

PANDEMIC PLAN

Originally Issued 2009

Revised 2014

Revised 2017

Revised 2019

Revised 2020

Revised 2022

Revised 2023

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EXECUTIVE SUMMARY:

The first formal Pandemic Influenza Plan for the Royal Ottawa Health Care Group (ROHCG/The Royal) was developed in 2009. It was developed in accordance with the Canadian Pandemic Influenza Plan for the Health Sector – 2011(CPIP), the Ontario Health Plan for an Influenza Pandemic - 2013 (OHPIP) and Ottawa’s Interagency Influenza Pandemic Plan – 2012 (OIIPP). All of these plans are referenced throughout in the ROHCG’s ROHCG Pandemic Plan (ROHCGPP). The plan was updated in 2023 to reflect the management of not only a pandemic related to Influenza but also pandemics related to an Influenza-like virus (i.e.COVID-19) and other causative viruses.

This plan has been developed in collaboration with other area health care and community partners. These established links continue to inform the further development of the ROHCG’s plan. We will continue to ensure our plan remains consistent with advice and direction received from the MOHLTC, local public health advisory committees and our community partners, as well as ensuring compliance applicable provincial and federal legislation. The plan will be reviewed and updated annually by The Royal’s Emergency Preparedness Committee (ECP).

The ROHCGPP outlines basic decisions and procedures for ROHCG staff in the event of a pandemic. This plan is intended to reduce illness and death from a pandemic event, provide support for our staff, enable the ROHCG to continue to meet the needs of our communities and reduce the impact of the pandemic on how we deliver these services. ROHCG’s primary responsibilities will include:

- Supporting as many patients as possible in the community to reduce the need for hospitalization;
- Helping patients with pandemic related symptoms to connect with the appropriate level of healthcare in order to receive the care they need;
- Educating patients, families and staff regarding how to reduce the risk of acquiring pandemic related viruses; and
- Helping patients access mental health services, addiction services, and other health and social services they require.

The ROHCGPP was developed in response to the existing threat of a possible pandemic. Therefore, the goals of the ROHCGPP are as follows:

- To minimize serious illness and potential death through appropriate management of patients and staff of the ROHCG – both symptomatic and non-symptomatic.
- To minimize disruption in the provision of mental health services as a result of a pandemic.

The ROHCGPP provides an overview of the organization’s pandemic preparedness. It is fundamentally understood that changes in policy and approaches for pandemic planning by regional, provincial, federal and international governments, as well as the epidemiology of the pandemic, will require updates to existing sections as well as new sections and tools designed to guide and support further planning across the ROHCG.

The ROHCGPP is complimentary to the ROHCG’s *Code Orange*, which aims to coordinate a safe and effective response to an external disaster or event that may increase the capacity of the facility. The ROHCG’s *Code Orange* represents specialized responses for an internal or external major emergency or disaster with either scenario generating distinct hazards and risk that impact normal operations.

1. GLOSSARY OF TERMS & ABBREVIATIONS

Acute Respiratory Infection (ARI): a term used to describe a wide range of droplet spread respiratory infections, such as colds, influenza, influenza like illness and pneumonia, which usually present with symptoms of fever of greater than 38°C and new or worsening cough or shortness of breath. *NOTE:* elderly people and people who are immunocompromised may not have febrile response to a respiratory infection.

Antigenic drift: frequent minor changes in an influenza type virus that are responsible for annual local epidemic and outbreak activity

Antigenic shift: less frequent but major changes in an influenza type virus that creates a completely new form of the virus.

Communicable disease: a human disease that is caused by an infectious agent or a biological toxin and poses a risk of significant harm to public health, or a disease listed in the schedule and includes an infectious agent that causes a communicable disease

Epidemic: an outbreak of infection that spreads rapidly and affects many individuals in a given area or population at the same time

Flu: another name for influenza infection, although it is often mistakenly used in reference to gastrointestinal and other types of clinical illness

Influenza-like Illness (ILI): acute onset of respiratory illness with fever and cough, and one or more of the following: sore throat, arthralgia (sore joints), myalgia (sore muscles) or prostration (extreme exhaustion or fatigue) which could be due to an influenza/influenza-like virus. In children under the age of five gastrointestinal symptoms may also be present. In patients under five or 65 and older, fever may not be prominent.

Influenza: a highly contagious febrile acute respiratory infection of the nose, throat, bronchial tubes and lungs caused by the influenza virus. It is responsible for severe and potentially fatal clinical illness of epidemic and pandemic proportions.

Health-Care Provider (HCP): All ROHCG staff who provide or manage patient care and those individuals who have been granted privileges to practice with the ROHCG.

Outbreak: an increase in the number of cases (colonized and/or infected) above the number normally occurring in a particular health care setting over a defined period of time. Outbreak criteria will vary depending on the suspected organism, e.g. varicella, tuberculosis, scabies etc. Case definition of an outbreak is defined by an Infection Prevention and Control Practitioner (IPAC) and the local Public Health Unit.

Pandemic: a human disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population. The significance of this term becomes clear when considerations from neighbors and other traditional sources of aid may be unable to help

Patient: Encompasses everyone who receives health services across the continuum of care from the ROHCG. (patients/clients/residents)

Staff: includes all employees (permanent full time, part time, casual), physicians, registered volunteers, students, contractors and affiliates

Surge: any situation where demand exceeds resources

Surge Capacity: the ability to expand care in response to rapid or more prolonged demand in health care services

2. INTRODUCTION AND BACKGROUND

Royal Ottawa Health Care Group

The Royal is a multi-site organization committed to serving the mental health needs of patients and families across Eastern Ontario. As the largest provider of specialized tertiary mental health services in Eastern Ontario and Western Quebec, the ROHCG is a key player in our region's mental health care system. ROHCG programs provide services that include inpatient, outpatient and community-based care.

Scope

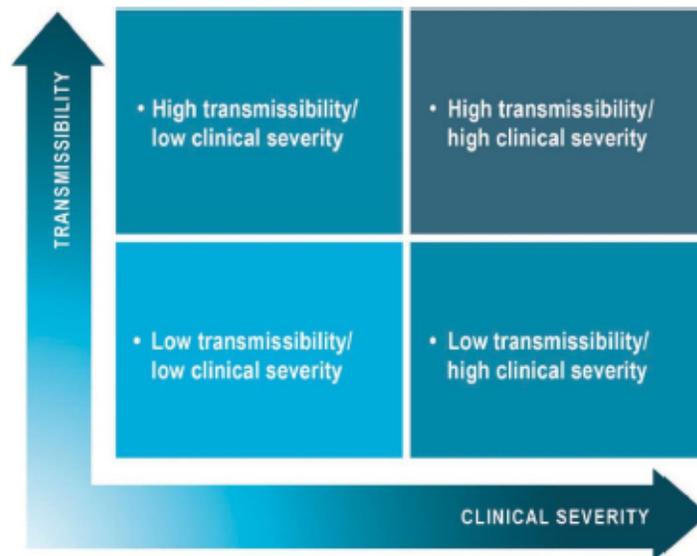
This plan applies to all sites, programs, services and departments of the ROHCG.

About Influenza/Influenza-like Pandemic

An influenza pandemic is a global outbreak of a new influenza A virus. Pandemics occur when new (novel) influenza A viruses emerge which are able to easily infect people and spread from person to person in an efficient and sustained way. They are the result of minor changes in the influenza virus that enable them to invade the immunity we have acquired after previous infections with the viruses or in response to vaccinations.

