

Riverview Gardens - Municipality of Chatham-Kent

EMERGENCY RESPONSE PLAN

Annex P Pandemic Plan

Policy Code: EME PAND

Issued: March 2010

Revised: October 2025

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Policy

Riverview Gardens will be prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of communicable disease and outbreaks of disease of public health significance.

The Home's emergency plan is in place to :

- Minimize serious illness and overall deaths in the Home,
- Minimize disruption to essential services,
- Contribute to an integrated response across Chatham-Kent.

This will be done by following Infection Prevention and Control (IPAC) policies and protocols during a declared outbreak, as well as guidance and directives from local, provincial and national authorities to ensure the health and safety of all residents and staff.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

Definitions

Outbreak: An outbreak is a sudden rise in the number of cases of a disease and it carries the same definition of epidemic but is often used for a more limited geographic area.

For Long Term Care, an outbreak is defined as 2 or more residents with 2 or more symptoms in 24-48 hour period that are epidemiologically linked.

Endemic: The usual incidence of a given disease within a geographical area during a specified time period.

Epidemic: An excess over the expected incidence of disease within a given geographical area during a specific time period. If the expected number of cases of a disease in a province is 8 per year, and 16 occur in 1 year, this indicates an epidemic. It should be noted that an epidemic is not defined on the absolute number of cases but on the number of cases in comparison to what is expected.

Pandemic: An epidemic spread over a wide geographical area, across countries or continents, usually affecting a large number of people. It differs from an outbreak or epidemic because it:

- Affects a wider geographical area, often worldwide.

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- Is often caused by a new virus or a strain of virus that has not circulated among people for a long term. Humans usually have little to no immunity against it. The virus spreads quickly from person-to-person worldwide.
- Causes much higher numbers of death than epidemics.
- Often creates social disruption, economic loss, and general hardship.

Procedure

The plan involves four phases – mitigation/prevention, preparedness, response, and recovery.

Mitigation/Prevention:

- Ensure IPAC policy and procedures are up to date
- Implement and monitor hand hygiene program
- Implement staff daily symptom self-monitoring
- Promote and offer vaccinations for residents and staff
- Optimize environmental cleaning practices
- Establish baseline data for infection control monitoring and trend analysis
- Ensure compliance with the Municipality of Chatham-Kent and Ministry of Long Term Care (MOLTC) vaccination policies for staff
- Ensure compliance with the Municipality of Chatham-Kent Health and Safety policies and procedures

Preparedness:

- Ensure all staff, students, volunteers, caregivers, visitors are aware of the signs and symptoms of the circulating infection
- Ensure a process is in place to divide both staff and residents into cohorts as required
- Ensure staffing contingency plans are in place and kept current
- Ensure all staff and students are mask fit tested as per MOLTC requirements
- Ensure stock pile of PPE
- Increase food, incontinence products, medical supplies, disinfecting agents on hand
- Review staffing levels with enhancement of temporary staff or redeployed staff members
- Develop relationships with communities partners, such as Ontario Health Teams, Public Health, and hospital leadership for information sharing and problem solving
- Ensure contingency plans are in place with suppliers in case of a supply chain disruption.
- Participate in partnership with other long term care homes through Advantage Ontario including Region One Meetings, and local Facility Operators Group meetings

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- Provide education and promotion on the importance of immunizations, training on IPAC measures including self-screening, respiratory hygiene, and hand hygiene
- Maintain up to date contact lists for staff and resident families/next of kin/power of attorney in Point Click Care system
- Ensure communication plan is in place
- Maintain a system of authorized caregivers in alignment with the Fixing Long Term Care Act
- Ensure an active surveillance process of collecting, analyzing, and interpreting data is in play and monitored daily
- Review resident care needs for residents that may be discharged to family members
- Determine process for transfer to hospital in conjunction with transportation agencies and EMT
- Involve pharmacist and physicians for determination of medications that can be placed on hold for each resident
- Ensure orientation for new hires involves education specific to their job duties during a disease outbreak
- Ensure all manager and delegates are trained equally and aware of all directives and guidelines
- Cross train staff for essential job duties
- Discuss preparedness plans at union management meetings

Response

- The IPAC Specialist will convene the outbreak management team immediately and establish daily meetings, as needed
- Implement all directives/guidelines from the MOLTC and Public Health
- Implement resident and staff cohorting
- Implement isolation of symptomatic residents ensuring appropriate infection control precautions are in place
- Designate break rooms, visitation areas
- Limit access to the home to only essential staff, contractors, caregivers, and residents
- Implement all required screening and testing requirements at the controlled entrance immediately
- Increase social distancing in common areas, elevators and staff break rooms
- Provide socially distance dining for all residents that require assistance or total feeding. Residents assessed by the dietitian to safely eat in their rooms can do so with hallway monitoring by staff
- Discontinue group activities and move to floor based or 1:1 sessions
- Implement staff, caregiver, and resident symptom monitoring

