

# COVID-19

# Pandemic Plan

VERSION 14: December 18, 2020

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## Appendix 1: Nursing Home Outbreak Management Guideline

# 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:

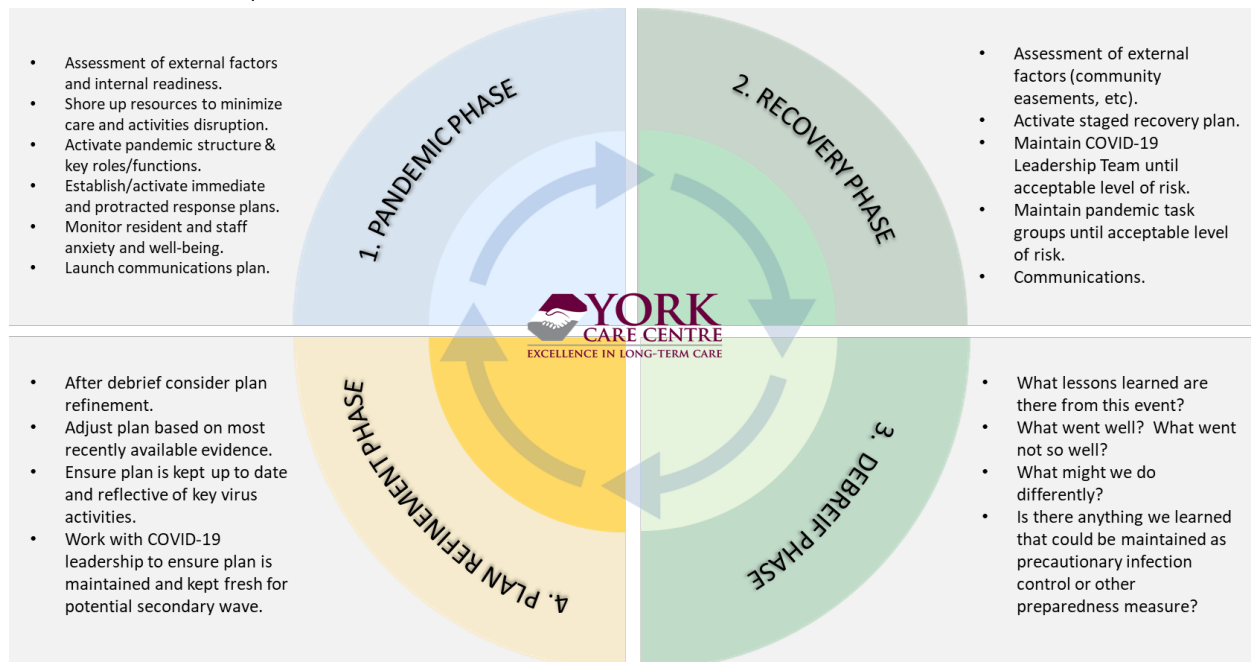
1. We will develop and implement bold but thoughtful proactive measures that protect residents and staff, even though we may not have received a 'directive',
2. We will make decisions that ensure the safest possible environment for residents and staff,
3. We will push ourselves to be innovative and creative 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

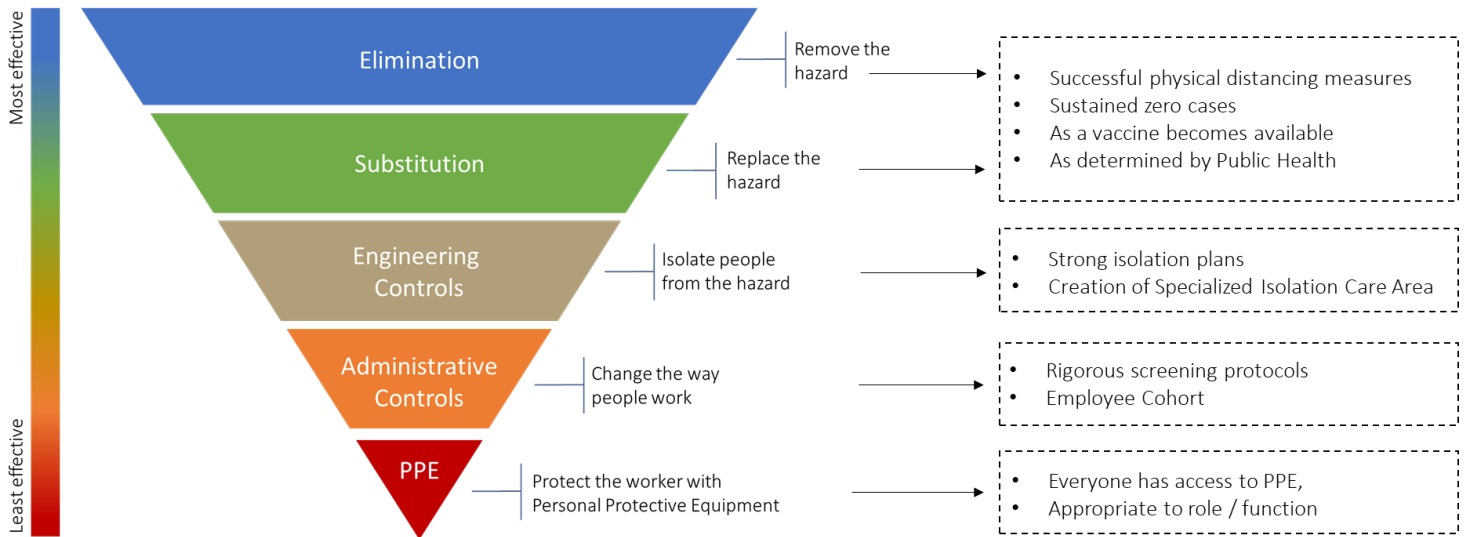
To enable a continual state of readiness, the four pandemic phases ensures that the plan can be easily operationalized, kept up to date with the latest external factors, and maintained in a cyclical way to allow for a multi-wave response.



### 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



## Part 3

# The Pandemic Phase



### 3.1 The Role of our Federal Government

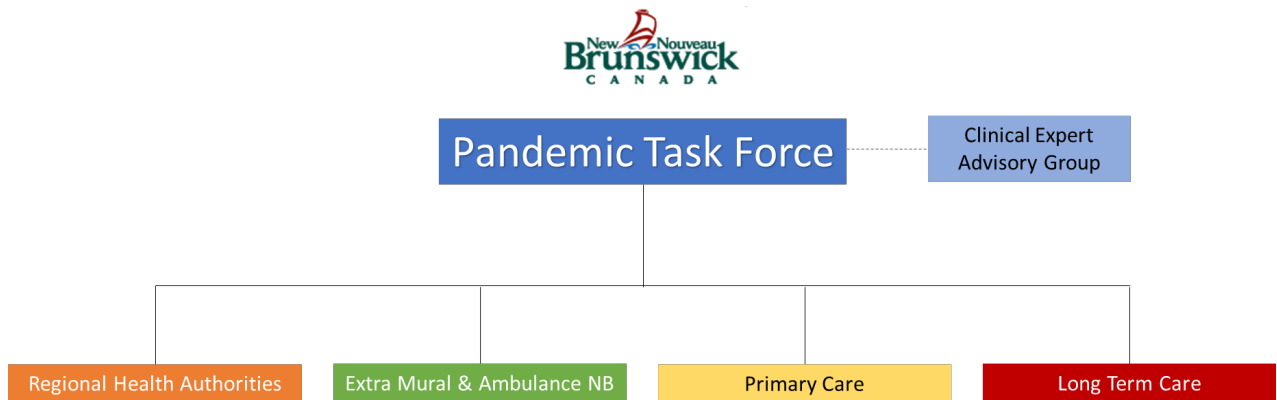
The Government of Canada's response complements the pandemic public health and safety measures and strategies of the provinces and territories, which are designed to meet the unique requirements of each jurisdiction. This includes working closely with provinces and territories to ensure that all necessary 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.