As a result of antigenic shift, this new virus is dramatically different from any strain of influenza that has previously circulated in humans and against which the global population has no pre-existing immunity. Consequently, there is widespread susceptibility to the infection. If the virus develops and maintains the ability to spread from person to person a pandemic (worldwide epidemic) will occur. It is generally accepted that a pandemic will overwhelm the health care system capacity and cause significant morbidity and mortality. A pandemic will consist of two or more waves or intense periods of viral transmission. The specific characteristics of a future pandemic virus cannot be predicted. The pathogenic virulence of the new strain from the antigenic shift of virus results in unknowns as to target population and related effects. The novel virus displaces other circulating seasonal strains during the pandemic.

Four Severity Scenarios Used in the Ontario Health Plan for an Influenza Pandemic (OHPiP):



In this model, severity is measured along two dimensions, transmissibility of the virus and the clinical severity of illness. The four severity scenarios range from low transmissibility and low clinical severity (similar to the seasonal flu) to the most severe scenario of high transmission and high clinical severity rates.

This model has been used to provide information on the types of responses that may be used during a pandemic. The Ministry of Health and Long Term Care (MOHLTC), in conjunction with Public Health Ontario (PHO) will establish and communicate the provincial response strategies as more information about the severity of the pandemic becomes available.

Planning Context

Pandemic planning in the mental health community presents some unique challenges related to the diversity of services and the settings in which these services are provided. ROHCG's primary responsibilities will include:

- Supporting as many patients as possible in the community to reduce the need for hospitalization
- Helping patients with pandemic viral symptoms to connect with the appropriate level of healthcare in order to receive the care they need
- Educating patients, families and staff regarding how to reduce the risk of acquiring influenza/influenza-like illness, and
- Helping patients access mental health services, addiction services and other health and social services they require.

During a pandemic, the ROHCG will provide care for patients with mental illness requiring hospitalization who have mild to moderate influenza-like illness that does not require acute care hospitalization.

Epidemic, Endemic, Pandemic: What are the Differences?

The novel coronavirus pandemic is the perfect model for understanding what exactly a pandemic is and how it impacts life on a global scale. Since the emergence of COVID-19 in 2020, the public has been bombarded with new language to understand the virus and the subsequent global public health response. This article will uncover the factors that make a pandemic and how it differs from epidemics and when a disease is endemic.

What Is An Epidemic?

The Centers for Disease Control and Prevention (CDC) describes an epidemic as an unexpected increase in the number of disease cases in a specific geographical area. Yellow fever, smallpox, measles, and polio are prime examples of epidemics. An epidemic disease does not necessarily have to be contagious. West Nile fever and the rapid increase in obesity rates are also considered epidemics. Epidemics can refer to a disease or other specific health-related behavior (e.g., smoking) with rates that are clearly above the expected occurrence in a community or region.

What Is A Pandemic?

The World Health Organization (WHO) declares a pandemic when a disease's growth is exponential. This means the growth rate skyrockets, and each day cases grow more than the day prior. In being declared a pandemic, the virus has nothing to do with virology, population immunity, or disease severity. It means a virus covers a wide area, affecting several countries and populations.

What Does Endemic Mean?

A disease outbreak is endemic when it is consistently present but limited to a particular region. This makes the disease spread and rates predictable. Malaria, for example, is considered endemic in certain countries and regions.

What Are The Differences Between Pandemics And Epidemics?

The WHO defines pandemics, epidemics, and endemic diseases based on a disease's rate of spread. Thus, the difference between an epidemic and a pandemic is not in the severity of the

disease, but the degree to which it has spread.

A pandemic cuts across international boundaries, as opposed to regional epidemics. This wide geographical reach is what makes pandemics lead to large-scale social disruption, economic loss, and general hardship. It is important to note that a once-declared epidemic can progress into pandemic status. While an epidemic is large, it is also generally contained or expected in its spread, while a pandemic is international and out of control.

Goals and Objectives of Pandemic Planning

- To prevent and minimize the transmission, morbidity and mortality resulting from an emergency associated with a pandemic.
- To minimize the service level and social impacts of a pandemic affecting the ROHCG community.
- To provide effective leadership, coordination, collaboration and communications in response to management and recovery phases of a pandemic impact on the ROHCG.
- To be as ready as reasonably practical to respond, manage and recover from a pandemic emergency.
- To minimize serious illness and mortality from a pandemic virus in patients.
- To support ROHCG staff during the pandemic period.
- To continue to serve the community as a specialized mental health care provider.
- To minimize the impact of a pandemic on the delivery of essential health care at ROHCG.
- Maintain the provision of essential services.
- Communicate effectively with stakeholders: patients/clients/residents, staff, families, collaboration agencies, government departments and the media.
- Provide guidance to Departments and staff for the development of plans, delivery of services and coordination holistically across the organization.
- Enable optimal coordination and collaboration between local health authorities, provincial and federal health authorities and regional partners in the health care industry.
- Provide for the health and safety of patients/clients/residents, staff and contract partners of ROHCG.

Planning Assumptions

- The next pandemic could emerge anywhere in the world and at any time of year.
- There may be no lead-time before the novel virus reaches Canada.
- The first peak of illness in a geographic area within Canada could occur within weeks of first detection of the novel virus in that area. The first peak in mortality is expected to be several weeks after the peak in illness.
- There will be geographic variability with regard to the timing and intensity of waves, although multiple jurisdictions will be affected simultaneously.
- The novel virus is expected to displace other circulating seasonal strains during the pandemic. After the pandemic, the pandemic virus will continue to circulate as a seasonal strain.
- Relatively more severe disease and mortality is expected to occur in the young, elderly and in persons without underlying health conditions compared to seasonal influenza.
- The general, uncomplicated clinical picture is expected to be the same as for seasonal influenza: respiratory symptoms, fever and abrupt onset of muscle ache, fatigue and headache or backache.
- Persons at high risk for complications from seasonal influenza are expected to also be at increased risk of severe disease and complications from pandemic infection, although additional risk groups may emerge.
- Impact will vary across communities, and vulnerable populations are expected to be affected more severely.
- Workplace absenteeism may be higher than the estimated clinical attack rate because of

- caregiving or concern about personal safety in the workplace in addition to staff illness.
- Vaccine is expected to be available in time to have an impact on the overall pandemic but will not be available for the first wave.
- Personal hygiene measures are expected to help to reduce transmission to and from individuals and within households and other settings.

Authorization to Activate and Deactivate the Pandemic Plan and Resources

In the event of a pandemic, the CEO or the Senior Management Team member on call (Emergency Command Manager - EMC) is authorized to activate and deactivate the Pandemic Plan. The authorized positions will determine the activation of the Hospital Command Center (HCC) and/or the Emergency Operations Centre (EOC) at the Brockville Mental Health Centre (BMHC) campus. Command Center team positions will be activated as determined by the authorized staff members.

The HCC and the EOC when activated will develop pandemic action plans to manage all aspects of business, the response, management and recovery from the pandemic. This plan offers additional information specific to response and management needs of a pandemic outbreak. Once activated, the command teams will develop Incident Action Plans (IAP) and apply the principles of the Incident Management System (IMS). The IAPs may include measures such as:

- Surge management,
- Staff deployment,
- Health and Safety of staff (OHSS issues)
- Increased surveillance,
- Physical distancing,
- Enhanced hygiene/cleaning measures,
- Suspending programs,
- Closing areas of the hospital
- Maintaining essential services,
- Reallocating resources to maintain critical services,
- Developing and implementing a Communications Plan(s) and
- Maintaining financial stability.

