offender from a safe distance without antagonizing the situation
        - Obtain descriptive information as available (i.e. name of the offender, relationship, physical description) to report to authorities

3. Once the police have arrived, they will take control of the scene and staff is to follow their directions.

4. Treat any injuries sustained during the threat, or seek outside medical attention if necessary. Interview any staff or residents who may have observed the incident and document their responses.

5. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

RESIDENT TO RESIDENT/RESIDENT TO STAFF AGGRESSION

Policy:
It is the intent of this home to ensure there is an effective process to reduce/prevent the risk of resident to resident/resident to staff altercations from occurring.

Purpose:
To control resident to resident/resident to staff altercations in order to prevent mental, physical, sexual, and verbal aggression from occurring.

Procedure:

1. Prior to admission, residents are screened to determine whether a potential resident is at risk of abusing another resident/staff. This screening comes from CCAC referral information about the potential resident's long term history and/or their current response to care provision. Residents identified as having a history of potentially aggressive behaviour or found to be aggressive after admission will have this history documented on their chart. This information will include:

    - The resident's physical or social maladaptive behaviour
    - The resident's physical capacity
    - When the last altercation may have occurred
    - Any recent changes in the behaviour (worsening or lessening)
    - What triggers the behaviour, to whom is the behaviour directed
    - The resident's life history and general temperament
    - Any cognitive, communication, decision making ability and/or sensory impairments

2. Strategies to reduce/prevent such incidents from occurring will be provided with input from the resident's family and a care plan will be created, identifying goals and approaches to reduce/prevent future occurrences.

3. The identified resident will be monitored on an ongoing basis related to changes that would trigger behaviours and a suggestion of strategies that could be used to prevent them on a regular basis developed and documented on the resident's care plan.

4. A medical referral to the resident's physician will be made immediately upon the identification of a resident who has a history of aggressive behaviour or the potential for abusing others.

5. Initiate behavioural assessment and care protocols according to policy.

6. Immediate action will be taken in all cases of aggression and involve the following:

    - An attempt to separate the resident from the other resident or staff member using a calm non-threatening approach and the least number of staff and observers required.
    - Speaking to the resident calmly and clearly.
    - Manipulating the resident's environment to remove the cause of the potential trigger for the behaviour and this may mean staff removing themselves and/or the other resident from the situation.
    - Redirecting the aggressive resident by involving him/her in activities, going for a walk etc.

- Monitoring and adjusting the resident's care to reduce negative outcomes.
- Reviewing and revising the resident's care plan routinely as their condition changes.
- Contacting the resident's physician in all cases of resident to resident aggression with potential referral to psychiatric services and instances where a staff member has been physically injured.
- Initiation of behavioural assessment and care protocols according to policy.

7. The charge nurse will contact the Administrator/Director of Care in all instances where there is resident to resident abuse and/or physical injury has occurred to a staff member as a result of resident aggression to discuss interventions to be followed eq. potential transfer of resident/staff to hospital, notification of families, police notification etc.

8. An incident report will be written in all cases where resident to resident aggression involves direct physical contact and in cases where a staff member has been physically injured and forwarded to the Administrator.

What can cause aggressive/agitated behaviour?

- Speaking too loudly or too softly to the resident (resident can't hear you)
- Waiting for too long a period eq. toileting, a drink when thirsty etc.
- Dementia (fear, not knowing what is happening)
- Hunger
- Pain
- Increased frustration (with other persons behaviours)
- Being rushed
- Not given opportunity to be independent or to make own choices
- History of aggression
- Psychiatric illness (anxiety, delusions)
- Medical illness (UTI, electrolyte imbalances)
- Decreased sleep
- Keeping anger pent up
- Depression
- When too many demands are placed on a resident's ability to cope
- When someone is not use to change and is hit with too much all at once
- The environment – chaos, noise, being rushed. Maintaining a calm environment and approach is required. Prepare the resident for care ahead of time
- Unrealistic expectations placed on resident

What to do when a resident starts to become agitated:

- Realize that what works, works best
- Realize there is no single way to get an agitated resident to calm down
- Recognize that you may be the trigger. Ask another staff member to attempt care for that resident while you care for one of theirs.
- Keep the agitated resident safe
- Keep other residents around the agitated resident safe
- Keep yourself safe
- Recognize the need to walk away. DO NOT continue to pursue compliance from the resident but ensuring the resident is safe.

- Keep all unnecessary people and objects away from the immediate area. This will reduce stimuli. Added bystanders tend to escalate the situation making it more difficult for the resident to find a face-saving way to exit the situation.
- Find the staff member on duty that the resident relates to best.
- All staff need to remain calm. Getting angry only escalates the resident's behaviours.

Approaches to take:

- Maintain intermittent eye contact. DO NOT stare at the resident.
- Have a friendly facial expression but control winking or grinning as this can be misinterpreted by the resident.
- Becalm but serious, you want to get the resident's attention
- Maintain a safe distance between you and the resident. Do not crowd him/her
- Don't stand at a higher level than the resident. Standing over them can cause them to feel threatened.
- Move slowly
- Be relaxed. Have open hands in front of you.
- Avoid being rigid in posture as this can convey fear.
- Avoid clenched fists as this conveys hostility
- Always avoid face to face confrontations.
- DO NOT touch the resident if at all possible and if you need to touch the resident always prepare him/her for it and explain what you are going to do before you do it.
- Voice gently to the resident what you are observing about their behaviour and what they say eq. "I hear you telling me that you're angry because your TV is not working again."
- Redirect the resident if the resident has dementia. Change the way the resident feels NOT the way they think eq. "You have a phone call." "Let's make some coffee" etc.
- Let the resident know that it's OK to be angry and that the staff will not let him/her get hurt or hurt someone else.
- If you do not think you can handle the situation safely get help.
- Accept what the resident says. Do not argue or disagree with him/her.
- Anticipate shame, vulnerability and loss of self-esteem from the resident. harm
- Acknowledge the resident's power to make a decision.
- Express concern and a desire to protect the resident from harm
- Offer the resident a drink, food if hungry etc.
- Ask if he/she is in pain and if so inform RPN/RN to provide analgesic

4.5 Code Red - Fire

Please refer to the Fire section of this manual. Staff and residents are trained on the implementation of the fire plan including participation of staff in fire drills.

4.6 Code Orange - Community Disasters

Our goal is to provide a safe and secure environment for residents, staff and visitors. Code Orange policies will be implemented based on the following criteria:

Bomb Treat
Chemical Spill
Weather – Tornado, ice storm, including power outages due to weather, outside air contamination
Capacity Increase – housing members of the community through a community based disaster

Carveth Care Centre is equipped with an industrial emergency generator that is activated automatically after 30 seconds with no power. The gas that runs the generator lasts approximately 24 hours and we have a contract with local MacEcwen Petroleum Inc. to refill the generator when it is in use. They have an emergency number listed on the “Emergency Evacuation Contacts List”.

Carveth Care Centre is also incorporated into the town of Gananoque’s emergency plan and as such has emergency access to a second generator if needed.

4.7 Code Black - Bomb Threats

Our goal is to provide a safe and secure environment for residents, staff, and visitors. Code Black policies will be implemented when a bomb threat is received.

BOMB THREAT

Policy:

To familiarize personnel of Carveth Care Centre and assisting agency personnel with an effective means of dealing with a "BOMB THREAT" in a calm and orderly manner.

Purpose:

To ensure O.Reg. 166/11, s. 25, (3) (1) (iv), ensuring the licensee of a retirement residence develops a policy for dealing with a bomb threat.

The following information and procedure include guidelines that will be beneficial in the event a bomb threat is received. When a threat is received there is no time to determine what resources are available. This must be done in advance for the guidance of key personnel who must act automatically. Resident safety is the prime concern so staff must be knowledgeable in their responsibilities so any harm to residents can be avoided. Staff must be alert and act in a calm manner.

Previous experience has shown that publicity generates threats. Therefore, it is recommended the publicity be minimized.

Procedure:

1. Control Centre

- Administrator's office or other designated area.

2. Staff person who takes the call is to:

- Listen
- Remain calm
- Do not interrupt caller. Obtain as much information as possible the enlist the aid of fellow employees to notify the Charge nurse.

3. During or after the call record the following information:

- Sex, age, accent, speech (fast or slow), manner (calm, emotional, vulgar).
- Approximate age
- Voice (loud / soft)
- Exact wording of threat
- Does the caller have an accent?
- Is the caller attempting to disguise their voice?
- Background noise (e.g. traffic, voices, train, office equipment)
- Is the caller calling from inside or outside?
- Specific details provided by the caller (e.g. demands)

Bomb Threat received by mail or email:

- For letter (mail), minimize the handling of the letter and envelope
- Leave the letter where it was discovered – may have been found at front door, elevator etc.

4. Functions

- A placard containing the following (found at nursing station by phone)
- "**BOMB THREAT"- NOTIFY THE ADMINISTRATOR OR CHARGE PERSON** is to be kept readily accessible at the Nursing Station at all times. It will be used to alert other personnel in the area that a "BOMB THREAT" call is being received. The person seeing the card will then notify the Charge nurse/alternate on another telephone line. This will enable the person receiving the call to hold the connection. Once the call is ended the staff member who took the call can attempt to trace the call by reconnecting to the same line and dial * **57** and wait for message whether trace was successful or not. The Charge nurse will immediately report the threat to Police at 613-382-4422 and the Fire Department 911.
- Using the paging system, announce Code Black three times. The paging system should only be used for announcements related to the Code Black until the all clear has been announced.
- The charge nurse will assist and take all direction from Police and Fire officials upon their arrival. The Fire and Police officials will be responsible for making the decision to evacuate the building or not.
- Secure the Lodge and only allow emergency personnel to enter or leave the residence. All residents and visitors are to remain in the suites.
- The charge nurse will assume the responsibility of curtailing any procedures in patient areas or treatment areas that may interfere with an orderly and thorough search for the bomb.
- The charge nurse will inform the Lodge manager and administrator and keep them advised of any changes in the situation.
- The Administrator/designate will be responsible for giving the direction to activate the telephone fan-out system if he deems it necessary.
- The charge nurse will remain in close proximity or direct contact with the area in which the search is being conducted.
- In the event it is necessary to evacuate the building, the charge nurse will:
    - Initiate the use of the "Emergency Evacuation" box
    - Hand out walkie-talkies to staff (as available)
    - Assign staff to exit doors with resident lists and clipboards to document residents as they are evacuated from the building
    - Remove the drug cart, MARS, care plans, insulin, puffers and eye drops to the outdoor meeting area
- In the event it is necessary to evacuate anyone from the area to another location, the charge nurse will notify the residents' physicians for any emergency orders.
- In the event that the physician cannot be located the Charge Nurse is to assume the responsibility for any emergency orders and leave a message for the physician as to what action was necessary and taken.
- The charge nurse will assume responsibility and give directions as to the return of residents to his/her rooms.

- The charge nurse will attend a meeting conducted following the “All Clear Alert” in the chosen office, if possible.

The Charge Nurse will:

- Notify employees on duty that a bomb threat has been received.
- In the event of evacuation, will initiate the telephone call-in fan out system call.
- Assign personnel to their areas and have them observe for any changes in their area.
- Be aware that it is not necessary for authorities to search areas that are kept locked at all times, as accessibility would be nil for placement of a bomb or object. However, inform authorities of any doors that may have been left open for any length of time to include that area in their search.
- Remain in close proximity of the person/persons conducting the search in case of further instructions.
- Offer the co-operation of allowing a Carveth Care Centre representative to assist the authorities in the search as local authorities are not as familiar with Carveth Care Centre so special areas could be overlooked in a routine search.

5. General Suggestions and Guidelines- All Personnel

- Good housekeeping is a must. Isolate suspicious or unusual objects. All packages, boxes and materials should be kept in the proper place. Nothing should be cluttered about the home.
- Personnel should remain calm and alert. Personnel should be properly trained to minimize the alarm among patients and other personnel.
- Suspicious actions of the persons in any area of Carveth Care Centre and the proper reporting of such may be the key to solving the “Bomb Threat”.
- Key personnel should prepare written comprehensive reports and direct them to the administrator, outlining any difficulties encountered during the incident. These reports will be used to update or revise the existing Bomb Threat Procedure.
- At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

4.8 Code Brown - Chemical Spills

Our goal is to provide a safe and secure environment for all residents, staff and visitors. Code Brown policy will be implemented when a chemical spill occurs and will be classified as either:
Non-threatening chemical spills present little or no hazard to the residents/staff/visitors or the property **or Threatening chemical spills** within the residence involve the immediate evacuation of the residence and notification of emergency authorities.

All spills can be safely cleaned using a Chemical Clean Kit and all spill kits are located in the main laundry area.

Chemical Policy:

A chemical spill is defined as the uncontrolled release of a hazardous chemical, either as a solid, liquid or gas. The challenges related to dealing with chemical spills will vary with the type and volume of chemical involved.

This document describes generic methods for preventing chemical spills, responding to spills of low or moderate hazard and information on reporting and addressing larger chemical spills at Carveth Care Centre.

Responsibilities:

Workers

Under the OH&S Act, the worker has an obligation to protect their own health and safety and that of other workers present while they are working. The worker is also expected to cooperate with Carveth Care Centre for the purpose of protecting their health and safety and that of other workers.

These responsibilities include:

- Take all necessary steps to minimize the chance of spills when working with chemicals.
- Cooperate with their supervisors, the department and the authorities.

Managers

The managers of Carveth Care Centre, when involved in the supervision of staff members are responsible for performing the duties of the employer specified under the Act as designated representatives of the home. Specifically, these include:

- Ensuring that an adequate number of persons are trained in chemical spill response for their area.
- Providing site-specific training for their area.
- Ensuring there is sufficient and appropriate spill response supplies in their area.
- Take all necessary steps to minimize the chance of spills when working with chemicals.
- Cooperate with external agencies in the event of a chemical spill.
- Coordinate response and summoning of additional response personnel, and will be available after hours to provide assistance in the event of a spill.

The Health and Safety Committee will:

- Regularly inspect areas to ensure that spill kits are available and that supplies are relevant to the chemicals being handled in the area for which the spill kit is designated for use.
- Maintain records regarding inspections conducted, training conducted and spill kit maintenance.

- Provide “site-specific” training to department members who work with chemicals and will potentially be involved in a chemical spill/emergency response situation.
- Regularly inspect areas to ensure that spill kits are available and that supplies are relevant to the chemicals being handled in the area for which the spill kit is designated for use.

Spill Response Preparation

Emergency preparedness is an important element of a chemical spill plan. When worksites are prepared for chemical spills, fewer errors are made and there is a reduced risk to persons, property and the environment. The essential elements of spill response preparation are; training, hazard information, proper equipment, and written procedures as described below.

Training

Spill response training is provided by the Health and Safety Committee by developing department specific training which they provide to individuals specific departments.

This training will include review of department specific chemical spill response plans, instruction in spill clean-up techniques and review of hazards found in the work area (chemical, physical, biological) which may be of concern during a chemical spill response.

Hazard Information

Information on the chemical hazards present at the worksite must be kept up-to-date and readily available. Sources of information include Material Safety Data Sheets, signs, container labels, posters, and reference books. Director of Care and departmental WHMIS Designate(s) are responsible for ensuring that this information is readily available to staff.

Equipment

The Director of Care and Health and Safety representative are responsible for ensuring that an adequate supply of spill response equipment is maintained within the home. The equipment required includes; first-aid equipment, personal protective equipment and spill cleanup supplies.

Procedures:

1. Chemical specific procedures must be available in work areas where hazardous chemicals are present or where large quantities of chemicals are stored. These are contained in the yellow MSDS binders and include information on the hazards of the chemical, the personal protective equipment and spill abatement equipment required, the instructions for containing and cleaning up the spill and the first-aid measures and materials required to treat exposed individuals.

2. When a chemical spill occurs, personnel at the spill scene must act quickly to reduce the consequences of the spill. The actions taken depend on the magnitude, complexity, and degree of risk associated with the spill. The following steps outline the actions which should be taken in response to a chemical spill:

- Stay clear and warn others.
- Proceed with caution and advise others that are in the immediate area of the spill of the potential danger.
- Assist injured or contaminated persons.
- If persons are injured, provide first-aid if you or another available individual is trained to do so. If persons have been contaminated by the spilled chemical, lead them to the nearest eyewash or emergency shower (depending on the extent / location of the contamination) and assist in washing off the material. However, do not put yourself at risk and become a casualty. Injuries resulting from chemical spills are often medical emergencies, and 911 should be immediately notified when this occurs.
- Assess the situation. Is this an emergency?
  An emergency situation exists when there is a high risk to persons, property, and the environment.
  The following "Spill Response Guides" provide information on the quantity of spilled material that is considered an emergency for different classes of hazardous chemicals. **These amounts are for guidance only.**
  If an emergency arises, isolate the area, and contact the Charge nurse immediately who will be responsible for contacting the Director of Care and be responsible for making the decision whether or not to call the appropriate emergency response persons. For this purpose, specific information is needed from the person reporting the incident. This information must include:

    - Identity of the person making the report.
    - Nature of the incident (fire, explosion, chemical spill etc.).
    - Location of the incident (building and room number).
    - Presence of any injuries.
    - When and how the incident occurred.

- Get help for all but minor spills.
  If an emergency does not exist, assistance from outside the immediate work area may still be required. Consider the following:
    - Number and training of persons required.
    - Personal protective equipment required.
    - Spill abatement material required.
    - Nature of the spill (e.g. amount spilled, hazards of the spilled chemical).

Minor spills or spills of chemicals of low toxicity and/or volatility can be handled by personnel. More serious spills up to the amounts listed in the Spill Response Guides may be handled by local emergency personnel with assistance staff.

- Control and clean-up the spill.
  The following Spill Response Guides provide information on the hazards of spills and how they should be handled in terms of containment and clean-up. In all cases, consult the Material Safety Data Sheet to obtain more specific information on the chemical spilled to ensure it is cleaned up safely and effectively.
- Report the spill.
  If not already done, report the spill to the Director of Care. All spills, even those which do not require outside assistance, must be reported.

3. Non-Threatening (Minor) Chemical Spill:
   This type of spill possess little to no hazard to the residents/staff or building. A minor spill can usually be contained and cleaned using an emergency spill kit.
   1. Report spill to Charge nurse
   2. Charge nurse will notify the appropriate staff member to clean the area using the emergency spill kit.

   Threatening (Major) Chemical Spill:
   This type of spill may cause a health hazard and cannot be contained safely with an emergency spill kit or threatens to enter the sewer system or move off the property. This type of spill is to be reported immediately.
   1. Report spill to Charge nurse.
   2. Charge nurse to report spill to 911 Emergency Services
   3. Charge nurse to report to Director of Care who will report to Administrator
   4. If the chemical spill is in the home, begin evacuation procedures immediately
   5. If the chemical spill is outside the home, take direction from Emergency services

Spill Response Guide No. 1:
Flammable Liquids

Flammable liquids have **flash points below 37.8°C**, evaporate quickly, and within a short period of time can reach high vapor concentration. Some common examples of flammable liquids include ethanol, methanol, hexane, diethyl ether, and toluene. Larger spills of flammable liquids may require a response by the fire department if vapour concentration exceeds the lower explosion limit (LEL). **A spill of more than 500 ml is an emergency** that requires area evacuation and notification of the Charge nurse and Director of Care. Spills of less than 500mL can be cleaned-up by department personnel who are adequately trained and have the proper spill response equipment available.
If this is the case, proceed as follows:

1) If spill absorbent is available in the immediate area, dike around the spill (see Step 6 below) if it is safe to do so. This will prevent the spill from spreading further.
2) Immediately extinguish any open flames and isolate and evacuate the spill area.
3) Assemble the spill response kit outside the spill area. **Obtain and read the MSDS** for the substance to determine the hazards associated with it and any special precautions that will need to be taken.
4) Don the appropriate personal protective equipment. This can include:
    - Gloves **as recommended by MSDS or glove manufacturer.**
    - Splash goggles or face shield.
    - Shoe covers or rubber boots.
    - Lab coat or other protective clothing.
    - Air-purifying respirator mask
5) If not already done, dike around the spill using spill absorbent or spill pillows. Do not use paper towels to absorb the spill since this increases the rate of evaporation and vapour concentration of the liquid.
6) Carefully cover the spill area with spill absorbent or spill pillows, starting at the outside and working inward.
7) Sweep up the residue using spark-proof tools and place the residue into a labeled, plastic, waste container (plastic pail with lid or double heavy duty plastic bags). Send for disposal as hazardous waste.
8) Mop the affected area using detergent and water. Dispose of this water to the sanitary sewer.
9) Remove and bag personal protective equipment for cleaning or disposal.

Once the spill has been cleaned up, the area should not be reentered until it has been purged of all remaining vapour. In the absence of air monitoring equipment, wait at least **1 hour** before reentering the area.

Spill Response Guide No. 2:
Combustible & Other Nonflammable Organic Liquids

Combustible liquids (e.g. mineral spirits) have **flash points above 37.8°C but below 93.3 ° C** and are not fire hazards at room temperature. The principal hazard from non-flammable, volatile liquid spills is exposure to the vapor by inhalation or skin absorption. **A spill of more than 1 liter is an emergency** that requires area evacuation and notification of the Charge nurse and Director of Care. Spills of less than 1 liter can be cleaned up by department personnel who are adequately trained and have the proper spill response equipment available.

1) If spill absorbent is available in the immediate area, dike around the spill (**see** Step 6 below) if it is safe to do so. This will prevent the spill from spreading further.
2) Immediately extinguish any open flames, and isolate and evacuate the spill area.
3) Assemble the spill response kit outside the spill area. **Obtain and read the MSDS** for the substance to determine the hazards associated with it and any special precautions that will need to be taken.
4) Don the appropriate personal protective equipment. This can include:
    - Gloves **as recommended by MSDS or glove manufacturer.**
    - Splash goggles or face shield.
    - Shoe covers or rubber boots.
    - Lab coat or other protective clothing.
    - Air-purifying respirator mask
5) If not already done, dike around the spill using spill absorbent or spill pillows. Do not use paper towels to absorb the spill since this increases the rate of evaporation and vapour concentration of the liquid.
6) Carefully cover the spill area with spill absorbent or spill pillows, starting at the outside and working inward.
7) Sweep up the residue using spark-proof tools and place the residue into a labeled, plastic, waste container (plastic pail with lid or double heavy duty plastic bags). Send for disposal as hazardous waste.
8) Mop the affected area using detergent and water. Dispose of this water to the sanitary sewer.
9) Remove and bag personal protective equipment for cleaning or disposal.

Once the spill has been cleaned up, the area should not be reentered until it has been purged of all remaining vapour. In the absence of air monitoring equipment, wait at least **1 hour** before reentering the area.

Spill Response Guide No. 3:
Acid Spills

The principal concern is the corrosive effect of these substances. Dilute solutions irritate the skin, while concentrated solutions can result in burns and also react violently with water.

Carveth Care Centre makes it a practice not to use acid based cleaners but in the event that this does occur a **spill of more than 1 liter of liquid or 500g of solid acid is an emergency** that requires area evacuation and notification of the Charge nurse and Director of Care. Spills of less than 1 liter can be cleaned up by department personnel who are adequately trained and have the proper spill response equipment available.

1. If spill absorbent is available in the immediate area, dike around the spill (**see** Step 6 below) if it is safe to do so. This will prevent the spill from spreading further.
2. Isolate & evacuate the spill area.
3. Assemble the spill response kit outside the spill area. **Obtain and read the MSDS** for the substance to determine the hazards associated with it and any special precautions that will need to be taken.
4. Don the appropriate personal protective equipment. This can include:
    - Gloves **as recommended by MSDS or glove manufacturer.**
    - Splash goggles or face shield.
    - Shoe covers or rubber boots.
    - Lab coat or other protective clothing.
    - Air-purifying respirator mask
5. If not already done, dike around the spill using spill absorbent or spill pillows. Do not use paper towels to absorb the spill since this increases the rate of evaporation and vapour concentration of the liquid.
6. Carefully cover the spill area with spill absorbent or spill pillows, starting at the outside and working inward.
7. Sweep up the residue using spark-proof tools and place the residue into a labeled, plastic, waste container (plastic pail with lid or double heavy duty plastic bags). Send for disposal as hazardous waste.
8. Check the pH of the spill area. If it is less than pH6, then neutralize with a dilute solution of 5% sodium bicarbonate (baking soda).
9. Mop the affected area using detergent and water. Dispose of this water to the sanitary sewer.
10. Remove and bag personal protective equipment for cleaning or disposal.

Once the spill has been cleaned up, the area should not be reentered until it has been purged of all remaining vapour. In the absence of air monitoring equipment, wait at least **1 hour** before reentering the area.

Spill Response Guide No. 4:
Alkali & Base Spills

Carveth Care Centre makes it a practice not to use alkali based cleaners but in the event that this does occur, like acids, the principal concern is the corrosive effect of these substances. Dilute solutions irritate the skin, while concentrated solutions can result in burns. Concentrated alkali compounds can penetrate deeply and damage underlying tissue.

A spill of more than 1 liter of liquid or 500g of solid alkali or base is an emergency that requires area evacuation and notification of the Charge nurse and Director of Care. Spills of less than 1 liter can be cleaned up by department personnel who are adequately trained and have the proper spill response equipment available.

1. If spill absorbent is available in the immediate area, dike around the spill (**see** Step 6 below) if it is safe to do so. This will prevent the spill from spreading further.
2. Isolate & evacuate the spill area.
3. Assemble the spill response kit outside the spill area. **Obtain and read the MSDS** for the substance to determine the hazards associated with it and any special precautions that will need to be taken.
4. Don the appropriate personal protective equipment. This can include:
    - Gloves **as recommended by MSDS or glove manufacturer.**
    - Splash goggles or face shield.
    - Shoe covers or rubber boots.
    - Lab coat or other protective clothing.
    - Air-purifying respirator mask
5. If not already done, dike around the spill using spill absorbent or spill pillows. Do not use paper towels to absorb the spill since this increases the rate of evaporation and vapour concentration of the liquid.
6. Carefully cover the spill area with spill absorbent or spill pillows, starting at the outside and working inward.
7. Sweep up the residue using spark-proof tools and place the residue into a labeled, plastic, waste container (plastic pail with lid or double heavy duty plastic bags). Send for disposal as hazardous waste.
8. Check the pH of the spill area. If it is greater than pH10, then neutralize with a dilute solution of 5% citric acid.
9. Mop the affected area using detergent and water. Dispose of this water to the sanitary sewer.
10. Remove and bag personal protective equipment for cleaning or disposal.

Once the spill has been cleaned up, the area should not be reentered until it has been purged of all remaining vapour. In the absence of air monitoring equipment, wait at least **1 hour** before re-entering the area.

Spill Response Guide No. 5:
Mercury Spills

Carveth Care Centre does not have any equipment or supplies that contain mercury.

Spill Response Guide No. 6:
Oxidizer Spills

Oxidizing agents can ignite organic solvents and combustible materials. They are also skin and respiratory irritants. Examples include concentrated hydrogen peroxide, and permanganate, chlorate, nitrate and dichromate compounds. **Spills in excess of 1 liter of liquid or 500 grams of solid oxidizer are emergencies** and require area evacuation and notification of the Charge nurse and Director of Care. Spills of less than 1 liter can be cleaned up by department personnel who are adequately trained and have the proper spill response equipment available.

1. If spill absorbent is available in the immediate area, dike around the spill (**see** Step 6 below) if it is safe to do so. This will prevent the spill from spreading further.
2. Isolate & evacuate the spill area.
3. Assemble the spill response kit outside the spill area. **Obtain and read the MSDS** for the substance to determine the hazards associated with it and any special precautions that will need to be taken.
4. Don the appropriate personal protective equipment. This can include:
    - Gloves **as recommended by MSDS or glove manufacturer.**
    - Splash goggles or face shield.
    - Shoe covers or rubber boots.
    - Lab coat or other protective clothing.
    - Air-purifying respirator mask
5. If not already done, dike around the spill using spill absorbent or spill pillows. Do not use paper towels to absorb the spill since this increases the rate of evaporation and vapour concentration of the liquid.
6. Carefully cover the spill area with spill absorbent or spill pillows, starting at the outside and working inward.
7. Sweep up the residue using spark-proof tools and place the residue into a labeled, plastic, waste container (plastic pail with lid or double heavy duty plastic bags). Send for disposal as hazardous waste.
8. Mop the affected area using detergent and water. Dispose of this water to the sanitary sewer.
9. Remove and bag personal protective equipment for cleaning or disposal.

Once the spill has been cleaned up, the area should not be reentered until it has been purged of all remaining vapour. In the absence of air monitoring equipment, wait at least **1 hour** before reentering the area.

Spill Response Guide No. 7:
Highly Toxic Materials Spills

Carveth Care Centre does not have any equipment or supplies that contain highly toxic chemicals including those with high acute systemic toxicity, and substances with chronic toxic effects such as carcinogens, reproductive or developmental (embryo toxins, teratogens) toxins, and mutagens.

Spill Response Guide No. 8:
Low Hazard Material Spills

Low hazard materials are those with no appreciable health hazard when encountered in quantities typical for home work sites. These include such solid materials as sodium chloride, calcium chloride, and liquids such as ethylene glycol, oils, and most paints. **In general, all spills of these materials may be cleaned up by local personnel unless there are other mitigating circumstances** that require outside assistance, area evacuation and notification of the Charge nurse and Director of Care.

1. If spill absorbent is available in the immediate area, dike around the spill (**see** Step 6 below) if it is safe to do so. This will prevent the spill from spreading further.
2. Isolate & evacuate the spill area.
3. Assemble the spill response kit outside the spill area. **Obtain and read the MSDS** for the substance to determine the hazards associated with it and any special precautions that will need to be taken.
4. Don the appropriate personal protective equipment. This can include:
    - Gloves **as recommended by MSDS or glove manufacturer.**
    - Splash goggles or face shield.
    - Shoe covers or rubber boots.
    - Lab coat or other protective clothing.
    - Air-purifying respirator mask
5. If not already done, dike around the spill using spill absorbent or spill pillows. Do not use paper towels to absorb the spill since this increases the rate of evaporation and vapour concentration of the liquid.
6. Carefully cover the spill area with spill absorbent or spill pillows, starting at the outside and working inward.
7. Sweep up the residue using spark-proof tools and place the residue into a labeled, plastic, waste container (plastic pail with lid or double heavy duty plastic bags). Send for disposal as hazardous waste.
8. Mop the affected area using detergent and water. Dispose of this water to the sanitary sewer.
9. Remove and bag personal protective equipment for cleaning or disposal.

Once the spill has been cleaned up, the area should not be reentered until it has been purged of all remaining vapour. In the absence of air monitoring equipment, wait at least **1 hour** before reentering the area.

Spill Response Guide No. 9:
Air & Water Reactive Material Spills

Carveth Care Centre does not have any equipment or supplies that contain these materials. Typical examples of water and air reactive materials include the alkali metals, metal hydrides and strong reducing agents such as sodium borohydride.

Spill Response Guide No. 10:
Compressed Gas Leaks

Compressed gas leaks can be roughly divided into two categories. The first are those leaks which occur away from the cylinder in gas lines, tubing, or apparatus. These, once detected, can generally be stopped by closing the main cylinder valve. The second are those leaks that occur at the cylinder itself, and that cannot be stopped by closing the cylinder valve. Similarly, in some cases, it may not be possible to close a cylinder valve due to age or poor condition of the valve. **All leaking gas cylinders are an emergency if the leak cannot be stopped by closing the cylinder valve.** Leaks of oxygen, flammable gas, or toxic gas are especially dangerous. The following procedure should be followed:

1) If a leak is suspected, perform a leak test with a commercial leak detection solution or a non-reactive, detergent solution. If the leak is detected or is obvious, proceed to **Step 2.**

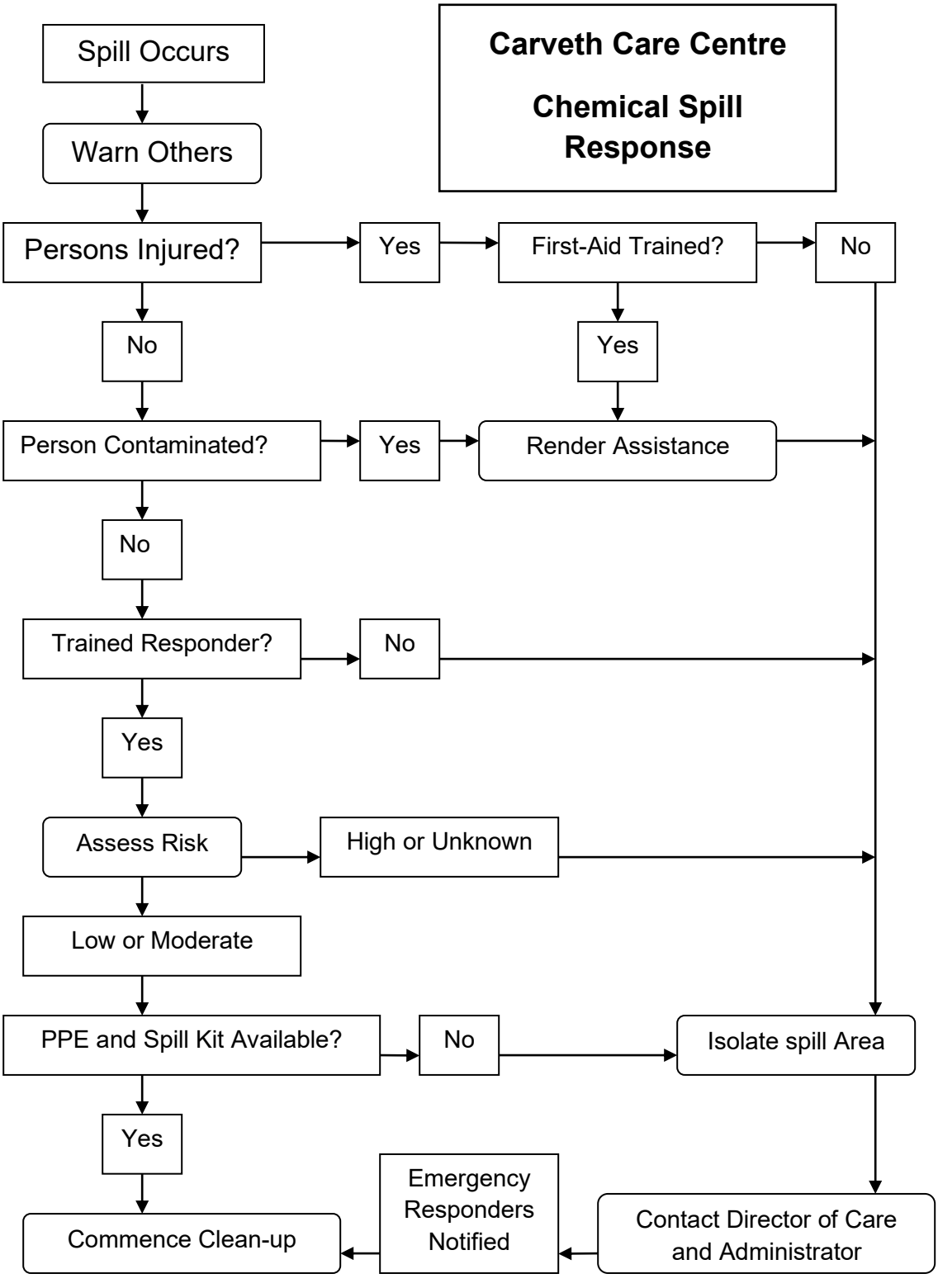
2) If the leak cannot be stopped by closing the cylinder valve, and it is **an inert atmospheric gas** (e.g. nitrogen, carbon dioxide, etc.) clear the affected area and/or floor. If the leak is of a **flammable, toxic, or corrosive gas** and is outside of a ventilated enclosure that will contain the gas, immediately activate the building fire alarm system, and evacuate the building.

