SFMH

ST. FRANCIS MEMORIAL HOSPITAL

PANDEMIC PLAN

November 2021

Table of Contents

Pandemic Plan

Preamble:

This Pandemic Plan was initially developed with the assumption (based on past experience) that the next Pandemic would be a new Influenza strain. As we have seen with the pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that this is not necessarily the case. A Pandemic can form from any "New Emergent Infection".

This Plan is meant to be a guide. The hospital will follow any National, and Provincial guidelines. At all times it will attempt to align with other Community Partners both locally and regionally. This has been SFMH's strategy with the COVID-19 Pandemic. The purpose of the plan is to support patient safety/care, maintain hospital function, and ensure human capital is maintained.

Like any disaster or emergency, we learn from the event. This plan will continue to progress through this Pandemic and will be updated to reflect any changes.

The last section of this plan will have some information/resources for reference of our current Pandemic.

Introduction

With the emerging of severe acute respiratory coronavirus 2 (SARS-CoV-2) in 2019, SFMH has had the opportunity to revisit our Pandemic Plan and update the plan based on putting it into action.

Although the initial Pandemic Plan was focused on *Influenza*, SFMH recognizes that a Pandemic can emerge from a wide variety of Biological Agents that include bacterial viral, fungal, other microorganisms and their associated toxins.

Historically, it was previously thought that the next pandemic would be Influenza. Influenza pandemics are unpredictable but recurring events that can have severe consequences on human health and economic well-being worldwide.

Pandemic Background Influenza

As defined by the World Health Organization (WHO), a pandemic is the worldwide spread of a disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world.

Key Planning Assumptions - Global

Influenza, whether seasonal or pandemic, has always been an unpredictable disease. While an influenza pandemic is considered inevitable, its timing and impact cannot be predicted and will not be known until the pandemic virus emerges. The factors that will affect the impact of a pandemic include:

- Characteristics of the virus – attack rate, affected age groups, virulence (rates of complications and death) and speed of spread;
- Effectiveness of the response – vaccines, antiviral drugs, and public health measures; and
- Public behaviour

Despite these uncertainties, the pandemic planning must proceed. It is helpful to have some agreed-upon general assumptions about the next pandemic as a planning guide. However, given the unpredictability of influenza, flexibility in planning, and the ability to revise plans as new information is made available, are key considerations. The following general assumptions reflect those identified in the Canadian and Ontario pandemic plans.

Origin and Timing

- The next pandemic could emerge anywhere in the world – including Ontario.
- The next pandemic could emerge at any time of the year.
- Ontario has little lead-time between when a pandemic virus is first identified and when it arrives in the province.

Transmission

- Until the cause of the pandemic virus is identified, with new and emerging illnesses, there could be a delay in identifying the incubation period, period of communicability and methods of transmission.
- If the pandemic is related to influenza, the pandemic may behave like seasonal influenza viruses in significant ways including the incubation period, period of communicability and methods of transmission.
- During a pandemic, the pandemic strain is primarily community spread; that is, it is transmitted from person-to-person in the community as well in institutional settings.

Pandemic Epidemiology

- A pandemic consists of two or more waves – or intense periods – of transmission.
- The novel influenza virus displaces other circulating seasonal strains during the pandemic.

Clinical Features

- The severity of the pandemic cannot be predicted. It may be partially determined by the effectiveness of interventions such as treatment with antivirals and is not easily determinable at the start of an outbreak.
- As with seasonal influenza, the clinical severity of the illness experienced by Ontarians who are infected by the pandemic virus varies considerably: some individuals who are infected do not display any clinical symptoms, while others become quite ill and may require hospitalization and may even die.
- The groups at increased risk for severe disease and complications during a pandemic are similar to those for seasonal influenza; however, there may be additional high-risk groups because of the specific features of the pandemic organism.
- Vulnerable populations that typically experience a disproportionate burden of negative health outcomes, or are more vulnerable to these outcomes, because of the effects of the social determinants of health are more severely affected by the pandemic than other members of the community, this includes Ontarians with low incomes, who face language barriers, and who are homeless.

Interventions

- Developing a vaccine is paramount. The aim of the vaccine is to be available in time to have an impact on the overall pandemic; however, it is expected that it will not be available for the first wave. As seen with the SARS-CoV-2, the vaccine was not readily available until the Second and Third Wave.

- The efficacy and dose requirements of antivirals (if available) during an *Influenza* Pandemic are not known until the pandemic begins and may differ from that of seasonal influenza; therefore, recommendations may change.