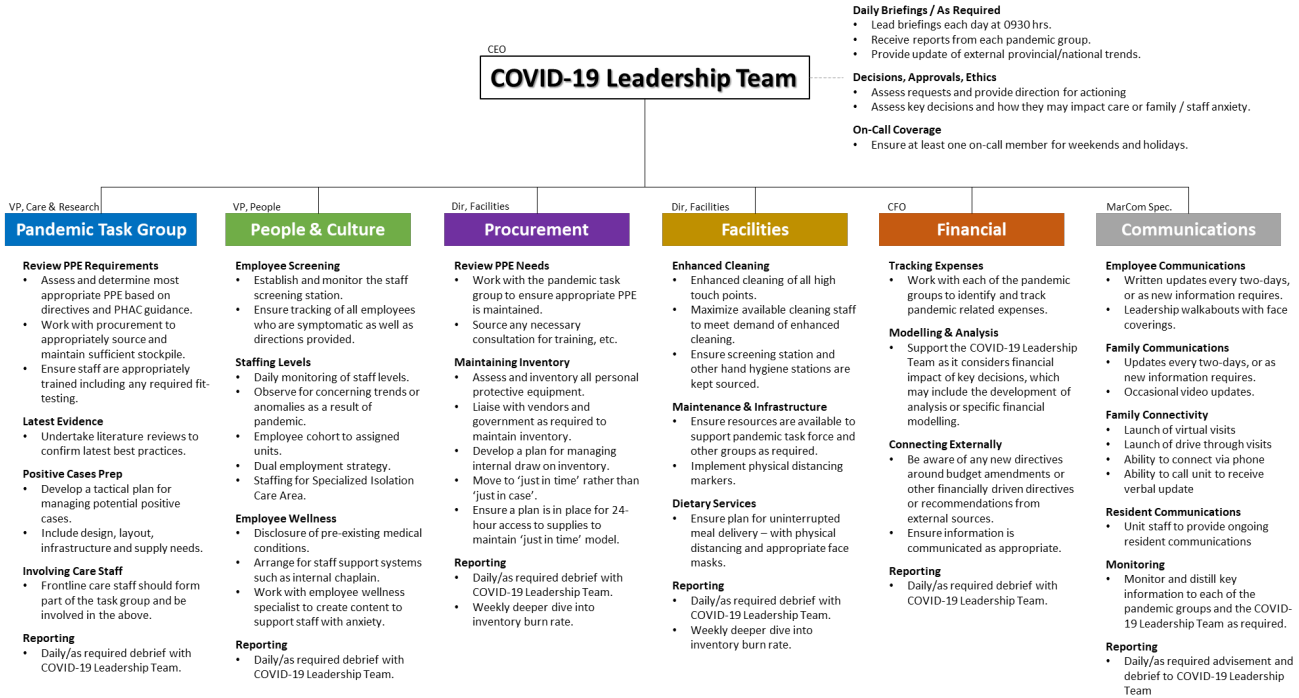
### 3.3 The Role of The Provincial Rapid Outbreak Management Team (PROMT)

The Provincial Rapid Outbreak Management Team (PROMT)'s role is to ensure rapid isolation and containment at the time of a facility's first identified case of COVID-19, while also ensuring quality onsite resident centered care and support to staff.

PROMT is deployed to work alongside facility staff and to provide intensive support for at least the first 24-48 hours, or until sufficient additional regional resources are in place to provide ongoing care.

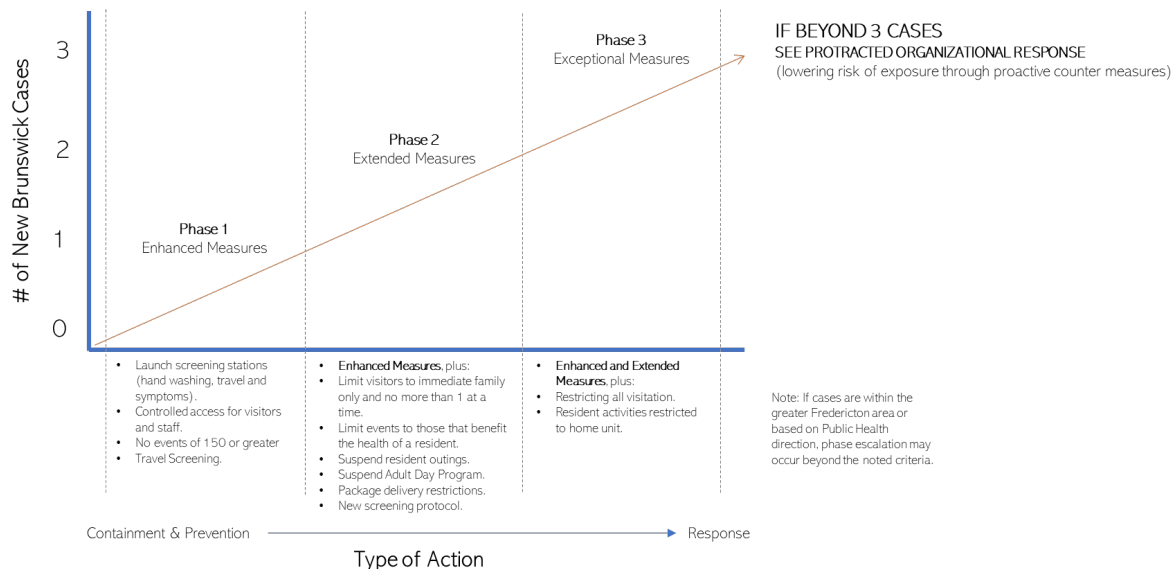
### 3.4 York Care Centre Leadership Structure and Key Functions

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:



### 3.5 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.



### 3.6 Protracted Pandemic Response

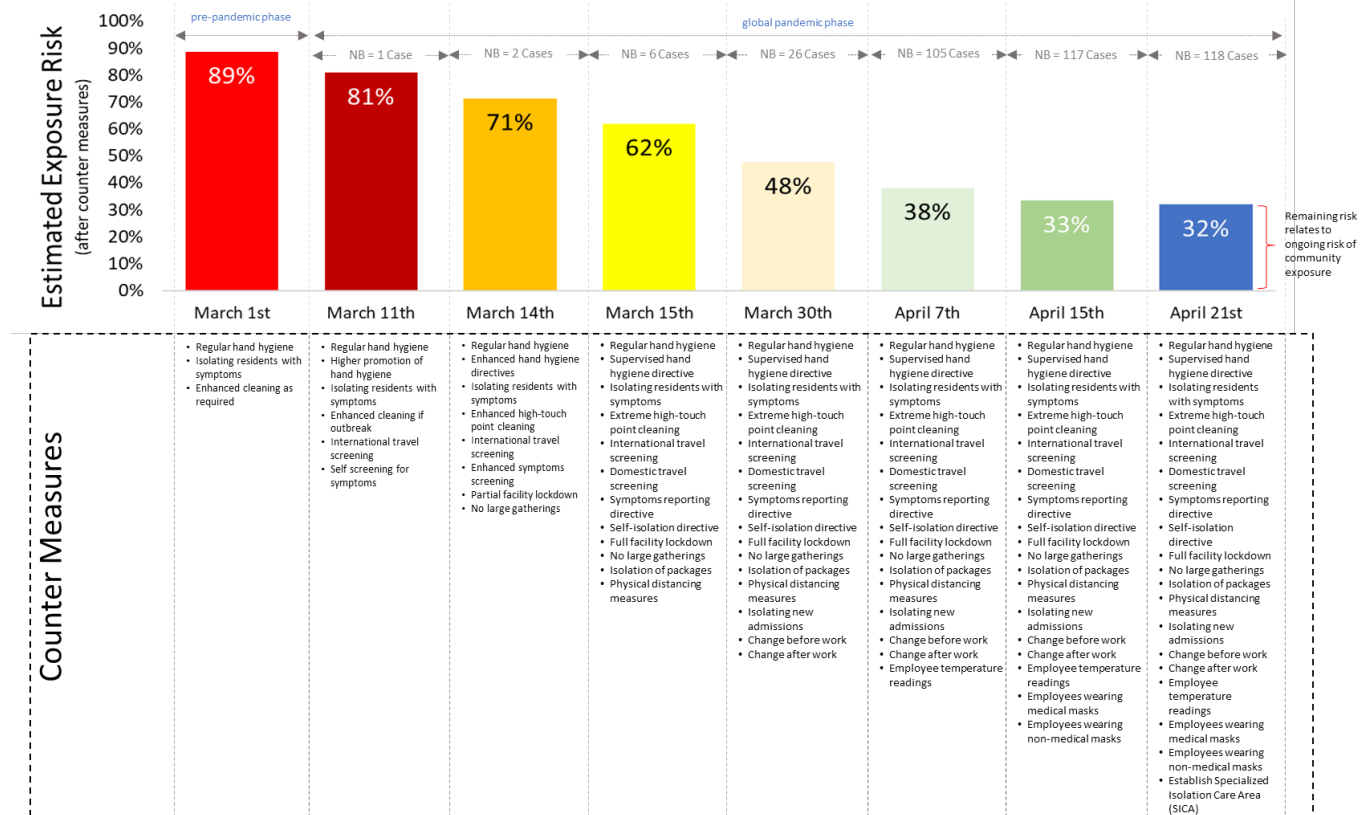
Following the quick escalation of our preliminary response, the global, national, and provincial spread of COVID-19 required us to move to a more protracted response. It also became apparent that as we increased preventative measures, we reduced the overall risk of organizational exposure.

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 a protracted pandemic response model that can be adjusted based on pandemic activity, 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)





### 3.8 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 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 no longer available but can be reactivated as part of our pandemic plan.

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>	

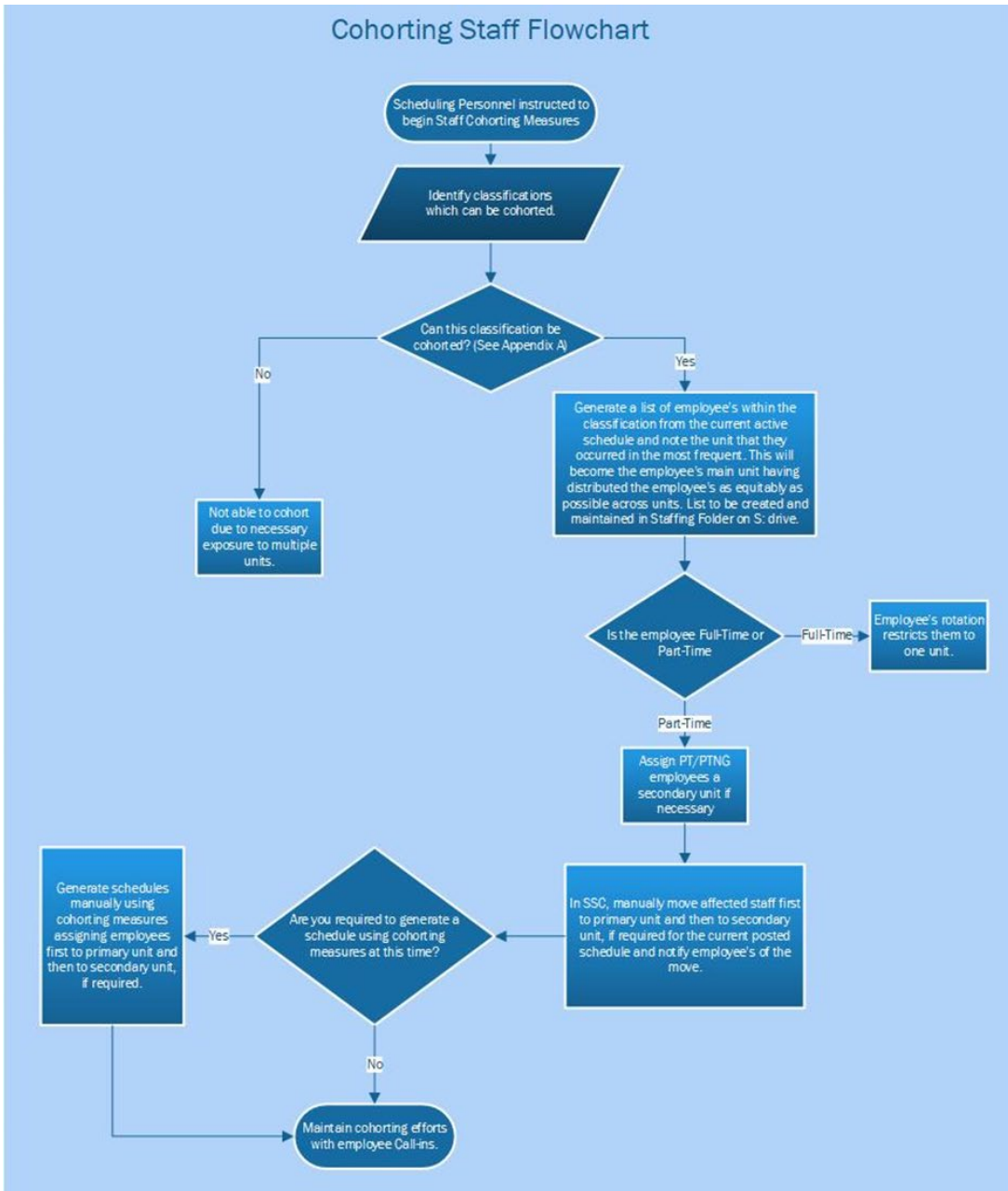
**Other important information**





### 3.13 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



### 3.14 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: \_\_\_\_\_

## 3.15 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 #38, June 2, 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.

