

# COVID-19

# Pandemic Plan

VERSION 5: May 22, 2020

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# Part 1

## Introduction

## 1.1 Plan Purpose and Scope

The primary purpose of the York Care Centre Pandemic Plan is to assess and identify needs and to ensure the overall readiness of the organization to safely respond to COVID-19.

The plan is grounded by five key principles:

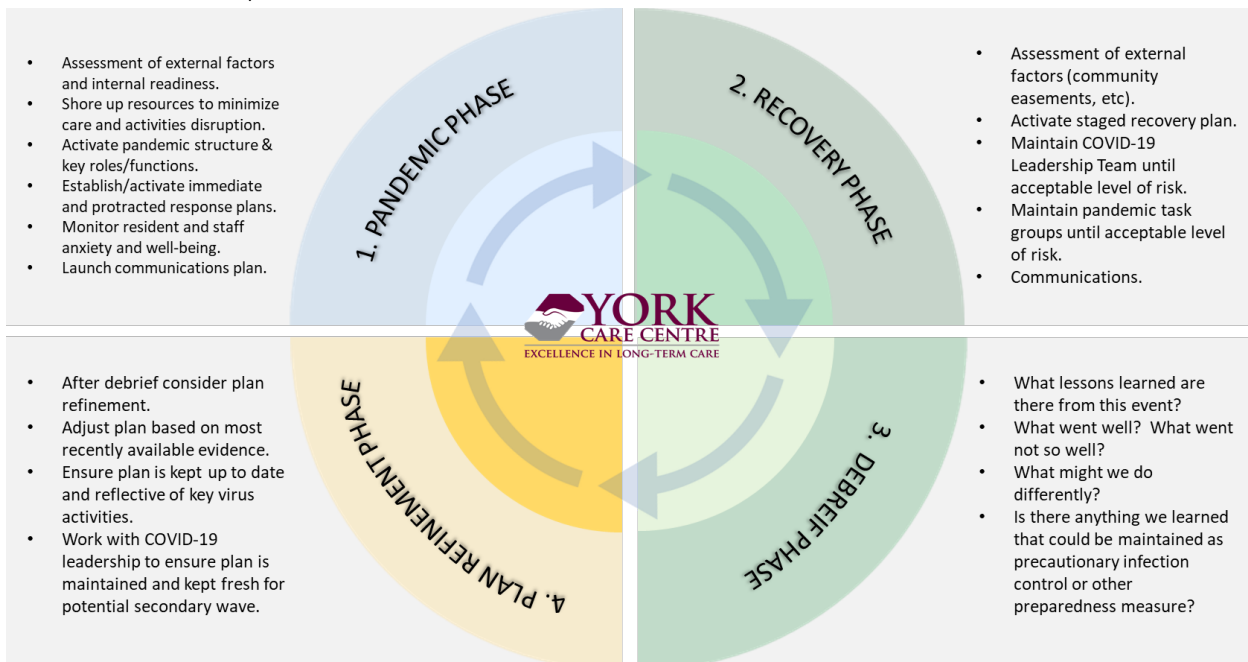
1. We will develop and implement bold but thoughtful proactive measures that protect residents and staff, even though we may not have received a 'directive',
2. We will make decisions that ensure the safest possible environment for residents and staff,
3. We will push ourselves to be innovative and creative to find ways to sustain resident engagement and family connectivity,
4. We will work with our frontline staff to ensure their concerns are heard and addressed, including support mechanisms as required,
5. We will keep everyone informed and be transparent around decisions.

This plan was created, **and updated regularly**, to support our organization in its efforts to safely manage this unprecedented crisis.

The scope of the plan incorporates four fundamental phases of preparedness: pandemic phase, recovery phase, debrief phase, and plan refinement phase. It is designed to be cyclical to enable organizational preparedness across multiple waves.

## 1.2 The Four Pandemic Phases

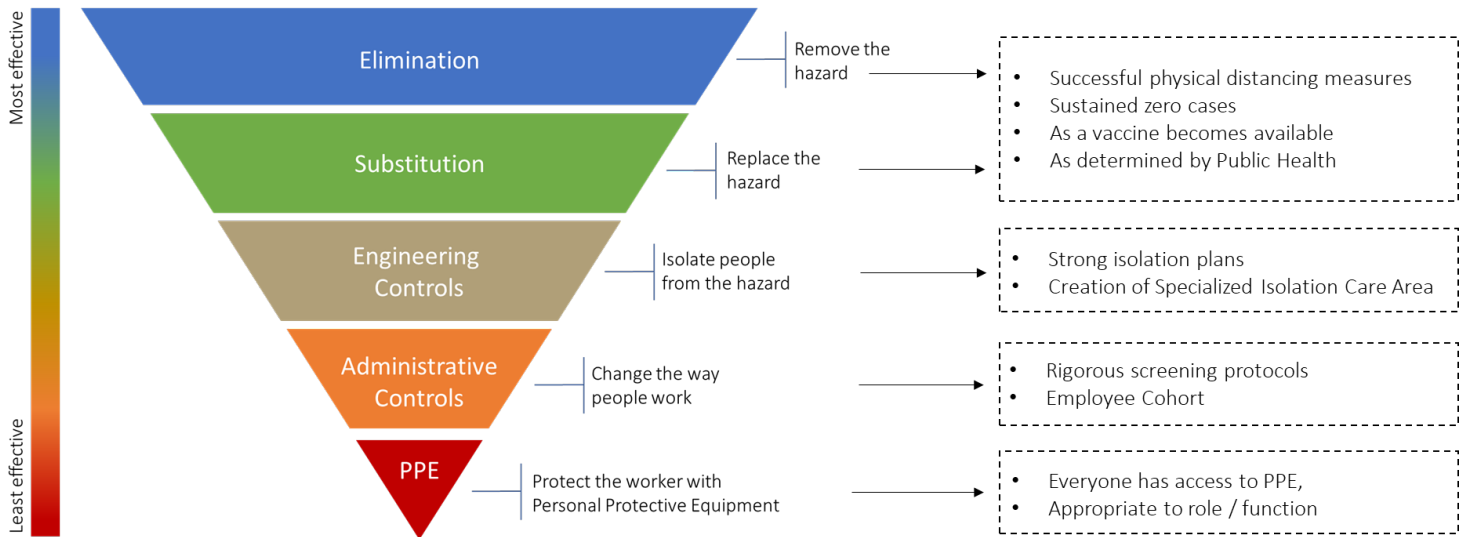
To enable a continual state of readiness, the four pandemic phases ensures that the plan can be easily operationalized, kept up to date with the latest external factors, and maintained in a cyclical way to allow for a multi-wave response.



### 1.3 Hierarchy of Controls

The National Institute for Occupational Safety and Health (NIOSH) notes that controlling exposure to occupational hazards is the fundamental method of protecting workers. Traditionally, a hierarchy of controls has been used as a means of determining how to implement feasible and effective control solutions.

Throughout the development of this plan, we have utilized the logic of hierarchy of controls to ensure we have the safest possible work environment for our employees, as depicted in the blended NIOSH / York Care Centre model below.



The idea behind this hierarchy is that the control methods at the top of graphic are potentially more effective and protective than those at the bottom; however, each of the controls play a vital role in overall response.

# Part 2

## Understanding COVID-19

## 2.1 Defining the Virus

There are different technical and legal terms that have been noted in official government guidance, media reports, and throughout the general public with respect to the 2019-nCoV (2019 Novel Coronavirus) and the resulting COVID-19 (Coronavirus Disease 2019). For the purposes of this pandemic plan, the term COVID-19 is used.

According to the World Health Organization (WHO), COVID-19 is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

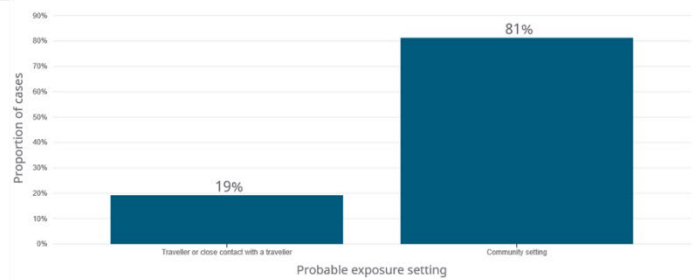
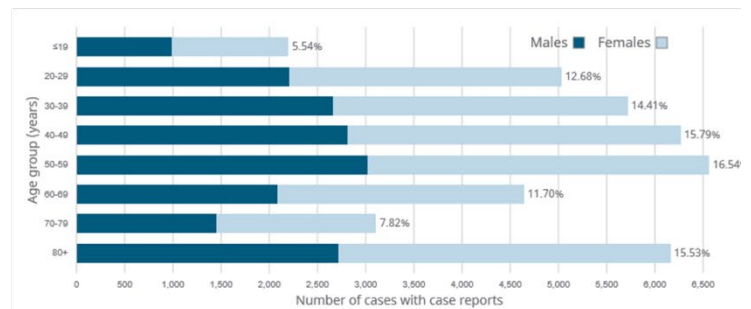
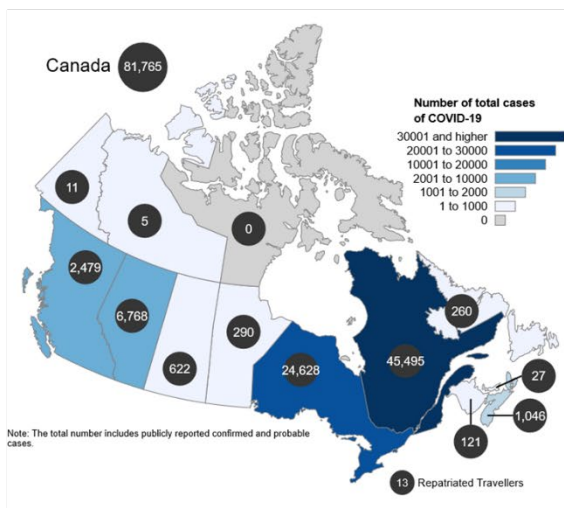
The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

Currently, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

## 2.2 National COVID-19 Cases and Features

In developing this plan, staying informed nationally is key to our response. We all have an obligation to stay informed. As of May 22, 2020, the national cases and features are as follows:

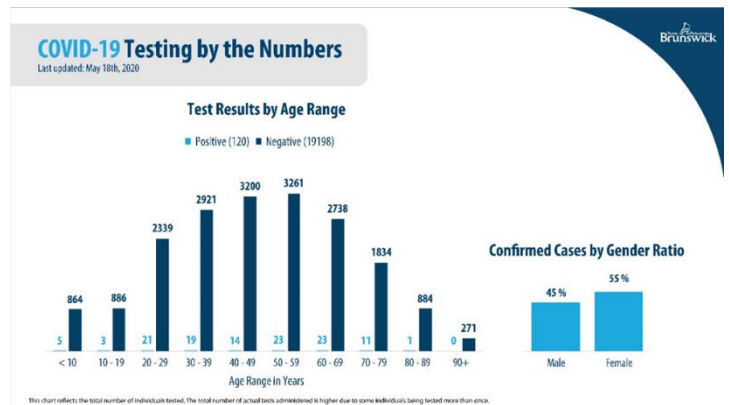
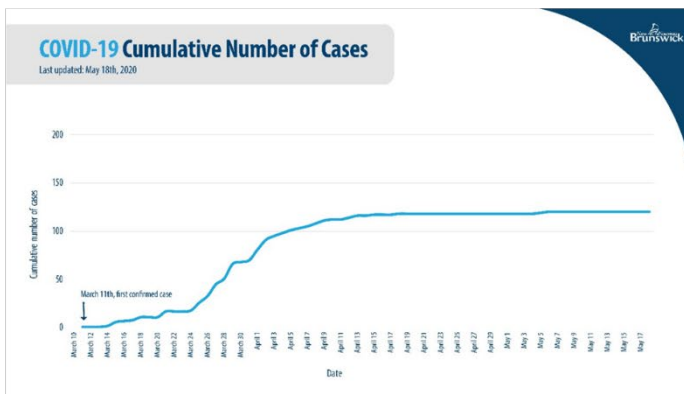
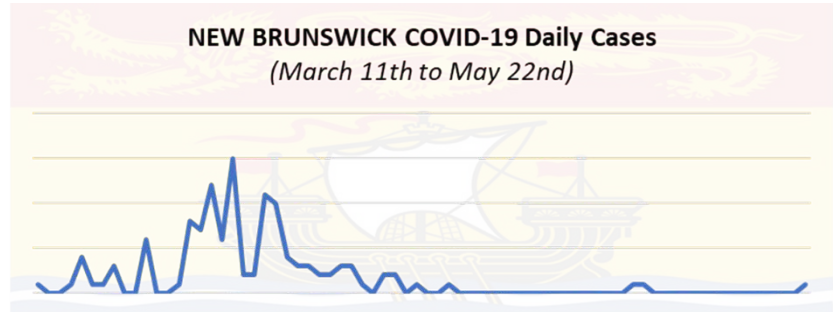
### National Cases: (Daily, Cumulative, Age)