St. Francis Memorial Hospital

- St. Francis Memorial Hospital's services are essential to our community and acute and emergency services must be maintained for essential services to support Renfrew County.
- Rationalization of services will be required to meet increased capacity requirements and decreased staffing.
- St. Francis Memorial Hospital's plan will be based on the National and Provincial planning documents and will align with regional planning done in order to maximize coordination with regional hospitals and facilities. As demonstrated with the SARS-CoV-2, guidelines and directives were provided Provincially through the Ministry of Health and Long-term Care and Public Health Ontario. To align with partners, regional meetings took place to ensure uniform procedures throughout the organizations.
- St. Francis Memorial Hospital's plan is based on the Incident Management System (also utilized by the Province).

Key Planning Assumptions – Local

a. Maintain business until Pandemic reaches Barry's Bay or as dictated by Provincial directives.
b. Ambulatory non-urgent clinics could be cancelled.
c. CTAS (Canadian Triage Acuity Scale) will be followed.
d. Public Health will not have "Flu Centers" so the hospitals will become the center by default.
e. We will be working in partnership Regionally to continue to provide services.
f. Funeral homes/transportation for bodies available.
g. Nursing homes will take care of their patients for as long as possible. As seen during the Pandemic in 2019, Nursing Homes were deemed as a high-risk population group. This impacted admissions, and transfers to all long-term care homes and retirement homes. Considerations should be made to maintain these patients in their current facilities for as long as possible, ie. receiving treatment and testing in their own facility – paramedics used for testing.
h. Regardless of which unit/program/service is cancelled, no staff members will be cancelled. All available staff members will be redeployed as needed.
i. We may have a greater volume in our catchment area related to cottagers settling in their summer residence to avoid the cities.
j. Universal masking applies. It is recognized some patient conditions will be a barrier to masking. It is assumed that everyone is contagious during the entire phase of the pandemic.
k. Primary HR issue will be to maintain adequate staffing levels to manage the existing and additional workflow resulting from the pandemic event.
l. With the influx of new patients ill with pandemic symptoms, in addition to the regular work demands, adequate staffing will not be available and decisions will have to be made regarding work priorities.

World Health Organization (WHO) Pandemic Periods and Phases

To provide assistance in pandemic planning and preparedness, and help coordinate response activities, the World Health Organization (WHO) has categorized the various phases of a pandemic. WHO phases reflect the international risk or activity level, but do not necessarily reflect the situation in Canada. Therefore, an adaptation of the WHO numbering scheme has been developed nationally to reflect the Canadian situation. The WHO phase number will be followed by a period and then a number from 0 to 2 to indicate the level of activity in Canada. The Canadian adaptation of the WHO phases is as follows:

0 – no activity observed in Canada
1 – single case(s) observed in Canada but no clusters; and
2 - localized or widespread in Canada.

For example, WHO Phase 6, a declared pandemic with sustained human-to-human activity, would be represented by Phase 6.0 if it has not yet arrived in Canada.

Table 1: World Health Organization Phases for Pandemic Influenza

Period	Phase	Description
Inter-pandemic period	Phase 1	No new influenza sub-types have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered low.
	Phase 2	No new influenza subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or limited to rare instances of spread to a close contact.
	Phase 4	Small clusters with limited human-to-human spread, but spread is localized, indicating that the virus has no adapted to humans.
	Phase 5	Larger clusters. However, human-to-human spread remains localized, indicating that the virus is adapting to humans, although not yet fully transmissible (substantial pandemic risk).
Pandemic period	Phase 6	Increased and sustained human-to-human transmission.
Post Pandemic Period		Return to Inter-pandemic period.

Actions and Responsibilities during the Pandemic Alert Period

PANDEMIC ALERT PERIOD		
Department	**Action Required**	**Completed/Responsible Person**
Surveillance	Look for unusual clinical presentations and order viral testing	❑ All Clinical Staff
	ARI/NRI Screening Tool modified and initiated for Registration/Triage/Admission	❑ All Clinical Staff
	Monitor those with respiratory tract infections and collect specimens on those meeting the case definition	❑ All Clinical Staff
	Staff absentee rate (specific to respiratory illness)	❑ Human Resources/Senior Managers/Occupational Health
	Monitor/report clusters of ILI utilizing appropriate ARI/NRI Screening Tool	❑ All Clinical Staff
	Obtain specimens from travelers returning from endemic areas with clinically compatible signs and symptoms as directed by the MOH.	❑ All Clinical Staff
	Obtain specimens from family/close contacts of travelers returning from endemic areas with clinically compatible signs and symptoms if directed by the MOH, PHU will perform follow up.	❑ All Clinical Staff
Communication	Educate health care providers on pandemics and other important strategies	❑ Infection Control/Occupational Health
	Report unusual ILI to Renfrew County and District Health Unit	❑ Infection Control/Occupational Health
	Communicate the importance of alternative childcare arrangements	❑ Human Resources/Leaders
	Internal Review major elements of the communications plan	❑ COO/CNE/Chief of Staff/Infection Control
	External Review information presented by the media and clarify any misinformation to the public	❑ COO/CNE/Chief of Staff/Infection Control
	Provide links on the hospital website to central information sources as required.	❑ Executive Administrative Assistant to CNE with input from Infection Control