**Day 83.** There are **0 cases** of COVID-19 at York Care Centre. As of this update, **34** employees and **9** residents have been tested and all confirmed **negative**.

Many of you have offered thoughtful comments about when and how we should allow for broader visitation. We have sent a letter to the province's pandemic task force as well as the Minister of Social Development, outlining our thoughts about how we might safely approach this in the future; however, given that we continue to be in a declared emergency, the province will need to authorize us to allow in-room visitations.

You have also asked us to consider additional ways to increase the current visitation time allocated to exterior visits. As of **Monday June 8<sup>th</sup>**, we are pleased to add 30-minute Courtyard Visits (Monday to Friday, 9am to 4:30pm) as well as the continuation of the 15-minute Courtyard Visits (Monday to Sunday).

#### Operational Updates:

- Version 6 of our pandemic plan as well as all current and previous updates, are available on our website homepage at [www.yorkcarecentre.ca](http://www.yorkcarecentre.ca).
- Within our pandemic plan, Part 4 (recovery phase) provides details related to internal easements.
- Our internal hairstylists are back in business – carefully following the new provincial requirements, the stylists are working directly with residents to schedule trimming.
- We continue to allow for palliative visits, with a limit of two family members and one visitor at a time. Palliative visits require screening, temperature, mask, gown, and gloves.
- Daily symptom monitoring of employees continues through self-assessment and reporting.
- Daily symptom monitoring of residents continues, along with temperature checks.
- The COVID-19 Leadership Team meets on Tuesday and Friday each week, following those debrief sessions, family and staff updates are provided.

#### Resident Activities and Staying Connected:

- Our Activity Coordinators are organizing plans to facilitate residents having more outside time. It's important that we maintain safe physical distancing, but we also want to ensure residents are taking advantage of the fresh air and nicer weather.
- You have the option of Courtyard Visits, Drive-Thru Visits, and Virtual Visits. For details and bookings, please contact us 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. Thank you for being patient!**

Information Line: 506-444-2657 or E-mail: [communications@yorkcarecentre.ca](mailto:communications@yorkcarecentre.ca)

## 3.16 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.

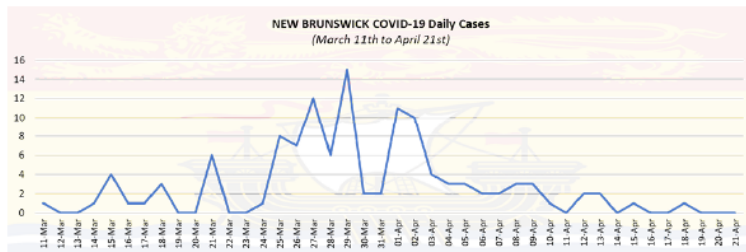
It's important that we give employees a venue for offering suggestions, while also providing them with clear, direct, and timely instruction. During the pandemic phase, employees will receive updates and be able to interact with leadership by way of our FAQ documents, a phone hotline, a dedicated e-mail 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.

## 3.17 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.

### 3.18 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.

### 3.19 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.

## 3.20 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)



- Hand Hygiene**  
  
Rub an alcohol based hand sanitizer on your hands and rub for 20 seconds.
- Gown**  
  
Tie at the back of the neck and/or waist.
- 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.
- Eye Protection/ Face Shield**  
  
Place over the eyes and face. Adjust to fit.  
\*Personal eye glasses **DO NOT** count as personal protective equipment.\*
- 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)



- 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.
- 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.
- Hand Hygiene**  
  
Rub an alcohol based hand sanitizer on your hands and rub for 20 seconds.
- 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.
- 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.
- Hand Hygiene**  
Sanitize as per step 3.

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

**NOTE:** Discontinuation of isolation droplet precautions may be done in consultation with the Regional Medical Officer of Health.

### 3.21 Inventory Management & Burn Rate Tracking

		Inventory	Inventory	Inventory	Inventory	Inventory	Inventory	Inventory	Inventory	Burn Rate With 10 Isolations
		31-Aug-20	14-Sep-20	21-Sep-20	29-Sep-20	06-Oct-20	13-Oct-20	20-Oct-20	27-Oct-20	
<b>Hand Sanitizer</b>										
Total	ml	222436	209060	244116	237900	284996	296308	372904	365004	> 60 days
<b>Wipes</b>										
Total	Per Wipe	16620	14480	12960	13580	13360	13560	12840	12200	> 60 days
<b>Gloves</b>										
Subtotal	XL (100 per box)	26400	28140	26710	26610	25700	25700	25700	32500	> 60 days
Subtotal	L (150 per box)	39600	42000	37500	49350	41850	36150	34200	45000	> 60 days
Subtotal	M ( 150 per box)	34050	43050	34500	40350	43500	34050	34650	40500	> 60 days
Subtotal	S (150 per box)	21650	17500	17150	21000	24500	24350	24200	23000	> 60 days
Total		121700	130690	115860	137310	135550	120250	118750	141000	> 60 days
<b>Gowns</b>										
Total	Disposable	7470	4760	4770	4730	4730	4680	4680	4630	> 60 days
<b>Masks</b>										
Total	Procedure	42400	49350	48250	54900	55100	46600	60450	60100	> 60 days
<b>Masks N 95</b>										
Total		440	440	440	440	440	440	440	440	
<b>Soap</b>										
Total	(ml)	90600	86850	95600	88100	78100	90600	87450	93100	> 60 days
<b>Isolation Bins</b>										
Total	Stocked	56	58	59	58	58	57	57	57	
<b>Face Sheilds</b>										
Total		1000	1000	1000	1000	1000	1000	1000	1000	
<b>Probe Covers</b>										
Total		11160	11160	10760	10760	10760	10760	10760	10360	> 60 days
<b>Concentrated Disinfectant</b>										
Total	Concentrated (ml)	75500	72500	72500	102500	99500	93500	72500	69500	> 60 days
<b>RTU Disinfectant</b>										
Total	RTU (ml)	88000	88000	88000	88000	88000	88000	88000	88000	> 60 days

## 3.22 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.



### 3.23 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							

### 3.24 Suspect COVID-19 Guidelines

#### Symptoms of COVID-19 are:

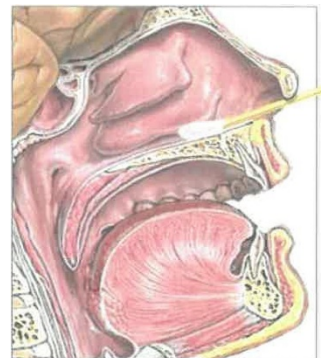
*Fever, cough, shortness of breath, sore throat, runny nose, headache, diarrhea, new onset of fatigue, new onset of muscle soreness, loss of sense of smell or taste.*

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.