### 2.3 Provincial COVID-19 Cases and Features

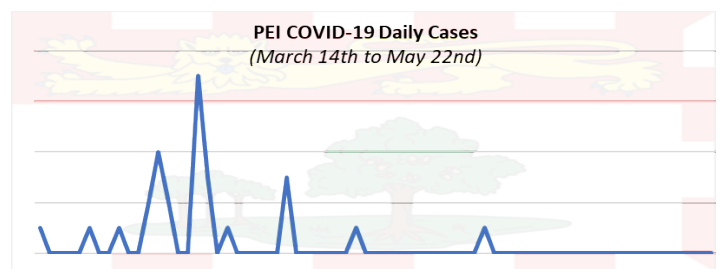
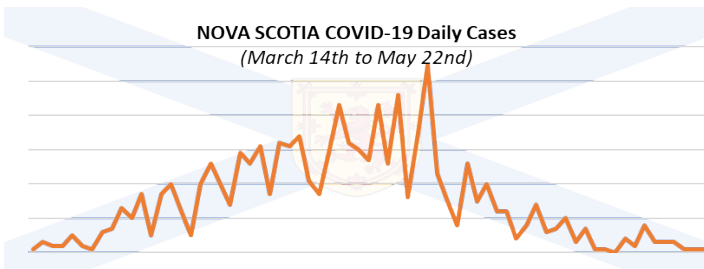
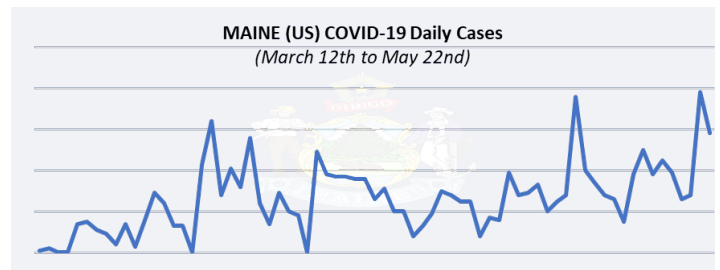
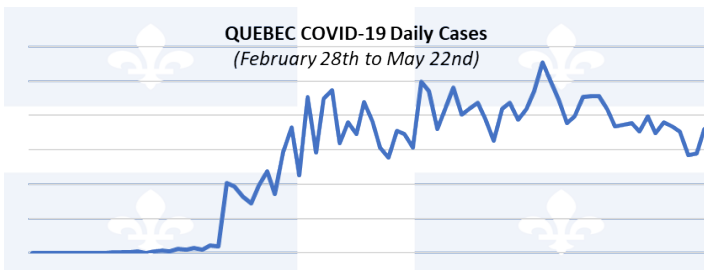
In developing this plan, staying informed provincially is key to our response. We all have an obligation to stay informed. As of May 22, 2020, the provincial cases and features are as follows:

#### NB Cases: (Daily, Cumulative, Age)



### 2.4 Bordering Provinces and States Daily Cases

In developing this plan, staying informed of activity in neighboring provinces/states is key to our response. We all have an obligation to stay informed. As of May 22, 2020:





## Part 3

# The Pandemic Phase

### 3.1 The Role of our Federal Government

The Government of Canada's response complements the pandemic public health and safety measures and strategies of the provinces and territories, which are designed to meet the unique requirements of each jurisdiction.

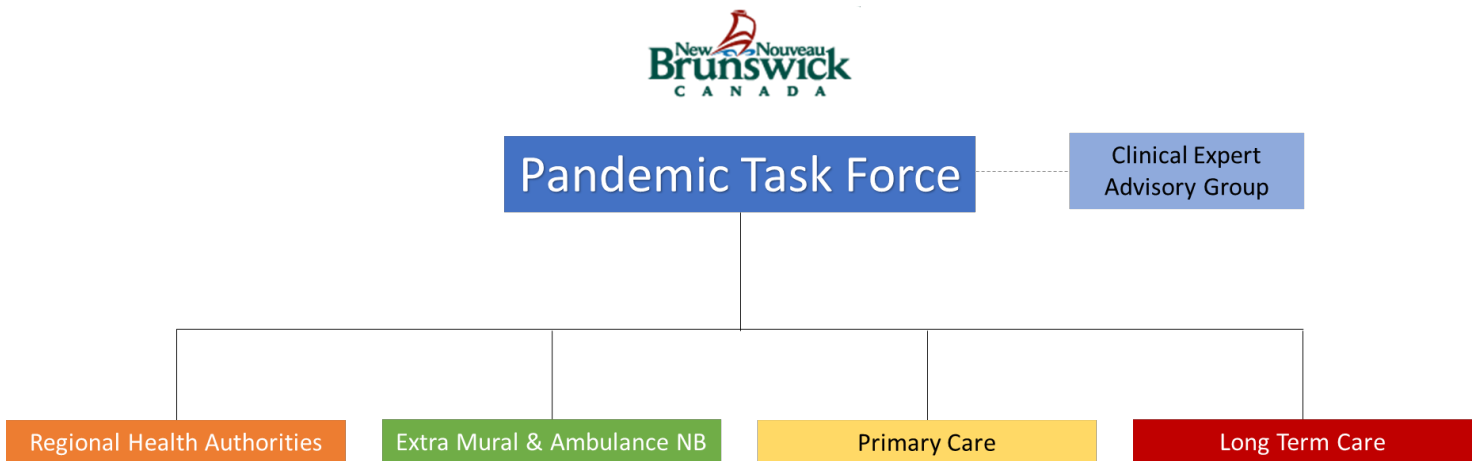
This includes working closely with provinces and territories to ensure that all necessary and appropriate supports are available to ensure a comprehensive coordinated response to COVID-19.

As the situation evolves, the Government of Canada will enhance its coordination efforts to support a larger-scale, harmonized response. This will include working together across jurisdictions to ensure consistent implementation of pandemic responses within the health system.

### 3.2 The Role of our Provincial Government

The Province of New Brunswick works closely with the Government of Canada to manage COVID-19 in a way that ensures consistency in response and reporting; however, it is the responsibility of our provincial government (and our Chief Medical Officer of Health) to manage specific responses and directives that the general public, businesses, and the health care system follow to limit and contain potential spread.

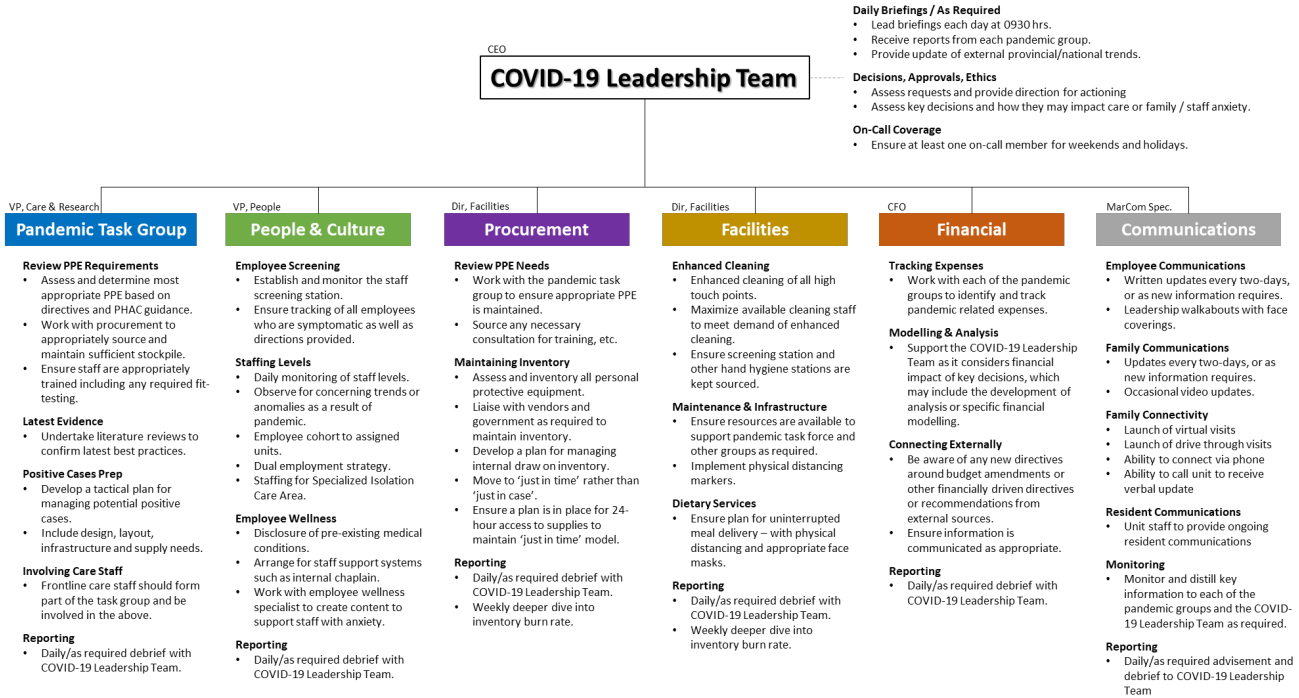
The Government of New Brunswick has established a pandemic leadership model (pandemic task force) to ensure that all agencies work together, enabling consistent reliable actions and communications.



The task force includes: Dr. Gordon Dow, infectious disease specialist of Horizon Health Network; Dr. Nicole LeBlanc, chief of staff of Vitalité Health Network; Dr. Jennifer Russell, chief medical officer of health; and Gérald Richard, deputy minister of Health. A clinical group of experts with relevant practice experience is called upon as required to assist to inform or validate decisions of the task force.

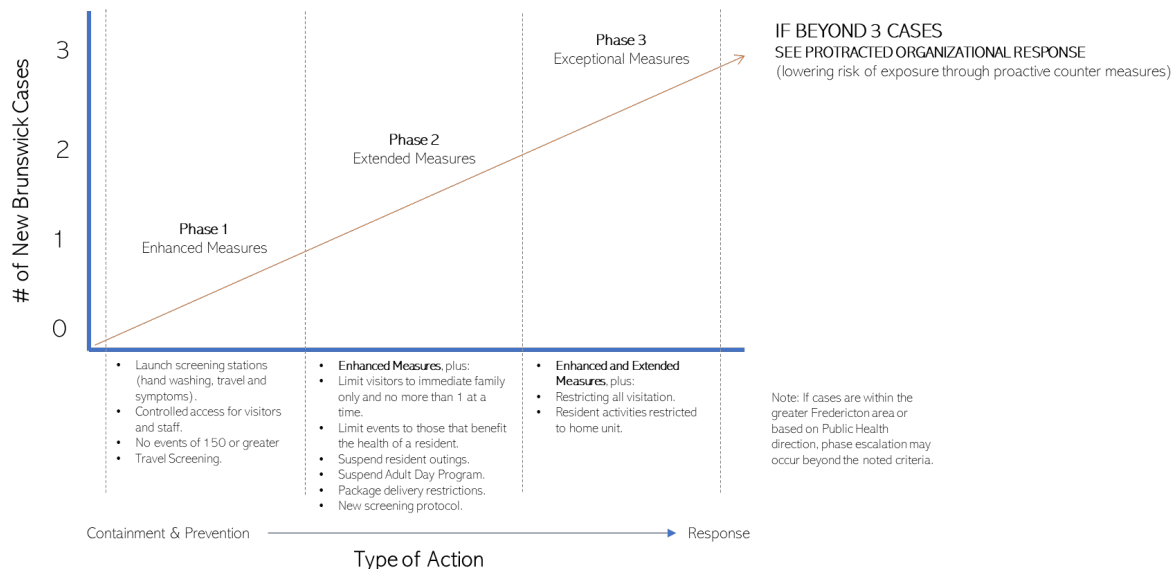
### 3.3 York Care Centre Leadership Structure and Key Functions

The pandemic phase requires an immediate response to an emerging and active pandemic, in this case COVID-19. One of the first priorities is to establish and activate a pandemic leadership structure that includes key roles and functions, as follows:



### 3.4 Preliminary Pandemic Response

New Brunswick's first case and the declaration of a global pandemic by the World Health Organization occurred on March 11, 2020. As part of our initial response we immediately launched our preliminary three-phased plan as depicted below. Between March 12 and March 15, 2020, the preliminary plan quickly escalated to phase 3 as a result of an increase in New Brunswick cases.