Vaccine Management	Continue to increase the use of the influenza vaccine (staff and patients)	❑ Infection Control/Occupational Health
	Maintain lists of high-risk patients and their influenza and pneumococcal immunization status	❑ CNE/Clinical Leader
	Staff vaccination	❑ Occupational Health/Infection Control
	Continue to increase the use of the influenza vaccine (staff and patients)	❑ Occupational Health (staff) Clinical Staff (patients)
	Aware of the cold chain procedure	❑ CNE/Infection Control/Pharmacy
	Develop procedures for Anti-viral Management based on anti-viral distribution plan from the RCDHU (as provided)	❑ CNE/ Infection Control/Occupational Health
Infection Control	Create/review policy and procedure for infection prevention and control	❑ Infection Control / IPAC Committee
	Review outbreak policy and procedures	❑ Infection Control / IPAC Committee
	Apply infection control procedures to the workplace	❑ Infection Control / All Staff
	Use of ARI/NRI screening tool: follow recommended infection control guidelines if patient fails screener	❑ All Clinical Staff / Infection Control
	Ensure appropriate respiratory precautions are in place	❑ Infection Control / All Clinical Staff
	Develop and post signs on entrances	❑ Infection Control / Delegated Staff
	Prepare to increase levels of infection control according to the MOH Directives	❑ CNE/Infection Control
Emergency Measures	Develop and test internal pandemic plans	❑ COO/CNE/Emergency Preparedness Committee
	Develop and test plans for alternate beds/staffing	❑ COO/CNE
	Ensure that human resources/logistics are in place to provide medical care and essential services	❑ COO/CNE
	Ensure plans are in place to manage overflow	❑ COO/CNE
	Prepare for non-traditional sites	❑ COO/CNE
	Acquire supplies for non-traditional sites	❑ COO/CNE/Procurement
Inpatients (Medical Unit)	Ensure influenza surveillance screening according to directives	❑ CNE/Clinical Leader
	Monitor and determine resource needs	❑ CNE/Clinical Leader
	Identify trainer for unregulated staff/volunteers	❑ Team Lead

	Review and revise staff schedules, communication and patient assessment tools as required	❑ CNE/Clinical Leader/Scheduler
	Review and revise criteria for admission to influenza and Medical Unit in consultation with Physician Lead	❑ CNE/Infection Control/IPAC Physician Lead
	Confirm community partners – roles and accountabilities	❑ COO/CNE
	Identify potential staff resources, i.e. educational institutions, students, volunteer, alumni	❑ COO/CNE

Antiviral Drugs

Prophylactic antiviral drugs will be distributed in accordance with MOH direction and guidelines and local health unit.

Severe or unexpected adverse reactions to antiviral drugs will be reported through the adverse reaction system of Health Canada.

Instances of suspected antiviral drug resistance (e.g., failed outbreak prophylaxis) will be reported to RCDHU and further instructions will be provided.

Plan Implementation

Actions and Responsibilities during the Pandemic Period

PANDEMIC PERIOD		
Department	**Action Required**	**Completed/Responsible Person**
Surveillance	Obtain viral specimens from patients with clinically compatible signs and symptoms as directed by the MOH	❑ Clinical Leader/All Clinical Staff
	Enhance surveillance for outbreaks in institutions and family practices	❑ Family Physicians
	Report increase in ILI to PHU. Update to be provided to Executive Team/IMS.	❑ Infection Control
Communications	Ensure that staff are familiar with agencies communication strategies	❑ COO/CNE
	Clear communications with patients and families re: visiting protocols and other infection control procedures	❑ COO/CNE/Clinical Leader/Infection Control
	Ensure that external messaging is in accordance with the RCDHU's releases	❑ COO/CNE/Delegate
	Internal Review communications segment of pandemic plan and revise if necessary	❑ Coo/CNE/Infection Control/delegate
	Provide communication to staff regarding potential risks and the requirements of health care professionals as appropriate	❑ Infection Control /CNE/ Department Managers