### 3.25 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.

### 3.26 Declaring an Outbreak

The Regional Medical Officer of Health establishes a COVID-19 outbreak in any long-term care facility in New Brunswick. A single positive/confirmed case in a resident or active staff member will trigger an outbreak declaration.

After two full incubation periods have passed ( $2 \times 14 = 28$  days) with no new cases during that time, a declaration ending the outbreak may be done in consultation with the Regional Medical Officer of Health.

### 3.27 Specialized Isolation Care Area (SICA)

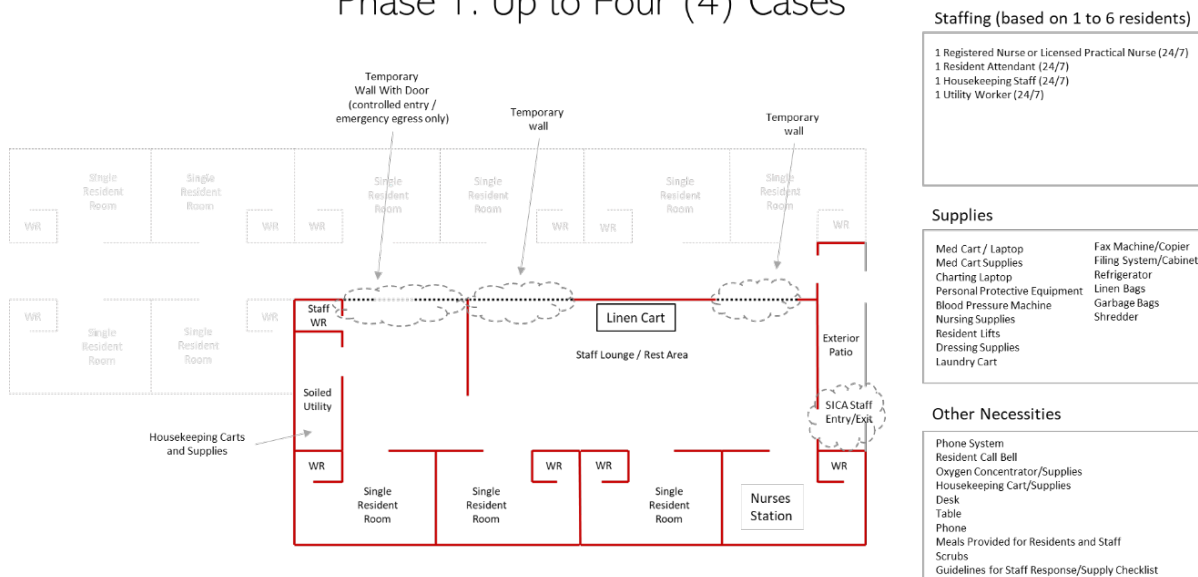
York Care Centre is designed in such a way that approximately 90% of its resident rooms are single occupant, with private washrooms. The remaining 10% are two-resident rooms, primarily intended for couples who are seeking social admission. To limit infection control issues, two-resident rooms also have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

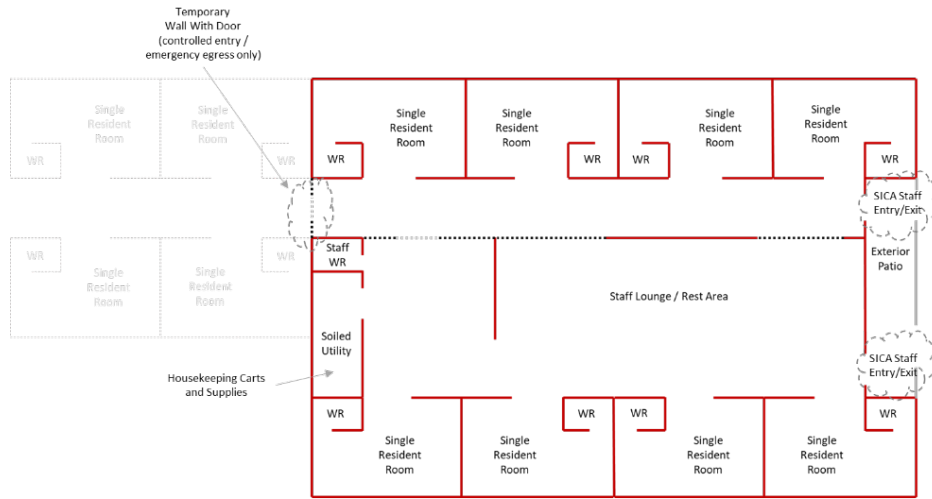
## Specialized Isolation & Care Area (SICA)

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



# Specialized Isolation & Care Area (SICA)

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



### Staffing

To Be Determined.

### Supplies

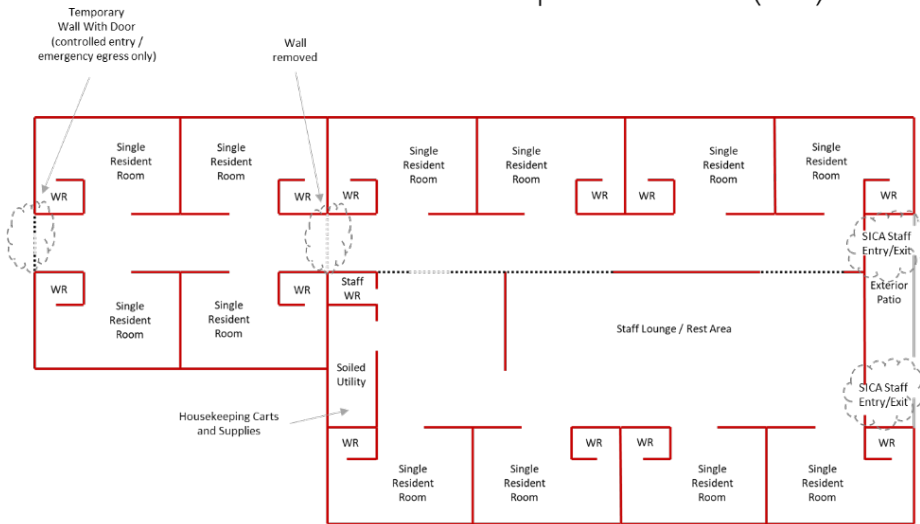
Med Cart / Laptop	Fax Machine/Copier
Med Cart Supplies	Filing System/Cabinet
Charting Laptop	Refrigerator
Personal Protective Equipment	Linen Bags
Blood Pressure Machine	Garbage Bags
Nursing Supplies	Shredder
Resident Lifts	
Dressing Supplies	
Laundry Cart	

### 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




Strict controls to flatten the curve and contain the virus as quickly as possible.  
Available services are limited to those that are essential, with mandatory public health measures in place such as physical distancing, business closures and travel restrictions.  
Conditions:  
Frequent hand washing, surface cleaning and physical distancing (2m)  
Community face masks (facial coverings) in public when physical distancing cannot be maintained (required)  
No social gatherings  
Health screenings, handwashing stations, barriers, and reduced maximum occupancies required for public spaces  
Only businesses or activities deemed essential that can ensure physical distancing are open (with strict controls)  
Visitations of vulnerable populations (with strict controls)  
Daycares available for essential workers  
Schools and post-secondary institutions available virtually