### 3.5 Protracted Pandemic Response

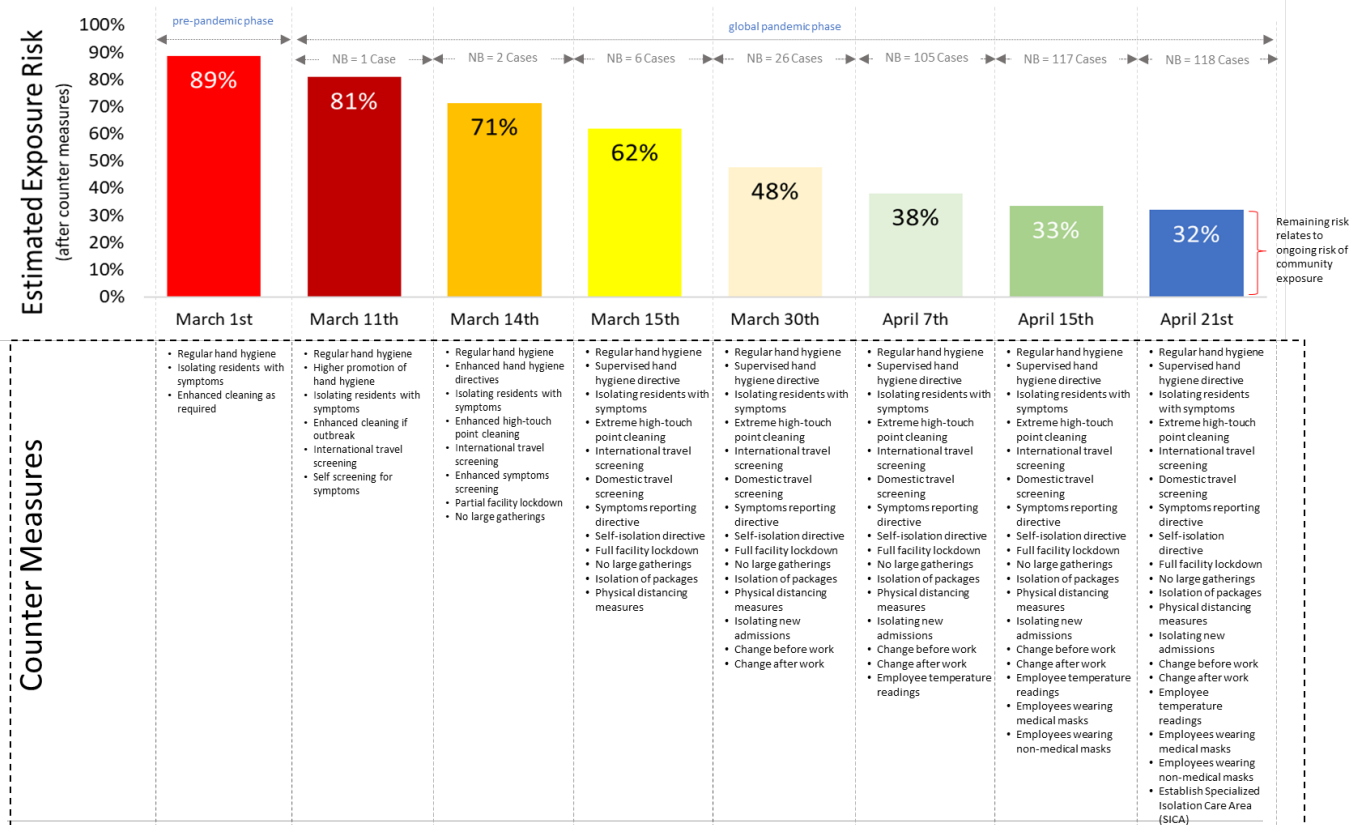
Following the quick escalation of our preliminary response, the global, national, and provincial spread of COVID-19 required us to move to a more protracted response. It also became apparent that as we increased preventative measures, we reduced the overall risk of organizational exposure.

A simple, non-scientific, formula was developed to estimate how various counter measures contributed to reducing risk of exposure. By using this formula, we can depict to our employees, families, and residents how their patience and compliance is helping to reduce risk.

The result of this work led to the launch of our protracted pandemic response model, as follows:

RISKS	March 1st	March 11th	March 14th	March 15th	March 30th	April 7th	April 15th	April 21st
Average Staff per day	120	120	120	120	120	120	120	120
Average Visitors per day	60	30	1	1	1	1	1	1
Average Vendors per day	10	10	1	1	1	1	1	1
Average Number of People per day	190	160	122	122	122	122	122	122
Touching handle	2	2	2	2	2	2	2	2
Touching outside elevator button	2	2	2	2	2	2	2	2
Touching inside elevator button	2	2	2	2	2	2	2	2
Touching handle	2	2	2	2	2	2	2	2
Handshake or hug	2	2	0	0	0	0	0	0
Number of High Touch Points	10	10	8	8	8	8	8	8
Additional People Contacts	10	10	10	10	10	10	10	10
Level of Risk	19000	16000	9760	9760	9760	9760	9760	9760
Level of Risk (%)	90%	80%	51%	51%	51%	51%	51%	51%
<b>COUNTER MEASURES</b>								
Hand Hygiene Compliance	30%	35%	55%	80%	85%	90%	95%	95%
Enhanced Cleaning of High Touch	30%	35%	50%	60%	65%	80%	85%	85%
Travel Screening International	0%	25%	80%	85%	99%	99%	99%	99%
Travel Screening Domestic	0%	0%	0%	65%	90%	99%	99%	99%
Symptoms Screening	0%	30%	45%	75%	85%	90%	90%	90%
Self-Isolating Employee with Symptoms	0%	0%	0%	55%	75%	85%	90%	90%
Lock Down	0%	0%	40%	75%	90%	99%	99%	99%
No Large Gatherings	0%	0%	40%	75%	90%	95%	95%	95%
Isolating New Admissions	0%	0%	0%	0%	95%	99%	99%	99%
Changing Before Work	0%	0%	0%	0%	90%	95%	95%	95%
Changing After Work	0%	0%	0%	0%	70%	90%	95%	95%
Physical Distancing Measures	0%	0%	0%	35%	65%	75%	85%	85%
Package Delivery	0%	0%	0%	35%	70%	75%	90%	90%
Employee Temperature Screening	0%	0%	0%	0%	0%	95%	95%	95%
Wearing Medical Mask	30%	30%	30%	30%	30%	30%	90%	90%
Wearing Non-Medical Mask	0%	0%	0%	0%	0%	0%	60%	60%
Specialized Isolation Care Area (SICA)	0%	0%	0%	0%	0%	0%	0%	25%
Average % Counter Measures	5%	9%	20%	39%	65%	76%	86%	87%
Adjusted level of risk (%)	85%	71%	31%	12%	-13%	-25%	-35%	-36%
External Risk Factors (community cases)	4%	10%	40%	50%	61%	63%	68%	68%
First Case at YCC	0%	0%	0%	0%	0%	0%	0%	0%
Estimated Exposure Risk	89%	81%	71%	62%	48%	38%	33%	32%

**Lowering Risk of Exposure Through Pro-Active Counter Measures**  
(pre-pandemic vs pandemic risk level)



### 3.6 Resident Engagement and Family Connectivity

It is well understood that isolation can lead to depression in long-term care settings, and this is particularly true during our pandemic response.

Throughout our decision-making processes and the implementation of new measures, we have continued to monitor for signs of depression amongst our residents. In addition, we have taken specific early actions to ensure ongoing engagement and family connectivity, for example:

1. On March 17, 2020 we implemented rotating technology to enable virtual visits. Since launch more than 300 visits were supported.
2. On March 30, 2020, we implemented drive through visits to enable a safe, physically distant, on-site visit at a designated drive-through window. Since launch, more than 100 visits were supported.
3. Activity Coordinators have committed to hosting on average five (5) resident activities daily on home unit, which has been ongoing since the start of our pandemic response.

We also recognize that families may want to drop off care packages for their loved ones. Rather than prohibiting many of the items, we researched the best available evidence to establish guidelines for families to follow:

COVID-19

Resident Package Drop-Off Guide

#### Resident Package Drop Off

Please note that we have based the following criteria on the best and most recently available evidence. In the event a surface cannot be adequately sanitized, the package will be held for the full 7 days.

1  
Family or friend drops off package (contact info required)

2  
Package assessed, logged, and placed in isolation

3  
If criteria can be met, package is disinfected

4  
Package delivered after appropriate isolation

5  
Family or friend notified package delivered

**Drop off schedule:**

Monday to Friday  
10am to 12pm  
2pm to 3pm

Saturday to Sunday  
10am to 12pm

Deliveries  
Unless urgent, deliveries will occur Monday to Friday

Material	Drop off okay with 1-day hold	Drop off okay with 7-day hold	Please don't drop off
<b>PAPER</b>			
Newspapers	Yes, 1 day hold		
Mail	Yes, 1 day hold		
Books	Yes, 1 day hold		
Cardboard Boxes	Yes, 1 day hold		
Cards	Yes, 1 day hold		
Pictures (not framed)		Yes, 7 day hold	
<b>PLASTIC</b>			
Plastic Water Bottles	Yes, 1 day hold		
Plastic Pop Bottles	Yes, 1 day hold		
Plastic Containers	Yes, 1 day hold		
Potato Chips	Yes, 1 day hold		
Chocolate Bar	Yes, 1 day hold		
Box of Chocolates	Yes, 1 day hold		
Ornaments	Yes, 1 day hold		
<b>WOOD</b>			
Carvings		Yes, 7 day hold	
Ornaments		Yes, 7 day hold	
<b>GLASS</b>			
Glass Containers	Yes, 1 day hold		
Pictures (framed)	Yes, 1 day hold		
Ornaments	Yes, 1 day hold		
<b>PERISHABLES</b>			
All Home Baked Goods			Please do not drop off
Take Out Food			Please do not drop off
Coffee / Tea			Please do not drop off
<b>FABRICS</b>			
Personal Clothing		Yes, 7 day hold	
Hats		Yes, 7 day hold	
Stuffed Animals		Yes, 7 day hold	
<b>ELECTRONICS</b>			
Television		Yes, 7 day hold	
I-Pad		Yes, 7 day hold	
<b>OTHER</b>			
Flowers			Please do not drop off
Toiletries		Yes, 7 day hold	
Lotions		Yes, 7 day hold	
Soap		Yes, 7 day hold	
Toothpaste		Yes, 7 day hold	

#### RESIDENT 'PACKAGE' DROP OFF

Please note that we are following criteria on the most recent available evidence related to the survivability of COVID-19 on various surfaces.

In the event a 'package' cannot be sanitized, it will be held in isolation for 7 days.

Please provide us with the following information:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

YOUR CONTACT INFO. (Phone # or E-mail address): \_\_\_\_\_

PACKAGE IS FOR (RESIDENT NAME): \_\_\_\_\_

RESIDENT UNIT: \_\_\_\_\_

ITEM(S): \_\_\_\_\_

COVID-19 - PERSONAL ITEM(S) DISTRIBUTION TO RESIDENT CHECKLIST								
DATE	NAME <small>(Of Person dropping off Item(s))</small>	← PHONE # / EMAIL	RESIDENT NAME <small>(expecting delivery)</small>	UNIT	ITEM(S)	ISOLATION PROCEDURE	DATE DELIVERED TO RESIDENT	DATE PERSON NOTIFIED OF DELIVERY

### 3.7 Employee Childcare

Given the closure of daycares across the province, it is important to find an alternate means of childcare for our employees. Accordingly, the following options are available:

Option 1: Plan with a family member.

Option 2: Register at <https://www.nbed.nb.ca/parentportal/en/> (essential service worker).

Option 3: York Care Centre has pulled together a child supervision team, including an Early Childhood Educator and a Personal Support Worker. Both have experience with children or older adults. The service is available Monday to Friday, 7am to 5pm for children from kindergarten to grade 6.