3. INCIDENT MANAGEMENT SYSTEM

The ROHCG recognizes that the success of emergency response and management activities is due to an integrated effort by all functional areas of the organization and the ROHCG's relationship with external agencies. In order to ensure coordination and collaboration of ROHCG and community resources allocated to a disaster response effort, ROHCG utilizes the ROHCG-IMS.

The IMS is a standardized approach to emergency management encompassing personnel, facilities, equipment, procedures, and communications, operating within a common organizational structure. IMS is predicated on the understanding that in any and every incident, there are certain management functions that must be carried out regardless of the number of persons who are available or involved in the emergency response. IMS may also be used for managing planned events, such as a concert or parade. An incident is an occurrence or event that requires an emergency response to protect life, property or the environment.

https://training.emergencymanagementontario.ca/coursematerial/ims100_en_pdfua.pdf

The Royal's IMS is highly flexible and adaptable because it provides a standardized approach to the management of personnel, equipment and other resources, procedures, and communications within a common organizational structure. IMS can be quickly expanded or contracted, according to changing circumstances and needs. It is predicated on the understanding that in any and every incident there are certain management functions - command, operations, planning, logistics and

finance/administration - that must be carried out, regardless of the scale or complexity of the incident.

The primary purpose of the ROHCG-IMS is to provide a mechanism for coordinated leadership and decision-making, the development of action plans, implementation of measures and the alignment with external agencies. This system facilitates contact and communication across organizations and in other jurisdictions, which will increase the effectiveness of emergency management of an influenza pandemic across Ontario.

How the Process Will Work

Duties and Responsibilities within the ROHCG-IMS structure have been developed and are in **Appendix 1**

4. ETHICAL FRAMEWORK FOR DECISION MAKING

ROHCG decision makers will be faced with making difficult ethical decisions during a pandemic influenza crisis and will use *Accountability for Reasonableness* and *IDEA* frameworks to guide them. These frameworks guide reflection, provide support for decision making, and improve accountability for decision making. Ethical issues that one may experience in a pandemic could be:

- Staffs' duty to provide care
- Priority setting of limited resources
- Restricting liberty in the interest of infection prevention and control

The Royal has an ethicist that is able to assist with decision making in regards to these and other ethical issues that may occur.

5. INFECTION PREVENTION AND CONTROL

Mode of Transmission

Influenza is an acute onset of respiratory illness with fever and cough, and one or more of the following – sore throat, arthralgia (severe joint pain), myalgia (muscle pain) or prostration (extreme exhaustion) caused by a virus. Transmission is possible from asymptomatic persons but is greater when symptoms, such as coughing, are present and viral shedding is high (i.e., early in the symptomatic period). Transmission is large droplet and contact transmission (direct & indirect). The role of airborne transmission will initially be unclear.

Incubation and Communicable Period

The incubation and communicability periods for pandemic influenza/influenza-like illness is based on the specific pandemic virus and determined by Public Health. COVID-19 is an example of variance from the norm based on the strain of the virus/illness.

All staff and patients are encouraged to have the Seasonal Influenza Vaccine as per *CORP XI 150 Seasonal Influenza Vaccine for Patients*. In the event of a pandemic from an influenza-like virus (i.e. COVID-19), once available, staff and patients will be provided with the virus specific vaccine.

Screening of Patients

Screening is used to determine if new patient admissions are presenting with symptoms of an identified health issue in the hopes of preventing illness/outbreak and providing early treatment. The ROHCG currently screens for ARI as part of routine practices, using the inpatient-screening tool **Appendix 2**

However, in the event of a pandemic when the infectious organism is unknown and could result in modifications to the ROHCG's current practice The Royal will continue to use the tool identified

above as well as any additional or enhanced screening as determined by Public Health Agency of Canada (PHAC), PHO, MOHLTC and local Public Health Units. For example, in response to COVID-19, The Royal implemented active screening at dedicated entrances to the various sites for patients, staff and visitors. This screening included a series of questions, the provision of a procedure mask and strict hand hygiene measures. Staff were able to access an online screening tool, which would provide a green or red screen dependent upon the staff member's answers. As the pandemic ebbed and flowed the staff screening moved to an Attestation Model where a coloured sticker was provided once the Attestation form was submitted electronically.

Surveillance

Surveillance is the systemic ongoing collection, collation and analysis of data with timely dissemination of information to those who require it in order to take action. The ROHCG currently practices active and passive surveillance.

Active surveillance involves risk identification, tracking, and collaboration with staff for appropriate patient follow up through a visit to the unit from Infection Prevention and Control (IPAC) Coordinator, chart review of patients exhibiting symptoms (ILI or otherwise) and communication with staff. Passive surveillance involves monitoring laboratory values, outbreak line listings and the 24hr surveillance tool. **Appendix 2**

In a pandemic situation, however, should the infectious organism be unknown, modifications to current surveillance practices are expected, and will be adapted to incorporate suggestions and recommendations from PHAC, PHO and MOHLTC.

Index of Suspicion (IOS)

IOS is the awareness and concern for potentially serious underlying and unseen injuries or illness. Suspicion is the act or an instance of suspecting something wrong without proof or very slight evidence. In cases with high IOS, pursue resolution and appropriate treatment until proven not to be a credible patient threat, even when met with opposition from experts. Use of an IOS typically shortens the path of diagnosis through initiation of suitable investigation.

The ROHCG incorporates a mental health IOS based on the *Mental Health Act* daily, and it includes a description of patients accessing its services. During a pandemic, however, the ROHCG strives to promote patient safety and will incorporate criteria outlined by PHAC and MOHLTC into their IOS to ensure comprehensive, safe quality mental health care while meeting the mandates of legislation and principles of infection prevention and control regardless of the type of infectious organism.

Personal Protective Measures

(*CORP XI 200 Routine Practices* and *CORP XI 230 Outbreak Management*) IPAC and frontline staff will provide education to clients/patients/residents on the necessary Personal Protective Equipment (PPE) in response to the identified Pandemic organism.

Hand Hygiene

Hand hygiene is the most effective means of preventing the spread of infection. During a pandemic, enhanced messaging and education about hand hygiene will be implemented. Hand hygiene must be performed as per the 4 moments, as outlined in *CORP XI 210 Hand Hygiene* and monitored by IPAC and PHO. Even during a pandemic of unknown infectious organism, hand hygiene is still considered the primary illness prevention action.

Respiratory Etiquette

Respiratory etiquette is specific steps used to reduce the spread and transmission of respiratory secretions of infected individuals. It includes multiple steps including ensuring that individuals

are at least 2 meters (6 feet) away from others who have ILI symptoms, as well as hand hygiene.

Personal Protective Equipment Requirements

In healthcare settings, the minimum procedure for protecting staff from infectious organisms by breaking the chain of infection is to wear PPE. **Appendix 3**

Healthcare providers should wear appropriate PPE based on the identified pandemic organism and don/remove PPE at least two (2) meters/six (6) feet away from infectious patients. If the healthcare provider believes their hands have become contaminated at any stage, hand hygiene should be performed prior to continuing.

Should an entire unit or several infected patients are cohorted together, a risk assessment by IPAC may be completed. Recommendations for PPE use and the frequency of donning and doffing may shift as a result of the risk assessment

Routine Practices A system of infection prevention and control practices to be used with **ALL** clients/patients/residents during **ALL** care to prevent and control transmission of microorganisms in **ALL** healthcare settings.