3) If not already done so, contact 911, the Charge nurse and Director of Care. Meet emergency responders and provide information on the nature, extent, and exact location of the leak.

Reporting Chemical Spill Incidents

All chemical spills and gas releases must be reported in writing to the Director of Care, Administrator and Health and Safety Committee. The report should include the date, time, location, description of the spill (e.g. type and quantity), personnel injuries or exposures, equipment damage, escape of material (e.g. into sewers or bodies of water), witnesses, and persons involved in supervision and clean-up of the spill. Use the Carveth Care Centre Internal Incident Report Form within 24 hours of the spill occurring. The purpose of this reporting procedure is not to place blame, but to identify measures that may prevent similar incidents in the future.

Chemical Spill Response Flowchart



Chemical Spill Kits

Spills kits can be assembled from individual parts or suitable spill kits may be purchased. Spill kits for Carveth Care Centre are purchase through our chemical provider company Ecolab.

1) Small Chemical Spill Kit

Spill kits should contain the following:

a) Personal Protective Equipment
- Chemical Splash Goggles.
- Lab Coat.
- Heavy Nitrile or Neoprene Gloves.

b) Spill Clean Up Equipment
- Plastic Dust Pan & Brush.
- Heavy Plastic Bags (at least 3 mil thickness).
- Universal Spill Absorbent (1:1:1 mix of sodium carbonate: kitty litter: sand), Spill Pillows, or other suitable spill absorbent (enough to absorb a spill of the largest container in the work area).
- Other absorbents / neutralizers as required for the chemicals in the lab.

2) Large / Departmental Chemical Spill Kit

In general, it is recommended that there be a large spill kit for building.

a) Personal Protective Equipment

- Half-mask air purifying respirator (2)
- Multigas Type Respirator Cartridges (6)
- Safety goggles (2)
- Face-shield (1)
- Disposable coveralls (Tyvek™) (6)
- Gloves
  - Neoprene (4)
  - PVC (4)
  - PVA (4)
  - Nitrile (4)
- Plastic shoe covers (box)
- Duct tape (roll)
- Alcohol swabs (box) or respirator disinfectant

b) Spill Clean Up Equipment
- Chemical absorbent (20 liters)
- Plastic pail (20 liter) with lid (2)
- Felt marking pen (2)
- Heavy Plastic Bags; at least 3 mil thickness (12)
- Plastic bucket with handle (1)
- Long handle sponge mop (1)
- Extra sponges (4)
- Plastic dust pan (1)
- Broom (1)
- Duct tape (roll)

- Detergent (box)
- Citric Acid (500g)
- Sodium Bicarbonate (500g)
- Sodium Thiosulfate (500g)
- Spill Response Guideline

4.9 Weather related – tornado, ice storm, contaminated outside air

Our goal is to provide a safe and secure environment for all residents, staff, and visitors. Code Orange policies will be implemented when severe weather emergencies take place.

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Tornado

Policy:
All staff and volunteers will be familiar with the procedures to follow if an act/threat of severe weather – tornado occurs.

Purpose:
To ensure Carveth Care Centre develops a policy for dealing with severe weather emergencies.

Procedure:

1. Staff is to familiarize themselves with terms to help identify a tornado hazard:
   - "Tornado **Watch**" – Tornadoes are possible. Be alert for approaching storms. Watch the sky and stayed tuned to weather radio, local commercial radio or TV for further information.
   - "Tornado **Warning**" – A tornado has been sighted or indicated by weather radar. Take shelter immediately.
2. Look for the following danger signs:
   * a dark, greenish sky
   * large hail
   * a large, dark, low lying cloud (particularly if rotating)
   * loud roar, similar to a freight train
   * if you see approaching storms or any of the danger signs take shelter immediately
3. Listen to weather radio, local commercial radio or TV and follow the directions given by local emergency management officials.
4. The procedure will apply to all staff once the announcement of a **CODE ORANGE - Tornado Warning"** is made using the paging system to announce Code Orange three times. The paging system should only be used for announcements related to the Code Orange until the "all clear" has been announced.
5. All residents and staff are to seek shelter immediately.
   * The best option is an interior hallway.
   * Avoid hallways that open to the south or west.
   * Stay away from windows.
   * Avoid auditoriums or other spaces with wide, free span roofs.

   Once in place, face the wall, crouch down and cover your head for protection. Remain in place until the "all clear" signal is given.
6. Once the "all clear" is given the Charge nurse is to organize a resident count to ensure all the residents are accounted for and their needs assessed.
7. The Charge nurse will contact 911 in the event of major building damage and/or resident injury.
8. The Charge nurse will contact the Maintenance supervisor and Director of Care to notify them in the event that any building damage or resident injury. The Director of Care will notify the Administrator.
9. Once emergency services arrive on the scene the Charge nurse will take all direction from them.
10. The Charge nurse will follow the policy for home evacuation in the event that an evacuation is ordered by the town or Administrator.
11. At the end of the crisis, as indicated by the town's emergency response team, the Maintenance supervisor and Administrator will co-ordinate with remediation contractors to determine the proper remediation procedures and ensure that these procedures are followed. Outside contractors will be utilized for any equipment that needs to be tested or installation of any new building materials.

12. The affected areas will be evaluated for safety hazards or health concerns by certified outside agencies and any concerns will be addressed and resolved as co-ordinated by the Maintenance supervisor and Administrator.
13. The affected areas shall be declared ready for re-occupancy when the construction work is completed and the appropriate government agencies have declared that the area no longer poses any hazard to the occupants.
14. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Winter Storms

Policy:
All staff and volunteers will be familiar with the procedures to follow if an act/threat of severe weather – winter storm occurs.

Purpose:
To ensure Carveth Care Centre develops a policy for dealing with severe weather emergencies.

Procedure:

1. Staff is to familiarize themselves with terms to help identify a winter storm hazard:
   Freezing Rain – Rain that freezes when it hits the ground, creating a coating of ice on roads, walkways, trees, and power lines.
   Sleet – Rain that turns to ice pellets before reaching the ground. Sleet also causes moisture on roads to freeze and become slippery.
   Wind Chill – Wind chill is the temperature it "feels like" when you are outside. It is the difference between the air temperature and the perceived temperature that you feel and the amount of time until frostbite occurs.
   Winter Weather Advisory – Winter weather conditions are expected to cause significant inconveniences and may be hazardous. When caution is used, these situations should not be life threatening.
   Winter Storm Watch – A winter storm is possible in your area, but the timing and location are still uncertain. The watch is usually issued 12 to 36 hours in advance of a potential severe storm.
   Winter Storm Warning – A winter storm is occurring or will soon occur in your area.
   Blizzard Warning – Sustained winds or frequent gusts up to 35 miles per hour or greater and considerable amounts of falling or blowing snow, reduced visibility to less than a quarter mile and is expected to prevail for a period of 3 hours or longer.
   Frost/Freeze Warning – Below freezing temperatures are expected.
2. Listen to weather radio, local commercial radio or TV and follow the directions given by local emergency management officials.
3. Once a "watch" or "warning" has been issued, the Charge nurse will review the emergency supplies to ensure there are enough blankets for warmth, flash lights, water and food etc. in the event that supplies are disrupted.
4. All residents and staff should be encouraged to "stay put" once the storm starts as road conditions deteriorate quickly.
7. The Charge nurse will contact 911 in the event of major building damage and/or resident injury.
8. The Charge nurse will contact the Maintenance supervisor and Director of Care to notify them in the event that any building damage or resident injury. The Director of Care will notify the Administrator.
9. Once emergency services arrive on the scene, the Charge nurse will take all direction from them.
10. The Charge nurse will follow the policy for home evacuation in the event that an evacuation is ordered by the town or Administrator.
11. At the end of the crisis, as indicated by the town's emergency response team, the Maintenance supervisor and Administrator will co-ordinate with remediation contractors to determine the proper remediation procedures and ensure that these procedures are followed. Outside contractors will be utilized for any equipment that needs to be tested or installation of any new building materials.
12. The affected areas will be evaluated for safety hazards or health concerns by certified outside agencies and any concerns will be addressed and resolved as co-ordinated by the Maintenance supervisor and Administrator.
13. The affected areas shall be declared ready for re-occupancy when the construction work is completed, and the appropriate government agencies have declared that the area no longer poses any hazard to the occupants.
14. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Contamination of Outside Air

Policy:
All staff and volunteers will be familiar with the procedures to follow if a contamination of outside air occurs.

Purpose:
To ensure Carveth Care Centre develops a policy for dealing with severe weather emergencies.

Procedure:
1. Listen to weather radio, local commercial radio or TV and follow the directions given by local emergency management officials.
2. Once a "watch" or "warning" has been issued, the Charge nurse will review the emergency supplies to ensure there are enough blankets for warmth, flashlights, water and food etc. in the event that supplies are disrupted.
3. All residents and staff should be encouraged to "stay put" indoors.
4. Charge nurse is to immediately instruct staff to close all windows tightly and shut off the make up air unit to the building. To shut down the air unit the nurse must go to nursing station #1 in the nursing home section and push the red button on the emergency panel located on the wall. If this fails to work there is a backup shut down control by operating the switch on the panel beside the main panel.
5. The Charge nurse will contact 911 and the fire department will determine whether an evacuation is to take place.
6. The Charge nurse will contact the Maintenance supervisor and Director of Care to notify them in the event that any resident injury has occurred. The Director of Care will notify the Administrator.
7. Once emergency services arrive on the scene, the Charge nurse will take all direction from them.
8. The Charge nurse will follow the policy for home evacuation in the event that an evacuation is ordered.
9. At the end of the crisis, as indicated by the town's emergency response team, the Maintenance supervisor and Administrator will co-ordinate with remediation contractors to determine the proper remediation procedures and ensure that these procedures are followed. Outside contractors will be utilized for any equipment that needs to be tested or installation of any new building materials.
10. The affected areas will be evaluated for safety hazards or health concerns by certified outside agencies and any concerns will be addressed and resolved as coordinated by the Maintenance supervisor and Administrator.
11. The affected areas shall be declared ready for re-occupancy when the construction work is completed, and the appropriate government agencies have declared that the area no longer poses any hazard to the occupants.
12. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Flood

A flood emergency exists if floodwater is uncontrolled and flowing beyond the area where the source of water is normally contained or controlled.

Policy:
All staff will be aware of the procedure to follow in the event of a flood.

Purpose:
To ensure proper procedures are followed to prevent harm to residents, staff and visitors and to prevent/reduce amount of damage to the home.

Procedure:
In the event of a flood, determine if the flood is related to equipment failure or weather.

Equipment Failure:

1. Remove residents, staff and visitors from immediate danger
2. The Charge nurse will ensure the water supply is shut off to the equipment that is failing
3. The Charge nurse will ensure electrical and mechanical equipment in the area is turned off
4. The Charge nurse will restrict access to the area
5. The Charge nurse will contact the Maintenance supervisor and the Director of Care and inform them of the situation.
6. The Environmental supervisor and the Administrator will plan for the cleanup of the area and repair of the failed equipment.
7. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

Weather Related:

1. Monitor warnings from local authorities when weather conditions are present that may trigger a flood.
2. The Charge nurse will contact the Maintenance supervisor and the Director of Care for instructions on how to proceed in the event of a potential environmental flood occurring.
3. If environmental flooding is imminent, the residents and staff will take all direction from the “Emergency Response” team of the town of Gananoque. Carveth Care Centre is included in the town’s emergency response/evacuation plan.
4. Maintenance will check the drainage around the building to ensure it is functioning properly.
5. Supplies such as sand bags, submersible pumps and hoses will be obtained from the town’s emergency team.
6. The charge nurse will ensure that emergency supplies are ready and available for transport, in the event of an evacuation.
7. The Charge nurse will follow the policy for evacuation in the event that an evacuation is ordered by the town or Administrator.
8. At the end of the flooding crisis, as indicated by the town’s emergency response team, the Maintenance supervisor and Administrator will co-ordinate with remediation contractors to determine the proper remediation procedures and ensure that these procedures are followed. Outside contractors will be utilized for any equipment that needs to be tested or installation of any new building materials.

9. The affected areas will be evaluated for safety hazards or health concerns by certified outside agencies and any concerns will be addressed and resolved as co-ordinated by the Maintenance supervisor and Administrator.
10. The affected areas shall be declared ready for re-occupancy when the construction work is completed and the appropriate government agencies have declared that the area no longer poses any hazard to the occupants.
11. At conclusion of the emergency, staff involved will meet and critique the handling of the emergency (what went wrong and what went right) and make recommendations for policy change to be forwarded to the Administrator.

5.0 Capacity Increase – housing members of the community through a community-based disaster

Carveth Care Centre has limited space to house members of the community through a community based disaster given the fact that caring for our current senior population would be our priority. Any decision to utilize Carveth Care Centre space to house members of the community through a community based disaster would only occur after consultation and authorization of the Administrator, EMS, Gananoque Fire and Police Chiefs and the town Mayor. Once authorized, Carveth Care Centre would then fall under the direction of the town's emergency plan and would take all of its directions and receive its supplies through EMS officials through our Administrator.

On notification of the desire of another facility or community group to evacuate their residents to Carveth, as a result of an emergency, the Charge Staff is to notify the Director of Care.
In the event that the Director of Care is not available the charge staff will:

1. Determine the number of individuals coming to Carveth
2. Determine the nature of their health requirements
3. Determine what staff/community members will be accompanying the group
4. Determine any dietary requirements and notify Dietary Supervisor
5. Determine the estimated length of time the group will be staying

5.1 Code Green - Evacuation

Our goal is to provide a safe and secure environment for residents, staff and visitors. Code Green policies will be implemented at the order of the Executive Director/Designate or Community Based Emergency Personnel.

Written Evacuation Plans should include: Levels of authority, designated meeting point outside the residence, transportation of residents, notification of family, resident count, staff count, relocation of residents, resident identification and a method of obtaining medical records and medications. Also, included is a re-entry plan outlining who is responsible for authorizing the re-entry.

A planned evacuation of the residence is required at least once every three years. In addition, a written record of the planned evacuation along with any changes made to improve the Evacuation Plan.

Evacuation Procedures

Internal evacuation is to be interpreted to mean - removing residents from one area of Carveth Care Centre to another area of the home.

Internal evacuation may be authorized by the Fire Chief or any Charge Staff at Carveth Care Centre.

Internal evacuation should be to an area of Carveth Care Centre that is considered to be a safe distance from area of potential or actual danger to our residents.

1. The Charge nurse will assemble all staff at the nursing station and select an internal area to re-locate residents.

2. The Charge nurse will notify residents over Public Address System (P.A.) of necessity to re-locate and where to re-locate.

3. All staff will encourage residents to move quickly and calmly to area of the home designated as the relocation area. All staff to assist residents who are unable to move quickly either by use of wheelchairs or guiding the resident.

4. One staff member will be assigned responsibility for taking a head ccount and reporting back when all residents are accounted for.

5. The Charge nurse will wait further instructions from Fire Chief or Officer in Charge.

External Evacuation

Policy:
All staff and volunteers should be familiar with the procedures to follow to evacuate Carveth Care Centre.

Purpose:
To evacuate the home in the event of an emergency that requires all residents, staff, and volunteers to exit the building

Using the paging system, announce Code Green three times. The paging system should only be used for announcements related to the Code Green until the "all clear" has been announced.

Procedure:

1. Direct and assist residents to evacuate the home to your designated meeting point outside the home (main parking lot).
2. Remove residents closest to the danger zone first.
3. Ensure staff is assigned to stay with evacuees
4. Ambulatory residents should be moved first, followed by wheelchair residents, bed ridden residents then resistive residents.
5. The Charge nurse will contact the Director of Care and Administrator
6. Ensure all residents receive identification Name Tag and indicate the Director of Care.
7. Once the home has been evacuated, complete a resident and staff count.
8. If it is necessary to relocate residents, the Director of Care and Administrator will make that decision and be responsible to notify emergency contacts and implement the relocation plan.
9. Only if evacuation greater than fourteen (14) hours, the Charge nurse will notify Hunt's Guardian Pharmacy of evacuation medical requirements and assign a staff member to verbally notify all resident families of evacuation and expected duration.
10. The Charge nurse will assign one staff member to meet residents on arrival at the re-location centre. This staff member to record resident head count and compare to Carveth Care Centre list.
11. The Charge nurse will assign remaining staff to assist residents in re-location centre.
12. All staff will instruct any volunteers in assisting and attending to residents.

NOTE: Any family wishing to take their relative home must first sign resident out with staff who is doing the head count at relocation centre.

Evacuation Carries

THE SWING CARRY

The swing carry is the best method for two (2) trained people to move a resident. No blanket is needed. If the resident is lying in bed, one person takes the upper part of the body and the second person takes the lower part of the body.

1. The second person grasps the resident 's ankles and moves his legs off the bed;
2. The first person faces the resident and places his hands under each shoulder - pulling the resident into a sitting position;
3. After the resident is sitting up; the second person continues to move his legs out until they are at right angle to the bed;
4. Now together, sit on the bed, take the resident 's arms and place them over your shoulders;
5. Join arms in back of patient - do not hold onto the resident, just each other;
6. Place your shoulders under the resident 's armpits;
7. Join your hands together under the resident 's knees; and
8. Together, lift the resident and walk forward in a normal manner - the resident may be lowered feet first, when an area of safety is reached. **ALWAYS PROTECT THE RESIDENT 'S HEAD.**

THE CHAIR LIFT

The Chair Lift may be a useful method for emotionally disturbed resident s who are not ambulatory and present a special evacuation problem. One or two persons may use this lift. A straight back chair and bed sheet are required.

1. Transfer the resident from bed to chair;
2. Use a bed sheet to anchor the resident to the chair. The bed sheet encircles the resident about chest high and is tied at the back of the chair. The knot is simple - similar to the one used in starting to tie shoe laces;
3. Now tuck the loose end of the sheet between the resident 's body and the sheet around his;
4. First person faces the chair in back of the resident;
5. Second person takes a position in front of the chair, facing the resident;
6. First person puts his foot against the leg of the chair, facing the resident;
7. Second person stoops down and grasps each side of the front legs;
8. Both persons together lift the chair and walk; and
9. If one person is performing this method alone, he tilts the chair toward himself and backs out.

CRADLE DROP

The Cradle Drop is a resident removal technique that may be used with success provided you are similar in size, or larger than the resident.

1. If there is smoke or heat, stay close to the floor.
2. Place the blanket on the floor, one third of it under the bed;
3. Slide one of your arms under the resident 's head and grasp the opposite shoulder;
4. Position your other arm under the resident leg - point midway between his knees and body;
5. Pull the resident to the edge of the bed;
6. Do not jerk the resident out into mid-air - gently pull him toward you, rocking back into a sitting position and lowering to the blanket;
7. Protect the resident 's head by lowering this part to the blanket last;

8. Wrap the blanket around the resident;
9. Grasp the blanket above each shoulder of the resident; **DO NOT LET THE HEAD SNAP BACK**,
10. Place the resident in a half-sitting position and pull the blanket toward you.

DOUBLE CRADLE DROP

The double Cradle Drop is recommended for two rescuers to use on residents who cannot sit up, where one person cannot handle the patient.

1. If there is smoke or heat, stay close to the floor;
2. With the blanket on the floor - place one-third of it under the bed and leave about eight inches above the resident 's head;
3. One person handles the top half of the resident and the second person will handle the lower half;
4. The first person slides his hand under the resident's head and grasps the opposite shoulder, his other arm goes completely under the body at the waist line;
5. The second person slides his arms under the legs on both sides of the resident 's knees and extends through to support this half firmly. Do not jerk the resident out into mid-air;
6. Together, gently pull the resident toward you by rocking back into a sitting position and lowering to the blanket;
7. Always protect the resident's head by lowering this part to the blanket last - wrap the blanket around the resident;
8. Together move the resident's head, grasp the blanket above the shoulder. DO NOT LET HEAD SNAP BACK; and
9. Leave the resident in a prone position and pull the blanket towards you

   N.B. For a heavy resident**, three persons will be necessary in order to use this method. ALWAYS HAVE SUFFICIENT HELP BEFORE ATTEMPTING THIS**.

THE UNIVERSAL CARRY

The Universal Carry is a method of removing a resident from the bed onto a blanket on the floor. It is a quick and effective method for removing a resident who is in immediate danger. This carry can be used by anyone, regardless of the size of the resident.

1. When you approach the bed, stay low because, the smoke will have a tendency to rise. By staying close to the floor, you will not have to breathe the smoke and heat;
2. Now spread the blanket, sheet or spread on the floor, place one-third of the blanket under the bed - leave about eight inches above the resident 's head;
3. Grasp the resident 's ankles and move the legs until they drop over the bed at the bend at the knees;
4. Place your hands on each shoulder of the resident. Slowly pull your hands toward you until the resident is in a sitting position.
5. Encircle the resident with your arms, place your arms underneath the resident 's armpits and lock together your hands in front of him;
6. Slide the resident slowly to the edge of the bed and lower to the blanket - if the bed is in a high position allow the patient to slide down one of your legs. **ALWAYS PROTECT THE RESIDENT'S HEAD**;
7. Gently lower the head to the blanket - wrap the blanket around the resident;
8. At the patient's head, grip the blanket with your hands above each shoulder of the resident - do not let the head snap back; and
9. Place the resident in a half-sitting position and pull the blanket toward you. The blanket will slide easily on the floor allowing you to move the resident to safety.

5.2 Plan Maintenance, Testing and Revisions

Plan Maintenance

Carveth Care Centre will:

1. Ensure that emergency plans for the home are evaluated and updated at least annually including the updating of all emergency contact information.

Plan testing

1. Test the emergency plans related to loss of essential services, fires, situations involving a missing resident, medical emergencies, and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency.
2. Test all other emergency plans (community disasters, bomb threats and chemical spills) at least once every 3 years, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency.
3. Conduct a planned evacuation at least once every 3 years.

Revisions

1. Keep a written record of the testing of emergency plans and planned evacuation and the changes made to improve the plans.

ACQUIRING MAINTENANCE

Policy:
An organized procedure is established to initiate maintenance service, to identify risk and determine how maintenance/repairs are to be carried out.

Purpose:
Repairs or alterations to the building, grounds, furniture or equipment are the responsibility of the Maintenance Department.

Procedure:
Any staff member who notes that a repair or alteration to furniture, plant or equipment is needed, will document the service request in the maintenance repair binder located at the nursing station #1.

The maintenance person will check the repair binder every day, Monday to Friday, and will make an assessment as to the validity for such repair or alteration and determine the urgency to have the work done.

The maintenance person will decide how best to carry out the repairs or alterations, consulting as necessary with senior staff, and / or outside repair companies.

The maintenance person will then set about to complete the work in the most appropriate manner.

Costing of Material and Labour:

Where specific materials are to be purchased or a repair company hired, such repair or alterations will be charged to the department who has custody of such.

Only the Maintenance Supervisor or Administrator is authorized to hire an outside repair company to make repairs or alterations, except in an emergency and during the absence of the Maintenance Supervisor or Administrator. In this case the Director of Care will be contacted to plan for repair and authorize potential costs.

A current listing of authorized repair companies is available to the Charge Nurse in the event of an emergency.

5.3 Communication Plan

Emergency Communications

One staff position is designated as the person in charge for **Carveth Care Centre.** All staff/volunteers and community partners will receive communication from this designated person. The designated staff position is the Director of Care.

One person is designated to speak on behalf of **Carveth Care Centre.** The designated person is the Administrator.

All communication from media directed to **Carveth Care Centre** will be handled by the Administrator. If staff is questioned by media, their response will be “no comment”.

Carveth Care Centre is doing everything to protect the residents and staff. To protect their privacy, please direct all inquiries to the Director of Care.

5.3 MIINISTRY of HEALTH and LONG-TERM CARE

Emergency Evacuation Guide

Overview of Temporary Emergency (TE) License and Beds in Abeyance (BIAs) Temporary Emergency (TE)

License Definition: A TE License is issued by the Director under the LTCHA where there are circumstances affecting a licensed LTC home that make it necessary to remove one or more residents from the home to protect their health and safety.
Eligibility: The TE License may be issued to:

- authorize premises to be used as a LTC home on a temporary basis (i.e. temporary stand-alone home); or
- authorize temporary additional beds at an existing LTC home.

Length: TE Licenses can be issued for a maximum of one year by the Director under the LTCHA.

Note: 1. The Licensing Unit will provide a revocation letter for the Temporary Emergency License once all the residents are back in their (Source) home location.

2. In the case of an emergency beds will be put into abeyance even it if less than 14 days.
Beds in Abeyance (BIA) Definition: BIAs are licensed or approved LTC Home beds that are unoccupied and unavailable for occupancy for 14 consecutive days or more by written permission of the Director under s. 104(3) of the LTCHA. Eligibility:

- BIAs are approved by the Director (with their discretion) for temporary withdrawal from the LTC Home operations and funding system on the condition that they must be returned to the system within a specified period or surrendered to the ministry.
- Beds can only be put into abeyance when there is a reasonable expectation that they will return to occupancy. (For example, beds are put into BIA while a home is redeveloping.) Note: The Licensing Unit will prepare the BIA agreement for all beds that are out of operation due to the emergency.

Questions? Please refer to the Emergency Evacuation Guide or Send an email to: LTCHomes.Licensing@ontario.ca

5.4 Outbreak/Pandemic Plan

Subject: Outbreak/Pandemic Plan (Acute Respiratory Illness (ARI), Influenza, Pneumonia, COVID 19, SARS)	Page: 1 of 30
Manual: INFECTION CONTROL Issue Date: August 30, 2017 Revised Date: December 20, 2018, December 4, 2019, April 18, 2020, April 20, 2020, May 1, 2020, May 21, 2020, May 23, 2020, June 1, 2020; June 15, 2020; July 14, 2020; July 16, 2020; September 4, 2020, September 8, 2020; September 15, 2020; September 17, 2020; October 7, 2020; October 14, 2020; Nov 24, 2020, December 10, 2020; December 26, 2020; March 15, 2021; March 19, 2021; March 24, 2021, April 1, 2021; April 7, 2021; April 16, 2021; April 26, 2021; May 4, 2021; May 11, 2021; May 14, 2021; May 21, 2021; June 9, 2021; June 30, 2021; July 7, 2021; July 16, 2021; August 20, 2021; October 1, 2021; October 15, 2021; November 10, 2021; November 29, 2021; December 9, 2021; December 14, 2021; December 27, 2021; December 20, 2021; December 24, 2021; December 31, 2021; January 4, 2022; January 14, 2022; January 17, 2022; February 7, 2022; February 16, 2022; February 22, 2022; March 9, 2022; March 14, 2022; April 11, 2022; April 25, 2022; April 27, 2022; May 3, 2022; September 21, 2022	Approval Authority: Administrator and Director of Care

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Pandemic/Outbreak Plan

Definition: an outbreak of a disease occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

Principles

These guidelines are intended to maximize safety for our staff, residents, and visitors, while effecting good stewardship of personal protective equipment as a resource during pandemic/outbreak events.
This guideline document is intended to provide best practice information and resources that benefit the safety and well-being of all those who enter Gibson Family Healthcare homes/lodges in the event of a pandemic outbreak.

Long Term Care is considered an essential service and therefore, work refusal during an outbreak is not an option.

Our goal is to keep all residents, staff, visitors, and families safe and illness free.

Preparedness

Gibson Family Healthcare homes/lodges have an outbreak/pandemic plan (Acute Respiratory Illness (ARI), Influenza, Pneumonia, COVID 19, SARS, enteric) that is reviewed and updated annually. Each year, in-services are provided to all staff on personal protective equipment (PPE), influenza and hand washing prior to "flu season" as well as fit testing for N95 NIOSH masks every 2 years. Gibson Family Healthcare homes/lodges Joint Health and Safety and Infection Control Committees are responsible to ensure that the home is prepared for a pandemic outbreak and this plan is reviewed annually.

Preparation will include:
• ensuring enough outbreak swab kits are available to the home.
• ensuring that there is enough PPE (gowns, masks, face shields, gloves, sanitizers, cleaning products, isolation bags, continence products etc.) are available.
• ensuring appropriate stewardship and conservation of PPE is followed.
• retraining of staff on the use of PPE and best practice handwashing techniques.
• fit testing for N95 NIOSH masks for all staff every 2 years.
• staff and residents are offered influenza vaccines yearly along with pneumovax and tetanus vaccines when required. These are all free of charge.
• ensuring advance directives of residents are reviewed and current.
• ensuring communication protocols are reviewed.
• ensuring staff schedules are reviewed.
• ensuring internal activities are reviewed regarding physical distancing (2 meters/6 feet) between residents, staff, and essential visitors.
• reviewing environmental cleaning protocols and
• developing policies to manage staff who may be exposed to the illness.

Chain of Command/Command Centre

Gibson Family Healthcare homes/lodges have interdisciplinary pandemic planning committees and outbreak management teams consisting of all department managers; the Administrator; representatives of care staff; Public Health representative; community emergency services representatives; infection control representative and health and safety members. Gibson Family Healthcare staff representatives are available 24/7 in the case of a outbreak/pandemic emergency.

The chain of command/responsibility/communication to be followed for implementing and acting on the outbreak/pandemic plan is:

- Administrator
- Director of Care
- Assistant Director of Care

- Lodge Manager
- Infection Control Co-ordinator who will work with all the above

Gibson Family Healthcare have multi-purpose rooms that can be designated as a command centres. In the event that this space is required for resident/staff use, arrangements can be made to have a command trailer with wi-fi and communication access delivered on-site for use during the outbreak.

See *Outbreak Contingency Plan* for staff roles and responsibilities during an outbreak. This will apply during a pandemic outbreak as well.

Communications

Gibson Family Healthcare is committed to keeping our staff, residents, families, suppliers, lab, transport services and the public informed about any outbreak that occurs in our home. We do this by reminding staff routinely to monitor themselves for the signs and symptoms of the outbreak disease, always and to immediately self-isolate and inform their department manager as soon as possible if they develop symptoms. Once an outbreak/pandemic is suspected or has been officially declared, staff communication huddles will take place twice daily at each nursing station in order to keep staff informed on the status of the outbreak and any new communications/actions received from the health unit, RHRA or MHLTC. Staff also are encouraged to take these opportunities to inform managers regarding needs of residents, supplies, staffing concerns, questions etc.

Social media is also used as a tool to keep the public informed of our standing and to hi-lite activities of our residents. This keeps the public and families informed and enhances the moral of our residents. Cell phones, skype, face-book, Gibson Family Healthcare websites, and face time will be used routinely to keep our residents in touch with their loved ones during times when visiting is interrupted. An appointment is required for Skype and face time to ensure staff have resident available for their visit (copy of Virtual Visits Schedule is attached). Email and text updates regarding resident health and activity levels and the home's response to outbreak management are communicated to families and loved ones by the Administrator and Director of Care over the course of the outbreak.

Virtual Visits Schedule

Date: _____

When making appointments please ensure to document resident's name and room #, virtual visitor's name and telephone # in spaces allotted and place √ under type of Virtual Visit requested.

Time of Appointment	Resident Name & Rm # Visitor Name and tel #	Type of Virtual Visit			
		Telephone Call	Skype	Facetime	Video Chat
10:00-10:15					
10:15-10:30					
10:30-11:00					
11:00-11:15					
1:00-1:15					
1:30-1:45					
3:00-3:15					
3:15-3:45					
4:00-4:15					

Modes of Communication to communicate information to staff, residents, and their families. will include:

→ Residents/family council
→ Memos
→ Communication books
→ Websites
→ Conference calling
→ Public announcement (PA) system
→ Medical Advisory committee
→ Distribution of information with pay cheque
→ Fact sheets/Information Sheets
→ Automated off-site line for staff and families to call for updates and direction
→ Local media (i.e. local radio station for broadcasts) at the discretion of administrator
→ Staff and Resident Family E-mails
→ You-tube, Tic-Tok
→ Staff Huddles/meetings
→ Specific websites i.e.
OSACH www.osach.on.ca (updates to be Pandemic Prepared)
MOHLTC-EMU www.health.gov.on.ca (important health information update)
Workshop Safety Insurance Board www.wsib.on.ca
Ministry of Labour www.labour.gov.on.ca
Carveth Care Centre web site www.gibsonfamilyhealthcare.com
Leeds, Grenville, and Lanark District Health Unit – Telephone: 613-345-5685
Alerts will also be posted on the Carveth Care Centre Facebook page.

Gibson Family Healthcare homes/lodges maintain close working relationships with their hub area Public Health Units and will take outbreak/pandemic direction from them as well as the MOHLTC and RHRA. There may be times when the health unit's directive may differ from Gibson Family Healthcare policy and this is to be expected but Gibson Family Healthcare will always follow the direction of their local PHU. Outbreak management is dynamic in nature and approaches to management are ever changing in accordance with our health unit's directives.

There are a number of physicians under contract with Gibson Family Healthcare, all available 24/7 if necessary and Dr. Vasquez is the home's medical director and advisory physician. All suppliers are contacted by the DOC, either on-line or by telephone. All staff, physicians, volunteers, families, and contract workers are notified by phone or e-mail in the event of a pandemic outbreak in the home. Gibson Family Healthcare will post information at nursing stations and have informal education sessions for staff regarding the outbreak including a history of the disease, what is expected of the staff, resident status etc.

All media coverage will be handled by the Administrator/designate. Staff are not to speak to media in the event of an outbreak/pandemic. The Administrator/designate will be available to speak daily with the local health unit as required.