1. All children must be school aged, currently attending grades kindergarten through grade 6.
2. Children must come with peanut free lunch and snacks, water bottle and indoor shoes.
3. Children are required to remain in the ADP room, only exiting to use the washroom.
4. Children must be able to self-toilet without assistance of an adult.
5. Children must use hand sanitizer when entering and exiting the facility.
6. Staff will bring their child through the staff entrance. If another parent or family member is picking up the child, they will enter through the front entrance, and staff will bring the child up for pickup.
7. Drop off and pick up times are 7 am through 5 pm, Monday through Friday.
8. Staff are required to register before 4 pm, the day before their shift.
9. Unless requested by staff in the ADP, parents should only come to the ADP space for drop off and pick up.
10. Children displaying symptoms such as fever, cough, runny nose or sore throat, should not be attending the program.

*We ask for your patience and understanding during this time. We are trying to implement support systems for our staff at York Care Centre and remove some of the barriers that have resulted following the closure of daycares in the province in an effort to reduce the spread of COVID-19.*

#### Liability Waiver

I, \_\_\_\_\_, the undersigned, , waive and release York Care Centre from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the provision of supervision for school aged children of York Care Centre staff. I understand that these services are provided only while I am present in the building and working. I understand that if my child becomes ill or symptomatic, I am responsible to make other arrangements for my child immediately. I understand that children are not allowed on the units within our facility during this time, and are required to remain in the Adult Day Program at York Care Centre. I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by the above-mentioned parties. I understand that by signing this form I am waiving valuable legal rights.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

<b>Child Name:</b>	
<b>Date of Birth:</b>	
<b>Allergies:</b>	
<b>Medical conditions:</b>	
<b>Guardian responsible for pickup (full name):</b>	
<b>Unit and extension employee can be reached on:</b>	
<b>Anticipated pickup time:</b>	

**Other important information**

### 3.8 Employee Screening

At minimum, York Care Centre meets the requirements of all provincial directives, and in many instances, we exceed those directives based on best available research, evidence, and listening to our front-line health care workers. All employees must comply with the following screening procedures, some of which may exceed external directives:

#### Posted Signage

The signage includes a red octagonal STOP sign with the York Care Centre logo above it. Below the sign are two main instructions: 'YOU ARE REQUIRED TO HAVE YOUR TEMPERATURE TAKEN ON ENTRY' and 'YOU ARE REQUIRED TO CHANGE CLOTHES AND FOOTWEAR BEFORE & AFTER YOUR SHIFT'. There are also eight numbered questions with corresponding icons: 1. Runny nose, 2. Cough, 3. Sore throat, 4. Headache, 5. Diarrhea, 6. Fatigue, 7. Muscle soreness, 8. Loss of smell or taste.

#### Entry Process

- Step 1: Enter via designated (Dixon) staff entrance
- Step 2: Apply hand sanitizer
- Step 3: Visit screening station
- Step 4: Have your temperature read
- Step 6: Respond to symptoms questions
- Step 7: If cleared, proceed to designated centralized change area
- Step 8: Change clothing including footwear and outerwear prior to going to work area

#### ALLIED HEALTH SERVICES LOG-IN REGISTRY

Please ensure we log the following information from any 'health-service provider' who enters our facility:

DATE (2020)	TIME	NAME	REASON	COMPANY	UNIT DEPLOYED TO

### 3.9 Physician, Allied Health, and Other Services Screening

All non-essential services such as hair care, dental services, fitness centre, research, etc., have been suspended.

However, certain services that support ongoing resident care, such as physicians, rehabilitation, foot care, are permitted to access the facility, providing they go through the screening process at the designated entrance and wear required personal protective equipment as appropriate.

In such instances, it is important the we have a record of the visit for tracking purposes.

### 3.10 Designated Entrance Screening Results

If an employee, physician, or allied health professional, meets any of the following symptoms criteria, they will be discretely provided the most appropriate direction and one of the information tags below to guide them in next steps. The employee’s isolation information must also be tracked.

NAME	CLASSIFICATION	REASON	START DATE SELF-ISOLATION	DATE ELIGIBLE TO RETURN TO WORK	RETURN TO WORK

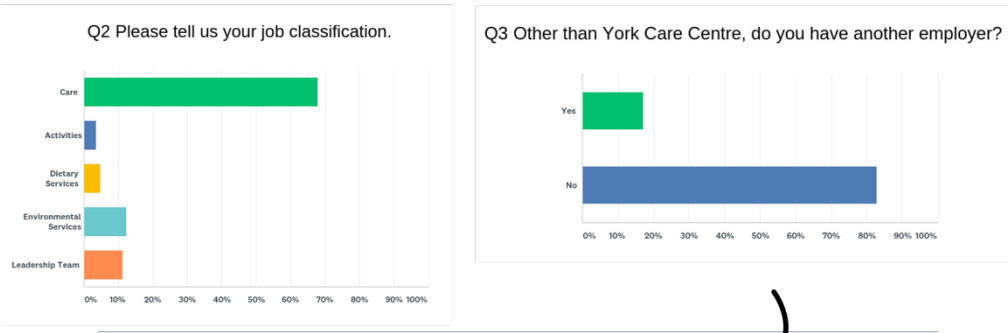
<p>Dear Employee: As you have indicated that you have <b>two (2)</b> of the following symptoms:</p> <ul style="list-style-type: none"> <li>- A new or worsened cough</li> <li>- A sore throat</li> <li>- A headache</li> <li>- A runny nose</li> <li>- Diarrhea</li> <li>- A new onset of fatigue</li> <li>- A new onset of muscle soreness</li> <li>- Loss sense of smell or taste</li> </ul> <p>You are required to proceed home. Once home, please contact the health-care line at 1-833-475-0724. As well, please contact Human Resources at 444-3880 x2515.</p>	<p>Date: _____ Employee Name: _____</p> <p>Temperature: _____ Time: _____</p> <p>Do you have any two (2) of the following symptoms:</p> <p> <input type="radio"/> new or worsened cough    <input type="radio"/> sore throat    <input type="radio"/> headache  <input type="radio"/> runny nose    <input type="radio"/> diarrhea  <input type="radio"/> new onset of fatigue  <input type="radio"/> new onset of muscle soreness  <input type="radio"/> loss sense of smell or taste                 </p>
<p>Dear Employee: All employees are required to have their temperature taken upon start of shift. As your temperature reading is currently 38+, you are required to proceed home. Once home, please contact the health-care line at 1-833-475-0724. As well, please contact Human Resources at 444-3880 x2515.</p>	<p>Dear Employee: All employees are required to have their temperature taken upon start of shift. As your temperature reading is currently between 37.5 and 37.9, you may proceed to your unit. You will be required to advise the RN that you need your temperature checked periodically during your shift. If your temperature proceeds to read above 38.0, you will be asked to go home and call the health-care line at 1-833-475-0724. As well, please contact Human Resources at 444-3880 x2515.</p>

### 3.11 Dual Employment

During the pandemic phase, if an employee has more than one place of employment, they are required to select a single employer, regardless of the nature of the role or organization. York Care Centre is committed to ensuring that employees are kept whole as a result of this directive; therefore, any loss of hours by an employee will be made up through available hours at York Care Centre at the employee’s regular rate of pay.

To help with identifying employees who are affected by this directive, the following survey was used:

### Employee Survey - Secondary Employment

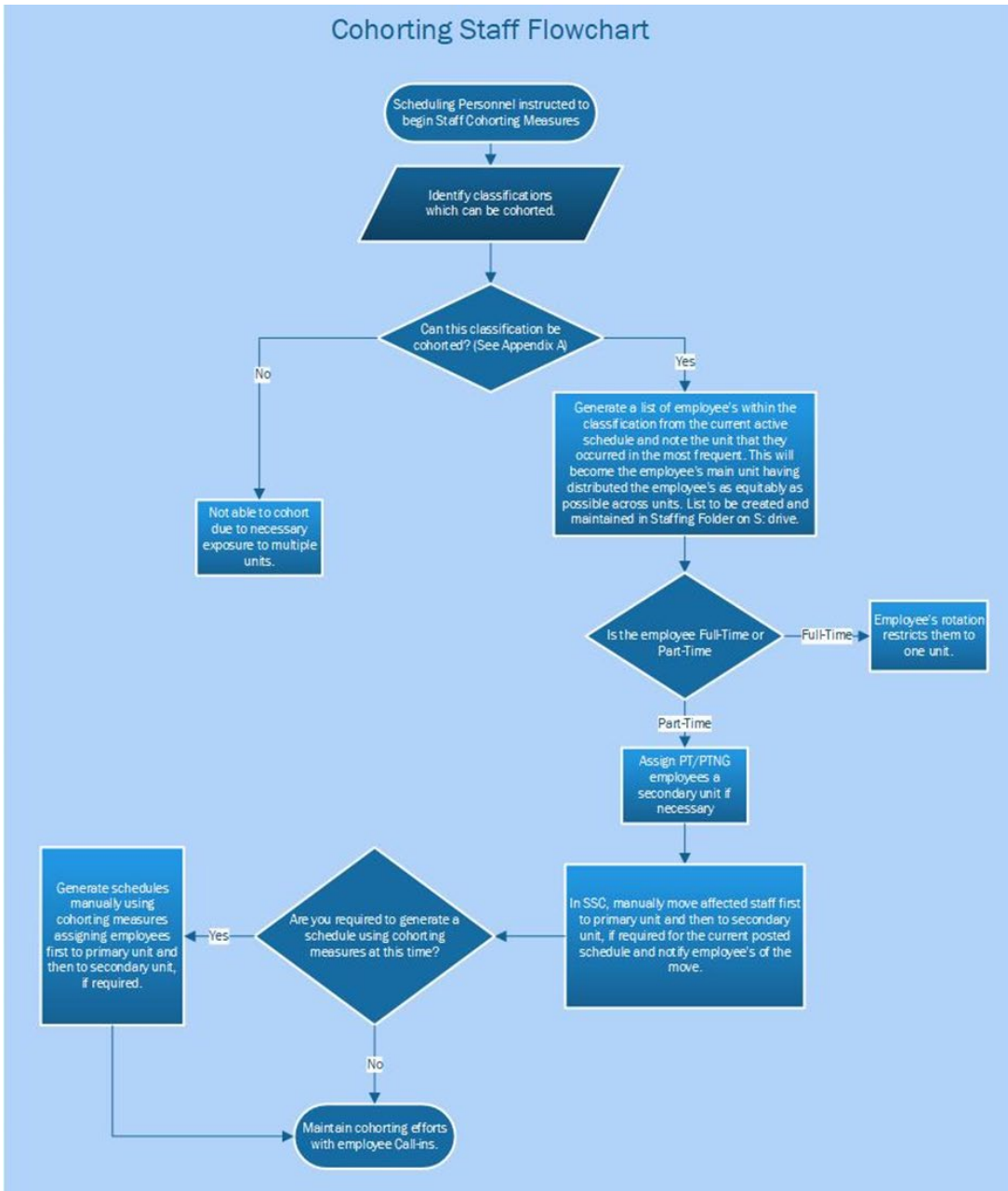


If yes, employee works with people services at #2515 to discuss options and choose a single place of work during pandemic phase



### 3.12 Employee Cohort

Cohorting Staff Flowchart



**Classifications that can be cohorted.**

- Accountant
- Accounts Payable
- Accounts Receivable
- Activity Coordinator (yes, to 2 units)
- Admin Clerk
- Chief Financial Officer
- Cook/Lead Cook
- Dietary Attendant (yes, to 2 units)
- Dietician
- Dietary Utility
- Director, Facilities & Infrastructure
- Environmental Attendant (yes, to 2 units)
- Executive Assistant
- Manager, Support Services
- Manager, Administrative & Adult Resources
- Nursing Unit Clerk (yes, to 2 units)
- Payroll
- President & Chief Executive Officer
- Resident Attendant (yes, to 2 units)
- Reception (yes, to 2 units)
- Manager, Activity & Volunteer Services
- Specialist, Employee Wellness
- Specialist, Marketing & Communications
- Vice President, People & Culture

**Classifications that cannot be cohorted**

- Coordinator, Pastoral Services
- Director of Clinical Care & Quality
- Electrical Supervisor
- Environmental Utility
- Laundry Attendant
- Licensed Practical Nurse
- Maintenance
- Rehab Assistant
- Registered Nurse
- Vice President, Care & Research Services

### 3.13 Employee Pre-Existing Medical Conditions



100 Sunset Drive  
Fredericton NB E3A 1A3  
Phone: (506) 444-3880  
Fax: (506) 444-3544  
www.yorkcarecentre.ca

Since the introduction of the COVID-19 pandemic, we have introduced several precautionary measures for the safety of residents and staff. Such measures have included: restriction of visitors, restricting resident activities to their home unit, suspension of resident outings, suspension of our Adult Day Program, resident package delivery guidelines, staff uniform changing before and after work, staff entry to one main entrance, hand hygiene monitoring and hand hygiene stations, supply management, PPE training, enhanced cleaning precautions, relocation of café seating and staff temperature screening upon shift arrival.