Balancing the reopening of businesses and activities while preventing a resurgence of transmission.  
Subject to the Public Health and WorkSafeNB COVID-19 general guidance, the following activities are allowed:  
Elective surgeries and other non-emergency health services  
Two-household bubble  
Gatherings with physical distancing of 10 or fewer  
Golf courses, outdoor tennis courts, marinas  
Carpooling  
Outdoor religious services  
Recreational fishing and hunting  
Post-secondary education and some cultural venues  
Offices  
Retail businesses  
Restaurants  
Campgrounds and outdoor recreational activities  
Daycare, childcare and day camps  
ATV trails

Reopening of more businesses and activities after the ability to control transmission has been demonstrated.  
Subject to the Public Health and WorkSafeNB COVID-19 general guidance, the following activities are allowed:  
Family and friends bubble (May 22)  
Non-regulated health professionals/businesses (May 22)  
Personal services businesses (May 22)  
Outdoor gatherings with physical distancing of 50 or fewer (June 5)  
Religious services, weddings and funerals of 50 or fewer (June 5)  
Increase in elective surgeries and other non-emergency health care services (June 5)  
Swimming pools, saunas and waterparks (June 5)  
Gyms, yoga and dance studios (June 5)  
Rinks and indoor recreational facilities (June 5)  
Pool halls and bowling alleys (June 5)  
Low-contact team sports (June 5)  
Overnight camps (June 19)  
Other sectors to be determined

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

	IF RED C-19 no longer controlled	IF ORANGE Significant risk that C-19 is no longer controlled	IF YELLOW C-19 is controlled but still a risk to the community		IF GREEN Vaccine, herd immunity or effective treatment.
	Restrictions limiting unnecessary movement of people & contacts to contain community transmission / prevent outbreaks.	Restrictions and limitations to address a high risk of community transmission.	Physical distancing and standard public health measures to mitigate risk associated with sporadic cases or clusters.		Population prepared for future communicable disease outbreaks.
	THEN Full Response YCC Full Restrictions Include	THEN Phase 1 YCC Easements Include	THEN Phase 2 YCC Easements Include	THEN Phase 3 YCC Easements Include	THEN Recovery Phase YCC Easements Include
<b>COVID Leadership</b>					
1 COVID-19 Leadership Team	• Required, daily briefings	• Required, briefings up to 2 per week	• Required, briefings x 1 per week	• Required, briefings x 1 per week	• To be determined
2 COVID Task Groups	• Required	• As required	• As required	• As required	• To be determined
<b>Family, Residents, Clients</b>					
3 Visitation	• Suspended, palliative visits with PPE • Designated caregivers permitted	• Suspended, palliative visits with PPE • Designated caregivers permitted	• Up to 20% visitors every 5 days • Designated caregivers permitted	• Up to 20% visitors every 5 days • At home visits permitted • Designated caregivers permitted	• To be determined
4 Virtual Visits	• Ongoing	• Ongoing	• Ongoing	• Ongoing	• To be determined
5 Drive Through Visits	• One family, two visitors only + distancing + Activity Coordinator	• Two family, two visitors only + distancing + Activity Coordinator	• If required and availability of staff	• Suspended	• To be determined
6 Courtyard Visits	• Not available	• Two family, two visitors only + distancing + Activity Coordinator	• If required and availability of staff	• If required and availability of staff	• To be determined
7 Resident Activities	• Limited to unit, distancing required	• Limited to unit, distancing required	• Limited to unit, distancing required	• Limited to unit, distancing required	• To be determined
8 Resident Packages	• Quarantine, then delivery • No perishables	• Reduced quarantine • Takeout and home food okay • No flowers	• Sanitized, delivered within 24 hours • Takeout and home food okay • Flowers okay	• Sanitized, delivered within 24 hours • Takeout and home food okay • Flowers okay	• To be determined
9 Complimentary Resident Snacks	• Roving snack cart	• Roving snack cart	• Suspended	• Suspended	• To be determined
10 Family Updates	• Required x 3 per week	• Required x 2 per week	• As required	• As required	• To be determined
11 Waived internet, cable & phone	• Waived	• Return to normal	• Return to normal	• Return to normal	• To be determined
12 Hair Services	• Suspended	• Suspended	• Open for business	• Open for business	• To be determined
13 Dental Services	• Suspended	• Suspended	• Suspended	• Suspended	• To be determined
14 Residents Going Outside	• Restricted to courtyard or balcony	• Restricted to courtyard or balcony	• Courtyard, balcony, rec. outings	• Courtyard, balcony, rec. outings	• To be determined
15 Worship Services	• In person, suspended (virtual okay)	• In person, suspended (virtual okay)	• In person, suspended (virtual okay)	• In person, suspended (virtual okay)	• To be determined
16 Resident External Appointments	• Medical only, isolation required	• Medical only, no isolation required	• Medical only, no isolation required	• Medical only, no isolation required	• To be determined
17 Adult Day Program	• Suspended	• Suspended	• Suspended	• Suspended	• To be determined
<b>Employee Entry &amp; Screening</b>					
18 Hand Hygiene Compliance	• Required	• Required	• Required	• Required	• To be determined
19 Temperature Screening	• Required	• Required	• Required, self-temp at home	• Required, self-temp at home	• To be determined
20 Symptoms Screening	• Required	• Required	• Required, self screening	• Required, self screening	• To be determined
21 Changing Clothes Before/After Work	• Required	• Required	• Required	• Suspended	• To be determined
22 Centralized Change Area	• Required	• Required	• Required	• Suspended	• To be determined