Compassion Fatigue

Compassion fatigue can be an occupational hazard for those persons in any kind of a helping profession. Below are some tips and resources to assist health care workers in maintaining good mental health while providing care and assistance to residents. This is especially true when the home/lodge is dealing with an outbreak or pandemic.

Helpful tips to deal with the added stress and anxiety of delivering care during an outbreak or pandemic include:

- eating well balanced meals and snacks,
- taking a walk or doing light exercises at home,
- making time for activities that you enjoy,
- keeping in touch with your family and friends,
- taking a break from social media and the news – unplugging,
- staff to talk to each other about their feelings – someone you really trust,
- staff to take mini breaks throughout their shift to get fresh air, have a snack if feeling added stress,
- management to engage staff in team huddles to debrief and allow for support of each other,
- communicate, communicate, communicate,
- staff to have the tools and resources to do their job, in and out of the workplace
- staff to celebrate individual and collective successes and take opportunities to learn.

The following are some helpful numbers and resources that can be accessed during times of increased stress.

- Ontario Mental Health Hotline – Connex- 1-866-531-2600
- Canadian Mental Health Association crisis helpline 1-833-456-4566 (24/7)
- WHO website – Coping with Stress
- CAMH website – Mental Health and the COVID-19 Pandemic
- CMHA website – Tips to Support Mental Health
- CDC website – Managing Anxiety and Stress
- Canadian Psychological Association website – Fact Sheets
- Webinar – Mental Health and Resilience During COVID-19
- Audio Exercises for Managing Stress and Anxiety
  - Getting Grounded in the Present (3:46 mins)
  - Embodied Breathing (8:21 mins)
- 5 Pathways for Healing Compassion Fatigue
- CTRI Blog Articles
- Leeds, Grenville, and Lanark District Health Unit – Telephone: 613-345-5685

Collaboration

• Deliveries will be made to the same area, which is located at the back of the building.
• Discussion with the hub health unit will be had if a resident is in a palliative condition, to allow family to be present based on compassionate grounds.
• All staff, physicians, volunteers, families, and service providers are notified by phone in the event of an outbreak in the home. The home uses other disciplines, such as activation, administration as well as nursing to make these calls through a fan-out call system.
• Gibson Family Healthcare has collaborative planning relationships between all of our homes/lodges, the MOHLTC-Emergency Operations, Public Health Units, OLTCA, ORCA, Emergency and Transport Services, LHIN's Home Care, and acute care medical services.
• Our hub Public Health Unit would make any decisions regarding admission/readmission of residents to any Gibson Family Healthcare home/lodge.
• Menu planning will follow the home's disaster menu rotation. All meal service procedures will remain as usual although dining room locations will alter. (Sysco foods (1-800-325-8726) FAX (1-888-787-2661) Account # 36345001; Finlay Foods (613) 384-5331).

Staff/Care Providers

• All non-essential services such as hairdressing, foot care nurse, Multi-gen Dentistry etc. would be notified of the outbreak/pandemic and these services will be suspended until the outbreak/pandemic is declared over.

Internal and External Contacts – See internal staff telephone list and Emergency Manual for emergency contact #'s.

• Gibson Family Healthcare homes/lodges have infection control leads specific to education in infection control practices.
• All regulated and unregulated staff are trained to report any enteric, influenza or respiratory symptoms immediately to the RN in charge of the shift, and/or the infection control team lead and DOC/ADOC.
• Nursing homes and retirement lodges are considered an essential service, therefore work refusal during an outbreak is not an option.
• If a staff member becomes ill with acute respiratory symptoms while at work, the charge nurse will send the staff person home immediately and give them the contact information for the local health unit along with the home's outbreak # (if we have been given one). The health unit will follow-up with the staff person regarding any action plans to be taken. The health unit will also determine employee return to work plans.
• If it is determined by the health unit that the disease/illness was contracted at work, then further direction will be determined as required by the Ministry of Labour.
• Staff will now go directly to the staff room via other entrances without passing through dedicated resident areas.
• During an outbreak/pandemic staff will be directed to change in/out of uniforms upon arrival/leaving the building. Laundry can then be laundered at home with hot water and usual laundering methods and dryer setting on hot.
• Staff members will be delegated to work in alternate positions in the event of an outbreak, if necessary.
• Outbreak/pandemic policy is part of the orientation/mandatory annual education for all staff. Staff are trained to promote respiratory etiquette, hand washing, donning and doffing PPE's, isolation protocols etc. and isolation carts stocked with supplies (disinfectant wipes for equipment, disposable PPEs, face shields/goggles, gloves etc.) are routinely in place on all wings.
• Outbreak instructions will be posted for all persons to obtain visiting and/or surveillance directions before entering further into the home/lodge.
• All employees are offered and encouraged to receive the influenza vaccine annually at no cost to them. A signed consent form is kept on file. This form also contains a section for staff to sign who refuse to receive the vaccine for any reason other than an allergy. These forms are kept on file.
• Gibson Family Healthcare homes/lodges have contractual agreements with services such as Medi-gas, who supply the home with O2 concentrators and portable tanks, masks, nasal prongs, tubing, etc. and with Medical Mart (care supplies, continence briefs, PPE's) etc.
• Homes/lodges will use staff and resident co-horting and physical distancing whenever possible, to prevent the spread of the infection. There will be no touching of other staff, visitors unless absolutely required.

Resident cohorting may include 1 or more of the following:

- alternative accommodation in the home to maintain the physical distancing.
- resident cohorting of the well and unwell residents.
- use of respite or palliative rooms, other use rooms/areas within the home for resident cohorting as appropriate.

Staff cohorting will include:

- designating staff to work with either well or unwell residents

• All staff will use droplet and contact precautions when caring for residents in suspect and/or confirmed resident outbreak/pandemic areas and wear full PPE (gowns, gloves, safety eyewear, medical or N-95 masks as required).
• Additional frequency in environmental disinfecting will be assigned by department managers for frequently touched surfaces including service trolleys, handrails, doorknobs, and other equipment that moves about the home. Housekeeping documents this additional cleaning BID, dating and signing for it by the staff that performs the disinfection. Additional staff and supplies will be allotted/purchased as needed in accordance with the home's outbreak/pandemic**.**

Resident Care Needs

Resident care plans in the nursing homes are updated every 3 months and, in the lodges, every 6 months and are kept together at each nursing station. All resident's assessments are identified on the care plan and updated as well as any specific needs, such as oxygen usage, etc. These care plans would go with the resident in case of evacuation or transfer.

Both the nursing home and retirement sections of Gibson Family Healthcare homes/lodges are encouraged to review the advanced directives of all residents that has the potential to cause death or require extreme life saving measures in the event of an outbreak or pandemic.

Immunization

Influenza Immunization of Residents
See Influenza Virus Vaccine policy; Employee Health policy; TB Screening policy; Pneumovax policy in Infection Control Manual

To ensure that protection lasts throughout the influenza season, the recommended time for influenza immunization is as early as possible when the vaccine becomes available as advised by our local Public Health Unit.

Prior to, or upon admission, each resident will be assessed regarding their immunization and medical status. If the influenza immunization status of a resident is not available or if it is unknown, the resident will be considered unvaccinated, and immunization will be offered. A resident or their Power of Attorney for Personal Care may refuse any treatment/medication. Refusal (and reason for refusal) will be documented in the resident chart. If the resident is admitted after our fall influenza immunization program, but before the influenza season is over, vaccination will be offered, unless the resident has already received the current season's influenza vaccine.
The immunization record of the resident, including their influenza immunization status, will be retained in their health record. Upon transfer to another home or hospital setting, the residents' recent immunization status will be shared with the receiving health care facility.

Consent for Vaccination and Antiviral Medication
See Influenza Virus Vaccine policy; Employee Health policy; TB Screening policy in Infection Control Manual

Informed consent from the resident (or if the resident is incapable with respect to treatment, the POA for personal care) must be obtained for influenza, pneumococcal, tetanus-diphtheria vaccines, and antiviral drugs for prophylaxis in the event of an outbreak/pandemic. If required, request for immunization orders is forwarded to the resident's physician for order verification and administration by registered staff as applicable. The pneumococcal vaccine may be administered concurrently with influenza vaccine, but at a separate anatomic site, using a separate needle and syringe. This is done on admission and reviewed informally thereafter on an annual basis.

Staff immunization – See Employee Health in Infection Control Manual

Staff /Volunteers Education

The ongoing annual education of staff, volunteers, residents, residents' families and visitors regarding infection control and outbreak/pandemic prevention and related strategies is the responsibility of the combined Occupational Health and Safety/Infection Control Committee. This education will occur at the time of hiring/placement, during staff/volunteer orientation and annually thereafter. The annual review of measures and procedures for worker health and safety is required and will include infection prevention and control, immunization, and other related topics. Outbreak/pandemic policies and procedures will be reviewed/revised annually by this committee as required by legislation.

Education/orientation programs for all residents/families, staff, and volunteers (as applicable) includes information and review on:

- •The effectiveness, benefits, and risks of influenza immunization.
- •Information about the respiratory virus (including influenza) and its morbidity, mortality, and transmission
- •The prevention of influenza, and the requirement for annual influenza vaccination
- •The mechanisms to reduce disease transmission, for example respiratory etiquette and hand hygiene
- Respiratory infection outbreak management and exclusion policies of the home:
  - policies related to staff and visitor illness recommendations; (any persons experiencing symptoms of a respiratory illness should not be working/visiting the home).
  - influenza immunization and exclusion policies for staff/volunteers.
  - influenza immunization policies and recommendations for family members and visitors; (any persons experiencing symptoms of a respiratory illness should not be working/visiting the home).
  - Respiratory etiquette:
    - All individuals are advised to practice respiratory etiquette when coughing or sneezing: Turn head away from others; cover the nose and mouth with tissue or sneeze into your sleeve; discard tissues immediately after use into waste; and perform hand hygiene immediately after disposal of tissues.
- Use of personal protective equipment (PPE), cleaning and disinfecting requirements and environmental cleaning.
- Just Clean Your Hands program education
- Chain of transmission: modes of infection transmission.
- Immunization-related policies and procedures
- Outbreak-related policies and procedures: surveillance, early recognition for potential transmission of infectious conditions, and management of an outbreak

Surveillance

Surveillance is defined as "the ongoing systematic collection, analysis, interpretation and evaluation of health data closely integrated with timely dissemination of this data to those who need it". The goal of surveillance is to ensure early identification of symptoms in residents and staff that precede a potential outbreak or an outbreak in its early stages.

Passive Surveillance

Passive surveillance involves the identification of infections by staff whose primary responsibility is resident care, while providing routine daily care or activities. Residents with respiratory and other symptoms are reported to registered staff whose responsibility it is to document this on the daily infection control surveillance form. This form includes resident identification and location, date of onset, a checklist of relevant signs and symptoms, including

fever, diagnostic tests, and results when available. The completed form is be forwarded to the Director of Care daily by the RN working night shift. Any suspected outbreak is reported immediately to the infection control team lead.

Active Surveillance

Active surveillance involves actively seeking out infections. Several strategies may be used including, but not limited to:
•Conducting unit rounds.
•Reviewing unit reports, which may include elevated temperature reports.
•Reviewing physician/staff communication books.
•Reviewing medical and/or nursing progress notes in resident charts.
•Reviewing pharmacy antibiotic utilization records.
•Reviewing laboratory reports.
•Verbal report from unit staff, based on clinical observations.

At Gibson Family Healthcare surveillance is completed for both resident and staff populations.

Resident Surveillance

Continuous home-wide surveillance is completed daily to establish baseline levels of infection throughout the year and to follow-up with individual residents at risk. Suspect outbreaks are recognized when infection rates increase above the baseline. Targeted surveillance for respiratory symptoms and their reporting to the health unit are implemented especially during influenza season (typically November to April) and when influenza-like illness activity has been reported in the local community, which can start as early as September for some common respiratory viruses, such as rhinoviruses. All staff are aware of the symptoms of respiratory illness, the criteria for a suspected outbreak and the procedures for reporting to the Charge staff.

Our infection control lead and the Occupational Health and Safety/Infection Control Committee are responsible for review of infection rates within the home and developing action plans accordingly.

Staff Surveillance

Surveillance for ARI among staff is done throughout the year. All staff are aware of early signs and symptoms of ARI. Staff are asked to report their respiratory illness/infection status to their manager. The manager must promptly inform the infection control lead or Director of Care/Administrator of cases/clusters of employees/contract staff who are absent from work with respiratory symptoms. The information is also reported without using names to protect the employees' right to confidentiality to our Occupational Health and Safety/Infection Control Committee.

Non-staff Surveillance (includes volunteers, private pay caregivers, and visitors)

All volunteers, private pay caregivers and visitors who conduct activities are to self-screen and exclude themselves from entering the home when they have respiratory symptoms (i.e., new cough, new shortness of breath, fever).

Any screening tools and policies are posted and followed by all persons entering the home as directed by the health unit.

Analysis

The Director of Care or infection control team lead reviews the surveillance data for both staff and residents and consults with their local PHU to determine whether the findings meet the criteria for infection in each resident and staff and if a suspected outbreak exists.

Reporting to Health Unit, MOHLTC, Ministry of Labour, RHRA

Confirmed and suspected outbreaks of diseases of public health significance shall be reported as soon as they are identified to the Gibson Family Healthcare hub Public Health Unit and if after hours, using the Ministry's after-hours emergency contact.

An occupational illness is defined in the Occupational Health and Safety Act and means "a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected, and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act, 1997".

Once an employer is advised that a worker has an occupational acquired illness or that a claim in respect of an occupational acquired illness has been filed with the WSIB, the employer must notify a Director of the Ministry of Labour, the Occupational health and safety/Infection Control Committee or representative and the union within four days of being advised. This notice must be in writing and must contain prescribed information as stated in the Health Care Residential Facilities Regulation (HCRFR), s. 5(5), namely:

- the name and address of the employer
- the nature of the occupational illness and circumstances which gave rise to the illness
- a description of the cause or suspected cause of the occupational illness
- the period when the worker was affected
- the name and address of the worker affected
- name and address of the physician or other medical practitioner, if any, who was or is attending to the person for the illness, and
- the steps taken to prevent further illness.

After receiving an occupational illness notice, a Ministry of Labour inspector may follow-up with the workplace employer and worker members of the Joint Health and Safety Committee (JHSC) that the information contained in the report is accurate. The inspector will then send a field visit report summary of their findings to be posted in the workplace and provided to the JHSC.

Employers are to provide as much information as possible in the occupational illness notice. Inspectors will be looking for details about measures and procedures related to issues, including:

- infection prevention and control
- information and instruction provided to the worker
- screening measures, passive and active
- cleaning and disinfecting
- PPE utilization
- where physical distancing measures have been implemented
- local public health unit involvement and instructions regarding outbreak management
- return to work protocols for worker
- statement confirming notification to JHSC and union.

The email address to be used for submitting written notices is MLTSDoccillness.notices@ontario.ca. The Public Services Health and Safety Association has developed an "Occupational Illness: Infectious Disease Reporting Form" that can be accessed from their website. Also, to be notified as applicable, are the MOHLTC and the RHRA.

Acute Respiratory Tract Infections

Upper Respiratory Tract Illness (includes common cold, pharyngitis)

Signs and symptoms may include:
• Runny nose or sneezing,
• Stuffy nose (i.e. nasal congestion),
• Sore throat, hoarseness, or difficulty swallowing,
• Dry cough,
• Swollen or tender glands in the neck (cervical lymphadenopathy),
• Fever/abnormal temperature for the resident may be present, but is not required,
• Tiredness (malaise),
• Muscle aches (myalgia),
• Loss of appetite,
• Headache,
• Chills.

Lower Respiratory Tract Infection (bronchitis, tracheobronchitis)

The resident must have at least *three* of the following:
• New or increased cough,
• New or increased sputum production,
• Abnormal temperature for the resident, or a temperature of ≤35.5°C or ≥37.5°C,
• Pleuritic chest pain,
• New physical findings on examination (rales, rhonchi, wheezes, bronchial breathing)
• *One* of the following to indicate change in status or breathing difficulty or new /increased shortness of breath OR respiratory rate >25/minute,
• Worsening functional or mental status (deterioration in resident's ability to perform activities of daily living or lowering of their level of consciousness).

Pneumonia (e.g. Streptococcus Pneumonia, SARS)

All the following criteria must be met:
• Interpretation of a chest x-ray as pneumonia, probable pneumonia, or presence of infiltrate.
• The resident must have *at least two* of the signs and symptoms described under lower respiratory tract infection.
• Other non-infectious causes of symptoms, congestive heart failure, must be ruled out.

If a cluster of pneumonia or lower respiratory infection cases is suspected, steps must be taken to determine a common causative agent. Investigations should include nasopharyngeal (NP) swabs for respiratory virus testing, chest x-ray, urine for *Legionella* antigen or respiratory specimen for *Legionella* polymerase chain reaction (PCR), and sputum smear/culture, etc. Not all outbreaks will have a causative agent identified and should be managed as respiratory infection outbreaks in accordance with their severity of illness.

Outbreak Detection and Management

Early recognition of cases signaling suspected outbreaks and swift action are essential for effective management. Timely specimen collection, communication and the implementation of appropriate control measures have the potential to make a significant impact during the outbreak that will benefit both residents and staff.

Step 1 - Assess the Suspect or Confirmed Outbreak and establish a "Preliminary Outbreak Case Definition" and begin a Line-list. *The following are guidelines only, as recommended by the MOHLTC. Always defer to the instructions of the public health unit.*

Whenever there are two cases of acute respiratory tract illness within 48 hours on one unit, an outbreak should be suspected, and tests should be done to determine the causative organism. Note: specimens submitted under an outbreak number are given testing priority and undergo an expanded testing algorithm which includes rapid influenza testing. Please refer to the current "Labstract" to have non-outbreak specimens tested as high priority see step 3.

When the home/lodge suspects an outbreak, or has declared an outbreak, the home/lodge will establish a preliminary case definition. This helps to guide the detection of persons potentially associated with the suspect or confirmed outbreak. The case definition will include clinical signs and symptoms, time of onset of illness, and location of resident/staff in the home.

An example of a case definition: a resident or staff member on any unit of the home with illness onset from (date) who is experiencing any two of the following symptoms: cough, fever, headache, chills, lethargy or muscle ache.

Begin a line listing of residents who are ill with respiratory symptoms, based on information collected through the surveillance program. The line listing provides for rapid assessment of the extent and nature of the suspected outbreak. Residents and staff are line-listed on separate forms when they exhibit symptoms consistent with the outbreak case definition; laboratory confirmation of illness is not required to line-list individuals. Keep a separate line listing also for each care unit affected. This will make it easier to identify infection clusters. The registered staff in charge will be responsible for establishing and maintaining the line listing. The DOC/ADOC will be responsible for communicating with the health unit.

Daily ARI Surveillance/Reporting

Date: Resident: Page_____ of _____

EACH SHIFT IS TO UPDATE THIS FORM

Any NEW onset of symptoms of fever* AND cough or shortness of breath and /or NEW clinical/radiologic diagnosis of pneumonia must be reported to the attending physician immediately and a message left for Infection Control Coordinator. The elderly and people who are immunosuppressed may not develop a fever.

Name/room #	Admission date	Date of onset	Fever> 38 C	Cough	SOB	Hypoxia O2sat <92%	Droplet/ Contact precautions	Actions	Initials

The following information will be included on the line listing for all residents/staff that meet the outbreak case definition:

- Name of resident/staff,
- Age,
- Location in home such as unit, room, bed number,
- Date of onset of symptoms,
- Signs and symptoms relating to the case definition,
- Date started and treatment given such as antibiotics or antiviral medications.
- Samples taken including date and results if known (e.g. nasopharyngeal swab).
- If the resident was hospitalized – date and location of hospitalization.
- If deceased (include date and cause of death).

• Date illness resolved.

Step 2 - Implement Infection Control Measures

Infection control measures are to be implemented as soon as an outbreak is suspected. All staff will be notified quickly of the potential outbreak and provided with appropriate supplies (e.g. alcohol-based hand rub, PPE, including gowns, face/eye protection, gloves, surgical masks, etc.). All residents symptomatic with an Acute Respiratory Illness (ARI) will be placed on isolation and droplet/contact precautions as soon as possible after symptoms are identified. Asymptomatic residents should be cared for using routine practices and carefully monitored every shift by registered staff for any change in their symptoms.

Step 3 – For Carveth Care Centre – *The Director of Care/Lodge manager/designate will notify the Leeds, Grenville and Lanark District Health of the suspect or confirmed outbreak. at 613-345-5685, Toll Free 1-800-660-5853.*

For Helen Henderson Care Centre – *The Director of Care/Lodge manager/designate will notify the Kingston, Frontenac, Lennox and Addington District Health Unit of the suspect or confirmed outbreak. at telephone 613-549-1232, Toll Free 1-800-267-7875, Fax: 613-549-7896.*

They will discuss whether to declare an outbreak. The DOC/Lodge manager/designate will provide the health unit with the initiated line listing.
• Laboratory confirmation of an organism is not required to declare an outbreak. Once an outbreak is confirmed and declared Gibson Family Healthcare homes/lodges will initiate assembling the outbreak management team.
• Notify the MOHLTC/RHRA through the "Critical Incident System" and/or by contacting the local service area offices. If the outbreak/pandemic is located in the nursing home section the MOHLTC will be notified. If the outbreak/pandemic is in the lodge section the RHRA will be notified.
• Provide the local hub public health unit with the name of the primary infection control contact for the home. At Gibson Family Healthcare homes/lodges this is the Director of Care (DOC), Assistant Director of Care (ADOC) or Lodge manager.
• The health unit will provide the home with an 11-digit outbreak number. The health unit is responsible for providing the laboratory with the particulars of the suspected outbreak. The health unit will also complete and fax the *Outbreak Notification Report* to the local public health lab. After-hours notification of the public health lab, including weekends and holidays, can wait until the next business day unless specimens are being submitted for after-hours testing.
• The DOC/ADOC/Lodge manager will discuss with the lab how specimens will be collected, stored, and submitted to the laboratory, using as reference the home's current outbreak number.
•Confirm the number of laboratory specimens (maximum four (4) specimens) to be taken during the initial outbreak investigation.
• If additional testing is desired by the home/lodge, the DOC/ADOC/Lodge manager will contact public health lab's Customer Service Centre at 416-235-6556/1-877-604-4567. This allows special situations to get proper consideration. Considerations for additional testing may include changes in severity, new cases in a prophylaxis population during a confirmed flu outbreak, suspicion of a non-viral agent, new cases in other parts of the home/lodge, on-going cases after a substantial period of time, new cases after a long gap, or for other reasons. Discussion may include testing of additional specimens or for additional agents.
• The DOC/ADOC/Lodge manager will clarify which residents will be tested and establish which residents will not be tested.
• Oral/nasal/nasopharyngeal swabs, as indicated by the illness, will be collected from residents early in the course of their acute symptoms (onset within the preceding 48 hours); however, specimen submission can be considered in residents who remain symptomatic for longer periods. Swabs should be taken for residents with typical and atypical

ARI presentations. The reason for this is that older residents may not mount a typical response but may also be ill with an ARI. Ill staff will be referred to the public health unit for a treatment plan.
• All specimen containers (vials, tubes, etc.) must include the resident's name and date of birth and should be checked to ensure they have not expired.
•The laboratory requisition must include the home/lodge name and address, the Outbreak Investigation Number, resident name, resident health insurance number (HIN), resident date of birth, date on which the specimen was collected and sufficient test request information as indicated by the relevant specimen collection instructions.
• Outbreak specimens are tested with higher priority than investigation-level outbreak institutional specimens. If prioritized testing is desired on a non-outbreak specimen the DOC/ADOC/Lodge manager will contact the health unit customer service centre at 1-416-235-6556/1-877-604-4567 to decide.
• The health unit lab will reject specimens with incomplete labeling or information, leaking specimens or specimens collected in improper or expired kits.
• The outbreak team will review the preliminary case definition for the suspect outbreak and make changes as necessary to the clinical signs and symptoms, time frame of onset of illness, location in the home, etc.
• An outbreak can be declared at any time by the Medical Officer of Health (or their designate), the Medical Director or the Director of Nursing.

Step 4 - *Notify the appropriate individuals associated with the* Gibson Family Healthcare home/lodge *of the outbreak and establish the Outbreak Management Team (OMT).*

• In addition to notifying the local health unit or designate, the DOC and infection control representative is included as a member of the Outbreak Management Team (OMT). The following will also be included as representatives of the OMT:

- Medical director
- Director of Care/ADOC/Lodge manager
- Administrator
- Chair of the Infection Prevention and Control Committee
- Food Services Supervisor
- Activation Coordinator
- Director of housekeeping/laundry
- Maintenance Supervisor
- Physiotherapist
- Resident/family representative
- Pharmacist
- Staff representative
- Health unit representative

Step 5 - *Call an initial OMT Meeting.*

• At this point, the Gibson Family Healthcare home/lodge will assemble an OMT meeting.
• The OMT directs and oversees the management of the outbreak. The OMT will include the persons identified in the notification list above.
• The following roles and responsibilities will be assigned to members of the OMT.
• The DOC/ADOC/Lodge manager will be the chairperson of the committee. The DOC will set the meeting time and agenda and delegate tasks.
• The Outbreak Coordinator (ADOC) will ensure that all OMT decisions are carried out and coordinates all activities required to investigate/manage the outbreak.

• The Unit Clerk will set meeting times, location, and notify committee members of any changes. She/he will also record, post, and distribute minutes of meetings.
• The Media Coordinator will provide information to the news media as appropriate, but the Administrator/DOC will be the only voice.

The Outbreak Management Team (OMT) will:

• review the line-listing information to confirm if an outbreak exists and ensure that all members of the team have a common understanding of the situation.
• develop a working case definition for the outbreak as recommended by the public health unit. A case definition is the criteria that will be used throughout the outbreak to consider a resident or staff member as an outbreak-associated case. The case definition developed for residents may be different from that developed for staff. Residents/staff who meet this case definition will be considered a case regardless of the results of laboratory testing unless another diagnosis is confirmed, or the case definition is changed to include the laboratory diagnosis.
• review the outbreak control measures necessary to prevent the outbreak from spreading.
• determine the signage requirements for the outbreak and take steps to ensure they are placed where appropriate.
• for influenza outbreaks, confirm the use of antiviral medications for treatment of cases and/or prophylaxis of well residents and non-immunized staff.
• for influenza outbreaks, confirm the implementation of the exclusion policy, review and implement the staffing contingency plan. Determine if additional influenza immunization clinics are required for non-immunized staff, and if so, take steps to ensure that it is implemented.
• for non-influenza outbreaks with other or no laboratory confirmed respiratory viruses, determine the key prevention/control measures to be implemented and the decision rules in terms of terminating the outbreak, including decision rules if multiple pathogens are involved.
•confirm the process and logistics for the collection and submission of specimens for laboratory analysis.
•Identify and notify any additional persons/institutions that require notification of the outbreak:
    • residents' physicians
    • other health care providers, e.g. physiotherapists
    • families of ill residents or families of all residents in the home
    • emergency services, including dispatch
    • Ministry of Labour
    • Joint Health and Safety Committee/Infection Control, and/or trade union if there are occupational illnesses

Step 6 - *Communicate the Results of Laboratory Tests*

The health unit lab will phone Gibson Family Healthcare home/lodge of all rapid test results. The PHU is responsible for informing the DOC/ADOC/Lodge manager of any changes needed to the home/lodge's ICP. Direction will be provided at that time regarding any additional control, treatment, or prophylaxis measures to be implemented. The health unit lab will send a hard copy of all results (negative and positive) to the PHU and the submitting physician indicated on the data sheet. The health unit will provide copies of the lab results to the Gibson Family Healthcare home/lodge for our records.

Step 7 - *Monitor the Outbreak on an ongoing basis*

Outbreak monitoring will include:
• ongoing surveillance to identify new cases.
• monitoring the status of ill residents and staff.
• updating line listings.

• ongoing monitoring of precautions and control measures.
• ongoing monitoring of enough staffing to support the outbreak.
• reporting any significant changes in the nature of the outbreak (e.g. hospitalizations, deaths, changes in clinical picture).

The DOC/ADOC/Lodge manager/designate will update the line listing with new information and communicate this to the health unit contact daily or as previously arranged. The review of the updated information will examine issues of ongoing transmission and the effectiveness of control measures and prophylaxis.
Changes to the outbreak control measures may be indicated from a review of the data. Some control measures may be lifted as the outbreak comes under control or alternatively other measures may be added if the outbreak is not being controlled successfully. If new cases continue to be identified during an outbreak, prophylaxis failure or a new causative organism must be considered; additional laboratory testing may be indicated.

Updated Line Listing: Resident and Staff Surveillance

Resident Surveillance will include:

• new cases, with all appropriate information (see Step 1, Resident Line Listing Information).
• names of residents who have recovered/recovery date.
• the status of ill residents and noting any issues, such as worsening symptoms or complications.
• adverse reaction to any prescribed antiviral prophylactic medication, or discontinuation of antiviral prophylactic medication, as relevant to the resident.
• transfers to/returns from acute-care hospitals.
• cases of pneumonia (confirmed by chest x-ray, meet the case definition, and were related to the outbreak).
• deaths (among cases where they are believed to be because of infection with the causative organism and met the case definition).

Staff Surveillance will include:
• new staff cases, together with all appropriate information (see Step 1, Staff Line Listing Information).
• initials of staff who have recovered.
• last day worked and return-to-work dates as determined in collaboration with the health unit.

Step 8 - *Declare the Outbreak Over*

The Medical Officer of Health or designate in collaboration with the DOC/ADOC/Lodge manager will determine when to declare an outbreak over, taking into consideration the etiologic agent and the epidemiology of the outbreak. Please note that the Medical Officer of Health or designate retains the final authority to determine if an outbreak is over.

In practice, the time before which an outbreak can be declared over is dependent on:
- the causative organism, if known (contributes to the communicability, incubation period calculation).
- the epidemiology of the outbreak: how aggressive transmission has been, how severe illness has been, mortality profile, the number of hospitalizations, etc.
- whether the last case was a resident or staff member.

Once the outbreak has been declared over, all individuals notified of the outbreak at the beginning of the investigation are to be notified that the outbreak is over. Refer to Steps 5 and 6 for a listing of individuals to be notified of the end of the outbreak.

Step 9 - *Complete the Outbreak Investigation File*

The outbreak file shall be reviewed to ensure that it contains the following:
• copies of laboratory and other results
• copies of all minutes and other communications
• any other documentation specific to the investigation and management of the outbreak
• a summary report

Completion of the final report of an *Institutional Respiratory Outbreak* report will be done jointly with the appropriate Gibson Family Healthcare home/lodge and the health unit. At the same time both parties will review the course and management of the outbreak. The purpose of this meeting is to review what was handled well and what could be improved for managing future outbreaks. Copies of all documents related to the outbreak are to be kept on file at the home. This is an opportunity to review the outbreak, with all members of the OMT. A copy of this report will be provided to the infection control committee and a copy will be kept by the home's Administrator/DOC.

Hand Hygiene

Gibson Family Healthcare must ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing IPAC practices. Gibson Family Healthcare educates and trains staff on an annual basis using the "Just Clean Your Hands" program. Hand hygiene agents are accessible at all points of care.

Alcohol-based hand rubs (ABHRs)

Alcohol-based hand rubs containing 70% alcohol are the preferred method of hand hygiene when hands are not visibly soiled, and soap and water is not readily available. If there is visible soiling, hands must be washed with soap and running water. If soap and running water are not available, cleanse hands first with moistened towelettes to remove visible soil, let hands dry and then use ABHR.24

Four Moments for hand hygiene in accordance with the "Just Clean our Hands" program
1. Before initial resident/resident environment contact.
2. Before invasive/aseptic procedures.
3. After body fluid exposure risk and contact with blood, body fluids, secretions, and excretions.
4. After resident/ resident environment contact.

All staff, residents, families, and volunteers are educated in the *Four Moments for hand hygiene* in accordance with the "Just Clean our Hands" program on an annual basis and during orientation. Residents and families access the program on-line. The activation department ensures that all cognitive aware residents are educated in the program annually.

Staff Hand Hygiene

In addition to the four moments for hand hygiene, good staff hand hygiene practices include the following:
• After contact with items known or considered likely to be contaminated with blood, body fluids, secretions, and excretions, including respiratory secretions, (e.g. oxygen tubing, masks, used tissues and other items handled by the resident)
• Immediately after removing gloves and other PPE

• Between certain procedures on the same resident to avoid cross-contamination of body sites where soiling of hands is likely; and
• Before and after preparing, handling, serving, or eating food and before feeding a resident
• Before and after staff breaks

Resident Hand Hygiene

In addition to the four moments for hand hygiene, good resident hand hygiene practices are always necessary, especially during influenza season, and include the following:
• Residents are instructed on (assisted, as necessary) proper hand hygiene
• Care of hand hygiene in residents is always necessary and especially during influenza season
• Resident hands should be washed or sanitized after using the washroom and washed or sanitized frequently before and after meals
• hand hygiene before and after shared activities; and
• hand hygiene when leaving and returning to their room.

Personal Protective Equipment (PPE) – also see ARI policy under PPE section of manual

PPE is used alone or in combination to prevent exposure, by placing a barrier between the infectious source and one's own mucous membranes, airways, skin, and clothing.

The selection of PPE is based on the nature of the interaction with the resident and/or the likely mode(s) of transmission of infectious agents. Selection of the appropriate PPE is based on the risk assessment (e.g., interaction, status of resident) that dictates what is worn to break the chain of transmission.

Gibson Family Healthcare is responsible to ensure that staff have enough supplies of PPE as required and that they are accessible to staff. Gibson Family Healthcare also provides education in the proper selection and use of PPE to all health care providers and other staff who have the potential to be exposed to blood and body fluids.

Gloves

When a resident is placed on contact or droplet-contact precautions, gloves are used when direct care will be provided. In addition, gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above. Indiscriminate or improper glove use has been linked to transmission of microorganisms. Gloves are task specific and single use for the task.

Appropriate Glove Use:

• Wear the correct size of gloves.
• Put on gloves immediately before the activity for which they are indicated.
• Perform hand hygiene before putting on gloves for a clean/aseptic procedure.
• Remove carefully and discard gloves immediately after the activity for which they were used.
• Perform hand hygiene immediately after glove removal.
• Change or remove gloves if moving from a contaminated body site to a clean body site with the same resident.
• Change or remove gloves after touching a contaminated site and before touching a clean site or the environment.
• Do not wash or re-use gloves.
• Do not reuse the same pair of gloves for the care of more than one resident.