	Provide daily information to staff to ensure the message regarding the pandemic is current	❑ COO/CNE/ Department Managers/ Infection Control
	Circulate information memos to staff on a regular basis (i.e. daily, weekly, biweekly) to keep them informed of developments	❑ COO/CNE/CEO/Infection Control
	External Use information from central information sources to develop a concise message regarding the Pandemic as well as recommended preventative measures. Ensure website address for these organizations are included in any articles published in local media.	❑ COO/CNE/Infection Control
	Co-ordinate with other health care providers to develop a consistent message for the community. Develop public education materials to support message.	❑ COO/CNE
	Use physician's offices and schools to circulate important information in a timely manner	❑ COO/CNE with input from Infection Control
	Provide an information session for key stake-holders (i.e. government officials, media, etc. and develop a contact list to keep stakeholders informed.	❑ COO/CNE/Infection Control
	Update information on hospital website to keep message current	❑ Executive Administrative Assistant to CNE with input from Infection Control
	Publish articles in local media to inform the community of the measures the hospital is taking to deal with the pandemic	❑ COO/CNE
	Consider hold public information sessions	❑ CEO/CNE
Vaccine Management	Procurement and storage according to procedures developed, based on distribution plan from Renfrew County and District Health Unit	❑ CNE/Pharmacy/Infection Control
Infection Control	Share new ideas/policies/procedures with partners	❑ Infection Control
	Debrief staff on routine/additional precautions	❑ Infection Control
	Organize training	❑ Infection Control
	Monitor training records	❑ Human Resources/Infection Control
	Daily communications/surveillance	❑ Infection Control
Occupational Health	Monitor fit for work/restrictions	❑ Occupational Health
	Update staff line listing as required.	❑ Occupational Health
	Organize anti-virals for staff upon direction.	❑ Occupational Health

	Facilitate EFAP for staff, i.e. Staff counselling, resources, etc.	❑ Human Resources/Occupational Health
Emergency Measures	Activate internal pandemic/emergency response plan	❑ COO/CNE
In-patient Review	Daily review patient utilization and infectious surveillance of patients (i.e. patient discharge)	❑ CNE/Clinical Leader/Infection Control
Medical	Update supply list for units and obtain additional supplies as required	❑ Ward Clerk/Procurement
	Assist with internal vaccination programs for staff, volunteers, unregulated staff and patients	❑ Occupational Health/Infection Control/Delegated Registered Staff
	Ensure visitor protocol on Medical Unit as per directives	❑ CNE/Clinical Leader
	When hospital pandemic response plan activated by emergency operations control centre, ensure appropriate notification initiated.	❑ COO/Incident Commander
	Discharge patients to free up beds pending review.	❑ CNE/Clinical Leader/Chief of Staff
	Close off to separate the Medical Unit from the Influenza Ward as per plan. Eight beds on the Influenza Ward will be available.	❑ CNE/Clinical Leader
	Notify physicians of bed closures	❑ COO/CNE
	Influenza ward, Occupational Health, lockdown of unit, set-up of influenza treatment room	❑ Occupational Health/CNE/Clinical Leader/Maintenance
	Surge capacity evaluation to be completed – Reference the Bed Surge Management Policy. Patients who have received the appropriate level of care and no longer require hospital services should be discharged to other settings to free up hospital beds for others to be admitted.	❑ CNE/Chief of Staff
	Implement staff schedules, call staff back from vacation leave as needed	❑ CNE/HR
	Ensure facility lock down or restricted access per directives	❑ CNE/Clinical Leader
	Monitor staff clinics including screening and anti-viral/vaccine distribution	❑ CNE/Occupational Health/Infection Control
	Physicians/Clinical Leader to review all in-house patients to consider early discharge patient transfer	❑ Physicians/CNE/Charge RN
	Set up schedule for rotation for physicians	❑ Chief of Staff/Designate

Patient Registration	Ensure staff training in PPE	❑ Infection Control/Staff
	Ensure adequate supply of antibacterial wipes, masks	❑ Manager/Staff
	Change message on main answering machine	❑ Manager Medical Records
	Set up staffing	❑ Manager Medical Records
Environmental Support	Ensure staff training in PPE	❑ Manager, EVS/Infection Control
	Ensure updated staff training in infection control	❑ Manager EVS/Infection Control
	Staffing – assign designated housekeeper to Flu area	❑ Manager EVS
	Ensure adequate supplies as per required supply list	❑ Manager, EVS, Manager, Procurement
	Install extra Purell dispensers, per Infection Control direction	❑ Manager, Maintenance
Health Records	Keep manual list of pandemic patients until CIHI releases codes to be used	❑ Infection Control/Manager, Medical Records
Food Services	Assess supplies needed (gloves, bottled water, paper plates, paper bowls, plastic utensils, plastic cups, Styrofoam cups and napkins)	❑ Food Services, Team Lead
	Assess food and beverages orders to prepare for prepacked snacks, supplements, 3-week cold menu cycle for staff and in-patients	❑ Food Services, Team Lead
Laboratory	Review PPE with staff	❑ Lab Manager / Charge Lab Technologist/Infection Control
	Notify Lab Medical Director who will notify MOH regarding on-site Influenza testing and additional tests being added to chemistry – as applicable	❑ Lab Manager / Charge Lab Technologist
	Train on Influenza kit – as applicable	❑ Charge Lab Technologist
	Notify couriers and service personnel- as applicable	❑ Charge Lab Technologist
	Order 4 week supply for Medical Unit	❑ Charge Lab Technologist
	Co-ordinate courier pick-up	❑ Charge Lab Technologist
	Implement Influenza on-site screening	❑ Charge Lab Technologist
Physical Plant	Notify all Internal contactors o BOC Gases o Fire Alarm System	❑ Manager, Maintenance
Surveillance	Continue to accumulate and report epidemiological data	❑ Infection Control
Vaccine Management	Participate in immunization strategy targeting healthcare providers within the institution	❑ Occupational Health