If we are presented with a case(s) of COVID-19, you, as a health care professional, play a critical role in the health and management of our residents. With the potential to encounter fluctuating staffing levels, it is important for us to understand who may not be able to report to work due to a pre-existing condition, or if a member living within their household would be at risk as a result of an employee working during COVID-19.

Please note that all information will remain confidential and is only being collected as part of our COVID-19 preparedness.

Name:

Classification:

Please describe your pre-existing health condition:

Is there a member living within your household that is vulnerable: YES:  NO:

Relationship:

Health Condition:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## 3.14 Public Communications

With any crisis event, communication is a critical function. In the absence of facts people may seek out answers from other sources, which may not always be reliable. It is incumbent upon us to ensure our public (families, etc.) are kept well informed.

The following template will serve as our public communications tool. Updates will be provided every two-days during the pandemic phase and reduced during the recovery phase. The primary platforms for reaching our audience will include: Website, Facebook, Twitter, Family Portal, and the Family Information Line.



### **COVID-19 Update April 22, 2020**

On March 15, 2020, we activated Phase 3 of our plan, which triggered the suspension of all visitation, this remains in effect until further notice.

There are **0 cases** of COVID-19 at York Care Centre. As of this update, 13 employees and 4 residents have been tested and all confirmed **negative**.

We are pleased and hopeful as we monitor New Brunswick's low daily cases. But there are numerous variables that play a role in deciding when and how to ease up. For example, although we do not yet know how this virus will settle, we do know that historic pandemics have had more than a single wave, and we also know that our neighbouring provinces and states are not all seeing the same flattening of daily cases.

For the past 42 days we've been making decisions that put the safety of our residents and staff at the forefront. You have been very tolerant, as have your loved ones and our employees. Our goal is to continue to be smart about our decisions, even as we start to hear hints of local community easements.

#### Operational Updates:

- We continue to finalize the creation of our temporary Specialized Isolation Care Area (SICA); work is underway to identify staffing and resources to support SICA.
- Prior to starting their shift, all employees have their temperature taken and are asked specific symptom questions. This screening is going well and has become accepted as a daily routine.
- On the supply chain front, we continue to see flow of inventory. Most recently we received a shipment of face shields and other personal protective equipment.
- All employees who hold a secondary job elsewhere are required to select a single place of employment during the pandemic phase. This process is nearly complete.
- We continue to work through the complexities of limiting employee movement across the facility. Fortunately, 48% of our employees already have assigned work areas, it's the remaining 52% that we're working through.
- The COVID-19 leadership team meets every morning at 0930 hrs to receive situational reports and make decisions to ensure the ongoing safety of residents and staff.

#### Resident Activities and Staying Connected:

- We continue to provide an average of five (5) activities per day on the resident's home unit.
- Got a package for a resident? Our delivery service includes an isolation period, but otherwise we guarantee delivery. Scroll down on our Facebook page to see drop-off criteria. Please, no perishables.
- Virtual and Drive Through Visits are still available. Book it at [communications@yorkcarecentre.ca](mailto:communications@yorkcarecentre.ca).
- How about an e-card? Use [www.123Cards.com](http://www.123Cards.com) to ensure delivery. Please send e-cards to [communications@yorkcarecentre.ca](mailto:communications@yorkcarecentre.ca) and we'll deliver, or simply send an email message.
- If you simply want to be reassured that things are going okay, please feel free to call your loved one's unit directly.

We will continue to provide these updates as new actions are required, information becomes available, or just to keep you posted on how things are going. **Be safe. Be kind. Stay home.**

## 3.15 Employee Communications

Employees are important voices during a crisis and can offer very valuable insights and thoughts regarding how to best manage COVID-19, including supporting restrictive measures that strengthen our defences.

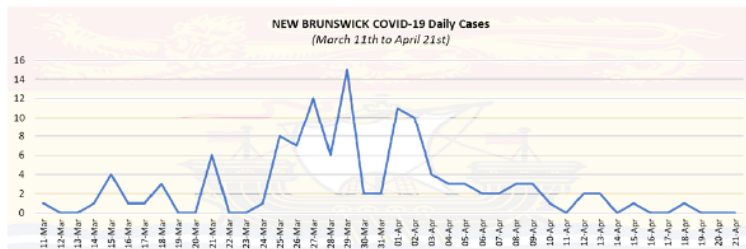
It's important that we give employees a venue for offering suggestions, while also providing them with clear, direct, and timely instruction. During the pandemic phase, employees will receive updates and be able to interact with leadership by way of our FAQ documents, a phone hotline, a dedicated e-mail account, or via the following (April 22, 2020 example) CEO message template.

Team,

It's now been 42 days of COVID-19 living and working. Here are some of the latest numbers for you:

- Nationally: 35,422 cases, 13,188 recoveries, 1,834 deaths.
- Provincially (NB): 118 cases, 102 recoveries, 0 deaths.
- York Care Centre (employees): 0 cases, 13 tested and confirmed negative.
- York Care Centre (residents): 0 cases, 4 tested and confirmed negative.

Of the 118 New Brunswick cases, you can see how we are trending below.



We are pleased and hopeful as we monitor New Brunswick's low daily cases. But there are numerous variables that play a role in deciding when and how to ease up. For example, although we do not yet know how this virus will settle, we do know that historic pandemics have had more than a single wave, and we also know that our neighbouring provinces and states are not all seeing the same flattening of daily cases. For the past 42 days we've been making decisions that put the safety of our residents and each of you at the forefront. Our goal is to continue to be smart about our decisions, even as we start to hear hints of local community easements.

If you have (or are hearing) general questions or concerns that need answering, I encourage you to forward them to [communications@yorkcarecentre.ca](mailto:communications@yorkcarecentre.ca) or dial 8888 and leave us a detailed message. As we collect the questions, we'll get you the answers and share the FAQs as part of the ongoing updates.

As a leadership team we are meeting every morning at 0930, and standing agenda items include finding ways to support you.

Updates as of April 22<sup>nd</sup> (REPLACES ALL PREVIOUS DIRECTIVES):

### NEW UPDATES

#### 1. Medical and Non-Medical Masks

- Any employee who is unable to maintain physical distancing of 2 metres (six-feet) is required to wear a medical mask.
- The use of the non-medical mask (cloth face covering) may continue to be used in all other instances.
- Medical masks are issued at the designated employee screening entrance, during shift change.
- The purpose of wearing a medical and non-medical mask is to limit the risk of exposure between employees, and from employees to residents.
- Wearing any type of face covering still requires regular hand washing and maintaining physical distancing, when not providing direct care.
- The issuance of medical and non-medical masks does not replace the need for 'point of care risk assessment', which will identify if personal protective equipment is required in instances of isolation.

#### 2. Employee Wellness

- Lynn Their, our Employee Wellness Specialist, has created a helpful video for self-care during stressful times.
- You can access the video here: <https://bit.ly/SelfCareDuringStressfulTimes>.

#### 3. Screening on Entry / Absent from Work

- All employees are required to have temperature taken, and will be asked for symptoms of runny nose, headache, new or worsened cough, sore throat.
- If a temperature over 38, or a combination of any of the two symptoms, you will be asked to go home and call the dedicated health care worker reporting line at 1-833-475-0724.
- We will follow up with you at a later time.
- If you have reported sick for your shift, prior to being screened, we will follow up with you to check for symptoms.
- Please note that a new testing portal is available to get quicker results, you can access it here: <https://myhealth.gnb.ca/>

#### 4. Take Out Food / Food From Home

- Evidence suggests that COVID-19 may survive on specific surfaces for a short period of time.
- Employees should refrain from bringing/ordering take-out food and drink into the organization if it cannot be safely isolated in advance.
- Home-prepared lunches, paper bags and other containers are safe providing you have had them at home for at least 24-hours or washed them (as appropriate) prior to bringing them into the facility.
- We are currently exploring ways to provide meals to staff on evenings and weekends.

### PREVIOUS UPDATES

#### 5. Child Supervision Area

- We have had a few calls for dropped shifts related to child supervision.
- Just a reminder that we continue to have a child supervision area available to only our employees, located on-site.
- Every child is screened on entry.
- Please consider this option if you cannot secure child care.
- Send requests to [jgeneau@yorkcarecentre.ca](mailto:jgeneau@yorkcarecentre.ca)

#### 6. Pandemic Task Force

- Our pandemic task force is finalizing a plan for managing any future positive cases.

## 3.16 Resident Care & Infection Control Measures

As part of our screening process, all employees must apply hand-sanitizer, change clothing and footwear on entry to the facility and when exiting. In addition, we have adopted the following infection control measures recommended by the Public Health Agency of Canada:

Employees are required to wash hands or use hand-sanitizer:

- Before and after contact with a resident, regardless of whether gloves are worn.
- After removing gloves.

- Before and after contact with the resident's environment (e.g. medical equipment, bed, table, door handle) regardless of whether gloves are worn.
- Any other time hands are potentially contaminated (e.g. after handling blood, body fluids, bedpans, urinals, or wound dressings).
- Before preparing or administering all medications or food.
- Before performing aseptic procedures.
- Before putting on PPE and during removal of PPE according to the facility procedure for putting on or removing PPE.
- After other personal hygiene practices (e.g. blowing nose, using toilet facilities, etc.).

Point-of-care risk assessment (PCRA). Prior to any resident interaction, all staff have a responsibility to assess the infectious risks posed to themselves, other staff, and other residents and visitors from a resident, situation or procedure.

- The PCRA is a routine practice that should be applied before every clinical encounter regardless of COVID-19 status and is based on the employee's professional judgment (i.e. knowledge, skills, reasoning and education) regarding the likelihood of exposing themselves and/or others to infectious agents (e.g., COVID- 19), for a specific interaction, a specific task, with a specific resident, and in a specific environment, under available conditions.
- The PCRA helps staff to select the appropriate actions and/or PPE to minimize the risk of exposure to known and unknown infections (e.g. asking oneself, will I be performing an AGMP?).

Routine Practices apply to all staff and residents, and include but are not limited to:

- Conducting a PCRA.
- Hand hygiene.
- Appropriate use of PPE.
- Adhering to respiratory hygiene (i.e., covering a cough with a tissue or coughing into elbow followed by performing hand hygiene).

Droplet and Contact precautions should be implemented for all residents presenting with new signs or symptoms of possible COVID-19, which will include specific personal protective equipment.

An Aerosol Generating Medical Procedure (AGMP) is any procedure conducted on a resident that can induce production of aerosols of various sizes. At York Care Centre, that includes the use of a CPAP or a cough-assist device. AGMPs on a resident suspected or confirmed to have COVID-19 should only be performed if:

- The AGMP is medically necessary and performed by the most experienced person.
- The minimum number of persons required to safely perform the procedure are present.
- All persons in the room are wearing a fit-tested, seal-checked N95 respirator, gloves, gown and face or eye protection.
- The door of the room is closed.
- Entry into a room of a resident undergoing CPAP is minimized.

### 3.17 Physician Rounds

Working with our physicians, we have adjusted medical rounds to limit risk of transmission during the pandemic phase. Using technology, physicians are conducting virtual rounds every second week and visiting in-person on alternate weeks. As is the case with anyone entering the facility and providing care, visiting physicians are screened and wear appropriate personal protective equipment.

### 3.18 Enhanced Cleaning

Increased frequency of cleaning high-touch surfaces in resident rooms and any central areas is important for controlling the spread of microorganisms during an outbreak.

During the pandemic phase, our facilities and housekeeping staff are providing enhanced cleaning of all areas and have scheduled cleaning of high-touch points (door handles, keypads, elevator buttons, etc.) twice per day.