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

	IF RED C-19 no longer controlled	IF ORANGE Significant risk that C-19 is no longer controlled	IF YELLOW C-19 is controlled but still a risk to the community		IF GREEN Vaccine, herd immunity or effective treatment.
	Restrictions limiting unnecessary movement of people & contacts to contain community transmission / prevent outbreaks.	Restrictions and limitations to address a high risk of community transmission.	Physical distancing and standard public health measures to mitigate risk associated with sporadic cases or clusters.		Population prepared for future communicable disease outbreaks.
	THEN Full Response YCC Full Restrictions Include	THEN Phase 1 YCC Easements Include	THEN Phase 2 YCC Easements Include	THEN Phase 3 YCC Easements Include	THEN Recovery Phase YCC Easements Include
<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	• To be determined
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	• To be determined
25 Enhanced Cleaning	• Required, extra staff	• Required, normal staffing	• Required, normal staffing	• Required, extra staff	• To be determined
26 New Admissions	• Hospital ALC only	• Hospital ALC only	• Normal admissions (community, etc)	• Normal admissions (community, etc)	• To be determined
27 New Admission Isolation	• Required	• Required	• Required	• Required	• To be determined
28 Resident Screening	• Monitor, isolation if symptoms	• Monitor + temp, isolation if symptoms	• Monitor + temp, isolation if symptoms	• Monitor + temp, isolation if symptoms	• To be determined
29 Adjusted Medical Rounds	• Virtual every 2 weeks, in-person alternate	• Virtual every 2 weeks, in-person alternate	• Mix of virtual and in-person	• Mix of virtual and in-person	• To be determined
30 Physical Distancing Measures	• Required	• Required	• Required	• Required	• To be determined
31 Specialized Isolation Care Area	• 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	• To be determined
32 Common Area Washrooms	• Closed	• Closed	• Closed	• Closed	• To be determined
33 Employee Cohorting	• Required	• Required	• Required	• Suspended	• To be determined
34 Single Employer	• Required	• Required	• Required	• Suspended	• To be determined
<b>Employee Supports &amp; Updates</b>					
35 Pre-Existing Medical Condition	• Applicable to first case	• Applicable to first case	• Applicable to first case	• Applicable to first case	• To be determined
36 Child Supervision Area	• YCC only, kindergarten to grade 6	• YCC only, kindergarten to grade 6	• Suspended	• Suspended	• To be determined
37 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	• To be determined
38 GET Inspired Committee	• Suspended	• Reactivated, distancing	• Reactivated, distancing	• Reactivated, distancing	• To be determined
39 Employee Fitness Centre	• Suspended	• Open, reduced occupancy, distancing	• Open, reduced occupancy, distancing	• Open, reduced occupancy, distancing	• To be determined
40 Working from Home	• Non-essential	• Not required	• Not required	• Not required	• To be determined
41 Take Out Food (staff & residents)	• Suspended	• Permitted, no contact delivery	• Permitted, no contact delivery	• Permitted, no contact delivery	• To be determined
42 Food or drink	• Permitted, but not at nursing stations	• Permitted, takeout also okay	• Permitted, takeout also okay	• Permitted, takeout also okay	• To be determined
43 Complimentary Employee Snacks	• Roving snack cart	• Roving snack cart	• Suspended	• Suspended	• To be determined
44 Complimentary Pre-Made Meals	• Pre-made soups and stews	• Pre-made soups and stews	• Suspended	• Suspended	• To be determined
45 Employee Updates	• Required x 5 per week	• Required up to 2 per week	• As required	• As required	• To be determined
<b>Other Services &amp; Programs</b>					
46 Research Services	• Suspended	• Open, CIRA offices only	• Open, internal research only	• Open, internal research only	• To be determined
47 Students	• Preceptorship only	• Preceptorship, summer students	• Preceptorship, summer students	• Preceptorship, summer students	• To be determined
48 Jobs Unlimited	• Suspended	• Suspended	• Okay	• Okay	• To be determined
49 Nurse Practitioner	• Suspended	• Reactivated	• Reactivated	• Reactivated	• To be determined
50 Allied Health Services	• Ongoing, screening & PPE required	• Ongoing, screening & PPE required	• Ongoing, screening & PPE required	• Ongoing, screening & mask required	• To be determined
51 Assisted Living (Hawkins House)	• Distancing, suspended admissions	• Distancing, supervised admissions	• Distancing, supervised admissions	• Distancing, supervised admissions	• To be determined
52 Independent Living	• Distancing, suspended admissions	• Distancing, supervised admissions	• Distancing, supervised admissions	• Distancing, supervised admissions	• To be determined



# Part 5

## The Debrief & Refinement Phase

## 5.1 The Importance of Debriefing & Refinement

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.

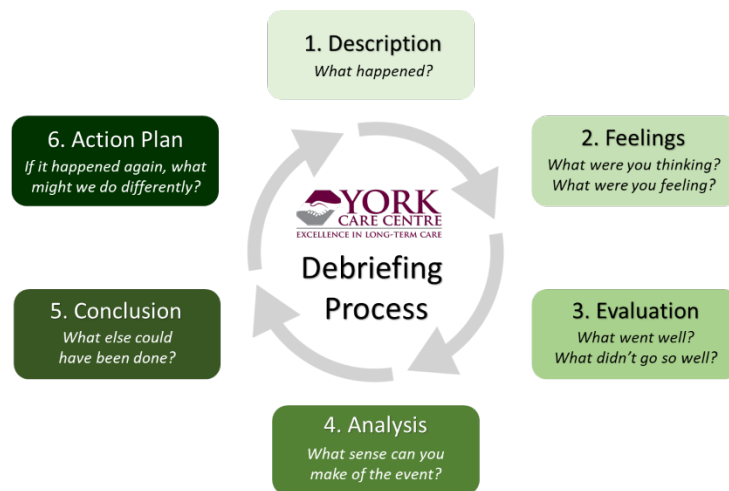
The debrief process serves as an excellent means of engaging healthcare workers and leaders on what worked well, and what didn't work so well. It provides an opportunity to reflect on actions and directives that could be improved if a similar event were to occur again, supporting overall process improvement.

In addition to the debrief process, we can learn a lot through exercising our plan – together, both factors contribute to the ongoing refinement of our pandemic readiness.

## 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?

**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:

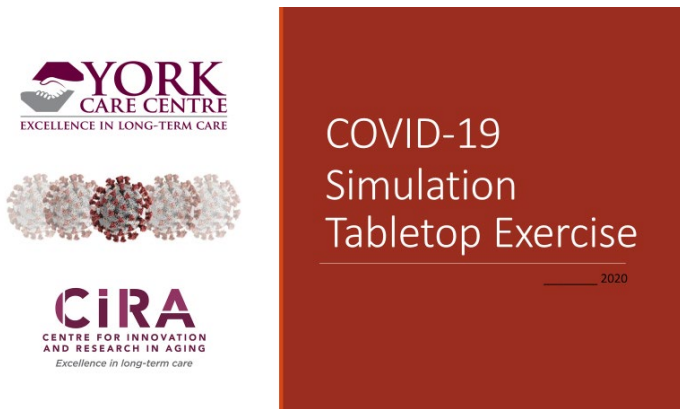
List your actions/recommendations for improvement for future events for the area you were responsible for or involved in:

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

## 5.3 Tabletop Simulation Exercise

As part of the refinement phase, it is important to assess the functionality of a pandemic response plan. This is ideally accomplished by hosting a simulation exercise that depicts a reasonable set of scenarios for the organization to work through. The results of the exercise would include identifying gaps that would help to strengthen response readiness.

Along with appropriate scenario questions, a sample tabletop exercise setup is as follows:



### Agenda

1. Purpose & Exercise Logistics.
2. Backgrounder.
3. Scenario.
4. First Round Questions for Discussion.
5. Scenario Update.
6. Second Round Questions for Discussion.
7. Scenario Update.
8. Third Round Questions for Discussion.
9. Exercise Debrief.

### Purpose

Through facilitated group discussion, the purpose of this tabletop exercise is to evaluate the functionality of York Care Centre's Pandemic Plan, particularly as it pertains to the ability to respond to a potential second wave and a 'first-case' scenario.