Anti-viral Management –	Continue anti-viral distribution and administration to staff as directed by the MOH or RCDHU	❑ Occupational Health
	Continue anti-viral distribution and administration as directed by the MOH or RCDHU for patients.	❑ CNE/Nursing
Infection Control	Follow MOH directives	❑ COO/CNE
	Update educational material based on MOH directives	❑ Infection Control
Emergency Preparedness / EOC	Assess status and evaluate the impact of the first wave on human and material resources	❑ COO/CNE
	Internal Review major elements of the communications plan and make appropriate changes or additions	❑ Emergency Preparedness Committee
	Continue to hold staff information sessions	❑ COO/CNE/Infection Control
	Update public education and communication	❑ COO/CNE/Infection Control
	External Review information presented by the media and clarify any misinformation to the public	❑ COO/CNE/Infection Control
	Continue to circulate pertinent information through schools and physician's offices	❑ COO/CNE/Infection Control

Setup and Operations

Pandemic Screening Station

Staffing Assumptions:

- Staffing the Pandemic Screening Station will be determined by recommendations provided by Senior Management/HR or as directed by the MOH.

Physical layout and traffic flow:

- The screening station will be temporarily set-up in the lakeview room. This entrance will be to the Respiratory Zone. The main entrance to the Hospital will be locked to restrict the flow of traffic.
- Patients identified by the screening station as having influenza symptoms will enter the Respiratory Zone waiting area if they require non-emergent medical attention. They will be instructed to don a mask and wash their hands prior to entering the waiting area.
    - Patients identified with influenza like symptoms who are determined to require emergency care will be instructed to don a mask, wash their hands, and be escorted to the triage station within the zone or directly to Room 1 room immediately (FASS Unit).

Ambulatory Services

***Assumptions*:**

- If a pandemic is declared, SFMH, based on MOH direction will assess all ambulatory services/ clinics and provide direction on closing or continuing service.
- Staffing patterns will be determined based on patient flow/need, as directed per Senior Management/HR.

Emergency Department

***Assumptions*:**

- A separate area (Respiratory Zone) will be required in the ER to segregate acute patients with influenza symptoms.
- The Respiratory Zone will be the ambulatory area and Room 1 of ER.

Set up:

- The Respiratory one and Room 1 will be designated for critical influenza patients. An RN in the Respiratory Zone will triage all acute influenza patients.
- Observation rooms will be utilized as the respiratory zone – all needed equipment will be transferred once outbreak is called locally.
- Exchange crash carts between two zones.
- Supply carts are stocked with supplies in the zone and will be placed in the hall outside of the anteroom.
- All equipment in Respiratory Zone will remain there unless terminally cleaned prior to removal.

Staffing:

- The ideal staffing pattern would be one physician and two RNs at all times.
- Dedicated staff for the Respiratory Zone preferred.

Admission process:

- Patients direct from triage who are in distress will go to Room 1 otherwise, will go directly to the Respiratory Zone.
- Any patients requiring admission will need to wear a mask for transfer to the respiratory zone as well as staff accompanying. Cohorting and isolation practices will be followed.
- The corridor containing 4 entrances (Respiratory Zone – anteroom door (entrance from hospital), main waiting room, registration/health records, ER) will be the main entrance to the Respiratory Zone – signage will be provided.

Respiratory Zone

Assumptions:

- Patients assessed at triage will require hospitalization
- Adequate staffing must be available to operate the Respiratory Zone
- Mechanical ventilation will not be available on site and limited access is probable at any referral center

- Maintenance will remove barrier between Physiotherapy Department and Medical Floor Hallway to allow sufficient access

Set up:

- Fire doors located in the corridor of outside of the zone will be closed, segregating all rooms from the rest of the hospital; this will be designated as the Respiratory Zone.
- Supplies required by the zone will be available on carts located in the corridor outside of the anteroom.
- Staff enter/exit via the anteroom and patients enter via the Lakeview Room.