Additional Precautions: Precautions that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g. contact, droplet, airborne):

Airborne precautions: Used in addition to Routine Practices for clients/patients/residents known or suspected of having an illness transmitted by the airborne route (i.e., by small droplet nuclei that remain suspended in the air and may be inhaled by others).

Contact Precautions: Used in addition to Routine Practices to reduce the risk of transmitting infectious agents via contact with an infectious person.

Droplet Precautions: Used in addition to Routine Practices for clients/patients/residents known or suspected of having an infection that can be transmitted by large infectious droplets.

Contact/Droplet Precautions: Some infections may need a combination of additional precautions, since some microorganisms can be transferred by more than one route. Used in addition to Routine Practices, combine all element of both contact and droplet precautions.

Contact/Droplet Plus Precautions: Some infections may need a combination of additional precautions, since some microorganisms can be transferred by more than one route. Used in addition to Routine Practices, combine all element of both contact and droplet precautions. The 'plus' indicates the need for a fit-tested, seal checked N95 mask.

Respiratory Protection (CORP IV 290 Respiratory Protection Program)

ROHCG is committed to following the direction of appropriate authorities regarding the type of respiratory protection required for the specific pandemic strain of virus. The MOHLTC may recommend the use of fit tested N95 respirators for contact with patients with ILI during a pandemic, as well as for aerosol generating procedures in ILI patients. ROHCG recognizes that direction on this issue may change, even during a pandemic, and is committed to remaining current with the most up-to-date recommendations. Masks includes procedure mask, surgical mask, N95 respirator, or surgical procedure mask. Masks, respirators and face shields should be changed between patients/exposure situations and should be removed if they are moist, torn or dirty. Health care providers should be at least two (2) metres/six (6) feet away from all individuals before removing their mask. In response to the COVID-19 pandemic and PHO recommendations universal masking was implemented across all programs at The Royal. Universal masking means wearing a mask at all times. Medical masks (surgical or procedure) are worn as source control (to protect others) or as PPE (to protect the wearer). Universal masking is one of many control measures that work together to prevent the spread of infection.

Eye Protection

Eye protection should be worn when providing direct care, within two (2) metres / six (6) feet of the patient, especially when there is risk of spray or during aerosol treatments.

The type of eye protection is dependent on the type of respiratory protection recommended, based on the pandemic organism identified. This can consist of a mask with attached visor, or a mask plus goggles, or a mask plus a face shield. In response to the COVID-19 pandemic and PHO recommendations, and like universal masking, universal eye protection (i.e., eye goggles, face shields or wrap around safety glasses) was implemented across all programs at The Royal.

Gown Use

Gowns should be worn when providing care within two (2) meters/six (6) feet of a symptomatic patient.

Glove Use

Gloves should be worn when it can be reasonably anticipated that contact with blood or other body fluids, mucous membranes, non-intact skin or potentially infectious material will occur.

When wearing gloves change or remove gloves in the following situations: during patient care if moving from a contaminated body site or another body site (including a mucous membrane, non-intact skin or a medical device within the same patient or the environment). Gloves are **NOT** to be reused, decontaminated or washed. Gloves are **NOT** to be used as a substitute for hand hygiene.

In settings where several ILI patients are admitted in the same room or unit, staff should remove gloves (and gown if worn), and practice hand hygiene, between each patient contact to prevent patient-to-patient transmission of nosocomial pathogens.

Cohort

A cohort is a group of individuals having one or more factors in common. During a pandemic, it may be necessary for the ROHCG to group individuals (both patients and staff) together to facilitate quality care, prevent spread of infection and provide safe prompt treatment. For infectious patients admitted to the ROHCG during the pandemic, they will be cohorted to one area of the facility based on their IOS including risk factors, severity of symptoms, and mental state. For staff, cohorting will be based on recommendations from Occupational Health & Safety Services (OHSS) as outlined further in this document.

Quarantine

The Quarantine Act and Regulations (s.c.2005) help protect Canadians from dangerous and infectious diseases. Under this Act, Public Health Quarantine Officers have the authority to ask a person suspected of having an infectious disease to undergo a medical examination and to detain that person if necessary.

Quarantine may be used in the early stages of the pandemic to stop the spread of the causative virus. A person may be placed on quarantine if they have been in contact or exposed to a person with an infectious illness such as influenza or an ILI. This is because a person is infectious for a virus specific period before they know they are sick. In order to protect the public, Public Health Quarantine Officers can place people on quarantine to prevent the virus from spreading to others. Quarantine means staying at home or in a designated building for a specific timeframe from last exposure until the Public Health Quarantine Officer is sure that the person is not infected with the pandemic virus. Quarantine means not going outside, not going to work, school, or other public places and not meeting with other people unless given permission by the Public Health Quarantine Officer.

Environmental Services and Disinfection

All health care settings should maintain routine cleaning practices including: keeping the working environment clean and disinfecting areas/equipment that may have been contaminated after each patient visit using routines and cleaning practices identified by Provincial Infectious Disease Advisory Committee (PIDAC) environmental cleaning toolkit. This is part of routine practices and should be done after each patient visit / assessment. During a pandemic, staff should not re-enter a room vacated by a positive patient until the room has been terminally cleaned by housekeeping. (*CORP XI 180 Equipment Cleaning*) During the current COVID-19 pandemic, The Royal Implemented enhanced cleaning and increased frequency, specifically of high touch surfaces. In accordance with the OHPIP-2013, in all settings where care is delivered, staff should follow procedures for managing and disposing of equipment that is consistent with the PHAC/PHO guidelines:

- Each patient room should have dedicated equipment when possible
- Take only the equipment needed into the area
- Clean and disinfect all reusable equipment using disinfectant wipes (or approved alternative)
- When possible, use disposable equipment that can be safely discarded with regular garbage and immediately dispose of it after use or upon exiting the room where care is delivered
- Have an adequate supply of seventy to ninety (70 – 90%) percent alcohol-based hand sanitizer available to ensure appropriate hand hygiene

Patient Transport

When transporting a patient who is on Droplet Precautions:

- Have patient perform Hand Hygiene before leaving room.
- Limit transport of the patient outside the room for essential purposes only.
- Have patient wear a surgical/procedure mask when outside of room.

Education

The ROHCG provides regular training (included in orientation and ongoing education) on the principles and procedures of infection prevention and control, the identification and management of patients with ARI and appropriate use of PPE. Education programs related to infection prevention and control will be developed in consultation with the IPAC Coordinators, Joint Health and Safety Committees (JHSC), Learning and Development and the Nursing Professional Practice department.

6. OCCUPATIONAL HEALTH AND SAFETY

Health Surveillance

CORP IV-i 280 Seasonal Influenza Management & Prevention for Staff

Using the identified policy as a baseline for action in an ILI pandemic, the requirements for reporting outlined by PHAC and/or the MOHLTC during the pandemic will be incorporated into current ROHCG guidelines for the management of staff with symptoms of ILI.

Current practice incorporates the use of screening tools for staff with symptoms of ILI as outlined in the identified policy. Staff currently call OHSS and the staffing office to report symptoms of illness related to respiratory and gastric issues. This practice will continue in the event of any type pandemic.

Recommendations for Managing Staff with ILI

The screening of staff prior to deployment to an appropriate work area will depend on the magnitude of the Pandemic. Further direction for the screening process will be given by the PHU, as required.