• Double gloving is not recommended.
• Gloves should be used as an additional measure, not as a substitute for proper hand hygiene.
• Gloves are recommended when providing care involving direct contact with an ill resident.
• Gloves should be put on before entering and removed prior to leaving the resident's room or dedicated bed space.
• Gloves are task-specific and single-use for the task. Gloves should be changed between dirty and cleaner procedures on the same resident, e.g., after open suctioning of a tracheostomy and remainder of care.
• Gloves that fit snugly around the wrist are preferred for use with a gown because they will cover the gown cuff and provide a better barrier for the arms, wrists, and hands.

Masks

A mask is used by a health care provider (in addition to eye protection) to protect the mucous membranes of the nose and mouth when it is anticipated that procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions, or when within two meters/6 feet of a coughing/sneezing resident.

Appropriate Mask Use

• Proper masking applies to all staff, volunteers, visitors who enter or encounter a suspect or confirmed resident illness area.
• Proper masking is required in all instances where contact and/or droplet precautions are being taken.
• Select a mask appropriate to the activity.
• Secure mask over nose and mouth.
• Do not touch mask while wearing it.
• Remove mask correctly immediately after completion of task and discard into an appropriate waste receptacle.
• Do not allow mask to hang or dangle around the neck.
• Clean hands after removing the mask.
• Do not re-use disposable masks.
• Do not fold the mask or put it in a pocket for later use.
• Masks are recommended when providing care involving direct contact with ill residents or when within 2 meters/6 feet of coughing/sneezing residents.
• For the care of a resident with respiratory illness, put a surgical mask on the resident, if tolerated, whenever the resident is not in his/her room (e.g. transfer to hospital). If masks are not available or not tolerated, residents should be encouraged to use another method to cover their mouth and nose when coughing or sneezing (e.g., tissue).
• Change masks if they become wet or contaminated by secretions.
• Remove mask with clean hands before caring for another resident and when leaving the residents dedicated environment.
• Handle masks only by the strings/ties, to prevent self-contamination.
• Change masks according to the manufacturer's recommendations.
• Perform hand hygiene before and after mask removal.
• Staff not to destroy N95 facemasks that are beyond the manufacturer-designated shelf life as they can be used for fit testing, training, and droplet/contact precautions.

Eye Protection

Eye protection is used by health care providers (in addition to a mask) to protect the mucous membranes of the eyes when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions, or within two meters/6 feet of a coughing/sneezing resident.

Eyeglasses DO NOT provide adequate eye protection for droplet/respiratory precautions and are not considered eye protection

Appropriate Use of Eye Protection

• Remove eye protection immediately after the task for which it was used and discard into waste or place in an appropriate receptacle for cleaning and disinfection.
• Prescription eyeglasses are not acceptable as eye protection.
• If using a mask, eye protection is needed. However, if a face shield is being used, a mask is still required.
• Eye protection includes the use of safety glasses, goggles, and face shields. It does not include personal eyeglasses.
• Eye protection should be worn where there is a potential for splattering or spraying of blood, body fluids, secretions, or excretions, including cough/sneeze producing aerosol-generating procedures, while providing direct resident care. Proper eye protection is required in all instances where contact and/or droplet precautions are being taken.
• Safety glasses, goggles and face shields should be removed carefully to prevent self- contamination.
• If re-used, eye protection should be cleaned and disinfected between uses according to the manufacturer's recommendations using a minimum of a low-level disinfectant.

1. Clean hands and put on a pair of disposable gloves.
2. Wipe the inside of the eye protection first with the disinfectant and then the outside.
3. Ensure all surfaces remain wet for the disinfectant contact time (e.g., 1-3 minutes).
4. Rinse with tap water and allow to air dry.
5. Remove gloves and perform hand hygiene.
6. Store the eye protection in a clean, designated area.
   Tip: To help reduce fogging, after disinfection, cleaning with soap and water or wiping with alcohol may help.

•To prevent self-contamination, staff should not touch their eyes during care of a resident with a respiratory illness.
•Perform hand hygiene before and after removal of eye protection.

Gowns

A gown is recommended when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions, or a resident is on contact, or droplet/contact precautions and direct care will be provided. Long-sleeved gowns protect the forearms and clothing of the health care provider from splashing and soiling with body substances during procedures and resident care activities which are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

Appropriate Gown Use

• Gowns should only be worn when providing care for residents, as per the above indications.
• When use of a gown is indicated, the gown should be put on immediately before the task and must be worn properly, i.e., tied at the top and around the waist.
• Proper gowning is required in all instances where contact and/or droplet precautions are being taken.
• Remove the gown immediately after the task for which it has been used in a manner that prevents contamination of clothing or skin and prevents agitation of the gown.
• Discard used gown immediately after removal into appropriate receptacle. Do not hang gowns for later use.
• Do not re-use gowns unless they are specifically made to be washed and used again. Do not go from resident-to-resident wearing the same gown.

• Gowns should be removed before leaving the residents' room or dedicated space. It is important to remove (doff) PPE correctly (i.e. in the correct order) to prevent cross- contamination and the potential spread of infection from resident to resident. Doffing incorrectly also poses a risk of self-contamination.

New Admissions and Return of Non-cases

The extent to which outbreak measures can be implemented and what is considered reasonable throughout the course of each outbreak will vary. Examples of reasonable and appropriate measures during an outbreak include:
• limiting visiting hours
• limiting the number of residents with whom the visitor has contact
• requiring anyone (including visitors, other residents, etc.) providing direct care to a resident on A to wear the necessary PPE
• requiring visitors to not visit when they have an ARI
• requiring visitors to wear the required PPE when visiting a resident on precautions and to carefully remove and discard PPE and perform hand hygiene upon leaving the room
• requiring residents to wear a gown, masks, or other PPE, if they have an ARI and are leaving their room or are within 2 meters/6 feet of others who are not wearing PPE
• posting signs at entrances and/or affected unit, discouraging visitors during the outbreak period
• notifying persons of the outbreak.

However, under outbreak/pandemic conditions that present a greater risk to the resident population more restrictive control measures may be required and occasionally there may be a conflict and at these times adherence to the health unit's recommendations is priority. The health unit has the authority to:
• stop new admissions to the home
• restrict resident movement to and from the home, or
• restrict visitors from the home

From the perspective of susceptibility to disease transmission, the admission of new residents and return of residents who have not been line-listed in the outbreak (i.e. are not known cases) is generally not advised during an outbreak. Members of the OMT, the SELHINS and the health unit will discuss the situation and consider all relevant factors to assess if new admissions and/or return of non-cases should be considered.

Return of Cases

The return of residents, including those from hospital, who were line-listed and were part of the outbreak, are permitted to return provided appropriate accommodation and care can be provided; the working assumption is that the resident has been exposed to the causative organism and is now immune. If, however, the outbreak is laboratory-confirmed influenza, returning residents should be placed on antiviral prophylaxis medication in line with other residents. However, in the event that a resident cannot return to the home because of an outbreak of disease in the home, the licensee of the home is not permitted to discharge the resident and the resident will return to the home when the outbreak is declared over.

Restriction of Symptomatic Residents to their Room (COVID-19 is dealt with specifically in alternate policies)

Ill residents will be isolated in their room and will be on droplet and contact precautions until 5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter). For some pathogens, the period of communicability may be longer than 5 days, but for practical reasons, this can be applied to outbreaks caused by respiratory viruses other than influenza or in the case of outbreaks when the pathogen is not known. There may be

some respiratory outbreaks for which longer isolation periods are required. Restriction of ill residents to their room is recommended if it does not cause the resident undue stress or agitation. If, however, restriction causes undue stress or agitation, alternative measures can be considered, including the use of a surgical mask and compliance with hand hygiene, at the discretion of the home/lodge in consultation with the health unit.

Residents with an ARI who are not in single room accommodation can be managed in their bed space using droplet and contact precautions with privacy curtains drawn, where these accommodations are available. However, residents may leave their room if they are able to comply with hand hygiene requirements and with the use of a medical grade mask. This strategy may not work with all populations and its application is left to the discretion of the home in consultation with the health unit.

Restriction of Residents to their Unit

If ill residents cannot be contained in one geographical area of the home/lodge, then the outbreak must be considered home wide. If cases are confined to one unit, all residents and staff from that unit must avoid contact with residents and staff in the remainder of the home. Additional recreational activities/resources will be made available. The outbreak may be confined to one or more units without declaring a home-wide outbreak, however, this will depend on several factors (e.g. design of the facility, causative organism, speed of spread, proximity of cases, staffing resources).

Communal Meetings and Other Activities

As much as possible, symptomatic residents will be needed to stay within their own rooms within the home. It is always important to balance the rights of residents with the need to manage the outbreak. Previously scheduled events, (e.g. holiday events) will need to be rescheduled. The OMT will discuss restriction of activities, revisiting the issue as the outbreak progresses. If possible, consideration will be given to planning events in such a way as to permit well residents to participate, according to geographical areas.

Control of Respiratory Infection Outbreaks

The following will be implemented during an outbreak, based on OMT and local decision making:

- Reschedule communal meetings on the affected unit. However, other meetings or activities may proceed in non-affected areas
- Discontinue group outings from the affected unit
- The OMT will discuss restricting meetings or activities in the entire home if the outbreak spreads to two or more units
- Restrict visits by outside groups, such as entertainers, volunteer organizations and community groups, as deemed necessary by the OMT
- Conduct on-site programs such as physiotherapy and foot care for residents in their rooms, if possible. Proper precautions should be taken for ill residents

Medical Appointments

At the discretion of and after consultation with the treating physician, non-urgent appointments may be rescheduled, with the consent of the resident/POA for Personal Care.

Transfer to Hospital

Before sending an ill resident to hospital, the home/lodge will notify the receiving healthcare facility that the home/lodge is experiencing an outbreak. The hospital will be provided with the details of the outbreak to ensure control measures are in place when the resident arrives at the hospital. The hospital will be informed of whether the resident to be transferred has been identified as a case. The goal is to protect sending and receiving facilities, paramedic and private transfer companies and the public by ensuring appropriate personal protective measures are taken thus containing any risk of spreading. In addition, notifying the receiving hospital whether the transferred resident was or was not on the line list, allows the hospital to start discharge planning.

The registered staff in charge of the shift will complete the attached "Checklist for Transfer of Residents with Suspected or Verified Outbreak/Pandemic Illness" to ensure appropriate practices are being followed and appropriate information is being sent to the receiving facility in order to appropriately care for the resident.

Checklist for Resident Transfers of Residents with Suspected or Verified Outbreak or Pandemic Illness

(Developed May 21, 2020; Reviewed March 16, 2021; December 27, 2021; January 4, 2022; May 5, 2022)

Resident Name: _____ Date and Time of Transfer: _____

	Contacted – **Yes** or **No** If "**No**" then reason why not?	Documents provided **Yes** or **No** If "**No**" then reason why not?
Resident's Physician Contacted		
POA for Personal Care Contacted		
DOC Contacted		
Emergency Services contacted and informed of resident's suspected or validated outbreak or pandemic diagnosis and PPE requirements prior to arrival at Carveth.		
Hospital emergency department contacted and informed of resident's suspected or validated outbreak or pandemic diagnosis and PPE requirements prior to resident's arrival.		
Appropriate PPE is used by all persons having contact with or caring for resident with suspected or validated outbreak or pandemic diagnosis – emergency services and Carveth staff.		
Resident's hands are washed with ASHD upon leaving isolated area.		
Fully completed Transfer Record provided to emergency service		
Copy of current care plan sent		
Copies of pertinent progress notes sent		
Medication Record sent		

I have completed/provided the information above as required.

_____ _____

RN Signature Date

I have received the information as indicated above.

_____ _____

Emergency or Transfer Services Signature Date

Transfer to another Long-Term Care Home

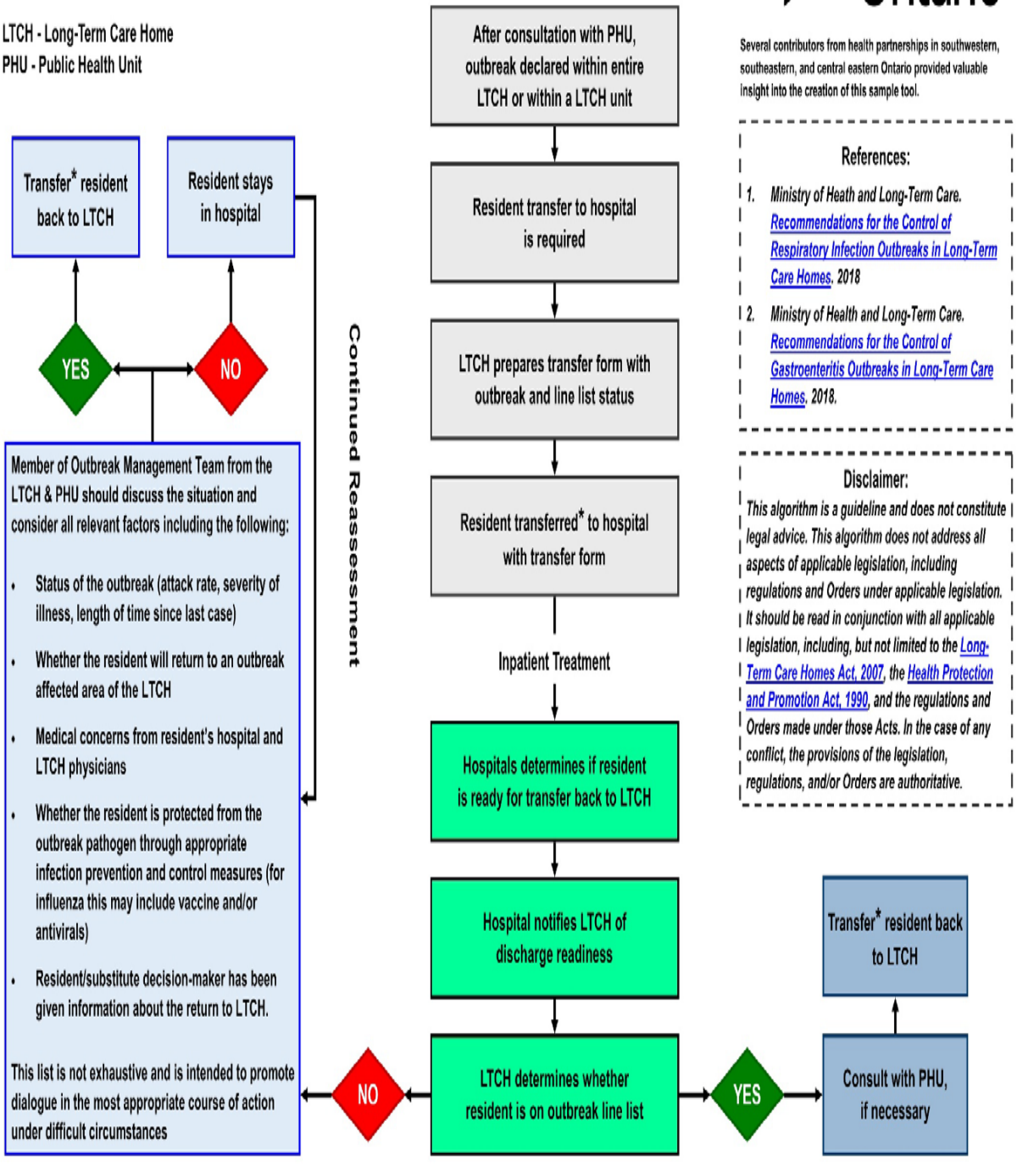
Symptomatic resident transfers (from anywhere in the home) to another home are not recommended during an outbreak. This will be discussed on a case-by-case basis in consultation with health unit and the SELHINS.

Sample Transfer & Return Algorithm for use during Outbreaks

Communication for Transfer & Return between Long-Term Care Homes and Hospitals

Ontario

LTCH - Long-Term Care Home
PHU - Public Health Unit



Several contributors from health partnerships in southwestern, southeastern, and central eastern Ontario provided valuable insight into the creation of this sample tool.

References:

1. *Ministry of Heath and Long-Term Care. Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes. 2018*
2. *Ministry of Health and Long-Term Care. Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes. 2018.*

Disclaimer:

This algorithm is a guideline and does not constitute legal advice. This algorithm does not address all aspects of applicable legislation, including regulations and Orders under applicable legislation. It should be read in conjunction with all applicable legislation, including, but not limited to the Long-Term Care Homes Act, 2007, the Health Protection and Promotion Act, 1990, and the regulations and Orders made under those Acts. In the case of any conflict, the provisions of the legislation, regulations, and/or Orders are authoritative.

* Patient Transfer Centre Authorization may be required

Reporting of Respiratory Illness

Staff, volunteers, or contracted service workers with an ARI will not enter the home. They will report any respiratory illness to their supervisor who will report to the DOC/ADOC or the Administrator.

Exclusion of Staff, Students, and Volunteers with an Acute Respiratory Infection (ARI)

Staff, students, or volunteers with any respiratory infection symptoms will not return to work/placement for 5 days from the onset of symptoms of a respiratory illness or until symptoms have resolved whichever is shorter. This includes staff, students, and volunteers on antiviral medication. As always, return to work may be altered/determined by the local public health unit.

Working at other Employment

During non-influenza outbreaks, well staff, students, and volunteers can usually work/provide services at other places of employment. This is decided by the local health unit and/or MOHLTC.

During an influenza outbreak, staff protected by either immunization or antiviral medication have no restrictions on their ability to work at other places. However, unimmunized staff not receiving prophylactic therapy must wait one incubation period (3 days) from the last day that they worked at the outbreak position prior to working in a non-outbreak place of employment, to ensure they are not incubating influenza. However, unimmunized staff on antiviral prophylactic therapy that wishes to work at another facility may do so, assuming the following considerations:
• They do not have a fever and/or other symptoms of ARI.
• This does not conflict with the policies of the receiving facility, as these would supersede the general direction provided here.
• This does not conflict with direction provided by the Medical Officer of Health or designate based on information available to them about the epidemiology of the outbreak or other local considerations.
• In the event of a pandemic disease/illness all Carveth staff will work only in one employment location.

Staff, students

Staff, students, and volunteers experiencing respiratory symptoms or fever will not work/provide services in any health care setting.

Limiting Work Locations

Wherever possible, employers will work with contractors to limit the number of work locations that contractors are working at, to minimize risk to residents and staff of exposure to COVID-19. In addition, with respect to employees, all long-term care home employers must also comply with Ontario Regulation 146/20 and retirement home employers must also comply with Ontario Regulation 158/20, both made pursuant to the *Reopening Ontario (A Flexible Response to COVID-19) Act.* All employees will be limited to working in one employment location for the duration of the pandemic or until such time as the MOHLTC alters their directives.

Staff and Resident Cohorting

Gibson Family Healthcare homes/lodges have a plan for and use, to the extent possible, staff and resident cohorting as part of their approach to preparedness as well as to prevent the spread of an ARI once identified in the home. At Gibson Family Healthcare resident cohorting will include one or more of the following:

- alternative accommodation in the home to maintain physical distancing of 2 meters at all times.
- resident cohorting by COVID-19 status, utilizing respite and palliative care beds and rooms, or utilizing other rooms as appropriate.
- designating staff to work in specific areas/units in the home as part of preparedness and
- designating staff to work only with specific cohorts of residents based on their ARI status in the event of suspect or confirmed outbreaks.

Where it is not possible to maintain physical distancing of staff or residents from each other, all residents or staff will be managed as if they are potentially infected, and staff will use droplet and contact precautions when in an area known to be affected by ARI.

During any outbreak staff members will work on only one unit for the duration of the outbreak when at all possible. Attempts will be made to minimize movement of staff, students, or volunteers between resident home areas.

Exclusion of Unimmunized Staff

During a laboratory-confirmed influenza outbreak, immunized staff who has been immunized at least two weeks prior to the outbreak declaration may continue to work. Unimmunized staff may resume work as soon as they are taking antiviral prophylaxis. If issues arise regarding compliance with work exclusions, options should be reviewed with the OMT.

Visitors and Private Pay Caregivers

During a vaccine-preventable disease outbreak, such as influenza or pneumonia, all visitors/private pay caregivers will be encouraged to be immunized (e.g. pneumonia vaccine only if >65 years of age), as some residents may not be immunized, or may have waning protection from immunization. Gibson Family Healthcare homes/lodges will post outbreak notification signs at all entrances to the home/lodge indicating that it is in outbreak.
Visitors/private pay caregivers will be advised of the potential risk of acquiring the illness within the home, and the re-introduction of illness into the home, and of the visiting restrictions as indicated. Gibson Family Healthcare homes/lodges will also notify families of the outbreak and the impact this will have on visitations. Essential services are identified and listed in the Emergency Manual. All non-essential services such as hairdressing, foot care nurse, Multi-gen Dentistry etc. would be notified of the outbreak/pandemic and these services will be suspended until the outbreak/pandemic is declared over.

Internal and External Contacts – See internal staff telephone list and Emergency Manual for emergency contact #'s

Visitors/private pay caregivers and volunteers will not be permitted in the home/lodge, unless under extenuating circumstances. Under these circumstances, they will be required to wear the appropriate PPE, perform hand hygiene upon arrival, as needed during their stay and when leaving both the room of the resident and the home/lodge. Visitors/private pay caregivers will also restrict their visit to the resident they came to see.

Well visitors/private pay caregivers who choose to visit during an outbreak and *who are not going to be providing direct care* to an ill resident will be asked to:
• wear PPE as this will also help them avoid getting sick themselves
• perform hand hygiene when entering the home, before entering and upon leaving the resident's room
• visit residents only in their rooms and avoid communal areas
• visit only one resident and leave the home immediately after the visit. If multiple residents are in the home but in different locations, it is recommended that the healthy resident(s) (non-outbreak case) be visited first

• not mingle with other residents.

In addition to these recommendations, well visitors/private pay caregivers who choose to visit during an outbreak and are going to be providing direct care to an ill resident will be asked to wear the appropriate PPE.
Moreover, the following recommendations apply regarding visitor restrictions:
• notices will be placed on the door of the rooms of ill residents or in other visible locations advising all visitors to check at the nursing station before entering the room.
•ill residents will be visited in their room only.
Complete closure of the home/lodge to visitation is not permitted unless there is an order issued by the Medical Officer of Health/designate or MOHLTC as this can cause residents and visitors emotional hardship. Under exceptional circumstances, the Medical Officer of Health/designate or MOHLTC may assess the risk to be significant such that it requires complete closure of the home to visitors. In these circumstances, an order from the MOHLTC to the owner is required to ensure compliance. It is important to note however that even under these circumstances, that there are exceptional personal circumstances under which barring visitors is neither ethical nor permitted, namely palliative care situations. In these situations, Gibson Family Healthcare homes/lodges must ensure full compliance with infection control requirements.

Environmental Cleaning and Disinfection

During an outbreak/pandemic there will be a requirement for additional and enhanced environmental cleaning to contain the spread of the microorganism causing the outbreak. Additional environmental cleaning is recommended for frequently touched surfaces, including trolleys and other equipment that move around the home/lodge, and consideration given to increasing the frequency of cleaning. policies and procedures regarding staffing in Environmental Services (ES) departments will allow for surge capacity (e.g., additional staff, supervision, supplies, equipment) as determined by the outbreak management committee. See PIDAC's Best Practices for Prevention and Control of Infections in all Health Care Settings for more details. The hiring of universal workers to achieve additional cleaning procedures is an integral part of Gibson Family Healthcare operational practice.

In addition, procedures for assigning responsibility and accountability of routine cleaning of all environmental surfaces and non-critical resident care items are established. Disinfection of high-risk contact areas will be disinfected twice daily. These include lobbies, handrails, bathrooms, nursing stations, call bells, doorknobs, infected resident's rooms, and belongings that are touched frequently eq. phones, remotes etc. Extra cleaning staff will be brought in to do this for the duration of the outbreak/pandemic. As previously declared the assigned additional cleaner will be required to document the date and time of the cleaning along with what was cleaned (minimal BID).

Supply Chain

Gibson Family Healthcare has storerooms with pandemic stock supplies (briefs, gloves, masks, disposable gowns, plastic utensils, cups, dishes etc.). It is the responsibility of the combined Infection Control and Occupational Health and Safety Committee along with the DOC/ADOC/Lodge manager to complete and document an annual inventory to ensure enough supplies are current and kept on hand to last several weeks eq. 1 month. Gibson Family Healthcare has a contract with each of the suppliers and names and contact information of suppliers and is available in the Fire and Emergency manual. Gibson Family Healthcare also has a contract with Hunt's Pharmacy for prescriptions for antibiotics, antivirals, bronchodilators, etc. as well as emergency supplies when needed. Each of Gibson Family Healthcare homes/lodges will assist each other with supplies if needed.

Guidance for Food Services

Staff will:

- wash your hands often with soap and water or alcohol-based hand sanitizer,
- sneeze and/or cough into their sleeve,
- avoid touching their eyes, nose, or mouth,
- avoid contact with people who are sick,
- stay home if they are sick,
- wear PPE as required,
- social distance 2 metres/6 feet from anyone who is coughing or sneezing,
- ensure frequently touched surfaces are cleaned frequently (at least twice a shift and when visibly soiled) with an appropriate disinfectant,
- always protect food from contamination,
- ensure all hand washing sinks are clean, stocked, and locations are accessible and available,
- ensure less than 50 residents dine at any one time,
- remove and/or spread-out tables and limit the # of residents/staff at each table so that a minimum distance of 2 metres/6 feet is between each resident,
- ensure proper cleaning and disinfection of dining tables after each use,
- ensure any ill resident or required to self-isolate is not allowed in the dining room for meals.

Supplies and Equipment Template

Ministry of Health and Long-Term Care and RHRA suggests the following formula: 25 staff encounters/residents/day x 31 days a month. Other sources identify a 7-day plan.

Department	Category	Item	Quantity
Infection Control			
	Hand Hygiene	Liquid Soap	2 cases
		Alcohol based hand rub	2 cases
		Paper towels	6 cases
	Personal Protective Equipment		
		Masks- surgical	13,000
		-Respiratory masks	13,000
		Disposable gowns	36 cases
		Non-Latex gloves-Small	2 cases
		Medium	10 cases
		Large/ xl	6 cases
Nursing			
	Temperature & BP Monitoring Supplies		
		Disposable thermometer probes	800
		Stethoscopes	3
		BP cuffs	3
	Respiratory Care		
		Oxygen tubing	1case
		Oxygen masks	1
		Nasal prongs/cannula	1 case
		Masks – simple O2 masks	1 case
		Oximeters	2
		O2 concentrators at each reception	3
	Medication supplies		
		Medication cups	1case
		1 case paper cups	
		Pill crusher pouches	1 case

Department	Category	Item		Quantity
	Continence	Briefs		
		– large		8 cases
		- Medium		15 cases
		-small		0
		Pull ups – medium		7 cases
		- large		3 cases
		-small		1 case
		Liners – lights pads		1 case
	Suction	Disposable tips		1 case
		tubing		1 case
		canisters		1 case
		Portable suction		3
		Extension cord/battery		10
Housekeeping				
	Disinfectants	Disinfectant wipes		6 cases
		Surface cleaner and disinfectant ECOLAB		
	Cleaning	Garbage bags	Black 22 x 23	6 boxes
			Black 30 x 38	4 boxes
			Clear 30 x 38	2 boxes
		One –use tissues		2 cases
		Toilet papers		6 cases
Food Services				
	Disposable products	Cutlery – spoons		1 case
		Forks		1 case
		knives		1 case
		cups		2 cases
		Foam plates		2 cases
		bowls		2 cases
		napkins		2 cases
		trays		2 cases
		7oz plastic cups		2 cases
	Food Services	3-5 day food supply, following menu (see attached menu)		
General				
		Flashlights		8
		Batteries (1 set/flashlight and replacement set)		16
		Water - 500 ml (24 bottles/case)		35 cases
		- 1L (12 bottles/case) *1 bottle/res/day		63 cases

Traffic Flow/Control/Security

There are automatic locks at each entrance/exit to the home as well as between the nursing home and lodge building. There is also an alarm system in place at each entrance/exit. Unique to Carveth Care Centre only, the main entrance and the east entrance into the Dr. offices also have an alarm system that activates when a resident wearing a security bracelet comes within 5 feet of the area. These systems are checked and tested regularly by the maintenance staff as well as the security company.

Signage is also posted on all exit doors as well as throughout the building asking visitors to reschedule their visits and signage identifying the cause of the outbreak. Parking lots are available at the main entrance and at the lodge/medical office entrance. Staff can go directly to the staff rooms via other entrances without passing through dedicated resident areas.

Acute Respiratory Illness specific to COVID 19 and SARS (Updated July 11, 2022)

Background

As we continue to navigate the evolving COVID-19 landscape, the Ministry and Gibson Family Healthcare remains committed to our shared goal of striking an appropriate balance between the risk of COVID-19 and overall resident quality of life informed by expert public health advice.

In accordance with applicable legislation nursing homes and retirement homes must take all reasonable steps to follow the required precautions and procedures.

In co-located long-term care and retirement homes that are not physically and operationally independent, the policies for the long-term care home will determine policy development and the retirement home will follow nursing home COVID-19 policy unless otherwise instructed by the local public health unit (PHU).

As any outbreak evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take. Updates throughout this policy reflect the coming into force of the Fixing Long-Term Care Act, 2021 ("the Act") and the associated regulation (O. Reg. 246/22). This will continue to be done in collaboration with health system partners and technical experts from Public Health Ontario and with the health system.

Long-term care homes, retirement homes and health care workers (HCW's) may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about any Directive. Long-Term Care homes, retirement homes and HCWs are also required to comply with applicable provisions of the Occupational Health and Safety Act and its Regulations.

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31st, 2019, the World Health Organization (WHO) was informed of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province, in China. A novel coronavirus SARS-CoV-2 was identified as the causative agent resulting in COVID-19 infection by the Chinese authorities on January 7th, 2020. On March 11th, 2020, the WHO announced that COVID-19 is classified as a pandemic. This is the first pandemic caused by a coronavirus.

Required Precautions and Procedures

This information is current as of January 4, 2022 and may be updated as the situation on COVID-19 continues to evolve. If there is a discrepancy between this list and other guidance, this list should be considered the most up to date information. When assessing for the symptoms below the focus should be on evaluating if they are new, worsening, or different from an individual's baseline health status (usual state). Symptoms should not be chronic or related to other known causes or conditions (see examples below).
One or more of the following most common symptoms of COVID-19 necessitate immediate self-isolation and, if eligible, COVID-19 testing:
• Fever and/or chills
• Cough o Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disease)
• Shortness of breath
    o Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)
• Decrease or loss of smell or taste
    o Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)

Two or more of the following symptoms of COVID-19 necessitate immediate self-isolation and, if eligible, COVID-19 testing:
• Extreme fatigue (general feeling of being unwell, lack of energy, extreme tiredness)
    o Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia, malignancy, receiving a COVID-19 or flu vaccine in the past 48 hours)
• Muscle aches or joint pain
    o Not related to other known causes or conditions (e.g., fibromyalgia, receiving a COVID-19 or flu vaccine in the past 48 hours)
• Gastrointestinal symptoms (i.e. nausea, vomiting and/or diarrhea)
    o Not related to other known causes or conditions (e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication)
• Sore throat (painful swallowing or difficulty swallowing)
    o Not related to other known causes or conditions (e.g., postnasal drip, gastroesophageal reflux)
• Runny nose or nasal congestion
    o Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline, seasonal allergies)
• Headache
    o Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines, receiving a COVID-19 or flu vaccine in the last 48 hours)

Other symptoms that may be associated with COVID-19 and should be monitored, include:
• Abdominal pain
    o Not related to other known causes or conditions (e.g., menstrual cramps, gastroesophageal reflux disease) •
• Conjunctivitis (pink eye)
    o Not related to other known causes or conditions (e.g., blepharitis, recurrent styes)
• Decreased or lack of appetite
    o For young children and not related to other known causes or conditions (e.g., anxiety, constipation).

Case Definition COVID-19

Case Definition – Coronavirus Disease (COVID-19) These case definitions are for surveillance purposes, and they are current as of January 17, 2022. They are not intended to replace clinical or public health practitioner judgment in individual patient assessment and management.

Outbreak Definition - An outbreak is defined as two or more laboratory-confirmed COVID-19 cases in workers and/or other visitors or 1 or more residents with an epidemiological link (e.g., same work area, same shift) within a 14-day period, where at least one case could have reasonably acquired their infection in the home/lodge.

A. Probable Case

Probable Case - a person who:

Has symptoms compatible with COVID-19 AND:
had high-risk exposure (i.e. close contact) with a confirmed case of COVID19; OR was exposed to a known cluster or outbreak AND:
a. has not had a lab-based PRC completed OR
b. COVID-19 antibody is detected in a blood sample collected within 4 weeks of symptom onset, OR
c. has symptoms compatible with COVID-19 AND in whom a laboratory-based PCR test was inconclusive, OR

3. Is asymptomatic AND
a. had high-risk exposure (i.e. close contact) with a confirmed case of COVID19 OR
b. was exposed to a known cluster or outbreak AND in whom a laboratory-based real-time PCR for COVID-19 is inconclusive.

Confirmed Case

A person with confirmation of COVID-19 infection documented by:
1- detection of at least one specific gene target by a validated laboratory-based real-time PCR performed at a community, hospital, or reference laboratory OR
2- a validated POC to provide a final result OR
3- demonstrated seroconversion within a 4 week interval in viral specific antibody in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2.

4. Guidance for Symptomatic Individuals

The following symptoms and signs may indicate infection with COVID-19:

- fever and/or chills; OR
- cough; OR • shortness of breath; OR
- decrease or loss of taste or smell OR
- two or more of any of the following:
    - o runny nose/nasal congestion
    - o headache
    - o extreme fatigue
    - o sore throat
    - o muscle aches or joint pain
    - o gastrointestinal symptoms (i.e. vomiting or diarrhea).

People who are eligible for molecular testing are encouraged to get tested and may be required to access testing. People who are not eligible for molecular testing may use rapid antigen testing.

5. Influenza and other seasonal respiratory virus testing

Certain people who are symptomatic with an acute respiratory infection are eligible and recommended to seek molecular testing for influenza and other seasonal respiratory.

Only the local public health unit can declare an outbreak and declare when it is over. It is not the home's/lodge's responsibility to determine whether cases have an epidemiological link. Local public health units will determine whether cases have a link as part of their investigation, which will inform their decision as to whether they will declare an outbreak.