Staffing:

- Staffing levels will be accessed daily, taking into consideration the health status/fatigue levels of staff, the severity of patients' symptoms
- Preference will be given to staff who volunteer, who have received the annual flu vaccine and eventually will only be staffed by those exposed to the virus

Traffic Flow:

- Patients for admission to isolation will be required to don PPE and will enter the area through the Lakeview Room or to the zone via Room 1.
- A supply of PPE will be available in the anteroom, as well as garbage can and alcohol hand wash.

Visitor Policy

St. Francis Memorial Hospital will align their visitor policy during pandemic with provincial and regional directives. The following will be amended as required if any additional information becomes available.

At the onset of stage 6 of a pandemic, it will be assumed that the SFMH will be closed to visitors. Individual exceptions may be made in palliative care situations.

Actions and Responsibilities during the Post Pandemic Period

POST PANDEMIC PERIOD		
Department	Action Required	Completed/Responsible Person
Surveillance	Continue to accumulate and report epidemiological data	❑ Infection Control
Vaccine Management	Participate in immunization strategy targeting healthcare providers within the institution	❑ Occupational Health
Anti-Viral Management	Continue anti-viral distribution and administration as directed by the Health Unit	❑ CNE/Infection Control
Infection Control	Follow MOH directives	❑ COO/CNE

	Update educational material based on MOH directives	❑ Infection Control
	Review and reinforce importance of infection control measures	❑ Infection Control
	Promotion of vaccinations in the community	❑ Infection Control
Emergency Preparedness / EOC	Assess status and evaluate the impact of the first wave on human and material resources	❑ COO/CNE
	Internal Review major elements of the communications plan and make appropriate changes or additions	❑ Infection Control Committee/Joint Occupational Health and Safety Committee
	Continue to hold staff information sessions	❑ Infection Control/CNE/Managers
	Update public education and communication materials	❑ Infection Control/CNE
	External Review information presented by the media and clarify any misinformation to public	❑ CNE/Infection Control
	Continue to circulate pertinent information through schools and physicians offices	❑ CNE/Infection Control
Debrief	Activate recovery phase of emergency plan and allow for debriefing	❑ CEO/CNE/Infection Control

Post Pandemic Recovery

The post pandemic recovery begins during the response phase by conducting an assessment of the impacts on the community, hospital facilities and staff. The purpose is to restore the departments and services to their pre-pandemic level of function, and to begin programs to mitigate the effects of future outbreaks.

Initial

- Continue to monitor the emergency and analyze available information regarding conditions.
- Identify potential patient loads.
- Assess current staff availability, and adjust accordingly.
- Assess current bed utilization, and adjust to meet demands.

Ongoing

- Identify and discharge non-critical patients.
- Identify and transfer stable patients to more distant, unaffected facilities.
- Monitor and track the use of pharmaceuticals and expendables to maintain normal inventory levels.
- Monitor and track the hours worked by staff, and develop a staffing recovery plan.
- Place recovery support staff on standby.

- Assess any damage to the hospital's physical plant and arrange the necessary repairs.
- Identify any hazards brought to light by the outbreak and begin corrective action (mitigation).
- Begin stand down of staff, starting with those on duty the longest.
- Release guest staff from other facilities.
- Arrange counseling for staff to facilitate a return to normal work.
- Debrief staff.
- Collect written activity reports from staff, ideally, before they stand down.
- Account for and document all expenditures during the emergency.

References:

1. Pan-Canadian Public Health Network, (2018), Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector.
2. Ministry of Health and Long-Term Care – Emergency Branch, (2013), Ontario Health Plan for an Influenza Pandemic.

Covid Pandemic Resources:

COVID-19 Safety Plan

Company details

Business name: Saint Francis Memorial Hospital
Date completed: June 25, 2021
Division/group: SFMH and Rainbow Valley
Last approved by JHSC:
Revision date: Oct 19, 2021
Developed by: Deb Paton
Others consulted: Mary-Ellen Harris, Greg McLeod and JHS

How will you ensure all workers know how and are able to keep themselves safe from exposure to COVID-19?

Actions:

- Ensure our measures and procedures are up to date by regular review of:
    - Ministry of Health Guidance
    - Public Health Ontario
    - Renfrew County District Health Unit
    - Ministry of Labour, Training, and Skills Development
    - Regional guidance
    - Ontario Hospital Association
    - CDC
- Communications:
    - Weekly Communique to all staff on the status of COVID-19 and related topics (topics include but are not limited to current vaccination status, changes to guidelines/directives, reminders to follow listed safety precautions both on units and in public areas (wear a mask and face shield when in the building, wash hands regularly, physically distance yourself in the community and at work, isolate if you are symptomatic, report any symptoms to OHSS immediately, answer screening truthfully before every shift) as well as during travel to/from work and at home/in the community.
    - Dedicated COVID folder on all desktop home page for lastest COVID-19 updates, including by not limited to PPE status, safety / infection prevention and control procedures, resources such as Guidance for universal masking and eye protection, donning/doffing PPE (videos), IPAC tips and tools, COVID-19 Dashboard, and PPE conservation (when conservation strategies are required by the Province); education for each topic is included (posters, videos, etc)
    - Targeted memos with specific topics and practice changes as needed by Chief Operating Officer, Chief Nursing Executive of Infection Control/Occupational Health Department.
    - Staff encouraged to e-mail specific questions to leaders that can be addressed or placed in the suggestion box in the cafeteria. Staff are encouraged to communicate directly with supervisor, union representative and health and safety representative
    - Posters and decals throughout the facility, on universal masking and face shield, physical distancing, etc.