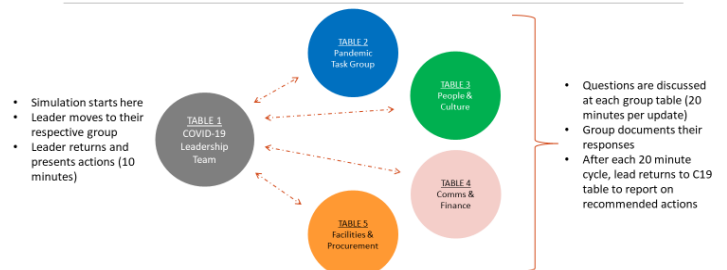
### General Objectives

1. Using the most recent version of the organization's pandemic plan, respond to each of the scenario questions.
2. Through dynamic discussions, assess the overall readiness of the organization for the potential of a second wave and a 'first-case' scenario.
3. Gap analysis - Use the learnings from the experience to adjust and update the organization's pandemic response plan to enhance the overall level of readiness.

### Rules of the Exercise

1. Not an individual test – the exercise is intended to assess collective response, not an individual.
2. Respect the view points of every participant – it's how we will gain the most from the exercise.
3. Consider each scenario from your own perspective and area of responsibility.
4. Use the York Care Centre Pandemic Response Plan as the guide for each scenario.
5. Think about gaps, focus on solutions.
6. Exercise time = 2 hours

### How it Works



**TABLE 1: COVID-19 LEADERSHIP TEAM**

Please discuss the questions as a group, documenting your response on a single page. Although the primary objective is to respond to the questions most relevant to your group, participants are encouraged to offer suggested actions for other questions as well.

1. What actions are required related to care services or therapeutic recreation?
2. What actions are required for visitation?
3. What actions are required related to the workforce?
4. What actions are required for supply management?
5. What actions are required for facilities (cleaning, security, entrance control, etc.)?
6. What actions are required for communications?
7. What actions are required with research services or senior's housing?
8. Are there other precautionary measures that should be put in place?

# Appendix 1

## Nursing Home Outbreak Management Guideline

A Medical Officer of Health may adjust any restrictions due to increased risk for vulnerable populations based on provincial, regional or local circumstances. This table is a framework only, during an outbreak the Regional MOH, Public Health (PH) and PROMT will provide guidance and directives on applying outbreak measures.

<b>NH/ARF OUTBREAK</b>		
<b>OUTCOME</b>		<b>Control and prevent further disease spread within the facility.</b>
<b>FACILITY ACCESS</b>		<b>All access to be restricted to single entry, which must be monitored, log must be kept of all individuals entering facility, including contact information. A single point of exit should also be established.</b>
<b>SCREENING</b>	<b>staff</b> (including essential health service providers)	<b>Active.</b>
	<b>visitors</b> (including volunteers, non-essential service providers, designated support person etc.)	<b>No visitors</b> permitted during an outbreak.
<b>MASKS</b>	<b>staff</b> (direct care)	<b>Medical mask mandatory.</b>
	<b>staff</b> (non-direct care)	<b>Medical mask mandatory.</b>
<b>PHYSICAL DISTANCING</b>	<b>staff</b>	<b>Keep 2m</b> apart all times (does not apply needed for essential care).
	<b>residents</b>	<b>Keep 2m</b> apart all times (does not apply needed for essential care).
	<b>general visitors</b>	<b>N/A</b> (not open to <b>ANY</b> visitors).
<b>NEW ADMISSIONS</b>		<b>No admissions during an outbreak</b> (unless otherwise allowed by RMOH).
<b>READMISSIONS</b>		Avoid readmitting a COVID-19 negative resident into a facility where there are active COVID-19 cases. <b>Consult with RMOH</b> for COVID-19 positive residents who can be discharged back to facility.
<b>TRANSFERS</b>		Residents with confirmed or suspected cases of COVID-19 should remain in their room unless there is essential need for movement and/or transport.
<b>DISCHARGES &amp; TEMPORARY LEAVES</b>		<b>Under guidance of RMOH.</b>
<b>STAFF MOBILITY</b>		<b>Restricted to one facility.</b>
<b>RESIDENT ASSESSMENTS</b>		<b>Twice daily, more if clinically indicated.</b>
<b>REPORTING</b>		Submit to Public Health <b>daily</b> : <ul style="list-style-type: none"> <li>List of staff/others entering facility during an outbreak (Appendix L for <b>ARF</b>, Appendix N for <b>NH</b>)</li> <li>COVID-19 Investigation Line List (Appendix C) for <b>NH only</b>.</li> </ul>
<b>VISITATION</b>		Virtual only, no other visitation permitted, including palliative, unless indicated by MOH.
<b>GIFTS/FOOD</b>		No gifts, flowers or homemade food from visitors/family members will be permitted during an outbreak.
<b>COMMUNAL / SOCIAL ACTIVITIES</b>		Cancel or re-schedule all social/group activities.
<b>MEALS</b>		Serve residents individual meals in their rooms while ensuring adequate monitoring and supervision.
<b>CARE OF DECEASED BODIES</b>		<b>Droplet and Contact precautions</b> should be used for known and suspect cases of COVID-19.
<b>ROOM CLEANING</b>		<b>Twice (2) daily cleaning and disinfection of all high touch surfaces (minimum).</b>  <b>Terminal clean</b> (discharge, transfer, death): facility policy, discard all magazines, personal care supplies, disposable supplies, etc. 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. <i>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. If the family wishes to donate any of the resident's items to the NH/ARF or another resident, they must first be thoroughly cleaned and disinfected.</i>

A Medical Officer of Health may adjust any restrictions due to increased risk for vulnerable populations based on provincial, regional or local circumstances. This table is a framework only, during an outbreak the Regional MOH, Public Health (PH) and PROMT will provide guidance and directives on applying outbreak measures.

<b>NH/ARF OUTBREAK</b>	
<b>WASTE</b>	Regularly empty waste/garbage, tie bag and place outside room for pickup. No further special handling is required for waste.
<b>LAUNDRY</b>	<p><b>Tie off the laundry before leaving the room, notify laundry service provider of droplet/contact precautions, as per your facilities procedures.</b></p> <p><b>If laundry of a confirmed case is done <u>within the home</u>:</b></p> <ul style="list-style-type: none"> <li>• Gloves and a medical/procedure mask should be worn when in direct contact with contaminated laundry.</li> <li>• Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken.</li> <li>• Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C).</li> <li>• Laundry should be thoroughly dried.</li> <li>• Hand hygiene should be performed after handling contaminated laundry and after removing gloves.</li> <li>• If the laundry container comes in contact with contaminated laundry, it should be disinfected.</li> </ul>
<b>PORTABLE FANS</b>	Not permitted in resident room while <b>Droplet/Contact</b> precautions in place.
<b>CHARTING</b>	<p>Do not take any part of the resident chart into the room to transfer information from the resident room:</p> <ul style="list-style-type: none"> <li>• Keep dedicated pen and post-it notes inside resident room</li> <li>• Write information on post-it and stick on window/door of resident room</li> <li>• Exit the resident room following the Enter/Exit Room Procedure</li> </ul> <p>Use another pen outside the room to record information on chart/paper.</p>