Isolation Period for Test-Positive Cases and Individuals with COVID-19 symptoms

Population	Isolation Period	Additional Precautions after Self-Isolation Period
• Individuals with severe illness (requiring ICU level of care).	20 days (or at discretion of hospital IPAC) after the date of specimen collection or symptom onset (whichever is earlier/applicable).	N/A
• Individuals 12+ who are not fully vaccinated. • Individuals residing in a highest-risk setting. • Individuals hospitalized for COVID-19 related illness (not requiring ICU level of care). • Immunocompromised individuals.	10 days (or at discretion of hospital IPAC) after the date of specimen collection or symptom onset (whichever is earlier/applicable).	For a total of 20 days after the date of specimen collection or symptom onset (whichever is earlier/applicable), immunocompromised individuals should follow additional precautions as directed by their primary caregiver.
• All other individuals not listed above, who have COVID-19 symptoms, or a positive COVID-19 test (PCR, rapid molecular or rapid antigen test).	5 days after the date of specimen collection or symptom onset date (whichever is earlier/applicable)	For a total of 10 days after the date of specimen collection or symptom onset (whichever is earlier/applicable), individuals should: • Continue to wear a well-fitted mask in all public settings (including schools and child care, unless under 2 years old) and avoid non-essential activities where mask removal is necessary (e.g., dining out, playing a wind instrument, high contact sports where masks cannot be safely worn). • Not visit anyone who is immunocompromised or at higher risk of illness (e.g., seniors). • Avoid non-essential visits to highest risk settings such as hospitals and long-term care homes. • Employees working in highest-risk

		settings should report their exposure and follow their workplace guidance on return to work.

Close contacts in highest-risk settings that develop symptoms should be managed as probable cases for outbreak management purposes.

If the case lives in the home/lodge, they should isolate for at least 10 days after date of specimen collection or symptom onset (whichever is earlier/applicable) AND until they are afebrile and symptoms are improving for 24 hours (or 48 hours if gastrointestinal symptoms), unless otherwise directed by the PHU.

If the case works in the home/lodge, they should speak with their employer and follow their workplace guidance for return to work.

• For routine operations, COVID-19 positive cases that work in the home/lodge may return to work:
  o 10 days after symptom onset or date of specimen collection (whichever is earlier) OR
  o after a single negative molecular test (e.g. PCR, rapid molecular) any time prior to 10 days from the date of symptom onset or specimen collection (whichever is earlier) OR
  o after two consecutive negative rapid antigen tests that are collected at least 24 hours apart any time prior to 10 days from the date of symptom onset or specimen collection (whichever is earlier) AND
  o provided they have no fever and other symptoms have been improving for 24 hours (or 48 hours if vomiting/diarrhea).

Outbreaks and confirmed and suspected cases of COVID-19 are reportable to the local public health unit.

Gibson Family Healthcare homes/lodges follow the critical incident reporting requirements set out by the MOHLTC and RHRA. Gibson Family Healthcare homes/lodges are required to immediately report any COVID-19 outbreak (suspect or confirmed) to the Ministry of Long-Term Care using the Critical Incident System during regular working hours or calling the after-hours line/weekend line at 1-888-999-6973.

A COVID-19 Outbreak Preparedness Plan is in place developed in consultation with Gibson Family Healthcare's Joint Health and Safety committees and representatives to prepare for and respond to a COVID-19 outbreak. This plan includes:

• identifying members of the Outbreak Management Team.
• identifying each home's local Infection Prevention and Control (IPAC) contact area and their contact information.
• enforcing an IPAC program, in accordance both for non-outbreak and outbreak situations, in collaboration with local IPAC contacts, public health units, local hospitals, Home and Community Care Support Services, and/or regional Ontario Health.
• conducting regular IPAC self-audits, at minimum every two weeks when the home is not in an outbreak and at minimum once a week when the home is in an outbreak. This is to identify and address gaps in IPAC practices.

Preparedness Planning

- Review and update our fall COVID-19 preparedness planning checklists to ensure current.

- Testing can be considered if there is exposure to a confirmed case of COVID-19, if there is a COVID-19 outbreak in the home, or at the direction of the local public health unit.
- Exceptions are for those persons visiting residents receiving end of life care and those with valid proof of medical exemption. They are to be restricted to the residents' rooms. Infants under the age of 1 are also permitted.

COVID-19 Outbreak Preparedness Plan – Gibson Family Healthcare

COVID-19 SWAB

NEGATIVE COVID-19 SWAB
- carry on with business as usual

POSITIVE COVID-19/SUSPECT POSITIVE
- DOC/ADOC/Lodge manager or registered staff in charge will be notified of the results. (follow attached registered staff duties)
- Results not to be discussed with anyone or released until managers are on site & give direction. INTERNAL COMMUNICATION ONLY

Director of Care

Administrator notified of results

Administrator & DOC will meet with all In-house staff

Administrator

Director of Care

- Notify Medical Director
- Initiate CIATT/MOH report
- Consult with PHU
- Inform & initiate meetings with Occ Health and Safety & IC teams

Notify Business Manager

- Notify business office employees and Unit Clerk
- Media Management
- Marketing Manager to be notified
- Notify all managers via text with f/u phone call if no response
- E-mail all staff and resident POA's of outbreak
- Take direction from wherever priority needed

Dietary Mgr
- Notify dietary Dept
- Initiate simplified menu
- Re-arrange duties for dietary aides & cooks
-see attached plan

Activity Mgr
- Notify activity staff
- Assist with feeding and serving of residents
- Take direction to where priority needed.
- See attached plan

Lodge
- Notify Lodge staff
- Designate screening staff
- Do resident swabbing in affected area
- Complete RHRA report if applicable

Hskp/Laundry Mgers
- Notify laundry & hskp staff
- Call to increase dumpster pick-ups
- Notify Ecolab
- Notify suppliers
- Extend length of laundry and Hskp hours
- Ensure universal worker in laundry and hskp for extra disinfection cleaning
- Allocate PPE supplies

Admin Coord/
- Notify universal workers
- Re-arrange universal worker duties
- Revise & communicate policy changes
- Karen to help Phyllis with swab & lab form labelling for specimen collection

Office Coord/ Unit Clerk
- Complete staff call-ins
- Notify all nursing staff
- Call resident families
- Take direction to where priority needed
- Be available to provide staff support

- If positive resident swab staff will be notified of who is positive & full PPE will be used. PPE protocols will be reviewed with all staff.
- If positive staff swab other staff do not have the right to know who that staff member is. Contact tracing will be initiated, and management will give direction when there is appropriate information to share.

Revised August 19, 2020; October 25, 2020; May 4, 2021; May 26,2021; June 11, 2021; November 1, 2021; December 20, 2021; January 4, 2022; January 17, 2022; February 7, 2022; February 16, 2022; February 22, 2022; March 15, 2022.

COVID-19: Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes

Published: December 23, 2021

Instructions

Purpose:

This self-assessment audit tool is designed to help infection prevention and control (IPAC) leads at long-term care homes and retirement homes assess how their IPAC practices meet minimum IPAC requirements under applicable legislation, regulations, and specifically Directive # 3 issued by the Ministry for Long-Term Care Homes under the Long-Term Care Homes Act, 2007.

When to use:

This tool can be used to monitor the implementation and ongoing adherence to IPAC practices. Some areas will likely require more in-depth auditing (i.e. PPE) if there is a change of policy / practice or there is an identified gap in adherence to best practice.

How to use:

- Set aside time to tour your facility and complete this tool.
- Consider bringing another staff person with you. You may each notice different areas for improvement. Certain items may require checking in with your administrator or charge nurse.
- Provide specific location/s and gaps identified under "Notes for Improvement" column.
- Complete the action item section in the end for prioritizing and addressing items where response was "no". Share these action items with the senior management to support improvement plans within defined time.
- Re-visit this audit tool both to complete another audit and determine if areas for improvement from the previous audit were addressed.

Date (yyyy/mm/dd):	Time (24hr - HH:MM):
1st Auditor's name:	1st Auditor's signature:
2nd auditor's name:	2nd auditor's signature:

1. Front Entrance

1.1	Passive COVID-19 screening signage posted	Yes ☐	No ☐
1.2	Physical distancing (>2 meters) is being practiced	Yes ☐	No ☐
1.3	Alcohol based hand rub (ABHR) with 70-90% alcohol is available	Yes ☐	No ☐
1.4	Medical masks are available with instructions for use posted	Yes ☐	No ☐
1.5	All persons' clean hands with ABHR and wear a medical mask to enter	Yes ☐	No ☐
1.6	Screener is wearing a medical mask and also eye protection if not behind a barrier	Yes ☐	No ☐
1.7	Screener is actively screening and logging in all individuals entering	Yes ☐	No ☐

1.8 Anyone who fails screening is not permitted entry Yes ☐ No ☐

Notes for improvement:

2. Lobby (Skip to section 3 if no lobby)

2.1	Minimal furniture with surfaces that can be easily cleaned and disinfected	Yes ☐	No ☐
2.2	All surfaces are cleaned/disinfected at least daily	Yes ☐	No ☐
2.3	Signage visible for physical distancing, wearing mask and cleaning hands	Yes ☐	No ☐

Notes for improvement:

3. Administrative areas - reception, offices

3.1	If shared offices, there is >2 m distance between the occupants and masks are worn as part of universal masking	Yes ☐	No ☐

Notes for improvement:

4. Staff break rooms / locker rooms

4.1	ABHR accessible at entrance and inside the room	Yes ☐	No ☐
4.2	Staff clean hands before entering / exiting	Yes ☐	No ☐
4.3	Staff remove mask only when sitting to eat or drink at the designated area	Yes ☐	No ☐
4.4	Staff maintain >2 m physical distance	Yes ☐	No ☐
4.5	Cleaning/disinfecting supplies are accessible to clean surfaces after use	Yes ☐	No ☐
4.6	The room is cleaned / disinfected at least once daily	Yes ☐	No ☐

Notes for improvement

5. Resident care nursing station (choose 1 random area to audit)	**#1** □	**#2** □	**#3** □	**Lodge** □

5.1	No food or drink at the station	Yes ☐	No ☐
5.2	ABHR is accessible	Yes ☐	No ☐
5.3	Cleaning / disinfecting wipes and gloves are accessible to clean surfaces after use (e.g. keyboard)	Yes ☐	No ☐

Notes for improvement:

6. Resident common areas (activity rooms, physiotherapy, dining)

6.1	ABHR accessible at entrance and inside the room	Yes ☐	No ☐
6.2	Residents hands are cleaned at entry and exit (if observed)	Yes ☐	No ☐
6.3	Staff clean hands as per four moments of hand hygiene (if observed)	Yes ☐	No ☐
6.4	Physical distancing and masking (as tolerated) is maintained by residents between the cohorts / groups	Yes ☐	No ☐

Notes for improvement:

7. Resident rooms

7.1	ABHR accessible at entrance and at point of care	Yes ☐	No ☐
7.2	Staff cleaning hands as per four moments of hand hygiene (if observed during this audit)	Yes ☐	No ☐
7.3	For Routine Practices staff has access to PPE as per their point of care risk assessment (PCRA)	Yes ☐	No ☐
7.4	For resident placed on Additional Precautions there is appropriate signage and access	Yes ☐	No ☐
7.5	Staff are wearing a fit-tested, seal-checked N95 respirator or equivalent for the care of suspect or confirmed COVID-19	Yes ☐	No ☐

7.6	Staff are wearing a fit-tested, seal-checked N95 respirator or equivalent when performing aerosol-generating medical procedure on a suspect, probable or confirmed case of COVID-19	Yes ☐	No ☐
7.7	Residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks (check with the charge nurse)	Yes ☐	No ☐
7.8	The room is cleaned / disinfected at least once daily	Yes ☐	No ☐

Notes for improvement:

8. Check with charge nurse or administrator that:

8.1	Staffing is sufficient	Yes ☐	No ☐
8.2	PPE stockpile is sufficient	Yes ☐	No ☐
8.3	Isolation rooms are set aside and available as per Ministry of Long-term care guidance	Yes ☐	No ☐
8.4	HVAC systems are functioning properly (check with maintenance manager)	Yes ☐	No ☐
8.5	Staff have been informed about the most recent Ministry directives and guidance (e.g., updated communication boards, interviewing staff, email blasts)	Yes ☐	No ☐

9. List any additional IPAC concerns (e.g., physical distancing in outside visiting areas, visiting in resident rooms):

Summary of action items (set a date for completion for each item):

Outbreak Duties by Department

Charge Nurse Duties

- Verify the Diagnosis: Clinical signs and symptoms of infection are sufficient reasons for instituting isolation precautions. Clinical and laboratory studies can be used to confirm diagnosis with appropriate swab for testing.
- Contacts affected families positive for COVID 19
- Notify pharmacy
- Monitors staff and residents (e.g. via daily change in condition sheets and line charts) and reports to the ICN or DOC/designate. (LINE LISTING sync listing daily)
- Update the COVID 19 swab trackers at each reception desk
- Ensures proper procedures are carried out, as per PHU and DOC/Lodge Manager directives.
- Notifies physicians of the appearance of symptoms in individual residents.
- Holds brief meetings with department heads and update them of conditions on daily
- Affected residents are to remain in their rooms.
- All residents receive their meals in their room.
- Check list to be followed by charge staff found on each reception Infection Control Outbreak binder.
- Line Listing for Staff and Resident - Needs to be updated Daily even if there are no changes

Business Office Duties

- Media Management
- Public Relations manager notified
- Notify all managers via text with f/u phone call if no response
- E-mail all staff and resident POA's of outbreak
- Take direction to where priority needed
- Re-arrange Universal workers duties
- Re-designate screening
- Revise and communicate policy changes
- Assist with swab and lab form labelling for specimen collection
- Staff call-ins
- Be available to provide staff support

Dietary Duties

- Once FSNM is notified of Outbreak, if FSNM is not available Dietary staff will be notified by the Managers that are available.
- Immediately move to reduced menu.
- Cooks' shifts may change based on the home's needs and other dietary positions may be adjusted as well at this time to accommodate the needs of the home/lodge and department. Staff will be co-horted to the unit affected.
- Depending on where the Outbreak is declared (by nursing 1, 2 or 3, whole home, Lodge), tray service/cart service will be implemented.
- Diet rosters will be prepared and available for nursing 1, 2 or 3, whole home or Lodge to follow for ease of service. Highlighted residents will be dished first and sent out first (puree/minced resident that need feeding and their roommate). This will be followed by residents with regular diets.
- Disposable items such as cups with lids, soup bowls with lids, plates, wrapped utensils and trays are in pandemic storage located second floor (stairway by kitchen). Dietary staff or Universal workers that are available will be designated at the time to pick these items up.
- All meals will be served on disposable items and given out room to room. All containers will be labelled with resident's name. All drinks are to be poured, covered, and labelled to be served from the carts. Drinks will be poured prior to time of service and covered.

- Meals will be served per hallway according to hallway resident diet roster. This will ensure food is served in a timely manner and food stays hot.
- Therapeutic meals (puree/minced and residents who need feeding assistance) will be dished and served first approximately 30 min before all other residents. This will allow staff to assist those residents that need to be fed.
- If the outbreak is in the Lodge, the nursing home service will not change. Food for Lodge will be dished in take-out containers/trays, placed on bakers' racks, and pushed through door into Lodge for the Lodge to hand-out. None of dietary staff will be going into the Lodge. All disposable items will be disposed of by the Lodge staff.
- If the outbreak is in Nursing area 3, cart service will be prepared in main kitchen, food placed in the cambro units. Cambro units will be pushed to nursing areas through the halls. Staff are not to stop to talk to staff, touch any other service other than the Cambro units and open doors with elbows or backing into door handle to bring the Cambro units through easily. Once passing through nursing area doors dietary staff must sanitize the cart each time. Sanitizing/washing hands MUST be done every time as well.
- Meals will all be in disposable containers, labelled with resident's name and given out room to room.
- Nursing areas 1 and 2 will be served from the main kitchen in disposable items and delivered same as nursing 3. Food will in disposable containers, labelled with resident's name and also placed in cambro units or carts and handed out room to room.
- Jams, butter, peanut butter, and all other items needed for all meals must be restocked daily in Nursing areas 1, 2 & 3 at breakfast by dietary delivering meals.
- Orders will be taken prior to each meal with nursing diet roster by nursing staff. The nursing staff member taking the orders on the infected unit will take the completed meal preference roster to the adjacent nursing area's doors where another nursing staff member wearing gloves would open a **large** Ziploc bag and nursing staff from the affected unit would place paper in the bag. The adjacent nursing area staff will seal the bag, wipe the bag with sanitizer and take it to the dietary staff in the kitchen. This meal order sheet from the infected nursing area will remain in the sealed plastic bag while meal orders are fulfilled. When meal orders have been completed dietary staff will disposed of in the plastic bag and its contents in the garbage. **There is no need to ever open the plastic bag to complete meal orders.**
- Possibility of the change of mealtimes for nursing areas – the affected nursing area will go last as it will take the longest to serve.

During the outbreak dietary staff /universal workers/dishwashing staff will be dishing food and fluids into containers with lids and placing them in large pans which will be placed in Cambro units and carts for transport to resident rooms.

We will have an emergency menu for the first 5 days with items that are in the freezers and storerooms ready to go---labelled pandemic. These items are ready to cook items/easy to prepare items for immediate use if there is a decrease in staff due to the pandemic. Directions for the proper usage of the dishwasher, steam table, soup kettle and chemicals etc. will be placed beside the equipment for staff who may be working in the department that have little experience.

For the duration of the outbreak a simplified version of our menu will be completed. All menus will be placed beside the fridge, in the event that Covid-19 occurs, it is easy to access by everyone.

Activation Duties

- Activation Manager to call activation team to let them know about our current status
- Family Support/Assisting with Communication System
- Resident/staff/family Support – listen and offer support / mental and emotional support
- Assist all departments - assisting with sanitizing (housekeeping) assist residents with eating/taking food trays room to room

- Phone assistance
- Assisting departments with staff shortages
- Phone local churches – to be a resource to families/residents – with grief /prayer
- Contact program leaders and volunteers
- Rearrange all activities as needed
- Post list of ill residents
- Redirect ill residents back to their rooms
- Sanitize phones, equipment, counters
- Assist as needed throughout home
- Assist with meal trays as necessary
- Any other duties that are necessary and helpful to the home

Lodge Duties

If outbreak in LTC side

- Come in when receive call from home
- Set up main entrance with screening sheets for staff to screen each other at shift changes
- Assist with assigned duties as per nursing home requests

If outbreak on Lodge side

- Lodge manager to notify other managers/owners
- Lodge manager to come into Lodge
- Will notify in house staff then all other lodge staff
- Notify kitchen which home area in outbreak to tray the affected area and continue with regular service for non-outbreak areas.
- Assigned RPN to assist with communicating with the resident families (use script given from owners)
- Lodge manager and assigned RPN will communicate with residents
- Assign designated staff to be the ones to assist with the positive COVID resident
- Enhancing monitoring of all residents in outbreak area
- Staff to self-monitor based on exposure risk and guidance from public health
- Notify RHRA of outbreak as per RHRA guidelines on COVID outbreak reporting
- Report possible outbreak to supervisor
- Record all resident temperatures all morning and evening
- Line list all 3 shifts
- Copy list of ill residents for all departments
- Redirect ill residents back to their rooms.
- Provide fluids and meals to all residents
- Transfer linen in appropriate containers to laundry
- Discard items collected from ill resident rooms

Housekeeping

- Cleaning all areas
- Sanitize high touch surfaces; handrails, call bells, cancel buttons, doorknobs, taps, etc.
- Post list of ill residents
- Redirect ill residents back to their rooms
- Adjust room cleaning, sanitize isolation rooms
- Increase cleaning in common areas
- Tie and discard garbage daily
- Sanitize phones in all areas

- Provide extra staffing during outbreak
- Deep clean of resident rooms when isolation period completed
- Ensure mixing stations can be titrated by Ecolab Representatives.

Administration

- Ensure supplies are available
- Monitor visitors
- Check list of ill residents daily
- Review line listing with DOC and health unit
- Daily meeting with infection control team/Charge nurse
- Ensure DOC/Lodge Manager has checked antiviral orders during flu season
- Review isolation protocol and work with public health on requirements
- Adjust work routines and staffing levels as required

Maintenance

- Assist with deep cleaning and termination clean as necessary, setting up alternate isolation areas as needed
- Routine duties
- Allocate PPE supplies
- Notify suppliers
- Provide laundry with extra universal worker staffing to do extra laundry shifts

Laundry

- Additional staffing for assistance of sorting laundry if necessary
- Clean garbage bags will be used for soiled /isolation laundry

• consider all residents in the outbreak area to be either infected or exposed and potentially incubating.
• cohort or "group together" all residents in the outbreak area as much as possible, and staff should use droplet and contact precautions for all resident interactions in the outbreak area.
• continue enhanced monitoring of all residents and staff in the home for new symptoms.
• quickly identify, initiate droplet, and contact precautions, and test for COVID-19 for any resident with symptoms compatible with COVID-19 (including atypical symptoms) and assess for expansion of outbreak areas.
• institute staff and resident cohorting to prevent spread.
• no new resident admissions are allowed into the outbreak areas until the outbreak is declared over. • no re-admission of residents who were not part of the outbreak line list into the outbreak areas until the outbreak is over.
• re-admission of residents who were part of the outbreak line list may be considered with a risk assessment/discussion.
• for residents that leave the home provide a medical grade mask for the resident. If tolerated the mask must be worn while out of the home and the resident should be screened upon their return.
• discontinue all non-essential activities and visitors.
• discontinue all communal activities/gatherings, school programs and intergenerational programming for the duration of the outbreak.
• provide in-room tray service to avoid communal dining.
• do not permit residents to leave the home for short-stay absences to visit family and friends. Instead, residents who wish to go outside of the home must be told to remain on the home's property and maintain safe physical distancing.
• report regular updates on ill residents or staff to the local PHU.
• enhance environmental cleaning.

• review infection prevention and control practices including proper glove use, and hand hygiene with all staff including kitchen and housekeeping staff.
• visit the Leeds, Grenville and Lanark District Health Unit website for the most current recommendations and guidance.
• ensure EMS and hospitals are informed when residents are to be transferred from the home.
• arrange for the use of portable equipment to help avoid unnecessary resident transfers (e.g., portable x rays, dialysis, etc.).
• maintain ongoing assessment of contingency plans for procurement of essential supplies (e.g., stock rotation, ordering, alternatives, etc.).
• alternative measures to be taken for residents with cognitive disabilities (e.g. increase one on one programs, use of preventative wandering barriers, time for sensory stimulation activities,).
• alternative program options for resident support is initiated (e.g. exercise programs for the room, one on one programs, use of technology to allow visual and auditory contact with family and friends, distracting activities that meet the needs of individual residents). Where possible, encourage visitors to keep in touch with loved ones by phone or video chat or other technologies, as available.

Active Screening of all Staff and Visitors

• Gibson Family Healthcare homes will continue active screening for COVID-19 for all staff, visitors, residents, and anyone entering the home with the exception of first responders, who should, in emergency situations, be permitted entry without screening. First responders are actively screened at their place of work at the start of their shift.

• All individuals will be actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home. For clarity, all staff will be actively screened daily prior to starting their shift. Visitors will be screened once prior to being allowed to proceed beyond entry points/areas in the home/lodge.

• Any staff, student, volunteer, or general/essential visitor who fails active screening (i.e., having symptoms of COVID-19 and/or having had contact with someone who has COVID-19) will not be allowed to enter the home/lodge, advised to go home immediately to self-isolate, and encouraged to be tested. There are two exceptions where individuals who fail screening may be permitted entry to the home:

  o Staff with post-vaccination related symptoms may be exempt from exclusion from work where expressly permitted under and in accordance with the Managing Health Care Workers with Symptoms within 48 Hours of Receiving COVID-19 Vaccine guidance.

  o Visitors for imminently palliative residents must be screened prior to entry. If they fail screening, they must be permitted entry, but Gibson Family Healthcare homes/lodges must ensure that the visitor wears full PPE (gown, gloves, medical mask, safety eyewear etc.) and maintains physical distance from other residents and staff.

• All visitors will be required to attest to not openly and verbally be experiencing any of the typical and atypical symptoms of COVID-19 as part of the screening process in order to be able to continue with any visit.

Gibson Family Healthcare will ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home/lodge, including for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit. Exceptions to this are:

- first responders who must be permitted entry without screening in emergency situations.
- any resident returning to the home/Lodge following an absence who fails active screening must be permitted entry but isolated on additional precautions and tested for COVID-19.

Anyone who does not pass screening will be informed of this result and will not be permitted to enter the home/lodge. They will be advised that they should self-isolate, ideally at home, and call their health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if they need a COVID-19 test (if eligible). Exceptions to this include:

- a resident returning to their home/lodge, who must be admitted on entry but isolated on droplet and contact precautions and tested for COVID-19 and
- visitors for residents receiving end of life care will be screened prior to entry. If they fail screening, they must be permitted entry, but Gibson Family Healthcare must ensure that the visitor wears a medical (surgical/procedural) mask, maintain physical distance from other residents and staff and be restricted to the resident's room. This exception does not apply to visitors for residents receiving end of life care who failed screening due to federal quarantine requirements.

Once an individual has passed the screening questions and is able to enter the home, they must continue to follow all public health measures in the home, such as hand hygiene, physical distancing, and wearing appropriate personal protective equipment (PPE) or masking, as required. They also should be advised to self-monitor while in the home and report any symptoms immediately.

Staff responsible for occupational health at the home/lodge must follow up on all staff (i.e., phone calls, further screening, etc.) who have not passed the screening and been advised to self-isolate based on symptoms and/or exposure risk.

Active Screening of All Residents

Residents will be screened upon entering and leaving the home/lodge.

Gibson Family Healthcare homes will conduct active screening and assessment of all residents, including temperature checks daily to identify if any resident has fever, cough, or other symptoms of COVID-19.

Any resident returning to the home following an absence who fails active screening must be permitted entry but isolated on droplet and contact precautions and tested for COVID-19.

Residents with symptoms (including mild respiratory and/or atypical symptoms) will be isolated and tested for COVID-19. Any resident who presents with signs or symptoms of COVID-19 will be immediately isolated, placed on droplet and contact precautions, and tested for COVID-19.

(The actual screening form will routinely change based on health unit recommendations and legislated requirements.)

CORONAVIRUS SCREENING PROCESS - MANDATORY SIGN IN

Must answer all questions: if YES to any, please do not enter the Home. Please follow instructions for self isolation procedures.

Date of visit:	Time IN:	Time OUT:	Name - Print full name	Resident you are visiting	1. Do you have one of the following: fever and/or cough or difficulty		2. Have you travelled outside of Canada in the last 14 days? (circle Y or N)		3. Have you been in contact with a confirmed or probable case of		4. Have you been in contact with a person with acute respiratory illness who has been outside Canada within	
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No
					Yes	No	Yes	No	Yes	No	Yes	No

All residents may:

• Have four visitors (including caregivers) at a time.
• Participate in group social activities, including games, clubs, and exercises.
• Have meals in the dining room, including buffet and family-style meals.
• Leave the home for social day absences, overnight absences, essential purposes, such as medical appointments or exercise. Gibson Family Healthcare will continue to inform residents about the benefits of limiting contact with others, including avoiding large social gatherings, following masking and physical distancing as much as possible.
All general visitors, including children can resume visits. General visitors, with the exception of children under the age of 5, will still be required to be fully vaccinated if wishing to enter the home. Unvaccinated visitors may visit with the resident outdoors only at this time.
• Up to four visitors (including caregivers) per resident may visit at a time for indoor visits. There are no sector limits on the number of visitors permitted at outdoor visits, and homes can return to their regular practices on use of their available outdoor spaces.
• Social overnight absences are able to resume for all residents regardless of vaccination status
• Caregivers who were designated prior to December 15th, 2021, may continue to be designated as a caregiver even if this means the resident has more than 4 designated caregivers. A resident or their substitute decision-maker may change a designation in response to a change in:
    - the resident's care needs that is reflected in the plan of care, or
    - availability of a current designated caregiver which could be temporary (for example, due to illness) or permanent.

While residents or their POA for Personal Care may not continuously change a designation in order to increase the number of people permitted to enter the home, Gibson Family Healthcare homes/lodges have an internal policy that is based on residents' needs, allowing them to change caregiver designations when requested by the resident/POA for Personal Care (e.g., residents with high support needs may require more frequent switching of caregivers to allow caregivers to have a break).

The responsibility to designate an individual as a caregiver is the responsibility of the resident or their POA for Personal Care and not the home's/lodges. The designation of a caregiver must be made in writing to the Administrator of the Gibson Family Healthcare home or lodge. Caregiver designation is received by the administrator it is signed and dated by the administrator and the Director of Care or Lodge Manager as applicable. The resident and designated caregiver name(s) are then placed on a master designated care giver list. This list is then shared with the screening team(s) and each nursing station ensuring that all applicable staff are kept aware of the residents relevant designated caregivers. The list is updated and shared by the Director of Care/Lodge Manager as changes occur.

• If a resident is in isolation or is symptomatic, or if the resident resides in a declared outbreak area, then the resident is allowed to have one caregiver visit at a time.
• All essential, medical, or compassionate absences will continue to be permitted.

COVID-19 Policies: What Residents Can Expect in a Long-Term Care Home/Lodge

All residents may (unless otherwise directed by the local public health unit or when isolating):

• Enjoy the company of general visitors, consistent with the individual home's vaccination policy
• Have up to four visitors (including caregivers) at a time indoors, consistent with the individual home's vaccination policy.
• Enjoy outdoor visits, with the number of visitors based on the home's policy.
• Participate in group social activities, including games, clubs, and exercises.
• Have meals in the dining room, including buffet and family-style meals.
• Leave the home for all types of absences, including social day and overnight absences.

What temporary measures are in place to safeguard long-term care homes?

• All staff, students, volunteers, caregivers, support workers and general visitors must be screened and wear masks, whether inside or outside. Those visiting indoors must also be tested.
• Continued infection prevention and control measures will be followed, including distancing between groups and dining tables, masking, hand washing and enhanced cleaning.

What if the home is in outbreak?

• Group activities, dining and social gatherings may continue in non-outbreak areas if residents can follow public health measures.
• For outbreak areas of a home, residents will be co-horted in small groups for all essential activities. Group activities for cohorts may continue/resume if operationally feasible.
• Communal dining, non-essential activities and personal care services will be suspended or modified.
• Caregivers can still visit.
*Unless otherwise directed by the local public health unit

COVID-19 Safety Measures for Absences in a Long-Term Care Home/Lodge

Whenever outside of the home, residents should do their best to:
• Wear a mask (as tolerated)
• Wash hands frequently
• Limit their contact with others. Avoid crowds and large social gatherings with crowding.

What happens when I return home?

When residents return from a day or overnight absence* they will:
• Be actively screened
• Undergo a PCR test on day five following the absence
• Not need to quarantine unless they show symptoms upon return to the home.

Note: Residents who have been COVID-19 positive in the past 90 days may not be required to undergo testing and quarantine requirements when returning from an absence unless they have symptoms of COVID-19.

*If returning from hospital, this assumes the hospital is not in outbreak, resident is not symptomatic and has not been exposed to COVID-19. If the hospital is in outbreak the PHU will advise on testing and quarantine requirements.

What if I come into contact with someone with COVID-19?

Residents with up to date COVID-19 vaccines:
• Screened on arrival and quarantined until a negative result is obtained from the day five test Residents who do not have up-to-date vaccines:
• Screened on arrival and quarantined for 10 days with a PCR test on day five.
• All residents are still permitted to see their caregivers while in quarantine.

COVID-19 Immunization

Gibson Family Healthcare retains the ability to have a proof-of-vaccination requirement for staff, volunteers, support workers, student placements, caregivers, general visitors, or other people entering a long-term care home, provided the home's requirements are consistent with the Long-Term Care Homes Act, 2007, including the Residents' Bill of Rights, and comply with all applicable laws, such as the Human Rights Code.

Gibson Family Healthcare homes/lodges have opted to follow our current vaccine protocols until further notice.

Gibson Family Healthcare vaccination policies do not apply to outdoor visitors and children under 5 years old.

Definition of COVID-19 Fully Vaccinated Status in Ontario

The definition of fully vaccinated has been changed to "staying up-to-date with vaccines", per the "Ministry of Health's Staying Up to Date with COVID-19 Vaccines: Recommended Doses".

"Up to date" means a person has received all the recommended COVID-19 vaccine doses they re approved for, including any booster dose(s) when eligible.

COVID-19 immunization series for individuals ≥5 years of age		
Age at first dose	*Recommended Intervals*	*Minimum Intervals*
5 to 11 years	1st dose 2nd dose, 8 weeks after 1st dose	1st dose 2nd dose, 21 days after 1st dose
12 to 17 years	1st dose 2nd dose, 8 weeks after 1st dose Booster dose, 6 months after 2nd dose	1st dose 2nd dose, 21 days after 1st dose Booster dose, 8 weeks after 2nd dose
≥18 years	1st dose 2nd dose, 8 weeks after 1st dose Booster dose, 3 months after 2nd dose	1st dose 2nd dose, 21 days (Pfizer-BioNTech) or 28 days (Moderna) after 1st dose Booster dose, 8 weeks after 2nd dose

Notes:

• For 1st and 2nd doses, the vaccine manufacturer indicates the minimum intervals above, however the CIG recommends that the minimum interval between 1st and 2nd doses is 19 days (Pfizer-BioNTech) or 21 days (Moderna).

• Moderately or severely immunocompromised individuals ≥5 years are recommended to receive a 3 dose primary series. The recommended interval for the 3rd dose is 56 days after the 2 nd dose and the minimum interval is 28 days after the 2nd dose.

• People Who Received Vaccines Not Authorized by Health Canada People who received only one or two doses of a non-Health Canada (HC) authorized COVID-19 vaccine may receive two additional doses in Ontario to be up to date with their COVID-19 vaccines. 1 The first additional dose is recommended 28 days after the previous dose to complete the primary series. A booster dose is then recommended 3 months later (if aged 18 or older) or 6 months later (if aged 12 to 17).

• People who received one HC authorized vaccine and one non-HC authorized vaccine (in either order) are recommended to receive a booster dose 3 months 1 See Health Canada's • Moderately or severely immunocompromised individuals ≥5 years are recommended to receive a 3 dose primary series. The recommended interval for the 3rd dose is 56 days after the 2 nd dose and the minimum interval is 28 days after the 2nd dose. 3 website for a list of COVID-19 vaccines authorized by Health Canada. after their second dose (if aged 18 or older) or 6

months after their second dose (if aged 12 to 17) to be up to date with their COVID-19 vaccines.

• People who received three doses (any combination of HC authorized, and nonHC authorized) are recommended to receive a booster (fourth) dose to be up to date with their COVID-19 vaccines. People Who Have Had COVID-19 People who have had COVID-19 should complete the above vaccination schedule to be up to date; however, they may wait to get their next dose for up to 1 to 6 months after having COVID-19 (optimal timing can be discussed with a health care provider and depends on age, number of doses received and health status).