Environmental disinfectants are consistent with the recommendations of the Public Health Agency of Canada, and where no commercially prepared disinfectant is available, YCC will use a diluted bleach solution to disinfect the environment. The concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach). When using bleach, cleaning must precede disinfection.

In addition, the Public Health Agency of Canada recommends:

- All reusable equipment should be dedicated to the use of the resident with suspect or confirmed COVID-19 infection. If this is not feasible, equipment should be cleaned and disinfected with a hospital grade disinfectant before each use on another resident. Single-use disposable equipment and supplies should be discarded into a no-touch waste receptacle after each use.
- The LTCHs cleaning protocol for cleaning of the resident's room after discharge, transfer, or discontinuation of Droplet and Contact precautions should be followed. Toilet brushes, unused toilet paper and other disposable supplies should be discarded. Curtains should be removed and laundered upon a resident's discharge or transfer.
- At discharge, room transfer or death of a resident, any resident-owned items (e.g. clothing, photos, televisions, furniture, cards and ornaments) should be removed, any items with hard surfaces cleaned, and placed in a bag for family or representative. While risk of transmission of COVID-19 via these items is likely low, at this time best practice may be for families to store for 5 days prior to handling.
- All surfaces or items, outside of the resident room, that are touched by or in contact with staff (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) should be cleaned and disinfected at least daily and when soiled. Staff should ensure that hands are cleaned before touching the above-mentioned equipment.

### 3.19 Personal Protective Equipment

\*Infection Prevention and Control, Public Health Ontario  
(Technical Brief, April 6, 2020)

Profession	Activity	Type of PPE
Healthcare Worker	Providing direct care to suspect or confirmed COVID-19 residents, including nasopharyngeal and oropharyngeal swab collection.	Droplet and contact precautions, including: <ul style="list-style-type: none"> <li>• Surgical/ procedure mask</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (goggles or face shield)</li> </ul>
Healthcare Worker	Providing CPAP and/or open suctioning to suspect or confirmed COVID-19 resident.	Droplet and Contact precautions using a N95 respirator when providing CPAP. Manage in single room with door closed. Keep the number of people in the room during the procedure to a minimum.
Environmental Service Worker	When entering the room of a resident suspected or confirmed to have COVID-19.	Droplet and contact precautions, including: <ul style="list-style-type: none"> <li>• Surgical/ procedure mask</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (goggles or face shield)</li> </ul>
Administrative Areas	Administrative tasks that do not involve contact with resident suspected or confirmed to have COVID-19.	No PPE required.
Visitors	Entering the room of a suspect or confirmed COVID-19 resident.  Should be kept to a minimum.	Droplet and contact precautions, including: <ul style="list-style-type: none"> <li>• Surgical/ procedure mask</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (goggles or face shield)</li> </ul>

INFECTION PREVENTION AND CONTROL

## Before Entering Room

PUTTING ON (DONNING) PERSONAL PROTECTIVE EQUIPMENT (PPE)



- 1 Hand Hygiene**  
  
Rub an alcohol based hand sanitizer on your hands and rub for 20 seconds.
- 2 Gown**  
  
Tie at the back of the neck and/or waist.
- 3 Surgical Mask**  
  
Secure the ties or elastic around your head so the mask stays in place.  
If applicable, fit the moldable band to the bridge of your nose.  
Fit it snugly just below the eyes and cover the chin.
- 4 Eye Protection/ Face Shield**  
  
Place over the eyes and face. Adjust to fit.  
*\*Personal eye glasses DO NOT count as personal protective equipment.\**
- 5 Gloves**  
  
Put on gloves and ensure to pull the cuff of the glove over the cuffs of the gown so no skin is exposed.

For questions about infection prevention and PPEs, please speak to your unit coordinator.

INFECTION PREVENTION AND CONTROL

## Before Exiting Room

REMOVING (DOFFING) PERSONAL PROTECTIVE EQUIPMENT (PPE)



- 1 Gloves**  
  
**A:** Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.  
Hold the glove in the opposite gloved hand.  
**B:** Slide an ungloved finger or thumb under the wrist of the remaining glove.  
**C:** Peel the glove off and over the first glove, making a bag for both gloves.  
Dispose of gloves in designated area.
- 2 Gown**  
  
**A:** Carefully unfasten ties.  
**B:** Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.  
Turn the gown inside out during removal.  
Dispose of gown in designated area.
- 3 Hand Hygiene**  
  
Rub an alcohol based hand sanitizer on your hands and rub for 20 seconds.
- 4 Eye Protection/ Face Shield**  
  
Handle only by headband or earpieces.  
Carefully pull away from face.  
Put reusable items in appropriate area for cleaning.  
Put disposable items in designated area.
- 5 Surgical Mask**  
  
Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.  
Dispose of the mask in the designated area.
- 6 Hand Hygiene**  
Sanitize as per step 3.

For questions about infection prevention and PPEs, please speak to your unit coordinator.

### 3.20 Inventory Management & Burn Rate Tracking

Supplies		Inventory	Inventory	Inventory	Inventory	Inventory	Inventory	Inventory	Inventory	Burn Rate With 10 Isolations
		25-Mar-20	01-Apr-20	08-Apr-20	15-Apr-20	20-Apr-20	27-Apr-20	04-May-20	11-May-20	
<b>Hand Sanitizer</b>										
Total	ml	87600	112200	120060	95680	118808	221900	207500	199460	>30 days
<b>Wipes</b>										
Total	Per Wipe	5620	5640	6080	5000	4540	15380	14500	20540	> 30 days
<b>Gloves</b>										
Subtotal	XL (100 per box)	9200	14700	17500	17710	16250	19240	16180	9960	48 days
Subtotal	L (150 per box)	27450	34350	42150	28950	43500	47860	45450	34350	34 days
Subtotal	M (150 per box)	31350	43200	36150	31200	24000	31650	22350	12150	15 days
Subtotal	S (150 per box)	15000	21900	19650	17650	22300	18150	17150	16800	65 days
<b>Total</b>		83000	114150	115450	95510	106050	116900	101130	73260	>30 days
<b>Gowns</b>										
Total	Disposable	2200	2390	1980	1170	2770	2250	1770	1220	14 days
<b>Masks</b>										
Total	Procedure	4950	3600	4100	6325	10825	8193	5768	13968	28 days
<b>Masks N 95</b>										
Total						540	590	440	440	
<b>Soap</b>										
Total	ml	40000	72500	52500	46050	51250	34550	63150	53400	38 days
<b>Isolation Bins</b>										
Total	Stocked		59	54	58	48	58	60	66	
<b>Face Shields</b>										
Total						200	200	200	200	
<b>Probe Covers</b>										
Total	Cardinal			4800	5650	5700	7620	6900	5020	16 days
<b>Concentrated Disinfectant</b>										
Total	Concentrated (ml)					39000	113000	102000	91800	>60
<b>RTU Disinfectant</b>										
Total	RTU (ml)					174000	174000	172000		14 days



## 3.21 Admissions and Palliative Care Guidelines

### Admissions

- All resident admissions and any residents who leave for appointments and return to the facility will be put on precautionary isolation for 14 days. (Gloves, Gown & Mask) (Goggles only required if resident develops symptoms).
- Family members will not be allowed to enter the facility past the main entrance. If any communication with families is required it will need to be conducted over the phone.
- The resident should put on a mask and sanitize their hands once they have entered the facility.
- The paperwork that comes with the resident should be held for 24 hrs before going to the unit. All information should be faxed from sending facility, so you have the information you need.
- **All** the resident's belongings can go to their room right away as they are on isolation. This includes electronics, personal belongings, but **does not include clothing**. The person receiving the belongings, should wear appropriate PPE (gloves, and mask), wipe down what they can (exclude electronics), and take it to the resident's room.
- Resident's clothing should be double bagged with resident's name and room number and taken to the soiled side of the laundry department. It should be laundered, then labelled, then taken to the resident's room.
- The precautionary isolation will be for 14 days. We are looking at ways that we can provide social engagement for these individuals during this challenging time.
- We have created new signs that should be posted outside the resident's room and inside the resident's room on how to DON & DOFF PPE.
- Please remind all staff that this is for precautionary reasons and to monitor residents for symptoms of fever, cough, SOB, sore throat, runny nose or headache.
- Communication to the family and our resident about the precautionary isolation is important to explain to them prior to it happening so we are all on the same page.
- **We now have an email group called "Isolation" so when you put someone on isolation due to exiting the building or if they have symptoms please use this email group. Also, please explain why they are on isolation (ie: precautionary isolation due to return from appt, admission, or full isolation due to symptoms of \_\_\_\_\_.)**

### Palliative Care

- Resident who is at end-of-life, may have 1-2 visitors per day. This should be assessed with Unit Coordinator and/or Director, Clinical Care & Quality prior to initiating as it will be monitored on a case by case basis.
- They will be asked to gown, glove and mask at the main entrance, after risk assessment has been completed and hands are sanitized.
- Staff member should meet them at the main entrance and escort them to the resident's room.
- PPE must remain in place for entire visit and visitors must remain in resident's room only.
- Once visit complete, staff member must escort visitor back to main entrance to ensure they do not go anywhere else within the facility. PPE may be removed at that time and hands sanitized before leaving.

### 3.22 Respiratory Tracking Form

## RESPIRATORY TRACKING FORM

Case #							
Resident (R)/Staff (S)							
Initials							
Sex							
DOB (D-M-Y)							
Room #							
Date of Onset 1 <sup>st</sup> Symptoms D-M-Y							
<b>Fever</b>							
<b>Cough</b>							
<b>Sore Throat</b>							
<b>Shortness of Breath</b>							
<b>Chills</b>							
<b>Myalgia (muscle pain)</b>							
<b>Athralgia (joint pain)</b>							
<b>Prostration (physical weakness)</b>							
<b>Other</b>							
Swab Collected (D-M-Y)							
Lab Results							
Influenza Vaccination							
Antivirals Started (D-M-Y)							
Date Symptoms Resolved							
<b>recovered</b>							
<b>hospitalized</b>							
<b>deceased</b>							
<b>unknown</b>							
Comments							

### 3.23 Suspect COVID-19 Guidelines

#### Symptoms of COVID-19 are:

*Fever, cough, shortness of breath, sore throat, runny nose, headache, diarrhea, new onset of fatigue, new onset of muscle soreness, loss of sense of smell or taste.*

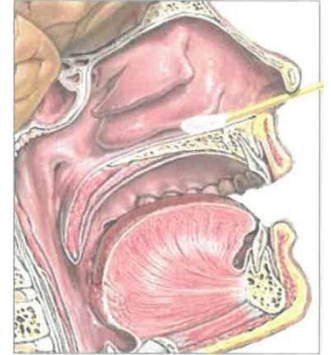
1. Put resident on isolation immediately and use PPE. **This includes gown, gloves, mask and eye wear.**
2. Sign for donning PPE should be posted outside the room and sign for doffing should be posted inside the room.
3. If using face shields – they are disposable, but if using plastic eye wear, then bin needs to be put in resident’s room that says, “Eye Wear Only”. These will be cleaned by environmental staff periodically.
4. Call should be placed to physician to determine whether or not they want the resident tested for Covid-19, influenza, or both.
5. **If the physician orders both, only 1 nasopharyngeal swab needs to be done. The swab required is the one with the red cover and pink liquid.**
6. The requisition form should indicate that you are testing for Covid-19, Influenza A & B, RSV.
7. Notify Director, Clinical Care & Quality.
8. Notify Public Health – will need resident’s name, date of birth & Medicare number.  
**Contact: Communicable Disease Line – (506) 444-5905 After Hours Pager: (506) 462-0574**
9. Start line listing.
10. Review PPE and Hand Hygiene with front-line staff and ask them to monitor other residents for symptoms.
11. Increase cleaning within the unit, speak with housekeeping staff.
12. Notify Dietary staff ie: disposable dishes.

### 3.24 Nasopharyngeal Swab Procedure

Annex C of the Canadian Pandemic Influenza Plan for the Health Sector identifies the following procedure for Nasopharyngeal Swabs:

1. Explain the procedure to the resident.
2. Use the Nasopharyngeal swab supplied with the viral transport media.
3. If the resident has a lot of mucus in the nose, this can interfere with the collection of cells. Either ask the resident to use a tissue to gently clean out visible nasal mucus or clean the nostril yourself with a cotton swab (e.g. Q-Tip).
4. Estimate the distance to the nasopharynx: prior to insertion, measure the distance from the corner of the nose to the front of the ear and insert the shaft approximately 2/3 of this length.