OHSS may consider the following actions to screen employees for active symptoms of ILI, prior to entry into patient care areas:

- Implement an active screening web-based program or application that provides staff with clear direction on whether they may enter the workplace;
- Contact information to OHSS to provide details and await response to ILI symptoms and contact tracing requirements, if required.

Ability to return to workplace

Staff can return to the workplace according to the direction from Public Health when one or all of the following conditions are met:

- a) They are well (asymptomatic)
- b) They have recovered from symptoms of the causative virus according to direction from PHU
- c) They have been immunized against the identified pandemic causative viral strain if possible and completed the post immunization antibody development period
- d) They are on appropriate antivirals or treatment in response to the causative virus.

Health care providers who meet the above criteria may work with patients (well or symptomatic) may be selected to work on units where there are patients, who, if infected, would be at high risk for complications despite staff wearing appropriate PPE. If a vaccine and related treatment are unavailable asymptomatic health care providers may work with asymptomatic patients.

Unfit for Work

Staff with symptoms of the causative virus during a pandemic will be considered unfit for work. Management of staff with symptoms will follow the same criteria as outlined in *CORP IV-i 280 Seasonal Influenza Prevention and Management for Staff*. In a severe pandemic resulting in staff shortages, criteria for staff work will be based on *CORP XI 230 Outbreak Management* and recommendations from Public Health. Additional criteria for 'fitness to work' may be determined by the PHAC, PHO and/or MOHLTC based on the type of pandemic and will be incorporated into current practice requirements for fitness to work with the focus on staff safety and patient quality care.

Alternate Work for High Risk Staff

OHSS will assess the exposure risk of high-risk staff on a case-by-case basis (e.g. pregnancy, immunocompromised, asthma etc.).

Staff Who Work at Other Facilities

During a pandemic, the virus will be widely circulating in the community. The ROHCG is aware that there are staff who work at other facilities. In an effort to minimize spread of the causative virus, as well as promote the health of its staff, the ROHCG will follow the direction of Public Health, PHO, PHAC, and MOHLTC.

Immunization & Vaccination of Health Care Providers

Generally, people have little to no immunity to the circulating pandemic strain because they have had no previous exposure to the virus. Once a vaccine for the identified pandemic strain becomes available, the ROHCG will follow provincial/national directives according to priority groups established under the national response. It has been identified that healthcare providers and those recruited to perform the duties of a healthcare provider are considered to be a high priority group. **Appendix 4**

OHSS is responsible to:

- Develop and administer a staff screening procedure to determine eligibility for treatment

of asymptomatic staff, in accordance with OHSS medical directives and Public Health, as applicable.

- Determine process for treatment distribution to staff and gather the required documentation, as applicable.
- Organize and run vaccination clinics for staff, as applicable.
- Ensure proper and secure storage of the vaccine during the clinics – in consultation with Pharmacy.
- Meet all documentation and reporting requirements associated with the use of the vaccine
- Monitor staff receiving the vaccine and track any reactions including treatment resistance

Communication

OHSS continues to support current practices of communication among staff as it relates to sick calls during the pandemic. The ROHCG will communicate any relevant pandemic information to staff as information becomes available from PHAC/PHO/MOHLTC. Staff are expected to continue to report any patient symptoms related to the pandemic to the IPAC coordinators.

Working in collaboration, OHSS and IPAC will ensure that training material is in place and ready for distribution to all healthcare providers. This information will include the following: donning/removing PPE; donning/removing N95 masks, hand hygiene, respiratory etiquette, pandemic vaccination, and cohorting of patients/staff based on infection risk assessment. Practices or procedures will be developed or modified in response to PHAC/PHO/MOHLTC recommendations during the pandemic.

7. CAPACITY ASSESSMENT, TRIAGE AND BED MANAGEMENT

It is anticipated that the demand for health services during a pandemic will quickly overwhelm the available resources (physical and human). In order to care for the Royal's patient population, each clinical area will need to adjust the level of care provided to compensate for the reduction in health care providers.

The objective will be to optimize surge capacity while providing adequate care. If the proposed models of care delivery do not achieve an acceptable standard of care, then they will be altered and surge capacity will be achieved earlier on in the course of the pandemic.

ROHCG has defined the number of additional beds per program that could be opened to create a surge capacity for mental health patients from local acute care hospitals. It is assumed that this will only be done if ROHCG is able to maintain safe basic care with its available resources.

Appendix 6

Patient Care / Flow

It is assumed that patient admissions, at the outset will be comprised of patient populations similar to the current patient make-up of ROHCG. Initially, patients will be admitted to the appropriate programs in keeping with their needs. As the pandemic impact increases it is most probable that only certified persons under the *Mental Health Act* will be admitted and the placement of patients will be dictated by bed availability.

Triage

Triaging and cohorting of patients will be based on the results of the IPAC Admission Assessment or other screening assessment tool.

Admission

The Royal will develop admission protocols, in collaboration with facilities in the region, in

response to the particular pandemic strain and case definitions. Admission protocols will adapt to the changing landscape of the pandemic and the unique needs of the population we serve.

ROP-LTC

Admissions to ROP-LTC are through Home and Community Care Champlain LHIN – there are no direct admissions to ROP-LTC. Admissions to the facility may be prioritized by the LHIN due to constraints caused on the Health system by the Pandemic. Conversely, admissions may be held if the facility is in an Outbreak situation. Discharges during a Pandemic situation – families/residents will be able to request discharge to home as appropriate, with supports being provided through the Champlain LHIN.

Secure Treatment Unit (STU)

There will be no additional beds added to the STU. Intermittent weekend stays be suspended for the duration of the pandemic.

Accommodation of Symptomatic Patients

If the Clinical Care Team determines the patient requires admission, the patient will be admitted to a private room or a unit dedicated to patients exhibiting symptoms of the causative virus. Every effort should be made to ensure that symptomatic patients are placed at least two (2) metres/six (6) feet away from other patients. As the pandemic progresses, the ROHCG may be required to develop a system for prioritizing admissions based on clinical and ethical decision-making criteria.

Discharge Planning

In an effort to support our communities during a pandemic, the ROHCG will assume the role of accepting and admitting patients from acute care settings who can be cared for in our facilities and who require the services we can provide. As such, ROHCG will endeavor to optimize its capacity to care for these additional patients by discharging those patients who may be cared for in the community.

At the time of notice of heightened pandemic activity in our regions, ROHCG will assess patient's needs in order to identify:

- Patients who could be discharged in the event of an outbreak and identify the supports that would be required.
- Patients whose care could be met in another setting.
- Patients who must continue to be hospitalized as an inpatient.
- Patients who are at high risk to require acute mental health care services.
- Patients who are at risk of complications from the causative virus.

Management Guidelines

Clinical management guidelines will be posted on OREO (Online Resource for Employees Only) and communicated to all staff across the ROHCG via e-mail. The clinical management guidelines are specific to the pandemic strain and will be developed and revised in response to current PHO/MOHLTC recommendations.

Essential Services

The ROHCG-IMS Operations Coordinator in consultation with the ROHCG-IMS Command Manager, the Psychiatrist-in-Chief and VP Patient Care Services, Professional Practice and CNE, will determine when all non-essential services will be curtailed and when the organization has reached its capacity.

A very important part of pandemic planning is the ROHCG Business Continuity Plan (BCP). The BCP is a proactive planning process that ensures essential services are delivered during a disruption that jeopardizes the facility or seriously impacts patients and staff. All services and functions provided across the ROHCG have been prioritized using the following criteria:

- **Priority Level One:** Consists of Essential Services/Functions that when not delivered, create an immediate or early impact on the health and safety of individuals.
- **Priority Level Two:** Services/Functions that can be suspended for up to 6 weeks, without putting anyone at risk or the business in jeopardy.
- **Priority Level Three:** Services/Functions that can be suspended for a longer period.