Gibson Family Healthcare Statement on COVID-19 Vaccination

The Ministry of Health recognizes that Gibson Family Healthcare wishes and may retain in their vaccination policies the definition of "fully vaccinated", as defined on the Proof of COVID-19 vaccination website.

For these purposes, "fully vaccinated" may be defined as someone having received:
• the full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines, or one dose of Janssen, or
• one or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or
• three doses of a COVID-19 vaccine not authorized by Health Canada and
• they received their final dose of the COVID-19 vaccine at least 14 days before providing the proof of being fully vaccinated.

Proof of vaccination

"Proof of vaccination" means a COVID-19 vaccination receipt, or enhanced vaccine certificate with a quick response (QR code) provided by the Ministry of Health or applicable Health Authority to the person who was vaccinated, or such other evidence as may be acceptable to Management. As of January 4, 2022, all individuals are required to use a QR code accessed through the provincial vaccine portal as valid proof of vaccination. The QR code can be used digitally or by printing a paper copy. Those without a phone or a computer may get their QR code at their local library, Service Ontario center, or call the Provincial Vaccine Contact Centre at 1-833-943-3900 to have their vaccine certificate mailed to them.

Staff, essential and general visitors visiting indoors, student placements and volunteers must be fully immunized for COVID-19 and have provided the required Ministry of Health documented proof of vaccinations prior to be allowed into the home/lodge.

This does not apply with respect to an individual who provides written proof of a valid medical contraindication to receiving the COVID-19 vaccine as described above, provided by either a physician or registered nurse in the extended class, that sets out:
- that the individual cannot be vaccinated against COVID-19.
- the effective time period for the medical contraindication.

If the effective time period of a medical contraindication provided has expired, every Gibson Family Healthcare home/lodge shall ensure, within 30 days of the medical contraindication expiring, that the individual provides proof of vaccination.

This does not apply with respect to a support worker that is attending the home for emergency or palliative situations, to provide timely medical care, or for the sole purposes of making a delivery.

This also does not apply with respect to a general visitor or caregiver that is attending the home for palliative situations or to infants under 1 year of age although Gibson Family Healthcare homes/lodges will require that general visitors or caregivers attending the home/lodge for palliative situations will complete a RAT prior to entering (exception for infants under 1 year of age). This is to ensure that general visitors or caregivers attending the home for palliative situations along with staff and residents are properly protected with appropriate PPE for the occasion.

As of January 4, 2022 new measures based on the emerging omicron situation have been announced, including fourth vaccination doses for long-term care residents and **mandatory** third vaccination doses for LTC staff, essential caregivers, and general visitors visiting indoors.

Extenuating circumstances

A Gibson Family Healthcare home/lodge may provide an extension of not more than seven (7) days duration, on a case-by-case basis, where Gibson Family Healthcare determines that there are unforeseen or extenuating circumstances outside of the control of the staff, support worker, student placement, volunteer, or caregiver that impedes the individual from meeting the requirements.

This extension can be used, for example, when an individual (staff, support worker, student, volunteer, or caregiver) cannot secure a vaccine appointment within the time frame window. Gibson Family Healthcare may also provide a 7-day extension more than once for the same person. Other examples of circumstances where an extension might be needed include:

- an onsite clinic was cancelled due to an ongoing outbreak.
- an 18 - 29-year-old waiting for a third dose of Pfizer, as per the Ministry of Health recommendation.
- recent infection with COVID-19 (note, while there are currently no formal guidelines on the timing of the booster following infection, emerging evidence suggests a 30-day interval would maximize immune response).

Fourth doses for residents

Effective January 4, 2022, the province made **fourth doses of mRNA vaccines available to residents of long-term care homes**, retirement homes, Elder Care Lodges, and other congregate care settings if at least three months, or 84 days, have passed since their third dose.

Third dose eligibility

The requirement to receive a third dose of COVID-19 vaccine only applies to individuals once they become eligible for a third dose (i.e., 3 months after receiving the 2nd dose). Staff, support workers, student placements, volunteers and caregivers who are not eligible for a third dose by the established deadlines can continue to enter a long-term care home and should get a third dose as soon as possible after becoming eligible. Third doses provide important extra protection from COVID-19.

Caregivers and general visitors who have not met the vaccination requirements above are only permitted to enter the home/lodge if they have shown proof of a valid medical exemption or for visiting a resident receiving end-of-life care. In these instances, the caregiver and/or resident will be restricted to only visiting in the residents' room. As a reminder, all caregivers and general visitors must have at least two doses to enter a long-term care home.

Unvaccinated caregivers and general visitors may still visit residents outdoors.

Caregivers

As of February 21, 2022, all caregivers and general visitors are required to be fully vaccinated in order to enter the home. Where a caregiver has not received required second or third doses by the identified dates, they may still visit a

resident in their room for the time being. Caregivers who become eligible for a third dose on or after January 1, 2022, must receive their third dose by May 23, 2022 (unless a valid medical exemption is provided). If a caregiver becomes eligible after May 23rd, 2022, they should receive their third dose as soon as possible after becoming eligible (i.e., 3 months after receiving the 2nd dose). Where a caregiver has not received the required doses by the deadlines, the visit will be restricted to the resident's room and the caregiver must physically distance from other residents/individuals/staff that are in the same room.

Point of Care Testing (POCT – Antigen testing)

The objective of Point of Care Testing (POCT) surveillance is to protect our residents and staff by helping to prevent the spread of COVID-19. Point-of-care rapid antigen testing people entering the home can be screened simply and quickly and that positive COVID-19 cases that may otherwise be missed are identified. Exceptions include palliative care visits and emergency services personnel. Testing does not replace public health measures such as symptom screening, physical distancing, masking, and hand hygiene.
Individuals taking a resident on a day absence do not require testing if they are not entering the home and not doing an outdoor visit. Individuals only require testing if they are entering the home.

Symptom Screening of workers in the 48 Hours following immunization

The COVID-19 and influenza vaccines can cause side effects although not everyone will experience them. Most side effects are mild to moderate in severity and may occur in the first day or two after receiving the vaccine. Side effects often get better on their own within several days of immunization. Common side effects include pain, redness or swelling at the injection site, as well as tiredness, headache, muscle pain, chills, joint pain, and fever.

It is possible that individuals may contract COVID-19 before or around the time of immunization and not be aware. Symptoms of COVID-19 may be similar to the side effects after receiving the COVID-19 and/or influenza vaccine. If a recently immunized worker has any concerns that they may be infected with COVID-19, they should not go to work and should get tested. If COVID-19 is suspected at any point for any reason, workers must notify their manager, not attend work in-person, self-isolate, and seek further medical evaluation, including COVID-19 testing. Gibson Family Healthcare home/lodge is required to notify our hub PHU.

Employees will be actively screened for symptoms and exposures prior to commencing work. If the employee responds 'yes' to any of the following symptoms when being screened before entering the workplace, they will not be allowed to enter the workplace regardless of whether they have been immunized against COVID-19 and/or influenza within the past 48 hours. These individuals must self-isolate and seek further medical attention. Symptoms include:

- o fever and/or chills
- o cough or barking cough (new or worsening)
- o shortness of breath
- o decrease, or loss of smell or taste
- o for individuals under 18 years old: nausea, vomiting and/or diarrhea

Any positive results from antigen POCT must be confirmed with a laboratory tested PCR swab. Gibson Family Healthcare does not provide this for visitors. If a positive POCT is received the visitor will be instructed to go home immediately and contact their local PHU and/or physician for follow-up. Gibson Family Healthcare homes/lodges are required to contact our local PHU to report the POCT positive result and provide them with details of the testing. The following reporting form will be used to forward information to our local health unit.

Every Gibson Family Healthcare home/lodge will ensure that no staff, support worker, student placement or volunteer who have not met the requirements of COVID-19 immunization attends the home for the purposes of working, undertaking a student placement, or volunteering.

Workers with Certain Mild Symptoms Post COVID-19 Immunization

In the 48 hours from the time the staff person receives their immunization, if the employee responds 'yes' to any the following symptoms (and no others), and where the symptoms are mild (e.g., they feel well enough to work) and the symptom(s) only began after immunization, the individual can enter the workplace:

- o headache
- o fatigue
- o muscle ache/joint pain

Workers with these symptoms that are allowed to work must wear a medical mask for the entire duration of their shift at work. Masks may only be removed to consume food or drink, but the individual must remain at least two meters away from others when their mask is removed. These individuals must physically distance from others at all times when possible.

Pain, redness and swelling at the site at the vaccine injection are normal and not symptoms compatible with COVID-19. These reactions do not require the worker to self-isolate and/or stay home from work.

Workers should continue to monitor their symptoms and they should not come to work nor be permitted entry into the workplace, and if already at work, they should leave work immediately and seek further medical evaluation in the following scenarios:

- o symptoms begin to interfere with their ability to carry out usual activities OR
- o symptoms that are worsening or not improving OR
- o symptoms develop beyond the 3 symptoms listed above OR
- o symptoms that last > 48 hours after they were immunized

Unless confirmed to be symptoms related to COVID-19 disease, any potential adverse event following immunization to the COVID-19 vaccine should be reported (either by the worker or their health care provider) to the local public health unit using the Adverse Event Following Immunization (AEFI) reporting form.

Reporting Positive Point of Care Test Result

FAX TO 613-345-5777 OR CALL 1-800-660-5853 EXT 2222

Individual Reporting Result: Click here to enter text.
Agency Reporting: Click here to enter text.
Contact Information: Click here to enter text.
☐ Antigen Point of Care OR ☐ Molecular Point of Care
Patient Name: Click here to enter text.
D.O.B.: Click here to enter text.
Health Card Number: Click here to enter text.
Address: Click here to enter text.
Phone Number: Click here to enter text.
Rapid Test Date: Click here to enter a date.
Rapid Test Result: Click here to enter text.
PCR Test Planned? ☐ Yes ☐ No
Comments:

Visitors

The number of visitors that residents may have is as follows:

• For indoor visits, up to 4 visitors (including caregivers) may visit a resident at a time.
• There are no sector limits on the number of visitors permitted at outdoor visits, and homes can return to their regular practices on use of their available outdoor spaces. Homes should ensure physical distancing (a minimum of two meters or six feet) is maintained between groups.
• Where permitted general visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home (for example, active screening, physical distancing, hand hygiene, masking for source control).

If a resident is in isolation or is symptomatic the resident may only have one caregiver visit at a time in their room, or if the resident resides in a declared outbreak area, then the resident may only have one caregiver visit at a time. Recognizing there are caregivers who want to volunteer to support more than one resident, in the event of an outbreak, caregivers may support up to two residents who are COVID-19 positive, provided the home obtains consent from all involved residents (or their substitute decision makers).

Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident consent. It is the discretion of the home/lodge to decide if outdoor visits are permittable in the winter months depending on the weather and the homes outdoor facilities. Recognizing that not all homes have suitable outdoor space, outdoor visits may also take place in the general vicinity of the home/lodge. In cases where a resident is receiving end of life care, there are no restrictions of number of visitors permitted.

Long-Term Care Visitor, Absences & Social Gatherings Snapshot

		Requirements		
		Fully Vaccinated	**Not Fully Vaccinated**	**Outbreak/ Resident in Quarantine**
VISITORS Masks required at all times. Eating and drinking not permitted except where a home is able to provide designated space Maximum four visitors (including caregivers) per resident at a time (unless in outbreak or quarantine). Visitors need to follow the home's current vaccination policy.	**Essential Caregivers** Maximum four designated (unless previously designated).	Physical distancing with the resident not required. May support in dining room, join in activities. Must be screened and tested to enter home.	Restricted to outdoor visits (where permitted).	One caregiver per visit may support in resident's room or isolation room.
	General Visitors Maximum four	Physical distancing with the resident not required. May support in dining room, join in activities. Must be screened and tested to enter home.	Restricted to outdoor visits (where permitted).	Not permitted, unless visiting a resident receiving end of life care.

		Requirements	
		All Residents	**Outbreak/ Resident in Quarantine**
ABSENCES Medical mask required, follow IPAC, active screening on return. Testing and Isolation requirements following an absence are set out in the Long-Term Care Guidance Document and the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units.	**Medical, Compassionate, or Palliative**	Permitted	
	Short Term – Essential (less than 24 hours)	Permitted	
	Short Term – Social (less than 24 hours)	Permitted for all residents (regardless of vaccination status).	Not permitted
	Temporary – Social (2+ days or overnight)	Permitted for all residents (regardless of vaccination status).	Not permitted
SOCIAL GATHERINGS Residents wear mask if tolerated, IPAC adherence, cleaning prior/ after.	**Organized Events or Social Gatherings**	Limited capacity in a room. No co-horting required. Social group activities encouraged to be in small groups (up to 10) but may be greater. Physical distancing encouraged.	Advice of the PHU
DINING	**Communal Dining**	Cohorting of residents, physical distancing at table not required. Physical distancing between dining tables as much as possible. Buffet and family style dining permitted. Fully vaccinated caregivers and visitors may join residents while remaining masked at all times.	In-suite dining

End of life care and medical exemptions apply, where one who is not fully vaccinated enters the home/lodge with limited access to only the residents' room. Must be screened and tested to enter home.

All residents are still permitted to see their caregivers while in quarantine.

Requirements for Admissions and Transfers

Individuals who are within 90 days (from the date the test was taken) from a prior lab-confirmed COVID-19 infection and have recently recovered are not required to be tested or placed in isolation on droplet and contact precautions on admission/transfer.

• Admissions and transfers to an outbreak unit will be avoided if:
  - o there is a newly declared outbreak where there is an ongoing investigation.
  - o there are new cases beyond the known contact; or
  - o the unit has residents who are unable to follow public health measures.

• If necessary, residents who were NOT exposed to COVID-19 at a home/lodge in active outbreak from which they are transferring (uncontrolled/uncontained) may be transferred if:
  - o the resident is fully vaccinated and boosted (3rd or 4th dose).
  - o the resident (or decision-maker) is aware of the risks.
  - o the resident is admitted/transferred to a private room.
  - o the resident is asymptomatic on discharge from the acute care facility; and
  - o the resident has been isolated until the outbreak in the home from which they are transferring is contained and the PHU has determined that isolation may be safely discontinued.

For admission and transfers from a healthcare facility that is in outbreak

• Consultation with PHU is NOT required if the resident has:
  - o recovered from COVID-19 in the last 90 days (isolation not required, monitor for symptoms).
  - o been exposed to COVID-19 in their home/lodge prior to admission to the hospital and are still within their isolation period following exposure (treat as high-risk); or
  - o not been exposed to COVID-19 in their home/lodge prior to hospital admission or during their hospital admission.

• If there is uncertainty about the validity of the prior COVID-19 infection result, residents must still undergo a lab-based PCR test and be isolated on droplet and contact precautions as required, based on their immunization status, upon their admission/transfer.

• Individuals who may have challenges with isolation due to a medical condition (e.g., dementia) must not be denied admission or transfer on this basis alone. Gibson Family Healthcare homes will take all precautions to ensure the completion of the required isolation period for new or transferred residents.

• Consultation with PHU is required if a:
  - o COVID-19 positive resident is returning to a home/lodge NOT in outbreak.
  - o symptomatic resident is returning to a home/lodge NOT in outbreak (without negative PCR result).
  - o non-COVID-19 resident from a hospital is returning to a home/lodge with an active (uncontrolled/uncontained) outbreak.
  - o resident is unable to access a private room; or
  - o resident is not vaccinated and boosted (3rd or 4th dose). PHU to advise on isolation and testing requirements.

For admissions from the community

If the resident is vaccinated and boosted (3rd or 4th dose), the resident must:
  - o screen and isolate on arrival until negative PCR or rapid molecular test result obtained from day 5 testing.
  - o takes a PCR test on or after day 5.

- If positive: manage as a case
- If negative: isolation may be discontinued. Continue to monitor for symptoms.

o performs 2 RATs separated by 24 hours (i.e., day 5 and day 6) if timely PCR results are not available.

If the resident is NOT vaccinated and boosted (3rd or 4th dose), the resident must:

o screen and isolate on arrival for 10 days.
o takes a PCR or rapid molecular test on or after day 5.
- If positive: manage as a case.

o performs 2 RATs separated by 24 hours (i.e., day 5 and day 6) if timely PCR results are unavailable.

Accommodations

Isolation rooms
Individuals requiring isolation will be placed in a single room on additional precautions. Where this is not possible, individuals may be placed in a room with no more than one other resident who must also be placed in isolation under additional precautions. There should not be more than two (2) residents placed per room.

General accommodations
After completing all testing and isolation requirements as applicable, all new residents must be placed in a single room. Where single rooms are not available, semi-private rooms can be used provided that there is adequate space (minimum 2 metres or 6 feet) between beds.

o Ward rooms: There cannot be more than two (2) residents placed in a wardroom. Where ward rooms are used, every effort must be made to ensure there is adequate space (minimum 2 metres or 6 feet) between beds. Gibson Family Healthcare homes/lodges have financially designated ward rooms, but these rooms only accommodate a maximum of 2 residents at a any time.

Exception: Despite the capacity limits described above, residents who are currently occupying a bed in a wardroom with two (2) residents must be permitted to return to their bed following a following an absence, where permitted, including medical absences requiring an admission or a transfer to another health care facility, after completing their required testing and isolation requirements.

Environmental Cleaning

Gibson Family Healthcare homes maintain regular environmental cleaning of their homes. In addition, enhanced environmental cleaning and disinfection is completed for frequently touched surfaces, such as handrails, light switches, door handles etc. and other equipment that is moved around the home.

Outbreak Management

The local public health unit is responsible for managing the outbreak response. Local public health units have the authority and discretion to coordinate outbreak investigation, declare an outbreak based on their investigation, and direct outbreak control measures. This includes defining the outbreak area and where outbreak measures must be applied, testing and isolation of residents and staff, as well as declaring the end of an outbreak.

Gibson Family Healthcare homes must follow any guidance provided by the local public health unit with respect to any additional measures that must be implemented to reduce the risk of COVID-19 transmission in the setting.

Any external organizations that participate in any suspect or confirmed outbreak response must inform the local public health unit and the Outbreak Management Team of their involvement. They must also follow any directions provided by the local public health unit.

Gibson Family Healthcare homes and lodges are required to report any suspected or confirmed to their hub public health unit, and to the Ministry of Long-term Care (MLTC) using the Critical Incident system during regular working hours or calling the after-hours line at 1-888-999-6973 after hours and on weekends.

Gibson Family Healthcare homes and lodges must also follow the Critical Incident reporting requirements for MHLTC and RHRA at the same time that the outbreak is reported to the PHU.

Long-term care homes, retirement homes and health care workers may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns. The MLTC Health and Safety Contact Centre (1-877-202-0008) is also available for anyone to report health and safety concerns to. The Employment Standards Information Centre (1-800-531-5551) may be contacted by workplace parties to request information on employment standards.

Human resources and staffing

All Gibson Family Healthcare homes have policies and procedures in place to ensure the health and safety of the staff and residents in both outbreak and non-outbreak situations.

Staffing Guidance

1. During active screening, workers are required to indicate whether they have any symptoms which would exclude them from the workplace. This will be documented and reported to their manager prior to coming to or entering the workplace. If the individual is unsure, based on their symptoms, whether they should come to work, they must contact a healthcare professional or call Telehealth Ontario (1-866-797-0000).

2. Workers who experience side effects from the COVID-19 vaccine are entitled to an infectious disease emergency leave (IDEL) under the Employment Standards Act (ESA).

3. Workers are also entitled to IDEL if they are under a direction given by their employer to stay away from work because of the employer's concern that the worker may expose others in the workplace to COVID-19, or if they are not performing their duties because of direction (self-isolation, etc.) provided by a public health official, Telehealth Ontario, the government of Ontario, a qualified health practitioner, or certain other bodies.

4. Employers must review staffing schedules and assignments to ensure adequate staffing in the event that workers may be off due to side effects after they receive their vaccine. Where operationally feasible, ask workers to schedule their vaccine appointment at a time when there will be at least 48 hours until their next work shift.

5. Before getting their COVID-19 and/or influenza vaccine, inform workers about the potential of experiencing side effects after they receive their vaccine(s) and provide information to them about what they can do to manage any possible side effects.

6. For conducting surveillance testing:
   o where operationally feasible, schedule routine COVID-19 surveillance testing within two days prior to vaccine receipt.

Workers who have received a COVID-19 vaccine in the previous 48 hours and are experiencing symptoms, and/or have a known exposure to someone with confirmed COVID-19 in the last 10 days should not attend work in-person,

must notify the supervisor, self-isolate and be tested for COVID-19. Workers who are advised to self-isolate due to an exposure to a COVID-19 case or for any other reason, should also not attend work in-person.

Work Self-Isolation

In exceptional circumstances asymptomatic staff critical to operations, but who have been advised to self-isolate (either from travel, high-risk exposure, or testing positive), "work self-isolation" means continuing to work (where appropriate) while using appropriate personal protective equipment and undertaking active self-monitoring, including taking their temperature twice daily to monitor for fever, and immediately self-isolating if symptoms develop.

- Staff under work self-isolation need to identify themselves to their occupational health and safety department.

- Staff must follow self-isolation recommendations outside of the workplace.

- During work, wear appropriate PPE – mask, gown, goggles, gloves etc.

Test-to-work

"Test-to-work" is a strategy to support work-self isolation to meet critical workforce needs for highest risk settings, in which staff are able to return to work when they would otherwise be on self-isolation at home. While the safest approach is to continue self-isolating, all layers of protection in the hierarchy of controls should be optimized to reduce the risk of having an exposed individual in the workplace.

Staff who are cases (i.e. have tested positive or symptomatic) should be considered only in the critical staffing shortage situation as per guidance.

Return-to-Work Risk-Based Framework

In circumstances of serious staffing shortages homes may have fully vaccinated staff return, prior to the end of their normally scheduled isolation period. This framework outlines testing and isolation requirements for various risk of transmission levels (lowest risk, moderate risk, and highest risk). Homes are to evaluate their own circumstances to determine the best risk option to apply; however, homes are encouraged to use the lowest risk option whenever possible.

Staffing Management in Highest-Risk Settings
If staffing shortages are impacting care, routine return to work options listed below should be exhausted prior to progressing to options for critical staff shortages. When available, use of testing options is preferred to other options.

Routine Operations Staffing Options Asymptomatic Close Contacts
- For routine operations, asymptomatic close contacts that work in highest-risk settings may return to work:
    - following a negative molecular test (e.g., PCR, rapid molecular) collected on/after day 5 from last exposure OR
    - following a negative molecular test (e.g., PCR or rapid molecular) collected before day 5 after last exposure AND performing daily rapid antigen tests for 10 days after last exposure or until a second negative molecular test is collected on/after day 5 after last exposure. Routine molecular testing of positive cases is NOT recommended due to the high likelihood of ongoing positivity but may be considered if initial test was indeterminate or low level positive.

- Asymptomatic close contacts who are returning after a negative molecular test collected before day 5 after last exposure are recommended to follow the Workplace Measures below for reducing risk of exposure.

COVID-19 Positive Cases

• For routine operations, COVID-19 positive cases that work in highest-risk settings may return to work:

° 10 days after symptom onset or date of specimen collection (whichever is earlier) OR

° after a single negative molecular test any time prior to 10 days from the date of specimen collection or symptom onset (whichever is earlier) OR

° after two consecutive negative rapid antigen tests that are collected at least 24 hours apart any time prior to 10 days from the date of specimen collection or symptom onset (whichever is earlier) AND

° provided they have no fever and other symptoms have been improving for 24 hours (or 48 hours if vomiting/diarrhea).

Critical Staffing Shortages - Moderate COVID-19 Transmission Risk Staffing Options for Asymptomatic Close Contacts

• For critical staffing shortages, asymptomatic close contacts that work in highest-risk settings may return to work under the following conditions:

° after two negative rapid antigen tests collected 24 hours apart AND

° performing daily rapid antigen testing for 10 days after last exposure or until a negative PCR or RAT is collected on/after day 5 from last exposure.

• If testing is not available, asymptomatic close contacts may return to work 7 days after last exposure, with workplace measures for reducing risk of exposure (full PPE) until day

COVID-19 Positive Cases

• For critical staffing shortages, COVID-19 positive cases that work in highest-risk settings and ONLY care for COVID-19 positive residents or residents who have recently recovered from a COVID-19 infection, may return to work:

° 7 days after symptom onset or date of specimen collection (whichever is earlier/applicable) without testing AND

° provided they have no fever and symptoms improving for 24 hours (48 hours if vomiting/diarrhea).

<u>Higher</u> COVID-19 Transmission Risk Staffing Options for Critical Staffing Shortages

Maintain workplace measures for reducing risk of exposure for 10 days after last exposure.

Asymptomatic Close Contacts

• For critical staffing shortages, asymptomatic close contacts that work in highest-risk settings may return to work under the following conditions:

° after a single negative rapid antigen test prior to first shift AND

° performing daily rapid antigen testing for 10 days after last exposure or until a negative PCR or RAT is collected on/after day 5 from last exposure.

• If testing is not available, asymptomatic close contacts may return to work 5 days after last exposure, with workplace measures for reducing risk of exposure until day

COVID-19 Positive Cases

• For critical staffing shortages, COVID-19 positive cases that work in highest-risk settings and ONLY care for COVID-19 positive residents or residents who have recently recovered from COVID-19 infection, may return to work:

° earlier than day 7 (i.e., day 6, preferable to day 5, etc.) without testing AND

° provided they have no fever and symptoms are improving for 24 hours (48 hours if vomiting/diarrhea).

Workplace Measures for Reducing Risk of Exposure

• Where possible, avoid assigning staff on early return to work to vulnerable residents (e.g., immunocompromised, unvaccinated, other underlying risks for severe disease).
• personal protective equipment (PPE) and IPAC practices should be reviewed (including audits) to ensure meticulous attention to measures for staff on early return to work.
• prioritize co-horting of staff who are early returned cases to working with COVID-19 positive residents only, due to their residual risk of transmission.
• additional workplace measures for individuals on early return to work may include:
    o active screening ahead of each shift
    o individuals on early return to work should not remove their mask when in the presence of other staff to reduce exposure to co-workers (i.e. not eating meals/drinking in a shared space such as conference room or lunchroom.
    o working in only one home/lodge, where possible.
    o ensuring well-fitting source control masking for the staff on early return to work to reduce the risk of transmission (e.g. a well-fitting medical mask or fit or non-fit tested N95 respirators or KN95s).
• maintain workplace measures for reducing risk of exposure for 10 days after last exposure.

Administrative Considerations for Selecting Staff for Return to Work Under Critical Staff Shortages
• The fewest number of staff who are close contacts or who are COVID-19 cases should be returned to work early to allow for business continuity and safe operations.
• Staff who are nearest to completion of their self-isolation period should be returned first.
• Where possible, preferential return to work for those who have received all recommended doses of the COVID-19 vaccine (including booster doses) should be considered due to decreased risk of developing symptomatic infection.
• Those who have an exposure to a COVID-19 case that does not live with them should be prioritized to return before those who have ongoing exposure to a household member with COVID-19, because the risk of transmission is higher among those with ongoing exposures.

For health care settings only, the frequency of RAT testing may be determined by employer occupational health and safety.

Gibson Family Healthcare is prepared to refer staff to resources to support mental health and well-being including to assistance programs, local and provincial resources, etc. and partnerships with local agencies that can assist with counselling are in place.

Staff, student placements, volunteers and visitors are regularly reminded (for example, email alerts, signage, newsletters, etc.) of their obligation to stay home if ill, to advise if they have had close contact with someone with COVID-19 and to report any signs or symptoms of illness to their supervisor or manager.

Multiple Work Locations when in Outbreak

The MHLTC has removed the policy under the "Limiting Work to a Single Long-Term Care" order that restricts fully vaccinated staff from only working in one location when a home is in outbreak. In these circumstances if a staff is critically required to work in another home/lodge while working in an outbreak home/lodge, this will be done in consultation with the public health unit and the affected homes/lodges should ensure the following:

- the staff member working in an area of outbreak at one home/lodge area also works in an area of outbreak at the other work location.
- staff have received all recommended doses of the vaccine (third dose for those eligible, otherwise 2 doses).
- staff member has not had a known high-risk contact of a case.
- the home/lodge and staff member maintain excellent IPAC practices including appropriate PPE at all times.
- the staff member is actively screened every day and rapid antigen tested every day.

Absences

All Gibson Family Healthcare homes have policies and procedures in place to permit residents to go on absences that account for the various needs of residents while balancing the need to ensure the ongoing health and safety of the staff and residents in the home. This includes the allowance for residents to go for a walk in the immediate area.

For all absences, residents must be:
- provided with a medical mask when they are leaving the home.
- provided a handout that reminds residents and families to practice public health measures such as physical distancing and hand hygiene when outside of the home.
- actively screened upon their return to the home.

There are four types of absences:

1. Medical absences are absences to seek medical and/or health care and include:
    - o outpatient medical visits and a single visit (less than or equal to 24 hours in duration) to the Emergency Department
    - o all other medical visits (for example, admissions or transfers to other health care facilities, multi-night stays in the Emergency Department)

2. Compassionate and palliative absences include, but are not limited to, absences for the purposes of visiting a dying loved one

3. Short term (day) absences are absences that are less than or equal to 24 hours in duration. There are two types of short term (day) absences:
    - o essential absences include absences for reasons of groceries, pharmacies, and outdoor physical activity
    - o social absences include absences for all reasons not listed under medical, compassionate/palliative, and/or essential absences that do not include an overnight stay

4. Temporary absences include absences involving two or more days and one or more nights for non-medical reasons. All residents (regardless of vaccination status) may resume social short term (day) absences, and temporary absences (overnight).

Isolation and testing requirements for residents when returning from absences

The following are the testing and isolation requirements for residents who go on day and overnight absences. Please note that residents are exempt from these requirements if they are within 90 days from a COVID-19 infection that occurred since December 20, 2021, assuming they do not have symptoms.

Day absences (medical, compassionate, or short term):
- rapid antigen test and PCR test on day 5 following the absence. No isolation is required unless a positive result is received. If a timely PCR test is not available, 2 RATs 24 hours apart may be used as an alternative.
    - o residents that go on absences on a daily or frequent basis are to have a laboratory-based PCR test and rapid antigen test, on the same day, two times per week (for example, PCR and rapid test on Tuesday; and PCR and rapid antigen test on Friday).
- if a resident has a known exposure to a case while on their absence, they must be treated as a high-risk contact which would require:
- residents with up to date COVID-19 vaccines be screened on arrival and quarantined until a negative result is obtained from the day five test

• residents who do not have up-to-date vaccines be screened on arrival and quarantined for 10 days with a PCR test on day five.

All residents are still permitted to see their caregivers while in quarantine.

Gibson Family Healthcare homes/lodges will continue to encourage residents to:
• limit their contact with others, including avoiding large social gatherings, and
• physically distance and only be in close contact with people who have had three doses of a COVID-19 vaccine, especially when eating.

Essential, medical, and compassionate and palliative absences are still permitted, regardless of vaccination status.

Gibson Family Healthcare homes/lodges cannot restrict or deny absences for medical and/or palliative or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak. In these situations, homes must contact their local public health unit to obtain further direction.

Visitors

1. Every long-term care home/lodge must have and implement a visitor policy that, at a minimum reflects the following guiding principles:

   o safety – any approach to visiting must balance the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated o emotional well-being – welcoming visitors is intended to support the mental and emotional well-being of residents by reducing any potential negative impacts related to social isolation

   o equitable access – all residents must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard residents

   o flexibility – the physical/infrastructure characteristics of the home, its workforce/human resources availability, whether the home is in an outbreak and the current status of the home with respect to personal protective equipment (PPE) are all variables to consider when setting home-specific policies

   o equality – residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate caregivers.

2. Every long-term care/lodge home must have and implement a visitor policy that, at a minimum sets out the parameters, requirements, and procedures prescribed with respect to visitors, including but not limited to:

   o the definitions of the different types of visitors.

   o the requirement to designate caregivers.

   o restrictions with respect to visitors in the event of an outbreak or when a resident is isolating.

3. Every long-term care home/lodge must have and implement a visitor policy that, at a minimum reflects provisions around the home's implementation of all required public health measures as well as infection prevention and control practices.

4. Every long-term care home/lodge must have and implement a visitor policy that, at a minimum reflects the requirements related to the active screening, and surveillance testing of visitors.

5. Every long-term care home/lodge must have and implement a visitor policy that, at a minimum must maintain visitor logs of all visits to the home. The visitor log must include, at minimum:
   • the name and contact information of the visitor
   • time and date of the visit
   • the purpose of the visit (for example, name of resident visited).

   These visitor logs or records must be kept for a period of at least 30 days and be readily available to the local public health unit for contact tracing purposes upon request

6. Every long-term care home/lodge must have and implement a visitor policy that, at a minimum ensures that all visitors have access to the home's visitor policy.

7. Every long-term care home/lodge must have and implement a visitor policy that, at a minimum must provide education/training to all visitors about physical distancing, respiratory etiquette, hand hygiene, IPAC practices, and proper use of PPE.

   The home's visitor policy should include guidance from the following Public Health Ontario resources to support IPAC and PPE education and training:

   • guidance document: recommended steps: putting on personal protective equipment
   • video: putting on full personal protective equipment
   • video: taking off full personal protective equipment
   • videos: how to hand wash and how to hand rub

Types of visitors

All general visitors, including children under the age of 5, can resume visits. General visitors, with the exception of children under the age of 5, will need to follow the vaccination policy of the individual long-term care home in order to be allowed in the home/lodge.

Up to four visitors (including caregivers) per resident may visit at a time for indoor visits.

There are no sector limits on the number of visitors permitted at outdoor visits, and homes/lodges can return to their regular practices on use of their available outdoor spaces.

If a resident is in isolation or is symptomatic, or if the resident resides in a declared outbreak area, then the resident is allowed to have one caregiver visit at a time.

Not Considered Visitors

Long-term care home/lodge staff (as defined under the Act), volunteers, and student placements are not considered visitors as their access to the home is determined by the home/lodge. Infants under the age of 1 are also not considered visitors and are excluded from testing and vaccination requirements.

Essential visitors

Essential visitors are persons visiting a home to meet an essential need related to the operations of the home or residents that could not be adequately met if the person does not visit the home. There are no limits on the number of essential visitors allowed to come into a home at any given time. Essential visitors are the only type of visitors

allowed when there is an outbreak in a home or area of a home or when a resident has failed screening, is symptomatic or in isolation.
There are four types of essential visitors:

• people visiting very ill or palliative residents who are receiving end-of-life care for compassionate reasons, hospice services, etc.