- Training: in person and through videos; ongoing PPE education provided to all staff
- Special COVID-19 Joint Health and Safety Committee meetings as needed and continuing with the regularly scheduled JHSC meetings.
- Information shared at COVID Leader meetings and also Manager/Team Lead meetings.

How will you screen for COVID-19?

Actions:

- SFMH Occupational Health & Safety is staying current about what symptoms to look for by regularly reviewing the Provincial list of COVID-19 symptoms and updating screening forms as required.
- At the main entrance of the building signage is posted pertaining to signs and symptoms (Provincial list of symptoms) of COIVD for initital screening and and if people proceed to enter the building they are directed to do hand hygiene and put a mask on and go to registration. During evening hours, all entrances are locked excepting the Emergency Enterance and the same signage and process is complete by the Emergency Staff.
- **Screening of non-staff:** All patients registering for care at the facility are screened prior to getting service; either through registration or Emergency Triage. A series of questions are answered using the Provincial list of COVID-19 symptoms. The Screener, who sits behind a plexi-glass barrier and provides the person a mask if not wearing one. Anyone who fails and has a non-urgent appointment are directed to contact their most responsible health care provier or their local public health unit.
- Contractors or other non SFMH staff that have work onsite have been limited. If necessary for them to enter the building, they are screened use either the paper screening tool, or the online screening tool.
- **Screening of staff:** staff to complete the online tool prior to coming into work. Staff who fail screening are prevented from coming in to work. The staff's supervisor and Occupational Health are immediately notified electronically of the failed test and follow up with staff.
- **Self-Monitoring:** staff are encouraged to self-monitor their own symptoms at all times and to stay home if they are ill, reporting any symptoms to Occupational Health and Safety immediately.
- During outbreaks, nursing COVID-19 symptom screening is done twice daily for every patient on an outbreak unit, this includes temperature checks and screening them for respiratory symptoms.

- The nursing COVID-19 symptom screening mentioned above is also done twice daily for all new admissions who are on droplet and contact precautions for 10 days.
- Staff asking screening questions are trained on how to screen safely and on what to do if a person cannot enter the building/workplace.

How will you control the risk of transmission in your workplace?

Actions:

- Policy and Procedure for COVID-19 Vaccination Program implemented based on Chief Medical Officer of Health for Ontario Directive #6.
- Vaccine Policy updated to make vaccine mandatory for staff by Oct 31, 2021
- Introduction of the CleanSlate UV to use to disinfect non-porous devices, including phones, tablets and scanners.
- Universal masking and eye protection – Staff entering the building are required to wear a mask at all times in the health centre and face shield/eye protection when in clinical areas and working with patients or when 2 metres distance cannot be kept from patients/clients.
- Staff can remove mask when working in an enclosed area alone or are eating. Staff who are eating must maintain physical distancing and respect room occupancy limits as outlined below.
- All non-staff (including visitors, contractors, paramedics, transfer service) are required to wear a mask; in clinical and non-clinical areas. Eye protection must be worn by external workers when in clinical areas or within 2 metres of patients/clients.
- When arriving and before entering the building, or after exiting the building and proceeding to a car or leaving the property, individuals should at a minimum wear a cloth mask or face covering they use in the community. If you will be in contact with people on hospital property and within 2 metres you should continue to wear eye protection.
- Hand sanitizers and proper signage are posted at all entrances and across the facility.
- Staff are provided education on the care, use, and limitations of PPE used.
- Procurement is responsible for ensuring supplies are maintained and readily available, following the Province's guidelines for optimizing PPE during the pandemic. Procurement shares list of supplies and if any concerns on weekly COVID-19 Leader Meetings.
- Regular PPE audits and just in time training during outbreaks.
- Visitor policy in place as of Oct 15, 2021 that visitors need to be fully vaccinated and show proof, have medical exemption of for extenuating circumstances can visit based on meeting criteria.