The essential services identified in patient care areas can be found in the ROHCG BCP.

Restriction of Patient Activities and Movement

The patient showing symptoms should remain isolated from other patients whenever possible. In the event that the patient needs to be transported from their room (e.g. to use the bathroom):

- The patient should wear a surgical or procedure mask.
- Staff escorting the patient should use additional precautions with the recommended mask and face shield/eye protection.
- The patient should be maintained at least two (2) metres/six (6) feet away from other patients or staff.
- Continuous Therapeutic Engagement (CTE) may be required to maintain precautions.

Patient leave of absence practices most likely will be altered during a pandemic for infection prevention and control purposes. Gatherings, groups, and/or meetings which do not permit a minimum two (2) metres/six (6) feet separation will most likely be discontinued.

Any shared items such as magazines, books, puzzles, etc. should be removed from care areas.

Transportation and Transfer of Patients

The movement and transfer of patients with influenza should be as limited as possible during a pandemic event. However, patients with severe ILI requiring Emergency Department (ED) assessment will require transport to an acute care facility. Patient transfer protocols must be followed. *CORP X-iv 110 Transfer-Transport*. The Provincial Transfer Authorization Centre (PTAC) will be functional and will coordinate transfers between facilities. In the STU the Ministry of the Solicitor General (SolGen) will provide the transportation.

Patient transfers between facilities are likely to be restricted during a pandemic and current transfer procedures may change. The Royal will work with acute care hospitals, private medical transport companies and the PTAC to develop and adhere to defined protocols and criteria for transferring patients between facilities.

The receiving healthcare facility and the PTAC are to be advised when any patient is to be transferred to an acute care facility from an organization experiencing an outbreak. All transfers must follow a transfer authorization process at all times. The PTAC must be contacted to obtain an infectious disease referral medical transfer authorization for the inter-facility movement of a patient by ambulance or private medical transport service.

The transfer must be coordinated between the sending and receiving facilities to ensure the route and point of entry are defined and that staff is prepared to receive the patient on arrival. In the event of a transfer within ROHCG, the same protocol should be followed. Emergency personnel must be advised of the appropriate PPE to don during the transfer.

Patients with symptoms must wear a mask appropriate to the virus during transfer. Medications and other equipment not directly attached to the patient must be transported in a biohazard bag. The transport of the patient must follow a specific designated route upon arrival at the hospital or other healthcare facility. Only personnel required for the transfer will be allowed to accompany the patient.

Care of Deceased

Routine practices may be sufficient for the handling of patients who have died from the pandemic virus. These include effective hand hygiene and the use of PPE (gloves, gowns, and face and eye protection), and additional IPAC measures should there be the potential exposure to body fluids, which can occur during after-death care. In the event that funeral home personnel cannot enter the facility, training will be provided to care providers in the use of body bags and associated tasks in regards to the transportation of the deceased.

8. HUMAN RESOURCES

The Human Resources (HR) Plan for a pandemic situation has been developed on the following planning assumptions:

- Many health care workers could be ill and unable to provide services during the duration of the influenza/influenza-like illness pandemic. This is in addition to normal absenteeism rates.
- The pandemic may have several waves therefore HR planning must recognize both short-term and long-term strategies
- The primary HR issue will be to maintain adequate staffing levels and competencies to manage the existing and additional workflow resulting from the pandemic event.
- With a potential for an influx of new patients, caring for current inpatients ill with the causative virus, in addition to continued provision of mental health services, adequate staffing will not always be available and decisions will have to be made regarding work priorities.
- The ROHCG BCP has identified essential services. The skills and competencies required to continue to operate these services will need to be developed.
- A Deployment Center will be established to effectively deal with the HR available to the organization in anticipation of staffing shortages. Proposing a layered response strategy to provide adequate supply of health care workers.
- *Phase one:* Preparation phase, the goals are to:
 - Build HR capacity to respond;
 - Build cooperation between stakeholders - unions, associations and regulatory organizations;
 - Build communication networks to support HR planning and response.
- *Phase two:* Pandemic Alert, the goals are to operationalize and deploy
In this phase, the goals are to:
 - Protect and support current health care employees to maximize HR utilization;
 - Maximize hours of work;
 - Reassign health care workers to perform duties as required;
 - Redeploy health care workers to perform duties where required other than those which they normally perform;
 - Recruit temporary healthcare workers.
 - Once treatments and vaccine(s) are available, the ROHCG will comply with direction from national, provincial, organizational, public health bodies as well as any collective agreements regarding access and administration of these products.

DEPLOYMENT CENTRE

Structural Design

The Deployment Centre will be set up by the HR department in a central location.. The Deployment Centre will be accessible by Email: (Deployment.centre@theroyal.ca)

Hours of Operation

The Deployment Center's hours of operation will be determined at the onset of the pandemic event

and will be communicated to all staff. The following functional centres (desks) will be established:

- Intake and tracking desk
- Assignment desk
- Review desk

* The roles of these desks are outlined in **Appendix 7**.

Operational Guidelines

Staff will be treated in a manner consistent with established HR principles, which respect the core values of the ROHCG. The following outline the objectives of the center and the principles under which staff will be deployed, honouring to the extent possible:

- A. Recruitment and Selection
- B. Safe placement (orientation and training, patient staff ratios, etc.)
- C. Payroll, benefits & documentation
- D. Shifts/scheduling
- E. Collective agreements/service & seniority
- F. Communication

Principles:

- Staff working in services that are curtailed or halted due to closures, will be deployed to assist in other areas that are experiencing staffing shortages.
- Managers will be required to make deployment requests only through the Deployment Center (note: this does not apply to urgent, last minute requests that must be filled if the Deployment Center is closed).
- The Deployment Center will be staffed with HR and scheduling office staff that will have access to Directors/Managers/individuals with clinical and support service knowledge in order to assess/review staffing competencies required.
- The Deployment Center, under the direction of management, will assess staffing requests for priority of need. Priority will be given to direct patient care requirements and then to required pandemic-related administrative activities.
- The Deployment Center will endeavour to place staff equitably, such that workload is shared, to the extent possible.
- The Deployment Center will require staff to be flexible and be deployed based on need. This, at times, may require alterations in shift or weekend work. Attempts will be made to cause as little disruption as necessary to the staff member's normal schedule. This will depend on the impact of the pandemic event.
- *Unionized staff:* As much as possible, staff will be deployed within the context and parameters of their applicable collective agreements, although this will not always be possible.
- Orientation to new working units or positions resulting from the pandemic event will be provided when necessary.
- The department accepting a deployed staff member should also have an orientation program, adapted to a pandemic event situation, and consider what skills and competencies would be required if staff were to be deployed from other areas of the organization.
- Every effort will be made to provide the most suitable qualified staff; to the extent it is possible in an emergency situation. Decisions will be based on the skills and competencies required and the skills and competencies available at the time of the request.
- Staff reassigned to other units or areas will identify any skill deficiencies they may have to the person in charge. If a skill deficiency is verified, the staff member may still be required to provide services based on their declared skill level.
- Staff will be expected to accept reassignment and continue to work. Utilizing all staff and their skills and competencies will be critical to ROHCG's ability to successfully manage

the pandemic event.