• government inspectors with a statutory right of entry. Government inspectors who have a statutory right to enter long-term care homes to carry out their duties must be granted access to a home.

Examples of government inspectors include inspectors under the Long-Term Care Homes Act, 2007, the Health Protection and Promotion Act, the Electricity Act, 1998, the Technical Standards and Safety Act, 2000, and the Occupational Health and Safety Act.

• support workers are persons who visit a home to provide support to the critical operations of the home or to provide essential services to residents.

Essential services provided by support workers include but are not limited to:

- o assessment, diagnostic, intervention/rehabilitation, and counselling services for residents by regulated health professionals such as physicians and nurse practitioners
- o Assistive Devices Program vendors –- for example, home oxygen therapy vendors
- o moving a resident in or out of a home
- o social work services
- o legal services o post-mortem services
- o emergency services (for example, such as those provided by first responders)
- o maintenance services such as those required to ensure the structural integrity of the home and the functionality of the home's HVAC mechanical, electrical, plumbing systems, and services related to exterior grounds and winter property maintenance
- o food/nutrition and water/drink delivery
- o Canada Post mail services and other courier services
- o election officials/workers

• Caregivers: A caregiver is a type of essential visitor who is visiting the home to provide direct care to meet the essential needs of a particular resident. Caregivers must be at least 16 years of age and must be designated by the resident or his/her substitute decision-maker.

Direct care includes providing support/assistance to a resident that includes providing direct physical support (for example, eating, bathing, and dressing) and/or providing social and emotional support.

Examples of direct care provided by caregivers include but are not limited to the following:

- ▪ supporting activities of daily living such as bathing, dressing, and eating assistance
- ▪ providing cognitive stimulation
- ▪ fostering successful communication
- ▪ providing meaningful connection and emotional support
- ▪ offering relational continuity assistance in decision-making

Examples of caregivers include:

- ▪ friends and family members who provide meaningful connection
- ▪ a privately hired caregiver
- ▪ paid companions
- ▪ translator

An important role of the caregiver is that of providing meaningful connection and emotional support. A person should not be excluded from being designated as a caregiver if they are unable to provide direct physical support.

Designating a Caregiver

• Caregivers must be designated and must be at least 16 years of age.
• A maximum of four caregivers may be designated per resident at a time. (Note: caregivers who were designated prior to December 15th, 2021, may continue to be designated as a caregiver even if this means the resident has more than two designated caregivers.)
• A resident and/or their substitute decision-maker may change a designation in response to a change in the:
    o resident's care needs that is reflected in the plan of care o availability of a designated caregiver, either temporary (for example, illness) or permanent.
• A resident and/or their substitute decision-maker may not continuously change a designation in order to increase the number of people able to enter the home.
• All caregivers newly designated are required to be fully vaccinated in order to enter the home.
• The decision to designate an individual as a caregiver is the responsibility of the resident or their substitute decision-maker and not the home.
• The designation of a caregiver shall be made in writing to the home/lodge administrator.
• A caregiver should not visit any other resident or home for 14 days after visiting another:
    ° resident who is self-isolating, including those experiencing symptoms of COVID-19 and are being assessed
    ° home or area of a home affected by an outbreak.
• A caregiver may support up to two residents who are COVID-19 positive, provided Gibson Family Healthcare home/lodge obtains consent from all involved residents (or their substitute decision makers). Caregivers may also support more than one resident in non-outbreak situations, with the same expectation regarding resident consent.

Homes/Lodges may not require scheduling or restrict the length or frequency of visits by caregivers.

However, in the case where a resident resides in an area of the home/lodge in outbreak, is symptomatic or isolating under additional precautions, only one caregiver may visit at a time in the resident's room utilizing full PPE.

Residents not isolating, exhibiting symptoms, or residing in an outbreak area and who are fully vaccinated are able to spend time with fully vaccinated caregivers in areas outside the resident's room including:
    • lounges
    • walks in hallways (without going outdoors)
    • outdoor gardens and patios (if available).

General visitors

A general visitor is a person who is not an essential visitor and is visiting to provide non-essential services related to either the operations of the home or a particular resident or group of residents.

General visitors younger than 14 years of age must be accompanied by an adult (someone who is 18 years of age or older). General visitors include those persons visiting for social reasons as well as visitors providing non-essential services such as personal care services, entertainment, or individuals touring the home. Homes should prioritize the mental and emotional well-being of residents and strive to be as accommodating as possible when scheduling visits with general visitors.

Access to home/lodge

All general visitors, including children under the age of 5, can resume visits. General visitors, with the exception of children under the age of 5, will need to follow the vaccination policy of Gibson Family Healthcare homes/lodges in order to be allowed to enter the home/lodge.

- All general visitors five years of age and older who provide proof of being fully vaccinated against COVID-19 may resume indoor visits to Gibson Family Healthcare homes/lodges.
- Up to four visitors (including caregivers) per resident may visit at a time for indoor visits. There are no limits on the number of visitors permitted at outdoor visits.
- The number of visitors (including caregivers) who may visit at a time per resident increases to 4.
- All residents regardless of vaccination status can resume social day absences and overnight absences.
- When a resident is symptomatic or isolating, only one caregiver may visit at a time.

Gibson Family Healthcare homes/lodges must do our best to ensure physical distancing (a minimum of two metres or six feet) is maintained between groups. General visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home/lodge (for example, active screening, vaccination requirements, physical distancing, hand hygiene, masking for source control).

Restrictions during outbreaks or when a resident is isolating

Essential visitors

Essential visitors are the only type of visitors allowed when a resident is isolating or resides in a home or area of the home in an outbreak.

General visitors

General visitors are not permitted:

- when a home or area of a home is in outbreak
- to visit an isolating resident
- when the local public health unit so directs

In the case where a local public health unit directs a home in respect of the number of visitors allowed, the home is to follow the direction of the local public health unit.

Managing Visitors

The aim of managing visitors is to balance the need to mitigate risks to residents, staff, and visitors with the mental, physical, and spiritual needs of residents for their quality of life.

Gibson Family Healthcare homes have a visitor policy in place that is compliant with this Directive and is guided by applicable policies, amended from time to time, from the MHLTC and MSAA. At a minimum, visitor policies must:

1. Be informed by the ongoing COVID-19 situation in the community and the home and be flexible to be reassessed as circumstances change.
2. Be based on principles of safety, emotional well-being, and flexibility and address concepts such as compassion, equity, non-maleficence, proportionality (i.e., to the level of risk), transparency and reciprocity (i.e., providing resources to those who are disadvantaged by the policy).
3. Include education about physical distancing, respiratory etiquette, hand hygiene, infection prevention and control practices (IPAC) and proper use of PPE.
4. Include allowances and limitations regarding indoor and outdoor visiting options.

5. Include criteria for defining the number and types of visitors allowed per resident when the home is not in an outbreak, in accordance with MLTC and MSAA policies. When the home is in an outbreak, only essential visitors (as defined below) are permitted in the home.

6. Include screening protocols, specifically that visitors be actively screened on entry for symptoms and exposures for COVID-19, and not be admitted if they do not pass the screening.

7. Include visitor attestation to not be experiencing any of the typical and atypical symptoms.

8. Comply with the home's IPAC protocols, including donning and doffing of PPE.

9. Clearly state that if the home is not able to provide surgical/procedure masks, no family visitors should be permitted inside the home. Essential visitors who are provided with appropriate PPE from their employer, may enter the home.

10. Include a process for communicating with residents and families about policies and procedures including the gradual resumption of family visits and the associated procedures.

11. State that non-compliance with the home's policies can result in a discontinuation of visits for the non-compliant visitor.

12. Include a process for gradual resumption of family visitors that stipulates:
    a. Visits should be pre-arranged when at all possible to allow staff and residents time to prepare eq. PPE usage, disinfection of visiting area, assisting with transport of resident to and from etc.
    b. Must only visit the one resident they are intending to visit, and no other resident.
    c. Family visitors must use a face covering if the visit is outdoors. If the visit is indoors, a surgical/procedure mask.
    e. Family visits are not permitted when:
       a resident is self-isolating or symptomatic, **or** the home/lodge is in outbreak.

13. Specify that essential visitors:
    a. be defined as including a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident.
    b. providing direct care to a resident must use a surgical/procedure mask surgical/procedure mask while in the home, including while visiting the resident that does not have COVID-19 in their room.
    c. who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate full PPE, not visit with any other person in the home, maintain physical distancing with all other staff and residents and remain in the resident's room for the duration of the visit.
    d. are the only type of visitors allowed when: a resident is self-isolating or symptomatic, **OR** a home is in an outbreak.
    e. only 1 essential visitor at a time may visit when our home is in outbreak, or the resident is in isolation.

14. Residents with mobility limitations or health conditions (i.e. factors unrelated to weather) that make an outdoor visit highly unlikely or impossible, may have 4 visitors visit indoors at a time including essential caregivers. Children under the age of 2 years do not count towards the general visitor maximum number.

Surveillance Testing

Surveillance testing requirements do not apply for outdoor visits or for support workers who solely do work outside of the home (e.g., roof maintenance). All other health and safety requirements remain in place.

Surveillance testing refers to routine testing of asymptomatic staff and visitors who have not been exposed to COVID-19. This is different from COVID-19 testing of individuals who are symptomatic, have had high risk exposure, and/or in an outbreak setting as directed by the local public health unit.

All individuals who previously had a confirmed COVID-19 infection must resume surveillance testing 90 days from their COVID-19 infection (based on the date of their confirmed positive result). Proof of a positive PCR test result is required in order to be exempt from surveillance testing for 90 days as per the Minister's Directive.

In light of recent testing shortages and a surge of cases due to the Omicron variant, homes may be unable to access confirmatory PCR tests and/or may be instructed by a local PHU to treat a positive rapid antigen test as a confirmed positive test result. Positive rapid antigen tests may be treated as a confirmed positive result if PCR tests are not accessible

Definitions

Antigen test means a point-of-care rapid antigen test for the novel coronavirus known as COVID-19 where the test kit has been obtained from Ontario Health and is taken in accordance with rapid antigen screening guidance.

Caregiver means a type of visitor who is visiting the home to provide direct care to meet the essential needs of a particular resident. Caregivers must be at least 18 years of age and must be designated by the resident or his/her substitute decision-maker (if any).

Direct care includes providing support or assistance to a resident that includes providing direct physical support (for example, eating, bathing, and dressing) and/or providing social and emotional support.

Confirmed COVID-19 infection means a positive diagnostic COVID-19 result, confirmed through a laboratory-based PCR test, or through a molecular point-of-care test that was taken following a positive antigen test.

Fully vaccinated against COVID-19 has the same meaning as in the Ministry of Health guidance: COVID-19 fully vaccinated status in Ontario.

General visitor means a person who is not an essential visitor and is visiting the home to provide non-essential services related to either the operations of the home or a particular resident or group of residents. This excludes children under the age of one.

Licensee has the same meaning as under the Act.

Molecular point-of-care test means a point-of-care test for the novel coronavirus known as COVID-19 that may be used to confirm a positive test result following an antigen test.

Ontario Health means the corporation continued under section 3 of the *Connecting Care Act, 2019*

PCR test means a validated real-time polymerase chain reaction (PCR) assay laboratory test for the novel coronavirus known as COVID-19.

Rapid antigen screening guidance means the Ministry of Health's COVID-19covid 19 guidance: Considerations for antigen point-of-care testing, effective August 25, 2021 or as amended, with the exclusion of the frequency of antigen point-of-care test (POCT) provisions.

Regulated health profession has the same meaning as under *Ontario Regulation 79/10*.

Staff has the same meaning as under the Act.

Student placement means a person working in the long-term care home as part of a clinical placement requirement of an educational program of a college or university, who does not meet the definition of "staff" or "volunteer".

Support worker means a person who visits a home to provide support to the critical operations of the home or to provide essential services to a resident. Essential services include, but are not limited to, services provided by regulated health professionals, emergency services, social work, moving services, legal services, post-mortem services, maintenance and repair services, food and nutrition services, water and drink delivery services, mail, delivery and courier services, assistive devices program vendors, and election or voting services.

Volunteer has the same meaning as under the Act.

Surveillance testing and access to home/lodge

Self-swabbing is permitted as an optional and voluntary swabbing method and does not require supervision. Staff can be trained to perform self-swabbing by watching an instructional video. Please note that while these videos are for self-swabbing at home, all self-swabbing for long-term care is required to take place at the home/lodge.

Test frequency

Surveillance testing will no longer be required for outdoor visits.

Gibson Family Healthcare shall ensure that:

1. Routine entry

Minimum MHLTC testing requirements are:

a. one PCR test and one antigen test on separate days within a seven-day period. The time period between PCR testing should be as close to seven days as can practically be achieved.
b. an antigen test at a frequency of two times per week, at a minimum, on separate days, if they are fully vaccinated against COVID-19.
c. an antigen test at a frequency of three times per week, at a minimum, on separate days, if they are not fully vaccinated against COVID-19.

Gibson Family Healthcare requires all staff, indoor visitors, volunteers, caregivers, and support workers be tested on each visit to the home/lodge.

2. Occasional entry

Where a staff, indoor visitor, volunteer, caregiver, and/or support worker enters a long-term care home on an occasional basis Gibson Family Healthcare requires all staff, indoor visitors, volunteers, caregivers, and support workers be tested on each visit to the home/lodge.

3. Occasional entry (consecutive days)

Where a staff, indoor visitor, volunteer, caregiver, and/or support worker only enters our home/lodge on two consecutive days within a seven-day period and demonstrates a negative test result from an antigen test or from a

PCR test taken on the first day, we may permit entry on the second consecutive day without requiring a second negative test.

4. Support workers

Gibson Family Healthcare shall ensure that all support workers demonstrate that they have received a negative COVID-19 test result from an antigen test or a PCR test on the day of the visit or demonstrate proof of a negative antigen test or PCR test that was taken on the previous day before granting them full entry into our home/lodge as a visitor.

5. General visitors

Gibson Family Healthcare shall ensure that all general visitors visiting our home/lodge demonstrate that they have received a negative antigen test or a negative PCR test on the day of the visit or demonstrate proof of a negative antigen test or PCR test taken on the previous day before granting them full entry into a home as a visitor.

Testing timing

1. Staff, student placements and volunteers

Where a staff, student placement or volunteer takes either:

a. an antigen test at the home/lodge, Gibson Family Healthcare shall ensure that the test is taken, and negative results received prior to proceeding to their work area at the beginning a shift.
b. a PCR test, Gibson Family Healthcare shall ensure that the individual demonstrates that they have received a negative COVID-19 test result, before granting them entry.

2. Caregivers

Where a caregiver takes a PCR/antigen test, Gibson Family Healthcare shall ensure that the caregiver demonstrates that they have received a negative COVID-19 test result, before granting them full entry into a home/lodge as a visitor.

3. Support workers and general visitors

Gibson Family Healthcare shall ensure that support workers and general visitors (where permitted) are tested and demonstrate a negative antigen test or a negative PCR test before granting them entry to the home/lodge.

When a support worker, who is a member of a regulated health profession, takes an antigen test at the home/lodge, Gibson Family Healthcare shall ensure that the test is taken and is negative before granting them full entry into the home/lodge.

4. Repeat false positives

Where a staff, student placement or volunteer takes an antigen test and the test result is positive for COVID-19 and subsequently receives a negative confirmatory lab-based PCR test result ("false positive" antigen test), and this sequence (a positive antigen test followed by a negative confirmatory lab-based PCR test) occurs three times within a 30-day period starting from the day the first preliminary positive antigen test was taken, # 1 does not apply with respect to that individual. Instead, Gibson Family Healthcare shall ensure that such individuals provide proof that they received a negative PCR test that was taken within the last seven days, before granting them entry.

5. Previous COVID-19 up to 90 days

Where an individual has had a prior confirmed COVID-19 infection in the past 90 days from the date of the confirmed COVID-19 infection, the individual should not be re-tested except:

a. with new onset of signs or symptoms of COVID-19
b. can be considered:
    - if there is exposure to a confirmed case of COVID-19
    - if there is a COVID-19 outbreak in the home/lodge
    - at the direction of the local public health unit

Gibson Family Healthcare shall ensure that an individual who has had a prior confirmed COVID-19 infection, immediately resumes asymptomatic screening testing after the 90th day from the date of their confirmed COVID-19 infection.

6. Palliative and emergency situations

The requirements for support workers, caregivers and general visitors do not need to be followed in an emergency situation or in situations where residents are receiving end of life care.

7. Inspectors

Surveillance testing does not apply to inspectors with a statutory right of entry.

8. Access subject to requirements
Gibson Family Healthcare shall ensure that no person staff, student placement, caregiver, support worker, general visitor or volunteer enters the home unless the requirements for testing have been met.

9. Requirement to demonstrate proof of negative antigen or PCR test

Where a staff, caregiver, student placement, volunteer, support worker or general visitor received an antigen test or a PCR test not onsite at the home/lodge, on that day or the previous day, Gibson Family Healthcare shall ensure that the staff, caregiver, student placement, volunteer, support worker or general visitor provides proof of the negative antigen or PCR test result in order to gain entry to the home/lodge or takes a new antigen test.
Gibson Family Healthcare shall maintain a log that such proof has been demonstrated.

10. Out of country travel

Gibson Family Healthcare homes/lodges shall ensure that staff, caregivers, student placements, volunteers, support workers and general visitors who have travelled outside of Canada in the 14 days prior to entering a long-term care home, regardless of vaccination status, demonstrate each time that they visit or attend the home that they have received a negative antigen test on the day of the visit or demonstrate proof that they received a negative PCR test or antigen test from a PCR test or antigen test taken on the previous day before granting them full entry into the home.

11. Statistical information

Gibson Family Healthcare shall collect, maintain, and disclose statistical information on testing as follows:

a. documentation that includes
    - the number of staff, caregivers, student placements, volunteers, support workers, and general visitors tested with an antigen test
    - the number of staff, caregivers, student placements, and volunteers tested with a PCR test and date it was presented at the home

• the number of caregivers, support workers and general visitors who were permitted entry under an emergency or palliative situation
• the number of staff, caregivers, student placements, volunteers, support workers, and general visitors that provided proof of a negative antigen test to gain entry
• the number of staff, caregivers, student placements, volunteers, support workers and general visitors that provided proof of a negative PCR test resulting from repeat false positives to gain entry.

b. upon request, disclose the statistical information to the Ministry of Long-Term Care, the public health unit for the area in which the home/lodge is located and to Ontario Health.

12. Prohibition on reselling or distributing to any other person

Gibson Family Healthcare shall ensure that an antigen test that has been obtained from Ontario Health is:
• used only for the purposes of the provincial antigen screening program
• not resold or distributed to any other person

Requirement to demonstrate proof of negative antigen test

Where a staff, caregiver, student placement, volunteer, support worker or general visitor received an antigen test not onsite at the home/lodge, on that day or the previous day, Gibson Family Healthcare homes/lodges shall ensure that the staff, caregiver, student placement, volunteer, support worker or general visitor provides proof of the negative antigen test result in order to gain entry to the home/lodge or take a new antigen test. Gibson Family Healthcare homes/lodges shall maintain a log that such proof has been demonstrated.

Rapid antigen testing may be used to confirm if a symptomatic individual has COVID-19, with no requirement for a confirmatory PCR or rapid molecular test.

Active Screening of All Persons (including Staff, Visitors, and Residents Returning to the Home)

Gibson Family Healthcare homes/lodges will ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home/lodge, including for outdoor visits.

Homes must follow the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, effective March 18, 2022, or as current, for minimum requirements and exemptions regarding active screening.

- Staff and visitors must be actively screened once per day at the beginning of their shift or visit.
  - Exception: First responders must be permitted entry without screening in emergency situations.
- Any resident returning to the home following an absence who fails active screening must be permitted entry but isolated on additional precautions and tested for COVID-19.
- Any staff or visitor who fails active screening (i.e., having symptoms of COVID-19 and/or having had contact with someone who has COVID-19) must not be allowed to enter the home, must be advised to go home immediately to self-isolate, and must be encouraged to be tested.
  - Exceptions where individuals who fail screening may be permitted entry to the home:
    o fully vaccinated staff and essential visitors; and
    o visitors for palliative end-of-life residents must be screened prior to entry. If they fail screening, they must be permitted entry, but Gibson Family Healthcare homes/lodges must ensure that they wear full PPE (a medical mask, gown, gloves, protective eyewear and maintain physical distance from other residents and staff.

o staff with post-vaccination related symptoms may be exempt from exclusion from work.

Daily Symptom Screening of All Residents

Gibson Family Healthcare homes/lodges must ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks.

Any resident who presents with signs or symptoms of COVID-19 must be immediately isolated, placed on additional precautions, and tested for COVID-19.

Any resident returning to the home following an absence who fails the active screening must be permitted entry but isolated on droplet and contact precautions and tested for COVID-19.

Testing of Symptomatic Residents

Home Status	COVID-19 Test	MRVP Test
Not in Outbreak	Test ALL symptomatic residents with PCR Test	Test ALL symptomatic residents
In Outbreak	Test ALL symptomatic residents with PCR	Test first FOUR residents only

Receiving Positive Test Results

Once an outbreak has been declared, residents, staff or visitors who were in close contact with the infected person, or those within the resident's unit of care are to be identified.

The local health unit may require further testing be completed based on their risk of exposure.

a. Gibson Family Healthcare homes will isolate the confirmed ill resident in a single room. Any resident who is displaying symptoms and is in a private room may remain in their room. Any resident who is in a basic or semi-private room, physically sharing an actual room accommodation or sharing the bathroom only, must be transferred to the confirmed isolation room location along with their roommate.
b. The Charge Nurse will be responsible for contacting the resident's physician, the resident's Power of Attorney for Personal Care/designate, the Administrator and the Director of Care/Assistant Director of Care/Lodge Manager to inform them of the condition, receive further instruction as required and keep all parties updated as changes occur.
c. One confirmed case of a resident/staff having pandemic ARI is automatically considered to be an outbreak by the MHLTC. Once the results of the swabs/cultures are known and the results are confirmed positive for pandemic ARI the resident, with their bed and adaptive equipment, is to be transferred to the **confirmed** triage unit located in the activity room. This area is to be used for confirmed positive ARI residents only (not suspect cases).
d. Once a confirmed ARI case is moved into the activity area all foot traffic through the activity room stops and only staff caring for the resident(s) are always allowed in that area in full PPE.
e. Full PPE will always be worn upon any contact with the resident or cleaning of the environment.
f. The Charge Nurse will be required to remain actively involved and readily available to the RPN in the isolated resident(s) care.
g. The RPN in charge of the isolation nursing area will be responsible for delivering medications and treatments to residents in that area using full PPE precautions as required.
h. Meal trays and nourishments for confirmed residents will be delivered from nursing 3 server and dropped at nursing station 2 for delivery to residents in the isolation areas by

isolation staff. All residents suspected or confirmed of having an ARI will have all meals served at their bedside.

i. Laundry will be collected in accordance with isolation procedures.
j. Once a resident has been confirmed ARI positive, all staff assignments will no longer rotate. Staff will remain working in the same areas until the outbreak is declared over by the area Public Health Unit. Be informed that some staff have already volunteered to work the isolation areas if a positive swab is confirmed. The Director of Care/Lodge Manager will reassign staff as required by resident need.
k. The RPN will ensure that the staff assigned to care for confirmed positive residents in the activity room are aware and responsible for cleaning within the 4 interior room walls each shift.
l. Any staff working in the confirmed isolation area (activity room) will enter the working area through the gated maintenance area.
m. Clothing changes will occur in the enclosed gazebo located in the activity garden area.
n. Breaks will be taken in the storage garage adjacent to activation isolation area.
o. When among other staff, implement physical distancing (minimum of 6 feet) when at all possible. No touching of other staff, visitors unless absolutely required.
p. Mask to be worn always when working and changed after care is delivered to any confirmed cases.

Managing a Symptomatic Individual

• All probable and confirmed cases of COVID-19 are reportable to the local public health unit.

• Gibson Family Healthcare homes/lodges must notify the local public health unit of all confirmed and probable cases of COVID-19 as soon as possible.

• Gibson Family Healthcare regulated health professionals and health care workers must engage on the conservation personal protective equipment (PPE).

• Gibson Family Healthcare must provide all regulated health professionals and other health care workers with information on the safe utilization of all PPE and all regulated health professionals and other health care workers must be appropriately trained to safely don and doff all PPE.

• Gibson Family Healthcare must assess the available supply of PPE on an ongoing basis and must explore all available avenues to obtain and maintain a sufficient supply of PPE.

• In the event that the supply of PPE reaches a point where utilization rates indicate that a shortage will occur, the government and employers, as appropriate, will be responsible for communicating PPE supply levels and developing contingency plans, in consultation with affected labour unions, to ensure the safety of regulated health professionals and other health care workers.

• Gibson Family Healthcare organizational risk assessment must be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures. This must be communicated to the Joint Health and Safety Committee, including the review of the environment when a material change occurs.

• Residents who are in isolation must be allowed to have access to showers and baths, including when a home or areas of a home are experiencing an outbreak.

• A point-of-care risk assessment (PCRA) must be performed by every regulated health professional before every resident interaction.

• Droplet and contact precautions must be used by regulated health professionals and other health care workers for all interactions with suspected, probable, or confirmed COVID-19 residents. Droplet and contact precautions include gloves, face shields or goggles, gowns, and a well-fitted surgical/procedure mask.

• Additionally, in light of the uncertainty around the mechanisms of transmission of the COVID-19 Omicron variant of concern required precautions for all health care workers providing direct care to or interacting with a suspected, probable (i.e. placed in precautions as high risk contact, in an outbreak zone of the home/lodge or recently transferred from a facility in outbreak) or confirmed cases of COVID-19 are a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves.

• All regulated health professionals and health care workers providing direct care to or interacting with suspected, probable, or confirmed COVID-19 residents shall have access to appropriate PPE. This will include access to surgical/procedure masks, fit tested, seal-checked N95 respirators (or approved equivalent), gloves, face shields with side protection (or goggles) and appropriate isolation gowns.

• Gibson Family Healthcare will not deny access to a fit-tested, seal-checked N95 respirator (or approved equivalent).

• Fit-tested, seal-checked N95 respirators (or approved equivalent), must be used by all regulated health professionals and health care workers in the room where Aerosol Generating Medical Procedures (AGMPs) are being performed, are frequent or probable.

AGMPs include but are not limited to intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio-pulmonary resuscitation, bronchoscopy, sputum induction, non-invasive ventilation (i.e. BiPAP), open respiratory/airway suctioning, high frequency oscillatory ventilation, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices (e.g. ARVO, Opti flow) and post-mortem care. Currently Gibson Family Healthcare homes/lodges AGMP's are not in use.
Gibson Family Healthcare homes/lodges must ensure compliance with minimum IPAC requirements including conducting IPAC self-audits in the home/lodge, active screening, and cohorting among residents and staff to limit the potential spread of COVID-19.

The local public health unit is responsible for receiving and investigating all (reports of) cases and contacts of COVID-19 in accordance with the Public Health Management of Cases and Contacts of COVID-19 in Ontario and the HPPA.

Gibson Family Healthcare homes/lodges must ensure that any health system partners and/or external agencies that may be engaged to assist the home follow the directions of the local public health unit when providing services at the home or otherwise on-site at the home.

Managing a Symptomatic Resident

Once at least one resident or staff has presented with new signs or symptoms compatible with COVID-19, Gibson Family Healthcare home/lodge will immediately take the following steps:

In the event of a symptomatic resident:

The resident will be placed in isolation under appropriate additional precautions, in a single room medically assessed, and tested for COVID-19 using a laboratory-based PCR test. The resident will be encouraged to wear a medical grade mask while in isolation and staff are unable to maintain social distancing while giving care.

Roommates of the symptomatic resident must also be placed in isolation under appropriate additional precautions and tested for COVID-19 laboratory-based PCR or a molecular point-of-care test as a high-risk close contact. The

resident will be encouraged to wear a medical grade mask while in isolation and staff are unable to maintain social distancing while giving care.

In the event of a symptomatic staff or visitor:

The staff or visitor must be advised to go home immediately to self-isolate and must be encouraged get tested for home/lodge will inform their hub PHU.

Accessibility

COVID-19 using a laboratory-based PCR or a molecular point-of-care test. In the event of symptomatic staff person, the Gibson Family Healthcare homes/lodges are required to meet all applicable laws such as the *Accessibility for Ontarians with Disabilities Act, 2000*

Support persons help people with a disability perform daily tasks. Often, people who need the help of a support person are not able to do certain things by themselves. For example, a support person might help with communication, mobility, or personal care.

A visitor may require a support person to help them visit a long-term care home. A support person for any visitor should adhere to the home's visitor policy and follow the same screening and PPE requirements as visitors to the home. For clarity, if a support person is accompanying a support worker, caregiver, or accompanying a general visitor who is visiting indoors, that support person should verbally attest to the home that they have tested negative for COVID-19 within the previous two weeks and not subsequently tested positive.

A support person for any visitor does not count towards the maximum number of visitors. A support person for a designated caregiver does not need to be designated. Visitors who need a support person should inform the home in advance so that the home can prepare accordingly.

Specimen Collection

Specimens from residents are prioritized for testing at Public Health of Ontario (PHO) Laboratory provided "Institution" is clearly marked in the "Patient Setting" section of PHO Laboratory requisition. Specimens may be submitted using the PHO Laboratory COVID-19 Virus Test Requisition or the PHO Laboratory General Test Requisition. Clearly indicate on the test requisition form whether testing is requested for COVID-19 ONLY, or COVID-19 AND the multiplex respiratory virus PCR (MRVP). Inclusion of the MRVP should only be added if clinically warranted to investigate current symptoms.

If negative test results are received on the initial person who was tested, then Gibson Family Healthcare homes/lodges can end the suspect outbreak assessment related steps.

At this time, usual practices for outbreak specimen testing (up to 4 per outbreak) have been changed to ensure early detection of COVID-19 and outbreak management. The changes are described below:

- Testing for COVID-19 should be conducted for every symptomatic resident. This includes testing every resident whether linked to a COVID-19 outbreak or not, including deceased residents who were not previously tested.
- Health units are responsible for following usual outbreak notification steps to the PHO Laboratory.
- If submitting specimens from persons being tested during a laboratory confirmed COVID-19 outbreak, this should be documented on the PHO Laboratory requisition. Up to four outbreak specimens will be tested at PHO Laboratory for respiratory viruses other than COVID-19 by MRVP. There is little utility in testing more

than four outbreak specimens for such viruses (see Control of Respiratory Infection Outbreaks in Long-Term Care Homes). MRVP should be ordered on the laboratory requisition if required.

Staff and Resident Co-horting

Currently co-horting practices, including for staff, are no longer required, unless the home is in outbreak.

In the event of an outbreak and/or as directed by the MHLTC or PHU Gibson Family Healthcare homes/lodges plan for and will use, to the extent possible, staff and resident co-horting as part of our approach to preparedness as well as to prevent the spread of COVID-19 once identified in the home.

Resident co-horting may include one or more of the following:

- alternative accommodation in the home to maintain physical distancing of 2 meters/6 feet always,
- resident co-horting by COVID-19 status,
- utilizing respite and palliative care beds and rooms or utilizing other rooms as appropriate.
- utilizing other rooms as appropriate to help maintain isolation of affected residents (e.g., community and recreation rooms that have call bells).

Staff co-horting may include:

- designating staff to work in specific areas/units in the home as part of preparedness
- and designating staff to work only with specific cohorts of residents based on their COVID-19 status in the event of suspect or confirmed outbreaks.

In areas of the home where it is not possible to maintain physical distancing of staff or residents from each other, all residents or staff will be managed as if they are potentially infected, and staff will use droplet and contact precautions when in an area known to be affected by COVID-19.

Additional environmental cleaning and enhanced frequency of cleaning is completed for frequently touched surfaces, including trolleys and other equipment that move around the home. Policies and procedures regarding staffing in Environmental Services (ES) departments allows for surge capacity (e.g., additional staff, supervision, supplies, equipment).

Communications

Gibson Family Healthcare will keep staff, residents and families informed about COVID-19, including frequent and ongoing communication during outbreaks. Staff must always be reminded to monitor themselves for COVID-19 symptoms, and to immediately self-isolate if they develop symptoms. Signage in the home must be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident. Issuing a media release to the public is the responsibility of the administrator but should always be done in collaboration with the public health unit.

Communicate with local public health and Ministry of Labour, Training and Skills Development throughout an outbreak to collaborate and for support in the investigation and response. The Ministry of Long-Term Care and/or the Ontario Long Term Care Association and/or Advantage Ontario will also be in communication with the home if experiencing an outbreak.

Food and Product Deliveries

Food and product deliveries will be dropped outside at the home's main entrance or food service entry. This negates the requirement for active screening of delivery personnel as delivery personnel never enter our home.

Communal dining

Communal dining is an important part of Gibson Family Healthcare home/lodge social environment. All Gibson Family Healthcare homes/lodges provide communal dining with the following precautions:

- when not eating or drinking, residents should be encouraged to wear a mask where possible or tolerated.
- fully vaccinated caregivers may accompany a resident for meals to assist them with eating; however, the caregiver should remain masked at all times and not join in the meal.
- frequent hand hygiene of residents, and staff, caregivers and volunteers assisting residents with eating must be undertaken.

Unless otherwise directed by our hub public health unit, Gibson Family Healthcare homes/lodges may offer buffet or family style service, including during regular daily meals and as part of special occasions/celebrations (for example, to celebrate a holiday).

Requirements For Social Gatherings, Dining and Recreational Services

Gibson Family Healthcare homes/lodges routinely keep attendance records for all social activities, organized events, gatherings, communal dining, and other recreational activities. This also helps facilitate contact tracing should there be a positive case of COVID-19.

Social Gatherings and Organized Events

Residents can socialize within and across units, when indoors and outdoors. Residents should still follow public health measures, especially when indoors, which includes masking (as tolerated) and maintaining physical distancing between groups. There are no requirements for residents to remain in a cohort except during an outbreak. Each home should determine the size of social gatherings among residents that best reflect the realities of the home from a staffing and space perspective in order to ensure these social opportunities are as safe as possible.

Social group activities can be increased in size (more than 10). However, while larger social group activities where potential crowding can occur should continue to be avoided, and IPAC measures should continue to be followed by staff, residents, and visitors to promote safety and wellbeing (e.g., masking, physical distancing, good ventilation, etc.). General visitors and caregivers may join residents during the activities in all homes, both indoors and outdoors, unless otherwise directed by the local public health unit.