5. Seat the resident comfortably. Tilt the resident's head back slightly to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier (see Figure 1)
6. Insert the swab provided along the medial part of the septum, along the floor of the nose, until it reaches the posterior nares; gentle rotation of the swab may be helpful. (If resistance is encountered, try the other nostril; the resident may have a deviated septum.)
7. Allow the swab to sit in place for 5–10 seconds.
8. Rotate the swab several times to dislodge the columnar epithelial cells. Note: Insertion of the swab usually induces a cough.
9. Withdraw the swab and place it in the collection tube.
10. Nasopharynx Swab Collection is as depicted: A sterile swab is passed gently through the nostril and into the nasopharynx.



### 3.25 Specialized Isolation Care Area (SICA)

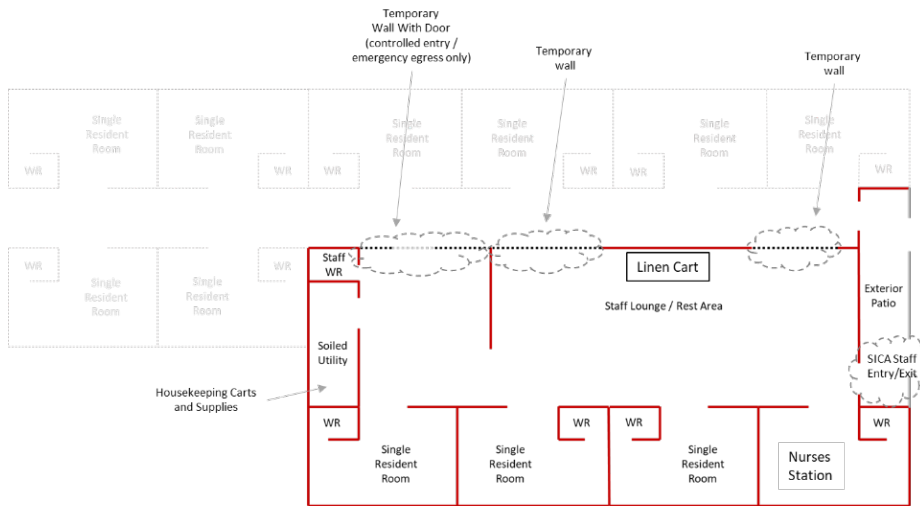
York Care Centre is designed in such a way that approximately 90% of its resident rooms are single occupant, with private washrooms. The remaining 10% are two-resident rooms, primarily intended for couples who are seeking social admission. To limit infection control issues, two-resident rooms also have a partial wall between beds.

Although our single room design permits us to quickly isolate any resident with symptoms of COVID-19, after working with our staff, families, and residents, a phased cohort approach was created to allow us to isolate future positive cases within an area that is separate from the facility, with its own designated staff.

The design of the Specialized Isolation Care Area also allows for a three-phased expansion:

## Specialized Isolation & Care Area (SICA)

### Phase 1: Up to Four (4) Cases



#### Staffing (based on 1 to 6 residents)

- 1 Registered Nurse or Licensed Practical Nurse (24/7)
- 1 Resident Attendant (24/7)
- 1 Housekeeping Staff (24/7)
- 1 Utility Worker (24/7)

#### Supplies

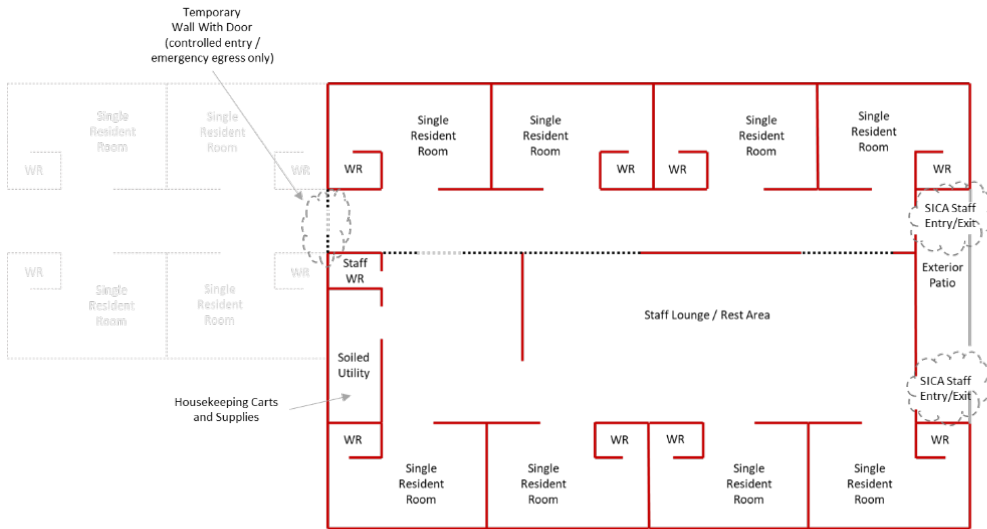
- Med Cart / Laptop
- Med Cart Supplies
- Charting Laptop
- Personal Protective Equipment
- Blood Pressure Machine
- Nursing Supplies
- Resident Lifts
- Dressing Supplies
- Laundry Cart
- Fax Machine/Copier
- Filing System/Cabinet
- Refrigerator
- Linen Bags
- Garbage Bags
- Shredder

#### Other Necessities

- Phone System
- Resident Call Bell
- Oxygen Concentrator/Supplies
- Housekeeping Cart/Supplies
- Desk
- Table
- Phone
- Meals Provided for Residents and Staff
- Scrubs
- Guidelines for Staff Response/Supply Checklist

# Specialized Isolation & Care Area (SICA)

## Phase 2: Up to Eight(8) Cases



### Staffing

To Be Determined.

### Supplies

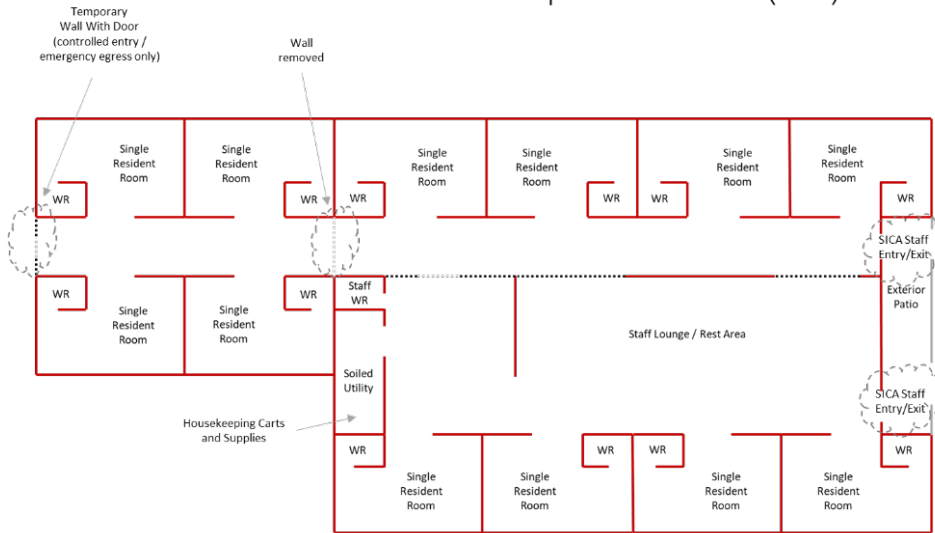
Med Cart / Laptop	Fax Machine/Copier
Med Cart Supplies	Filing System/Cabinet
Charting Laptop	Refrigerator
Personal Protective Equipment	Linen Bags
Blood Pressure Machine	Garbage Bags
Nursing Supplies	Shredder
Resident Lifts	
Dressing Supplies	
Laundry Cart	

### Other Necessities

Phone System  
Resident Call Bell  
Oxygen Concentrator/Supplies  
Housekeeping Cart/Supplies  
Desk  
Table  
Phone  
Meals Provided for Residents and Staff  
Scrubs  
Guidelines for Staff Response/Supply Checklist

# Specialized Isolation & Care Area (SICA)

## Phase 3: Up to Twelve (12) Cases



### Staffing

To Be Determined.

### Supplies

Med Cart / Laptop	Fax Machine/Copier
Med Cart Supplies	Filing System/Cabinet
Charting Laptop	Refrigerator
Personal Protective Equipment	Linen Bags
Blood Pressure Machine	Garbage Bags
Nursing Supplies	Shredder
Resident Lifts	
Dressing Supplies	
Laundry Cart	

### Other Necessities

Phone System  
Resident Call Bell  
Oxygen Concentrator/Supplies  
Housekeeping Cart/Supplies  
Desk  
Table  
Phone  
Meals Provided for Residents and Staff  
Scrubs  
Guidelines for Staff Response/Supply Checklist

## Part 4


# The Recovery Phase

## 4.1 Government of New Brunswick Phased Recovery Plan

### Public Health Phases and Triggers


Public Health Measures	Major Trigger Back to Current Level: 3 unlinked community outbreaks (cases) in 6 day period Minor Trigger: Significant Acceleration of Disease Curve			
	Today	Trigger to Loosen: 2-4 weeks after the curve flattens	Trigger to Loosen: 2-4 weeks without new wave	Trigger to New Normal: vaccination or herd immunity
Hand washing, surface cleaning	Yes	Yes	Yes	Yes
Physical Distancing (2m)	Strict	Two "Family Units"	Family and Friends	Lift
Face Coverings in Public	Strongly Recommended	Require Unless Unable	Yes	When ill.
Gathering w. Physical Distancing	None	10 or Less	50 or Less	Lift
Public Spaces: Health Screening, Handwashing Stations, Barriers, Reduced Maximum Occupancy	Yes	Yes	Yes	Lift
Businesses or activities that can ensure physical distancing	Open with Strict Controls	Strict Controls	Basic Controls	Lift
Businesses or activities that cannot ensure physical distancing	Close	Progressive Opening then Strict Controls	Basic Controls	Lift
Visitation of Vulnerable Population	Strict Controls	Loosen with Strict Controls	Basic Controls	Lift
Schools and Daycares	Virtual Only (Daycare for Essential Workers)	Continue Virtual, Expand Daycares with Strict Controls	Open Schools with Strict Controls and Expand Daycares	Reopen
Postsecondary Institutions	Virtual Only	Virtual and In-person with Strict Controls	Basic Controls	Reopen
Borders (Provincial/International)	Strict Controls and Self-Isolation	Strict Controls and Self-Isolation	Strict Controls per Risk	Reopen