- To the extent possible, during the pandemic event, if staff has a scheduled day off, efforts will be made to honour that schedule. The exception would be in a critical situation when no other staff could be found.

A. Recruitment & Selection & Scheduling/ Deployment:

- Staff will be deployed based on skills and competencies as opposed to strictly classification, professional designation or union affiliation.
- Managers will continue to recruit for regular vacancies unless otherwise advised.
- All requests for deployment of staff will be directed by the manager to the Deployment Center via email utilizing the format as outlined in **Appendix 8**
- In order to ensure appropriate match between the request for assistance and the skills and competencies of the deployed staff, clinical and support expertise will be available and consulted as required.
- Different strategies for staffing shortages will be implemented as deemed necessary.
- The skills and competencies required to meet patient needs, including care of patients who develop influenza/influenza-like illness, will be identified during the planning phases.
- Any new hires will be under the terms and conditions of the applicable collective agreements.
- Applicable unions will be notified of all new hires.
- Scheduling appropriate staff from agencies that the Royal currently holds contracts with;
 - For licensed positions, recruit trained but not currently licensed staff (e.g. retirees)
 - Recruit partially trained staff (students) from various programs
 - Recruit temporary trained staff from other employers (e.g. hotel workers to work in hospital support roles etc. - kitchens laundries cleaning staff etc.)
 - Source the service from outside suppliers if it is impossible to provide the service.

B. Safe Placements

All staff will be assessed in advance of the pandemic event, to identify skills and competencies related to a pandemic event. The completion of a self-assessment tool may be required. Occupational Health Services (OHS) will be available to review any staff member who indicates that they cannot be deployed for health reasons. OHS will determine a staff member's fitness to work, to be deployed and/or to return to work. This information will be made available to the Deployment Center.

C. Payroll, Benefits & Documentation:

All staff will continue to be coded on their home department timesheets/cost centres regardless of where they are working or what they are doing within the facility. All premium codes for overtime, shift differential etc. are to be coded as in normal circumstances. Specific time entry codes related to absences due to pandemic will be established and communicated to all staff. Managers must approve all overtime requests from staff. (Note: Scheduling office may be able to track where staff are working to avoid future adjustments)

D. Shifts/Scheduling:

To facilitate deployment activities during a pandemic event, staff members will be deployed by the Deployment Center based on priority/urgency of needs and availability of staff and competencies required to perform the role. Vacation and Leaves of Absence requests and approvals may be suspended. Previously approved requests will be reviewed and may be or depending on the severity of the pandemic and the availability of staff are likely to be subject to cancellation All LOA requests will be centralized through the Deployment Centre to ensure consistency

All requests for extra staff or replacement of staff who are sick will continue to be processed

by scheduling office/managers as per present practice. If staffing office or the manager is unable to fill a need for staff, the request will be directed by the manager to the Deployment Center via email utilizing the format as outlined in **Appendix 11**.

The Deployment Center will log all staffing requests, the staff who have been deployed and identify those requests which cannot be filled. Deployment will liaise with Command Centre wherever necessary. The Deployment Center will liaise with scheduling office to ensure that updated information is communicated on a regular basis regarding all deployment requests.

E. Employee and Labor Relations:

- Unions will be notified that the Hospital is in a Pandemic state
- Collective Agreements and Awards will be honoured where possible. Some modifications may be required and will be dealt with at a later date.
- Progressive discipline activities will remain important.
- Staff may be required to work different shift combinations.
- Dealing with complaints and grievances may be delayed. Extensions will be requested from the bargaining units.

F. Communication:

At the commencement of operations, the Deployment Center will issue a communiqué to all staff indicating the opening of the Centre, the location, access information, the principles of deployment and operational guidelines. The Deployment Center will attend operations meeting to communicate the process and address any concerns. Any potential changes will be communicated on a regular and ongoing basis.

Functional Model

A functional involves identifying core tasks essential for patient care on inpatient units and assigning these tasks to the appropriate care worker: nursing, allied health and/or support staff. Healthcare providers who lack experience in a specific area will be supervised by those with the relevant experience, skill or competency. A team will be created that may have the skills, competencies and experience collectively in order to care for a group of patients.

Human Resource Inventory

The IT HR System will be used by the Deployment Center to access all current ROHCG staff by site, by unit, by classification, and job description during a pandemic event.

A skills and competencies assessment for all staff will be conducted utilizing the tool identified. The results of this survey will be available to the Deployment Center electronically to assist in deployment assignments.

Current casual and part-time staff will be requested to be available on a full-time basis during a pandemic situation. staff who work for more than one organization may be asked to commit to their prime employer.

In addition, a listing of staff who have retired within the past five (5) year period will be available to the deployment Centre, to be considered for work in the event the current staff inventory is unable to meet demands.

Students from area post-secondary educational institutions' health related programs, may be considered in the event the organization is unable to meet the demands for human resources. College and university contact names and telephone numbers will be identified and made available to the Command Centre. In extreme staff shortages, volunteers and ECPs may be utilized.

Volunteers

Volunteer Services will work with Operations to provide volunteer support in appropriate low risk areas on-site with low-risk tasks and/or will provide volunteer support remotely, where possible.

Employee Assistance and Support

Coping during the multiple waves of a pandemic, will impact staff morale and organizational resiliency. Despite a staffing plan to address adequate/reasonable caregiver to client ratios, large numbers of people will be ill and workload may seem overwhelming to the remaining staff. In addition, staff may require assistance in coping with job-related stress, anxiety about pandemic, and dealing with family related needs and responsibilities. Staff feeling unable to cope, may lead to increased absenteeism and/or resignation. The Royal's Boosters and Staff 4-U will continue to provide events and services to boost staff morale, following IPAC measures applicable to the pandemic event

ROHCG will continue to provide the Employee Assistance Program (EAP) services through a third party provider to assist Staff to cope with these additional stressors. EAP service may need to be delivered in alternate ways, depending on the nature and scope of the event and any externally imposed restrictions (e.g. social distancing, lack of transportation systems etc.). The Royal's Staff Peer Support Team will be available to all staff, either in person or virtually, as appropriate, to assist.

9. SUPPLY CHAIN MANAGEMENT

During the pandemic event, it is anticipated that there will be an increased demand for supplies and in some cases a demand for new supplies. It is anticipated that there will be a potential for interruption to the supply or shortages of crucial items.

The Supply Chain Management (SCM) department is responsible for negotiating all contracts on behalf of the ROHCG. These include all goods and services for the hospital, as well as all professional services. SCM will assist and support the acquisition and distribution of supplies to meet the needs of the organization during a pandemic.

SCM, in consultation with the appropriate stakeholders, will identify the current top number of requisitioned items as well as potential new items, and identify and contact the suppliers to determine if they have a plan in place to enable continued delivery of the supply required.

IPAC will identify the type and quantity of PPE that is required and advise SCM. SCM will:

- Discuss with suppliers their ability to deliver during a pandemic, continually reviewing
- Review systems in place to ensure adequate supplies (cleaning, food, etc.)
- Establish relationships with alternate suppliers/sources such as equipment suppliers, food suppliers, oxygen suppliers, any contracted services)

Additional storage area requirements will be identified to accommodate the increase in inventory. Supplies will be stored at ROHCG sites.

A ROHCG SCM representative will participate in the regional SCM Committee to support the development of a regional approach to the acquisition, storage and distribution of supplies.