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- Post required signage at front door and floors
- Establish daily meetings of the outbreak management team
- IPAC lead to liaise daily with Public Health
- Communicate to staff, via email system, rounds
- Notify families/caregivers through signage, email
- Notify resident through floor rounds and use of resident services staff
- Cancel all non-essential resident appointments
- Ensure hand hygiene supplies are restocked frequently
- Offer residents masks, promote and complete hand hygiene
- Oversight through use of audits of hand hygiene, PPE donning and doffing, equipment disinfection
- Report and update the Critical Incident System of any disease outbreak as defined in the Fixing Long Term Care Act and its regulations within the established time lines
- Providing training refreshers for staff on IPAC protocols for cleaning and disinfecting, hand hygiene, PPE use, point of care risk assessments, respiratory etiquette and contact/droplet/airborne transmission and precautions
- Provide educational material for caregivers upon entrance to home on hand hygiene, donning and offing PPE and any other relevant IPAC measures
- Admissions, transfers and discharges from the home will be in alignment with MOLTC directives and Public Health guidance

Recovery

Recovery is done in consultation with Public Health and in a phased manner.

- Communicate with residents, caregivers, visitors and staff on de-escalation plan
- Resume group activities on floors and other spaces
- Initiate admissions into the home and readmit any resident that was discharged to family
- Return residents that were cohorted back to their original rooms
- Return to normal staffing routines
- Reinstate all normal functions of the home
- Complete financial reconciliations
- Update Critical Incident System
- Complete a debrief with staff, residents and caregivers for lessons learned

Essential Services Identification

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During a disease emergency, it is expected that staff absenteeism will result in having to focus on the delivery of essential services only. There will also be a requirement to limit access to the home to only essential personnel and caregivers to limit the spread of disease.

Key Personnel are:

- Management team
- All nursing staff – RNs, RPNs, PSWs
- All environment services staff
- All dietary staff
- Nursing and Dietary Timekeeper
- Supervisor of Attendance and Scheduling
- All resident services staff
- Staff development coordinator
- Contracted security staff
- Clerical supports to key personnel
- Screeners (as needed)

Services that **MUST** be maintained to provide care and protect resident health:

- Life maintaining medications and treatments
- Basic bathing, peri care and mouth care
- Changing of linens as needed only
- Laundry services
- Dietary services
- Enhanced environmental IPAC measures

Services that can be reduced or curtailed:

- Physiotherapy
- Occupational Therapy
- Outside resident appointments
- Recreational activities
- Hairdressing
- Foot care for non-diabetic residents

Outside services scheduled to come in that are essential but could, if required, be postponed or provided remotely:

- Pastoral care

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- Oxygen therapy
- End of life support
- Building emergency repairs
- Lab technicians
- Doctors

Outbreak Management Team

The Outbreak Management Team (OMT) will be activated based on the scale of the outbreak and will be determined by the Director of Senior Services in discussion with EMT. The OMT members consist of management and are responsible for frontline operations.

Emergency Control Group

The Emergency Control Group (ECG) will be activated as needed based on the scale and urgency of the situation. The ECG are members of Riverview Gardens management team who are responsible for coordinating the provisions of the essential services necessary to minimize the effects of an emergency affecting the home. The ECG consists of the following members:

Position	Alternate
Director, Seniors Services	1. Director of Nursing 2. Manager of Long Term Care
Director of Nursing	1. Nurse Manager
Manager, Long Term Care, Emergency portfolio	1. Manager, Long Term Care, HR
Supervisor, Maintenance Services	1. Supervisor, Environmental Services
Supervisor, Environmental Services	1. Supervisor, Maintenance
Supervisor, Food Services	1. Food Service Coordinator 2. Dietitian
Supervisor, Therapeutic Recreation & Volunteer Services	1. Coordinator, Training and Safety 2. Volunteer Services Assistant
Medical Director	1. Alternate doctor 2. CKHA
Social Worker**	1. Social Worker 2. Medical Secretary

** The Social Worker may not be a regular member in the Department Operations Centres but has been assigned backups due to the nature of the tasks completed by this position.

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Gathering of the ECG does not indicate that an emergency has been or will be declared or that the Department Operations Centre (DOC) will be established.