Caregivers and general visitors may accompany a resident for meals to assist a resident with eating, however the visitor must remain masked at all times while in the home/lodge and not eat with the resident. Caregivers and general visitors do not need to physically distance themselves from residents they are visiting, however, must remain masked while in the resident's room, even in situations where residents are receiving end of life care. Caregivers and visitors may join group activities with residents where space permits.

Requirements for Social Gatherings, Dining and Recreational Services When a Home is in Outbreak

At the discretion of the PHU and where operationally feasible for the home/lodge:
- group activities, dining, and other social gatherings may continue/resume in areas of the home/lodge not affected by the outbreak.
- group activities/gatherings within an outbreak area of the home (e.g., floors/units) may continue/resume for specific cohorts (e.g., previously infected with COVID-19). Considerations may include whether:

o appropriate staff co-horting can be maintained.
o there have been no concerns raised on the IPAC audits of the home that are unaddressed; and
o residents within the cohort are able to adhere to public health measures (e.g., masking).

• activities for residents in isolation may continue or resume. For example:
o 1:1 walks in an empty hallway with a high-risk contact or case and staff or essential caregiver, both with appropriate use of masking or PPE.
o staff or essential caregiver supported visits to a designated room other than the residents' room where others are not occupying or travelling through.

Off-site excursions

Off-site group excursions (for example, to an attraction) will be suspended until further notice <u>when in outbreak</u>.

• requires any person in the indoor area of the premises or in a vehicle that is operating as part of the business or organization to wear a mask or face covering in a manner that covers the person's mouth, nose, and chin during any period in which the person is in the indoor area.

• ensures that any employee or other person providing a service to an individual in an indoor area, or a vehicle wears a mask or face covering in a manner that covers their mouth, nose, and chin while they are providing the service.

Where there is any requirement that a person wear a mask or face covering, the requirement does not apply to a person who,

(a) is a child who is younger than two years of age.
(b) has a medical condition that inhibits their ability to wear a mask or face covering.
(c) is unable to put on or remove their mask or face covering without the assistance of another person.
(d) needs to temporarily remove their mask or face covering while in the indoor area,
(i) to receive services that require the removal of their mask or face covering,
(ii) to engage in an athletic or fitness activity,
(iii) to consume food or drink, or
(iv) as may be necessary for the purposes of health and safety.
(e) is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005.
(f) is being reasonably accommodated in accordance with the Human Rights Code; or
(i) performs work for the business or organization, is in an area that is not accessible to members of the public and is able to maintain a physical distance of at least two metres from every other person while in the indoor area.

For greater certainty, it is <u>not</u> necessary for a person to present evidence to the person responsible for a business or place that they are entitled to any of the exceptions.

Gibson Family Healthcare home/lodge will avoid large gatherings for organized events and social gatherings as much as possible always attempting to maintain social distancing. Each Gibson Family Healthcare home/lodge may determine the size of social gatherings among residents that best reflect the realities of our homes/lodges from a staffing and space perspective in order to ensure these social opportunities are as safe as possible.

Fully vaccinated caregivers who have passed and completed all required screening and surveillance testing requirements and who are in the home/lodge may join residents during activities both indoors and outdoors, unless otherwise directed by the local public health unit.

In the event of a COVID-19 outbreak, residents will be co-horted for all non-essential activities including communal dinning, organized events, and social gatherings. Different cohorts will not be mixed, and residents from different cohorts will not visit one another.

Residents in isolation or who fail screening will not join in group organized events/activities or social gatherings. However, Gibson Family Healthcare home/lodge will attempt to have these residents join-in virtually where possible to provide them with an alternative to in-person social interaction.

Gibson Family Healthcare homes have indoor organized events and social gatherings with the following precautions:

- Limited capacity in a room to allow physical distancing
- All participants will physically distance from one another unless staff are providing direct support
- Cleaning and disinfection of high touch surfaces between activities/room use
- Natural ventilation wherever possible (e.g., open windows)

Social activities must be conducted in designated areas and enhanced environmental cleaning of designated areas prior to and following activities must be completed. Physical distancing for residents during social activities must be maintained.

Group activities will be organized in such a way as to maximize resident and staff safety. This includes ensuring that participants and activity facilitators:

- maintaining physical distancing of at least 2 metres/6 feet at all times.
- adherence to IPAC measures.
- conduct activities in designated areas.
- ensure enhanced environmental cleaning of designated areas prior to and following activities.
- wear face coverings/masks and eyewear as applicable if in outbreak.

If there is a COVID-19 outbreak, homes will consult with our local PHU for further guidance on group activities.

Personal care services

Personal care services such as hairdressing and barber services are permitted in Gibson Family Healthcare homes/lodges in accordance with applicable laws including regulations. The exception to this is where the personal care service provider is a general visitor and not a hired staff member. At these times the care service provider will be treated as a visitor and be required to abide by those protocols. Residents should be encouraged to wear masks where possible or tolerated.

Residents' Councils (RC)

Residents' Councils play an important role in every Gibson Family Healthcare home/lodge.
Gibson Family Healthcare home/lodge does not to interfere with the meetings or operation of the Residents' Council (RC). Gibson Family Healthcare home/lodge co-operates with the RC, appoints an assistant, and responds to council concerns and recommendations within 10 days of meeting. Gibson Family Healthcare home/lodge ensures that the RC is provided an opportunity to meet. When in-person meetings of the RC are possible, the RC is provided with the appropriate PPE and adequate space to meet so that physical distancing can be maintained and IPAC guidelines can be followed. Gibson Family Healthcare home/lodge accommodates the continuation of RC meetings when in-person meetings are not possible.

Tours

Nursing Home and Lodge

Tours of the home/lodge are available with the provision that the person touring pass the screening process, have a negative point of care rapid test at the time of the visit and demonstrate proof of appropriate COVID-19 vaccinations in accordance with our policy.

IPAC Precautions

IPAC Recommendations for Use of PPE for Care of Residents with Suspect or Confirmed COVID-19 (December 15, 2021)				
Setting	Individual	Activity	Recommended PPE Pending further data on Omnicom	Other Appropriate PPE and Considerations
Nursing Home & Lodge	Health Care Workers	Providing direct care to residents with suspect or confirmed COVID-19	▪ N-95 mask fit-tested & seal checked ▪ Isolation gown ▪ Gloves ▪ Eye protection	▪ Medical mask ▪ Isolation gown ▪ Gloves ▪ Eye protection
Nursing Home & Lodge	Health Care Workers	Performing an AGMP eq. CPAP and or Open suctioning on residents with suspect or confirmed COVID-19	▪ N-95 mask fit-tested & seal checked ▪ Isolation gown ▪ Gloves ▪ Eye protection	▪ Manage in single room with door closed ▪ Keep the # of people in the room to a minimum during the procedure.
Nursing Home & Lodge	Environmental Service Workers	Entering and cleaning in the room of the resident with suspect or confirmed COVID-19	▪ N-95 mask fit-tested & seal checked ▪ Isolation gown ▪ Gloves ▪ Eye protection	▪ Medical mask ▪ Isolation gown ▪ Gloves ▪ Eye protection
Nursing Home & Lodge	Administrative Areas	Administrative tasks that do not involve contact with residents with suspect or confirmed COVID-19	▪ Routine practices including masking	----------
Nursing Home & Lodge	Visitors	Entering the room of a resident with suspect or confirmed COVID-19	▪ Medical mask (N-95 non-fitted may be considered as an alternative) ▪ Isolation gown ▪ Gloves ▪ Eye protection	▪ Visitors are limited to those providing essential care ▪ Restrictions to only those fully vaccinated (exceptions to emergency services and end-of-life visitors)

Eye protection

From an occupational health and safety perspective, regardless of their COVID-19 vaccination status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspect/confirmed COVID-19 and in the provision of direct care within 2 metres or 6 feet of residents in an outbreak area. In all other circumstances, the use of eye protection is based on the point-of-care risk assessment when within 2 metres or 6 feet of a resident(s). When required, all staff and essential caregivers are given their own individual eye goggles/visor. It then becomes the staff person's or caregiver's responsibility to disinfect the eye protection apparatus after each use for them to use again.

Disinfection of Reusable Eye Protection

1. Clean hands and put on a pair of disposable gloves.

2. Wipe the inside of the eye protection first with the disinfectant and then the outside.
3. Ensure all surfaces remain wet for the disinfectant contact time (e.g., 1-3 minutes).
4. Rinse with tap water and allow to air dry.
5. Remove gloves and perform hand hygiene.
6. Store the eye protection in a clean, designated area.
   Tip: To help reduce fogging, after disinfection, cleaning with soap and water or wiping with alcohol may help.

Gowns

A gown is recommended when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions, or a resident is on contact, or droplet/contact precautions and direct care will be provided. Long-sleeved gowns protect the forearms and clothing of the health care provider from splashing and soiling with body substances during procedures and resident care activities which are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

Appropriate Gown Use

• Gowns should only be worn when providing care for residents, as per the above indications.
• When use of a gown is indicated, the gown should be put on immediately before the task and must be worn properly, i.e., tied at the top and around the waist.
• Proper gowning is required in all instances where contact and/or droplet precautions are being taken.
• Remove the gown immediately after the task for which it has been used in a manner that prevents contamination of clothing or skin and prevents agitation of the gown.
• Discard used gown immediately after removal into appropriate receptacle. Do not hang gowns for later use.
• Do not re-use gowns unless they are specifically made to be washed and used again. Do not go from resident-to-resident wearing the same gown.
• Gowns should be removed before leaving the residents' room or dedicated space. It is important to remove (doff) PPE correctly (i.e. in the correct order) to prevent cross- contamination and the potential spread of infection from resident to resident. Doffing incorrectly also poses a risk of self-contamination.

Gloves

When a resident is placed on contact or droplet-contact precautions, gloves are used when direct care will be provided. In addition, gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above. Indiscriminate or improper glove use has been linked to transmission of microorganisms. Gloves are task specific and single use for the task.

Appropriate Glove Use:

• Wear the correct size of gloves.
• Put on gloves immediately before the activity for which they are indicated.
• Perform hand hygiene before putting on gloves for a clean/aseptic procedure.
• Remove carefully and discard gloves immediately after the activity for which they were used.
• Perform hand hygiene immediately after glove removal.
• Change or remove gloves if moving from a contaminated body site to a clean body site with the same resident.
• Change or remove gloves after touching a contaminated site and before touching a clean site or the environment.
• Do not wash or re-use gloves.
• Do not reuse the same pair of gloves for the care of more than one resident.
• Double gloving is not recommended.

• Gloves should be used as an additional measure, not as a substitute for proper hand hygiene.
• Gloves are recommended when providing care involving direct contact with an ill resident.
• Gloves should be put on before entering and removed prior to leaving th eresident's room or dedicated bed space.
• Gloves are task-specific and single-use for the task. Gloves should be changed between dirty and cleaner procedures on the same resident, e.g., after open suctioning of a tracheostomy and remainder of care.
• Gloves that fit snugly around the wrist are preferred for use with a gown because they will cover the gown cuff and provide a better barrier for the arms, wrists, and hands.

Universal masking

Gibson Family Healthcare home/lodge must ensure that all staff and essential visitors wear a medical mask for the entire duration of their shift/visit, both indoors (including in the residents' room) and outdoors, regardless of their immunization status.

CLASS ORDER made pursuant to Section 22 under Section 77.1 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 April 27, 2022:

- requires any person in the indoor area of the premises or in a vehicle that is operating as part of the business or organization to wear a mask or face covering in a manner that covers the person's mouth, nose, and chin during any period in which the person is in the indoor area.

- ensures that any employee or other person providing a service to an individual in an indoor area, or a vehicle wears a mask or face covering in a manner that covers their mouth, nose, and chin while they are providing the service.

Masking exceptions that may apply to individuals who are subject to this order

Where there is any requirement that a person wear a mask or face covering, the requirement does not apply to a person who,

(a) is a child who is younger than two years of age.
(b) has a medical condition that inhibits their ability to wear a mask or face covering.
(c) is unable to put on or remove their mask or face covering without the assistance of another person.
(d) needs to temporarily remove their mask or face covering while in the indoor area,
    (i) to receive services that require the removal of their mask or face covering,
    (ii) to engage in an athletic or fitness activity,
    (iii) to consume food or drink, or
    (iv) as may be necessary for the purposes of health and safety.
(e) is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005.
(f) is being reasonably accommodated in accordance with the Human Rights Code; or
    (i) performs work for the business or organization, is in an area that is not accessible to members of the public and is able to maintain a physical distance of at least two metres from every other person while in the indoor area.

For greater certainty, it is <u>not</u> necessary for a person to present evidence to the person responsible for a business or place that they are entitled to any of the exceptions.

General and essential visitors (including caregivers) must wear a medical mask for the entire duration of indoor visits (including in the resident's room). Additionally, a medical or non-medical mask is required for the entire duration of an outdoor visit.

Removal of masks for the purposes of eating will be restricted to only areas designated by the home/lodge. At no other time is the mask to be removed even if physically distanced from others.

For residents:

While there is no requirement for residents to wear a mask inside of the home/lodge, Gibson Family Healthcare encourages residents to wear/be assisted to wear a medical mask or non-medical mask when receiving direct care from staff, when in common areas with other residents (with the exception of mealtimes), and when receiving a visitor, as tolerated. Residents are asked daily, at the time of their temperature monitoring, if they wish to wear a face mask for their own protection from Covid-19. Medical masks are available at all times for residents to access. Exceptions to the masking requirements are:

- children who are younger than two years of age
- any individual (staff, visitor, or resident) who is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 or the Ontario Human Rights Code
- if entertainment provided by a live performer (that is, a general visitor) requires the removal of their mask to perform their talent, provided the performance is in accordance with all applicable laws including regulations

In light of the uncertainty around the mechanisms of transmission of the COVID-19 Omicron variant of concern required precautions for all health care workers providing direct care to or interacting with a suspected, probable (i.e. placed in precautions as high risk contact, in an outbreak zone of the home/lodge or recently transferred from a facility in outbreak) or confirmed cases of COVID-19 are a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves.

All regulated health professionals and health care workers providing direct care to or interacting with suspected, probable, or confirmed COVID-19 residents shall have access to appropriate PPE. This will include access to surgical/procedure masks, fit tested, seal-checked N95 respirators (or approved equivalent), gloves, face shields with side protection (or goggles) and appropriate isolation gowns.

Gibson Family Healthcare will not deny access to a fit-tested, seal-checked N95 respirator (or approved equivalent).

Fit-tested, seal-checked N95 respirators (or approved equivalent), must be used by all regulated health professionals and health care workers in the room where Aerosol Generating Medical Procedures (AGMPs) are being performed, are frequent or probable.

AGMPs include but are not limited to intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio-pulmonary resuscitation, bronchoscopy, sputum induction, non-invasive ventilation (i.e. BiPAP), open respiratory/airway suctioning, high frequency oscillatory ventilation, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices (e.g. ARVO, Opti flow) and post-mortem care. Currently Gibson Family Healthcare homes/lodges AGMP's are not in use.

Physical distancing

Gibson Family Healthcare home/lodge must ensure that physical distancing (a minimum of two metres or six feet) is practiced by all individuals at all times, except for the purposes of providing direct care to a resident or when the following exceptions apply:

- between residents and their visitors
- between residents in one-on-one or in small group settings
- for the purposes of compassionate or end-of-life visits
- while providing personal care services (for example, haircutting).

A point-of-care risk assessment (PCRA)

A point-of-care risk assessment (PCRA) must be performed by every health care worker before every resident interaction (see addendum attached at end of policy for PCRA education information).

> The Point of Care Risk Assessment (PCRA) empowers the health care worker to decide what additional steps need to be taken to protect themselves, the residents they care for, and others in the environment. The PCRA is a tool for staff to work safely.
>
> All staff perform a Point of Care Assessment when interacting with residents and/or their environment.
>
> Staff will choose the appropriate actions/PPE to minimize the risk to themself, their residents and others in the environment based on their assessment of infection transmission risk. If a health care worker determines, based on the PCRA, and based on their professional and clinical judgement, that health and safety measures may be required in the delivery of care to the resident, then Gibson Family Healthcare will provide that health care worker with access to the appropriate health and safety control measures, including an N95 respirator. Homes will not unreasonably deny access to the appropriate PPE.

The home reserves the right to store PPE in secure locations but will ensure that adequate supplies of various PPE are accessible in a timely manner. The home may provide notice to registered staff regarding PPE supplies and anticipated use and requirements which may impact their decision making. Ultimately it is registered staff responsibility to utilize PPE supplies appropriately.

Expired N-95 masks will be reallocated for use for mask fit testing ad/or contact/droplet precaution use.

Goggles and face shields can be disinfected and reused.

3D-printed facemasks/respirators and fabric/cloth masks are NOT for use by health care workers.

Gibson Family Healthcare is fortunate to have wonderful working relationships with our suppliers, other business owners and our community. This has resulted in the generosity of our community and surrounding area and the availability of PPE for our home.

Reusable gowns are available to be used if supplies of disposable gowns for staff look to be running low.

In the event that the supply of PPE reaches a point where utilization rates indicate that a shortage will occur, the government and Gibson Family Healthcare, as appropriate, will be responsible for developing contingency plans, in consultation with affected labour unions, to ensure the safety of health care workers and other employees.

All health care workers or other employees shall have access to appropriate PPE. This will include access to surgical/procedure masks, fit tested NIOSH-approved N-95 respirators or approved equivalent or better protection, gloves, face shields with side protection (or goggles) and appropriate isolation gowns. If more PPE is required, the RN in charge is able to access a supply at any time.

All health care workers or other employees who are within two metres of suspected, presumed or confirmed COVID-19 patients or residents shall have access to appropriate PPE. This will include access to fit tested NIOSH-approved N-95 respirators or approved equivalent or better protection, gloves, face shields with side protection (or goggles) and appropriate isolation gowns.

All staff and visitors must always comply with universal masking and must wear a medical mask for the entire duration of their shift/visit. The following requirements apply regardless of whether the home is in an outbreak or not.

• Staff are required to comply with universal masking at all times, even when they are not delivering direct patient care, including in administrative areas. During their breaks, to prevent staff-to-staff transmission of COVID-19, staff must remain two metres away from others at all times and be physically distanced before removing their medical mask for eating and drinking. Masks must not be removed when staff are in contact with residents and/or in designated resident areas.

• Risk assessment is the **identification of hazards that could negatively impact an organization's ability to conduct business.** Gibson Family Healthcare's Organizational Risk Assessment is continuously updated to ensure that it assesses the appropriate health and safety control measures to lessen the transmission of infections. This must be communicated to the Joint Health and Safety/Infection Control Committee.

IPAC audits

Gibson Family Healthcare homes/lodges must be completing IPAC audits every two weeks unless in outbreak. When a home is in outbreak IPAC audits should be completed weekly. Homes are reminded that IPAC audits should be rotated across shifts, including evenings and weekends.

At minimum, Gibson Family Healthcare homes/lodges must include in their self-audit PHO's COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes Results of the IPAC self-audit should be kept for at least 30 days and shared with inspectors from PHU, Ministry of Labour, Skills, Training and Development, and MLTC for LTCHs upon request.

COVID-19 Antiviral Treatment

Overview
Antiviral treatments are now available for free by prescription to people with COVID-19 who are at higher risk of progressing to severe disease requiring hospitalization.

Available antiviral treatments
Paxlovid
Paxlovid is an antiviral medication that can be taken by mouth and must be taken within five days of the start of symptoms.

Remdesivir
Remdesivir is an antiviral medication that must be taken intravenously (IV) at a designated clinic. Remdesivir must be taken within seven days of the start of symptoms.

Antiviral treatments are not a replacement for vaccination or taking other recommended precautions.

Who antiviral treatments are for
To be considered for treatment, the person must have tested positive for COVID-19 by PCR or rapid antigen test, and a health care provider must assess to determine if the treatment is the right one, which includes whether or not the persons are at higher risk of developing severe symptoms.

The person may be at higher risk if they are:
• over 18 years old and immunocompromised (have an immune system that is weakened by a health condition or medications)
• over 70 years old
• over 60 years old with fewer than three vaccine doses
• over 18 years old with fewer than three vaccine doses and at least one of the following risk conditions:

- obesity
- diabetes
- heart disease, hypertension, congestive heart failure
- chronic respiratory disease (including cystic fibrosis)
- cerebral palsy
- intellectual or developmental disabilities
- sickle cell disease
- moderate or severe kidney disease
- moderate or severe liver disease
- pregnant and unvaccinated (zero doses)

A health care provider may determine what and if treatment is right for the person even if they do not belong to one of the groups above based on their individual circumstances.

How to get treatment
Treatment must be started within five to seven days (depending on the treatment) of when the symptoms began. If the person has symptoms (even if mild) and are at higher risk of severe COVID-19, seek testing and care immediately by either:
• notifying the charge nurse if a resident in a Gibson Family Healthcare home/lodge, their primary care provider or visiting a clinical assessment centre (where the person can get tested, assessed, and provided treatment or a prescription). Use a rapid antigen test for testing. However, as rapid antigen tests may be negative in the early stage of infection, seek PCR testing and assessment immediately if the test is negative or if you don't have a rapid antigen test.
• getting a PCR test at any provincial testing location, but an assessment from a health care provider to get treatment will also be needed. Call Telehealth Ontario at 1-866-797-0000 if more information or assistance is needed.

If you don't have symptoms but are at higher risk
If you do not have symptoms but are at higher risk of severe COVID-19, talk to your primary care provider about getting pre-assessed for treatment in case you get sick with COVID-19.

Before you get treatment, you must bring a list of any medications (including any natural health products or vitamins) you are taking and advise your health care provider, or the person at the clinical assessment centre, about any important medical conditions.

A health care provider, often with a pharmacist, will decide if any changes to your medications are necessary before safely taking Paxlovid or another treatment.

All persons who are at higher risk of severe outcomes based on clinical assessment, have tested positive and do not have conditions that prevent them from taking the medication are eligible for publicly funded antivirals based on clinician judgement.

When in Outbreak

Personal Items – When in outbreak family members or residents may order special supplies eq. candy, lipstick, hand creams etc. through Shoppers Drug-mart in Gananoque and pay via credit card or Hunt's Pharmacy and have the items placed on the resident's monthly bill.

Signage must be clear for staff, residents and visitors specifically identifying the signs and symptoms of the illness and whether the outbreak is suspected or confirmed and if it involves a staff or a resident. Signage will be utilized to indicate isolation areas to staff, residents, and essential visitors.

The Joint Infection Control/Health and Safety Committee will promptly be notified if the home/lodge identifies any symptomatic/positive COVID-19 residents. Management will continue to report weekly to this committee the resident infection status within the home.

Additional environmental cleaning and staffing is in effect to clean frequently touched areas and equipment.
If the resident displays or is suspected of having symptoms the home will immediately take the following steps:

a. Place the symptomatic resident under contact/droplet precautions
b. Transfer the resident and any roommate (if the resident is in a basic room with physically shared accommodations or a semi-private room with shared bathroom accommodations') to the "suspect" isolation area.
c. Complete a naso-pharyngeal swab on both the symptomatic resident and their roommate (if the roommate physically lived in the same room with the other resident).
d. Contact the Leeds, Grenville, and Lanark District Public Health Unit (1-613-345-5685) to notify them of the suspect outbreak.
e. Swab those residents who were in close contact (eq. shared room/bathroom) with the symptomatic resident and anyone else deemed high risk by the health unit.
f. Review the ARI (COVID 19, SARS) Pandemic/Outbreak policy with all staff.
g. Enforce enhanced screening measures among residents and staff (see required precautions and procedures section).

Action Plan

a. The RPN in charge of the resident's nursing area will assess the resident for symptoms of communicable illness and report the findings of assessment to RN. RN and RPN will discuss assessment findings and discuss the action plan to be implemented. This will require the RN to also assess the resident's condition.
b. Once the assessment results have been determined and an action plan has been decided the RPN will communicate this to the PSW's in the resident's living area and specifically to the PSW who reported the concern initially as applicable. This will ensure the care team are kept informed regarding the resident's status.
c. Any resident who is displaying symptoms and is in a private room may remain in their room until such time as their swab results are returned.
d. Any resident who is displaying symptoms and is a basic or semi-private room, physically sharing actual room accommodation or sharing a bathroom only, must be transferred to the suspect isolation room location along with their roommate.
e. At this point, if it is determined that the resident requires isolation, the RPN and any care staff that are physically dealing with the resident will take full PPE precautions (gowning, gloving, masking, goggles/face guard). The RPN will ensure that the resident(s) is masked, the corridors are cleared of other residents and staff, ensure the resident performs hand hygiene when leaving their room and the resident and their bed and any adaptive equipment will be transferred to the suspect isolation areas (rooms 50 and 51 which will accommodate up to 8 **suspected** ARI cases). These rooms will also be tarped off to allow one-way traffic access at a time in and out of the rooms.
f. The RN will be responsible for contacting the resident's physician, the resident's Power of Attorney for Personal Care/designate, the Administrator and the Director of Care/Assistant Director of Care to inform them of the condition, receive further instruction as required and keep all parties updated as changes occur.
g. Suspected residents will remain in the suspect isolation area pending results of swabs/cultures taken. Additional rooms 56, 57, 58 and 59 can also be used for suspect cases if rooms 50 and 51 are filled (4 per room).
h. The RN will be responsible for taking any swabs or cultures as required, contacting the resident's physician and his/her family and documenting this in the resident's chart. The RN will complete a naso-pharyngeal swab on both the symptomatic resident and their roommate (if the roommate physically lived in the same

room with the other resident). The RN will ensure that swabs/cultures are processed through the Life-labs system.

i. The RPN in charge of the isolation areas will always be responsible for educating staff and family members on the importance of isolation precautions being followed.
j. The RPN in charge of the isolation area will be responsible for delivering medications and treatments to residents in that area using full PPE precautions as required. Disposable trays for medication passes will be used to decrease contamination risk to/from isolation areas
k. Full PPE will always be worn upon any contact with the resident or cleaning of the environment.
l. The RN will be required to remain actively involved and readily available to the RPN in the isolated resident(s) care.
m. Meal trays and nourishments for suspect residents will be delivered from nursing 3 servery and dropped at nursing station 2 for delivery to residents in the isolation areas.
n. Laundry will be collected in accordance with isolation procedures.
o. Housekeeping staff will clean the suspect isolation area closer to the end of their shift.
p. Full PPE is not required to be worn when delivering meal trays or nourishments to suspect residents in their room unless having to assist the resident to eat. If assistance to eat is required, the RPN will ensure that full PPE is worn by staff.
q. When among other staff, implement physical distancing (minimum of 6 feet) when at all possible. No touching of other staff, visitors unless absolutely required.
r. Mask to be worn always when working. All staff be given 2 masks per shift - one at the beginning of the shift and a fresh one after your meal break, discarding the previous mask in the garbage and washing of hands. Mask will also be changed after care is delivered to any suspected or positive cases.

Declaring the Outbreak Over

In collaboration with the local public health unit, the outbreak may be declared over when there are no new cases in residents or staff after 14 days (maximum incubation period) from the latest of:

- Date of isolation of the last resident case; OR
- Date of illness onset of the last resident case; OR
- Date of last shift at work for last staff case.

Gibson Family Healthcare homes/lodges will follow direction from their local public health unit in the event of a suspect or confirmed outbreak.

Employees Returning to Work after the Outbreak

To support a safe return to work, Gibson Family Healthcare will ensure that all employees who left the workplace prior to or during the COVID-19 crisis are trained and reoriented in all new policies and procedures relating to COVID-19 health and safety measures where applicable when they return to work.

Employees Off Work Due to Medical Reasons

COVID-19 Related Medical Reasons

Employees who have been off work due to being COVID-19 positive or due to self-isolation are able to return to work once they are no longer positive and/or symptomatic. The worker must provide verification from the Public Health Unit that they are able to safely return to work.

All staff, student placements, volunteers and caregivers who are COVID positive, have COVID-19 symptoms or are a high-risk close contact with someone who is COVID positive should notify the home right away and follow the steps below:

- be PCR tested and where delays in PCR testing exist also be rapid antigen tested to confirm if they are COVID positive
- isolate for five days (or longer if remain symptomatic) and do not return to the home/lodge for 10 days.

The Quick Reference Public Health Guidance on Testing and Clearance recommends two different types of return-to-work clearance procedures.

The first is test-based and permits healthcare workers to return to work after they have received two negative tests at least 24 hours apart. This test-based approach is recommended for healthcare workers who required hospitalization during the course of their illness.

The second is non-test-based and permits healthcare workers to return to work under work self-isolation after positive test a minimum of 72 hours after the resolution of fever and improvement in respiratory and other symptoms or a minimum of 72 hours after the test results if the worker is asymptomatic.

Healthcare workers in self-isolation due to potential exposure may also return to work under work self-isolation for a period of 10 days. "Work self-isolation" is defined in the Guide as "maintaining self-isolation measures outside of work for 10 days from symptom onset (or 10 days from positive specimen collection date if consistently asymptomatic) to avoid transmitting to household members or other community contacts. While at work, the health care worker should adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and performing meticulous hand hygiene.

It is important to remember that these guidelines have changed and may continue to change as the medical community's understanding of the virus evolves.

Contact information

- Questions regarding COVID-19 related policies and guidance can be emailed to the Ministry of Long-Term Care at MLTCpandemicresponse@ontario.ca
- Contact your local public health unit
- Questions regarding surveillance testing can be sent to:
    - o MLTCpandemicresponse@ontario.ca o covid19testing@ontariohealth.ca
    - o your Ontario Health primary contact

Portable Fans and Portable Air Conditioning Units

Gibson Family Healthcare must ensure and verify that any portable air conditioning unit and/or fan used in resident care areas is capable of being cleaned and disinfected, regardless of whether these devices are purchased, loaned, borrowed, or donated in order to ensure that these cooling devices meet infection prevention and control requirements for cleaning and disinfection.

To ensure effective cleaning and disinfection, the manufacturers' cleaning and disinfection instructions must be included with these portable cooling devices; if disassembly or reassembly is required, there should be detailed instructions with pictures as well.

Careful consideration of when and where portable fans and air conditioning units are placed is important. Large industrial hall fans are to be avoided in resident care areas and in any outbreak unit. Some portable air conditioning

units use a condensation exhaust system to force out water vapor which is collected during the cooling or dehumidification process. This is preferable as the moisture is released through an exhaust hose along with the hot air to the outside.

Infection Prevention and Control (IPAC) Considerations

When the ambient temperature is lower than one's skin temperature, sitting in the direct path of a fan's airflow can achieve a cooling effect by convective heat loss and evaporative heat loss. Placing a bowl of ice in front of the fan further increases convective heat loss. However, when the ambient temperature is higher than one's skin temperature, heat loss will only be achieved by evaporation if the person is sweating. Otherwise, the person may feel hotter as the hot air flows by. Excessive evaporation may result in fluid and electrolyte imbalance if these are not replaced promptly. Portable fans may not prevent heat-related illnesses if the temperature is more than 35 degrees C.

Portable fans can disperse dust particles and microorganisms and change the airflow pattern. Also, portable fans could theoretically spread infectious droplets beyond two metres and contribute to COVID-19 transmission. The use of portable air conditioning units and fans (both table-top and pedestal) may play a role in transmitting COVID-19 by propelling infectious droplets beyond 2 metres. Therefore, the use of portable fans and air conditioning units are not recommended in rooms with droplet and contact precautions and alternative cooling methods should be used whenever possible.

Portable fans and air conditioning units should be turned off during any aseptic or sterile procedure such as catheterization, intravenous cannulation, wound care, or any aerosol generating medical procedures. When using a portable fan or air conditioning unit keep the fan setting to low in order to minimize turbulence and reduce particle spread.

Portable fans positioning

- Place the fan on a clean surface at the resident's bed level or higher. Never place the portable fan at the floor level.
- Airflow should be aimed in the direction of the resident, and also aimed upwards, toward the ceiling, avoiding smoke detectors.
- Airflow should not be directed towards the door of the room or across environmental surfaces.
- In non-resident areas, such as healthcare nursing stations, airflow should be directed within the area and not at face level.
- Fans should not be placed in areas used for storage of clean and sterile medical devices/supplies, or in areas where medical devices are reprocessed.
- Fans should not be used in a closed room where no doors or windows are able to be opened in order to allow for introduction of fresh air.

Cleaning and maintenance

- Plan preventative maintenance to ensure ongoing suitability (safe) for use. Follow the manufacturer's instructions on how to clean, disinfect, and maintain the portable fan, including fan blades prior to use and on a scheduled basis (e.g., daily, weekly, monthly).
- Assign a person who is responsible for cleaning and disinfecting the fan.
- Perform hand hygiene before and after cleaning, handling, or maintaining fans.

Portable air conditioning units positioning

- Most portable air conditioning units are window units. Some may be wall mounted. If an air conditioning unit with a condensation exhaust system has been selected, rather than a drip pan, collected water vapor should be drained to the outside of the building through an exhaust hose.
- In non-resident areas, such as healthcare nursing stations, airflow should be directed within the area rather than blowing into the hallway or other adjoining rooms.
- Some air conditioning units including wall-mounted ones are designed to function with recirculating indoor air. When such systems are used for cooling then additional ventilation with outdoor air should be secured; for example, by regular/periodic ventilation through a window opening.

Cleaning and maintenance

- Follow the manufacturer's instructions on how to clean, disinfect, and maintain the air conditioners on a scheduled basis (e.g., daily, weekly, monthly).
- Assign a person who is responsible for cleaning and disinfecting the air conditioners.
- Perform hand hygiene before and after cleaning, handling, or maintaining air conditioner components.
- Do not leave water sitting in the air conditioners when they are not in daily use. Empty, clean, and disinfect the drip pan and allow to dry completely before storing.

Alternative Cooling Methods

Alternative cooling methods are strategies to decrease the possibility of heat-related illnesses and important to implement when portable fans and air conditioners are not in use. Alternative cooling methods include:
- Adequate hydration of residents and staff (e.g. water coolers, popsicles).
- Adequate cooling supplies (e.g. cool washcloths, ice packs, cooling jackets, cooling, blankets, ice water baths) and appropriate resources are available to support your residents
- The offer of cooling options/areas for several hours each day (e.g. designated cool room, cool showers, fan, portable air conditioner, and a place to bathe hands/forearms or sponging with cool water)
- Blocking out direct sunlight using window awnings, shutters, thermal curtains or blinds, and outdoor umbrellas.
- Increasing air flow by opening windows, provided the humidity outside is low (relative humidity of 30% to 50% is normal).
- Consider using central dehumidification which is effective in areas with high humidity. Note: portable dehumidifiers can give off heat and may raise the temperature in the room.
- Consideration of room(s) evacuation if extremely high temperature occurs. This is determined on a case-by-case basis.