## 4.2 York Care Centre Phased Recovery Plan (part a)

	IF RED	IF ORANGE			IF YELLOW	IF GREEN
	GNB Full Restrictions	GNB Community Easements			GNB Community Easements	GNB Community Easements
	Aimed at flattening the curve and containing the virus as quickly as possible.	Balancing the reopening of social and economic settings while preventing a resurgence of transmission. In the event of a resurgence of COVID activity, York Care Centre may revert back to previous restrictions.			Further increase the reopening of social & economic settings after ability to control transmission has been shown.	Likely after a vaccine is available or more is learned about how to protect people from the virus.
THEN YCC Full Restrictions Include	THEN Phase 1a YCC Easements Include (as of April 27, 2020)	THEN Phase 1b YCC Easements Include (as of May 8, 2020)	THEN Phase 1c YCC Easements Include (as of May 19, 2020)	THEN Phase 3a YCC Easements Include (as of May 22, 2020)	THEN Phase 4 YCC Easements Include (as of _____)	
<b>COVID Leadership</b>						
1 COVID-19 Leadership Team	• Required, daily briefings	• Required, briefings x 3 per week	• Required, briefings x 2 per week	• Required, briefings x 2 per week	• Required, briefings x 2 per week	
2 COVID Task Groups	• Required	• Required	• As required	• As required	• As required	
<b>Family, Residents, Clients</b>						
3 Visitation	• Suspended, palliative visits with PPE	• Suspended, palliative visits with PPE	• Suspended, palliative visits with PPE	• Suspended, palliative visits with PPE	• Suspended, palliative visits with PPE, screening & temp checks	
4 Virtual Visits	• Ongoing	• Ongoing	• Ongoing	• Ongoing	• Ongoing	
5 Drive Through Visits	• One family, two visitors only + distancing + Activity Coordinator	• Two family, two visitors only + distancing + Activity Coordinator	• Two family, two visitors only + distancing + Activity Coordinator	• Two family, two visitors only + distancing + Activity Coordinator	• Two vehicles only + distancing + Activity Coordinator	
6 Courtyard Visits	• Not available	• Not available	• Not available	• Two family, two visitors only + distancing + Activity Coordinator	• Two family, two visitors only + distancing + Activity Coordinator	
7 Resident Activities	• Limited to unit, distancing required	• Limited to unit, distancing required	• Limited to unit, distancing required	• Limited to unit, distancing required	• Limited to unit, distancing required	
8 Resident Packages	• Quarantine, then delivery • No perishables	• Quarantine, then delivery • No perishables	• Reduced quarantine • No perishables	• Reduced quarantine • Takeout and home food okay • No flowers	• Reduced quarantine • Takeout and home food okay • No flowers	
9 Complimentary Resident Snacks	• Roving snack cart	• Roving snack cart	• Roving snack cart	• Roving snack cart	• Roving snack cart	
10 Family Updates	• Required x 3 per week	• Required x 3 per week	• Required x 2 per week	• Required x 2 per week	• Required x 2 per week	
11 Waived internet, cable & phone	• Waived	• Waived	• Return to normal	• Return to normal	• Return to normal	
12 Hair Services	• Suspended	• Suspended	• Suspended	• Suspended	• To be reopened as of June 1st	
13 Dental Services	• Suspended	• Suspended	• Suspended	• Suspended	• Suspended	
14 Residents Going Outside	• Restricted to courtyard or balcony	• Restricted to courtyard or balcony	• Restricted to courtyard or balcony	• Restricted to courtyard or balcony	• Courtyards, balconies, and outside with staff member present	
15 Worship Services	• In person, suspended (virtual okay)	• In person, suspended (virtual okay)	• In person, suspended (virtual okay)	• In person, suspended (virtual okay)	• In person, suspended (virtual okay)	
16 Resident External Appointments	• Medical only, isolation required	• Medical only, isolation required	• Medical only, no isolation required	• Medical only, no isolation required	• Medical only, no isolation required	
17 Adult Day Program	• Suspended	• Suspended	• Suspended	• Suspended	• Suspended	
<b>Employee Entry &amp; Screening</b>						
18 Hand Hygiene Compliance	• Required	• Required	• Required	• Required	• Required	
19 Temperature Screening	• Required	• Required	• Required	• Required	• Required, self-temp at home	
20 Symptoms Screening	• Required	• Required	• Required	• Required	• Required, self screening	
21 Changing Clothes Before/After Work	• Required	• Required	• Required	• Required	• Suspended	
22 Centralized Change Area	• Required	• Required	• Required	• Required	• Maintained as part of plan	



## 4.2 York Care Centre Phased Recovery Plan (part b)

	IF RED	IF ORANGE			IF YELLOW	IF GREEN
	GNB Full Restrictions	GNB Community Easements			GNB Community Easements	GNB Community Easements
	Aimed at flattening the curve and containing the virus as quickly as possible.	Balancing the reopening of social and economic settings while preventing a resurgence of transmission.			Further increase the reopening of social & economic settings after ability to control transmission has been shown.	Likely after a vaccine is available or more is learned about how to protect people from the virus.
	THEN YCC Full Restrictions Include	THEN Phase 1a YCC Easements Include (as of April 27, 2020)	THEN Phase 1b YCC Easements Include (as of May 8, 2020)	THEN Phase 1c YCC Easements Include (as of May 19, 2020)	THEN Phase 3 YCC Easements Include (as of May 22, 2020)	THEN Phase 4 YCC Easements Include (as of _____)
<b>PPE, Isolation, &amp; Infection Control</b>						
23	Wearing Medical Mask	• Required if no physical distancing	• Required if no physical distancing	• Required if no physical distancing	• Required if no physical distancing	• Required if no physical distancing
24	Wearing Non-Medical Mask	• Recommended in all other instances	• Recommended in all other instances	• Recommended in all other instances	• Recommended in all other instances	• Recommended in all other instances
25	Enhanced Cleaning	• Required, extra staff	• Required, extra staff	• Required, normal staffing	• Required, normal staffing	• Required, normal staffing
26	New Admissions	• Hospital ALC only	• Hospital ALC only	• Hospital ALC only	• Hospital ALC only	• Normal admissions (community, etc)
27	Relief care beds	• Closed	• Closed	• Closed	• Closed	• Return to normal
28	New Admission Isolation	• Required	• Required	• Required	• Required	• Required
29	Resident Screening	• Monitor, isolation if symptoms	• Monitor, isolation if symptoms	• Monitor + temp, isolation if symptoms	• Monitor + temp, isolation if symptoms	• Monitor + temp, isolation if symptoms
30	Adjusted Medical Rounds	• Virtual every 2 weeks, in-person alternate	• Virtual every 2 weeks, in-person alternate	• Virtual every 2 weeks, in-person alternate	• Virtual every 2 weeks, in-person alternate	• Virtual every 2 weeks, in-person alternate
31	Physical Distancing Measures	• Required	• Required	• Required	• Required	• Required
32	Specialized Isolation Care Area	• Applicable to first case; reserve SICA beds, deploy alternate bed plan	• Applicable to first case; reserve SICA beds, deploy alternate bed plan	• Applicable to first case; revert to normal use; back-up bed plan in place	• Applicable to first case; revert to normal use; back-up bed plan in place	• Applicable to first case; revert to normal use; back-up bed plan in place
33	Common Area Washrooms	• Closed	• Closed	• Closed	• Closed	• Closed
34	Employee Cohorting	• Required	• Required	• Required	• Required	• Required
35	Single Employer	• Required	• Required	• Required	• Required	• Suspended, employees to honour currently scheduled hours
<b>Employee Supports &amp; Updates</b>						
36	Pre-Existing Medical Condition	• Applicable to first case	• Applicable to first case	• Applicable to first case	• Applicable to first case	• Applicable to first case
37	Child Supervision Area	• YCC only, kindergarten to grade 6	• YCC only, kindergarten to grade 6	• YCC only, kindergarten to grade 6	• YCC only, kindergarten to grade 6	• YCC only, kindergarten to grade 6
38	Employee Wellness & Support	• Access to wellness specialist, peer to peer sessions, pastoral services, external employee assistance	• Access to wellness specialist, peer to peer sessions, pastoral services, external employee assistance	• Access to wellness specialist, peer to peer sessions, pastoral services, external employee assistance	• Access to wellness specialist, peer to peer sessions, pastoral services, external employee assistance	• Access to wellness specialist, peer to peer sessions, pastoral services, external employee assistance
39	GET Inspired Committee	• Suspended	• Suspended	• Reactivated, distancing	• Reactivated, distancing	• Reactivated, distancing
40	Employee Fitness Centre	• Suspended	• Suspended	• Open, reduced occupancy, distancing	• Open, reduced occupancy, distancing	• Open, reduced occupancy, distancing
41	Working from Home	• Non-essential	• Non-essential	• Not required	• Not required	• Not required
42	Take Out Food (staff & residents)	• Suspended	• Suspended	• Permitted, no contact delivery	• Permitted, no contact delivery	• Permitted, no contact delivery
43	Food from home	• Permitted, but no takeout	• Permitted, but no takeout	• Permitted, takeout also okay	• Permitted, takeout also okay	• Permitted, takeout also okay
44	Complimentary Employee Snacks	• Roving snack cart	• Roving snack cart	• Roving snack cart	• Roving snack cart	• Roving snack cart
45	Complimentary Pre-Made Meals	• Pre-made soups and stews	• Pre-made soups and stews	• Suspended	• Suspended	• Suspended
46	Employee Updates	• Required x 5 per week	• Required x 3 per week	• Required x 2 per week	• Required x 2 per week	• Required x 2 per week
<b>Other Services &amp; Programs</b>						
47	Research Services	• Suspended	• Suspended	• Open, CIRA offices only	• Open, CIRA offices only	• Open, limited capacity
48	Students	• Preceptorship only	• Preceptorship only	• Preceptorship, summer students	• Preceptorship, summer students	• Preceptorship, summer students
49	Jobs Unlimited	• Suspended	• Suspended	• Suspended	• Suspended	• Suspended
50	Nurse Practitioner	• Suspended	• Suspended	• Reactivated	• Reactivated	• Reactivated
51	Allied Health Services	• Ongoing, screening & PPE required	• Ongoing, screening & PPE required	• Ongoing, screening & PPE required	• Ongoing, screening & PPE required	• Ongoing, screening & PPE required
52	Assisted Living (Hawkins House)	• Distancing, suspended admissions	• Distancing, suspended admissions	• Distancing, supervised admissions	• Distancing, supervised admissions	• Distancing, supervised admissions
53	Independent Living	• Distancing, suspended admissions	• Distancing, suspended admissions	• Distancing, supervised admissions	• Distancing, supervised admissions	• Distancing, supervised admissions

## Part 5

# The Debrief & Refinement Phase

## 5.1 The Importance of Debriefing

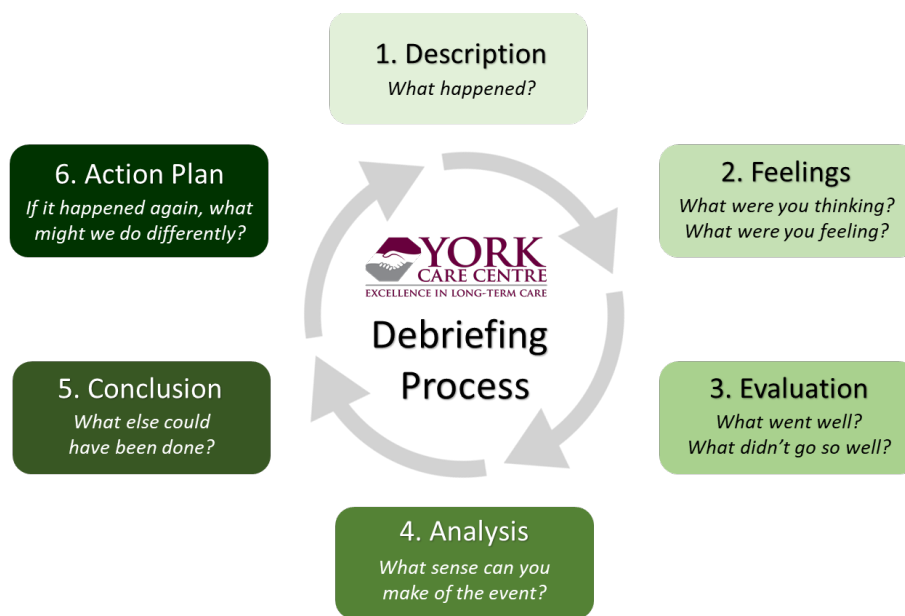
Debriefing can be defined as a dialogue between two or more people with the primary goal of discussing the overall response, as well as the thought processes involved. The term "debriefing" comes from the military. The debriefing process provides leadership with information to improve future missions.

The debrief process serves as an excellent means of engaging healthcare workers and leaders on what worked well, and what didn't work so well. It provides an opportunity to reflect on actions and directives that could be improved if a similar event were to occur again, supporting overall process improvement.

## 5.2 The Debriefing Process

The debriefing process must be designed around a non-judgemental environment where participants are permitted to be open and honest about the event, without fear of reprisal.

All forms of debriefing share a similar approach, which is essentially a multi-staged process that permits a safe and structured post-event review. At York Care Centre, the following debrief process will be used in relation to our pandemic plan:



To support the process, the session can be facilitated by an internal resource, or through an external independent facilitator. In any case, to drive conversation and engagement the facilitator may ask such questions as:

- How did we do overall on this event?
- Which aspects worked well?
- What can be improved?
- *How* can it be improved?
- Which of these aspects are beyond our control?
- What can we do about them?
- What were some unanticipated challenges we encountered?
- Can we predict these in the future?
- How do we implement the changes we've discussed?

## 5.3 Sample Event Debrief Template

### Event Debrief and Evaluation Form

Name of Event:	
Date of Event:	
Name:	
Organisation:	
Responsibility:	

List or describe what you thought was successful or worked well in the area you were responsible for or involved in:

--

List or describe what you thought was NOT successful or did not work well in the area you were responsible for or involved in:

--

List your actions/recommendations for improvement for future events for the area you were responsible for or involved in:

--

List or describe what you thought was successful or observed working well in the whole event:

--