- When staff members need to remove their mask and face shield on break to eat, they must ensure physical distancing from others, practice proper hand hygiene, and disinfect the surface where they are eating with available disinfectant products
- Additional break rooms have been created throughout the organization to allow staff to respect physical distancing
- Information/messaging have been created and posted in all break areas with measures to follow during breaks/meals, and supplies have been provided to properly disinfect tables and common appliances.
- The number of staff in break rooms must be limited to allow physical distancing.
- Staff are encouraged to scatter their breaks to respect physical distancing.
- Fit tested N95s are required in the following situations: for all patients who require AGMPs and Protected Code Blue response regardless of COVID-19 status.
- For suspect or positive COVID-19 patients droplet and contact precautions are used.
- Ongoing N95 Respirator fit testing
- Air Handling HVAC systems are properly maintained (maintenance records available)
- In the Emergency Department there is a *FASS* Unit as the newly purchased Portable *True Hepa and UVC-PCO Air Cleaners* in designated areas.
- Since SFMH has only one active medical unit, they have worked with larger hospitals in the area for transferring probable or confirmed COVID-19 patients that require admission.
- Designated area has been developed in need of an increased capacity to screen and house potential/confirmed COVID patients for a short term if necessary.
- Implementation of maximum occupancy of 2 people in elevators at one time to avoid overcrowding, in accordance with Public Health guidelines (exception for patients needing to be mobilized/transferred by 2 staff in the elevator).
- Education Room Revised Maximum Occupancy/Capacity to ensure 2 metre separation of people.
- High touch surfaces and common areas cleaned/disinfected at least two times per day using approved hospital grade disinfectant.
- Enhanced cleaning procedures take place on the units and in patient rooms while they are on isolation.
- Medical unit has increased capacity (if needed) and have the ability to increase private rooms if needed for infection control purposes.
- New hospital admissions require a negative COVID-19 test. Patients are placed on droplet and contact precautions until results are known. If negative they can be removed from precautions

- Scheduled in door and outdoor visitors with general visitors has resumed June 15th, 2021; 1 visitor once a day (does not have to be the same visitor).
- All public events and large gatherings have been cancelled.
- Plexi-glass barriers have been installed in some locations where physical distancing can't be maintained, and where patients may interact with workers off the unit.
- Staff and patients will be sequenced for the Covid-19 vaccine based on provincial guidelines and will be offered the vaccine as supplies become available. Acceptance of the vaccine is voluntary.

What will you do if there is a potential case, or suspected exposure to, COVID-19 at your workplace?

Actions:

- Staff who fail screening are prohibited from entering the building, and are to contact their supervisor and OHS immediately; OHS will advise on the next steps such as self-isolation and if a COVID-19 test is required.
- Non-staff who fail screening are to contact their most responsible health care provider and/or Public Health immediately who will advise of next steps.
- Staff who test positive for COVID-19 are contacted by the Occupational Health Nurse, advised to self-isolate (instructions for how to safely do so are provided) and when they are able to return to work; the employee's manager is advised.
- The positive staff member is reported to Public Health if not already done.
- SFMH in collaboration with local public health identify work close contacts follow Ontario Health and Public Health recommendations for testing and self isolation.
- If SFMH is on outbreak and/or the transmission is due to possible exposure in the workplace, the staff member is reported to the MLTSD, the JHSC and union representatives, via an Occupational Illness Report, and a Form 7 is submitted to the WSIB.

How will you manage any new risks caused by changes to the way you operate your business?

Actions:

- COVID Leader meetings have been decreased to every other week starting July 2021. This venue is used to to address questions or concerns raised. All information from these meetings goes into a Staff Communique. Minutes from meetings are in the COVID-19 Folder
- Employees encouraged to go to their Supervisor with concerns / if they identify a new hazard.
- Monthly Workplace Health and Safety Inspections by the JHSC – inspectors ask staff and managers of the area inspected if there are any new concerns / hazards, etc.
- Incident reports are analyzed for new trends.

- Psychological Health resources – Employee and Family Assistance Program and COVID-19 Health and Wellness page promoted.

How will you make sure your plan is working?

Actions:

- Initial plan to be reviewed in collaboration with the Joint Health and Safety Committee.
- Adhoc meetings for the JHSC as needed through discussion with JHSC chairs and recommendations for increased meetings.
- Use data from contact tracing, transmission, cases, etc. to confirm that the measures in place are working.
- The Snapshot of the plan posted on the Health and Safety Bulletin Board; Occupational Health and Safety and IPAC Coordinator contact information at the bottom for staff to provide ideas / input.
- Safety Plan to be reviewed at minimum every two months at JHSC meetings or as needed when revisions are required and to assess the effectiveness of the Safety Plan.

Questions or feedback may be directed to:

DOHS and IPAC Coordinator

613-756-3044 extension 225

Chief Operating Officer: 613-756-3044 ext. 231

Chief Nursing Executive: 613-756-3044 ext. 238