Stockpiling Personal Protective Equipment (PPE) & Critical Supplies

SCM will acquire and will maintain a supply of personal protective equipment (PPE) and critical pandemic supplies in line with the MOHLTC Guidelines for Pandemic Stockpile. Additional emergency supplies may be available from the provincial Emergency Supplies Stockpile, dependent on the pandemic event.

10. LABORATORY/MEDICAL IMAGING

Laboratory

Since the ROHCG does not operate a testing and analyzing laboratory, the ROHCG Clinical Laboratory will collect, package and arrange transport of specimens. The ROHCG laboratory personnel will serve as the main contact between the external testing facilities and the Royal. Testing (as outlined below) should be performed for all patients who have screened with influenza- like-illness symptoms (ILI). In addition, testing of patients is recommended, on consultation with Ottawa Public Health, when there are 2 or more cases of similar respiratory symptoms within 48 hours on the same inpatient unit (in accordance with *CORP XI 230 Outbreak Management*).

What Tests to Order

Tests are based on the specific pandemic influenza strain and the resulting MOHLTC recommendations. All Microbiology/Virology/Public Health Lab (PHL) requisitions should clearly indicate the suspected influenza virus, with relevant clinical information and underlying medical conditions provided, so that specimens will be properly processed.

Where to Send Specimens

BMHC: Deliver the labelled specimen and the completed lab requisition to the BMHC Lab. After hours: Place the labelled specimen and the completed lab requisition in the refrigerator located in the FTU in the Metabolic Lab and in the STU in the 3rd Floor Exam Room.

ROMHC and ROP: Deliver the labelled specimen and the completed lab requisition to the ROMHC Lab. After hours: Place the labelled specimen and the completed lab requisition in the refrigerator located at Switchboard. Specimens will be picked up the next day (Monday – Friday) by the ROMHC lab staff.

Specimen Collection and Handling Guidelines

Swabs used for specimen collection should have a Dacron tip and a plastic shaft. The specimen container must be appropriately labelled with a patient identifier and must match the identifier on the requisition. The following information should also be Included:

- Patient name
- Date of birth
- Date of collection
- Specimen type
- Name and contact information of requestor
- Symptoms, including date of onset of symptoms
- Travel history
- Contact with other persons with laboratory confirmed influenza
- Outbreak number if applicable

While specimen type may vary depending on type of test being performed, as a general guideline, the usual recommended specimen for detecting pandemic strains of influenza is the nasopharyngeal swab. Nursing staff should be knowledgeable on the procedure for acquiring a nasopharyngeal swab. Specimens for the direct detection of viral antigens can be refrigerated prior to processing. If specimens for virus isolation must be stored before shipping, they should be refrigerated immediately.

All Laboratory staff must be trained in the use of routine practice and additional precautions, hand hygiene, cleaning procedures related to laboratory settings, the use of PPE and transportation of specimens.

Medical Imaging

The ROMHC site offers basic Radiology services including chests, spines, extremities and

abdomen to inpatients and outpatient clients. Images are sent electronically to radiologist for interpretation. Reports are dictated by the Radiologist and then transcribed by the ROHCG.

BMHC and ROP-LTC have a portable X-ray service (Westminster) who come on site to perform X-rays.

All ROMHC Fluoroscopy, CT (Computerized Tomography), Ultrasound and MRI (Magnetic Resonance Imaging) examinations are referred out to The Ottawa Hospital (TOH) or the Merivale Clinic. Patients requiring these types of examinations are transported as per *CORP X-iv 110 Transfer-Transport*

STU: SolGen will provide own transportation.

Electrocardiography

Electrocardiograms (ECG) for inpatient and outpatient ROMHC clients are done by Lab Technicians in the Specimen Collection Services at both sites. In Ottawa, the ECG tracings are couriered to an offsite Cardiologist. Written or transcribed reports are returned to the organization. At BMHC, the clinical lab provides ECG services and they are reviewed by the ordering physician.

11. PHARMACY

The ROHCG Pharmacy Department provides care to inpatient care units outpatient best possible medication history support, and dispenses clozapine to outpatients.. Pharmacists promote and implement medication practices to enhance patient safety, and strive for a seamless continuity of drug therapy when patients transition between ROHCG and the community. As part of a multidisciplinary team, pharmacists complete admission and discharge medication reconciliation, provide medication education to patients, identify and resolve drug therapy problems, answer drug information questions, participate in interdisciplinary and family meetings, and conduct medication reviews. Pharmacist are available for on call consultation after hours. Pharmacy Technicians are involved in all areas of medication distribution. All Pharmacy Technicians at ROHCG are licensed and by the Ontario College of Pharmacists (RPhT). They prepare and check medications including compounds and methadone. They are responsible for unit dose packaging of medication and stocking the automated dispensing cabinets. They also prepare leave of absence medication in compliance packaging to ensure patients have access to their medications while on overnight and weekend passes. The pharmacist and pharmacy technicians at ROHCG assist with medications with unique challenges such as clozapine, long acting antipsychotic injections, and Special Access medications procured from Health Canada. The pharmacy department collaborates with physicians, laboratory services, clozapine coordinator, and patients to dispense clozapine to our outpatients of the ROHCG.

A Pandemic will have a substantial impact on the ROHCG medication supply. Pharmacists may be required to suggest treatment alternatives for formulary and non-formulary drugs that are no longer available due to supplier shortages. The Royal will engage in Regional discussions on medication supply and alternatives Expected staff shortages will impact the full scope of the Pharmacy Department's distribution and clinical services.

Patient Needs and Prioritization of Services

Medication dispensed to certain outpatient clinics will need to be continued

- Clozapine
- Long-Acing Injection (LAI) outpatient clinics.
- SAP – medication from the Special Access Program

Clozapine Coordination

- Obtain guidance from Health Canada for blood work forgiveness for period of interruption

- if unable to complete.
- Obtain prescriptions from patients' physicians with refills adequate to dispense for period of interruption.
- Ensure monitoring of WBC/Neutrophil blood work completion and dispensing and distribution of Clozapine medications to approved patients at the ROHCG dispensary and local community pharmacies and residences.

Staffing Needs

- Pharmacy Technicians, , Administrative Assistants, Pharmacists,
- Clozapine Coordinator Support Services
- Security personnel to safeguard medication supply
- Will not require staff or have staff to offer to HR

Space/Storage needs

Will be reflective of the causative virus and vaccines – may require vaccine specific storage (i.e. initially in response to COVID-19 required an ultra-cold freezer)

Proposed Strategies to Deal with Surge Capacity in Pharmacy

- Daily schedules will be modified to operate with minimal staffing such as vacation mode. (i.e., reduced clinical activities & concentrating on distribution function first, for example full-day shift at distribution) to provide services and if required, pharmacists will perform RPhT duties. Casual staff will be contacted to assist when staffing is low.
- No additional staff should be required from outside the department – except for security.
- Restock Omnicell with extended supply up to 5 days. Nursing to use the Global Stock list to retrieve medication doses on other patient care units or in the night cupboard.
- Cycle counts of non-controlled medications may be deemed necessary both on the patient care unit and within the pharmacy department to track inventory and use.
- Identify and prepare Leave of Absence Medication blister packs for patients eligible to be on leave from hospital. Consider length of leave beyond the usual and customary 3 to 4 days to 7 days or longer if necessary. Initially, a single 7-day blister pack will be prepared to ensure timeliness and patient access. LOA requests to be evaluated on cases by case basis.
- Pharmacy management will cross-cover with Pharmacy Professional Practice Leader. (PPL)
- Pharmacy Studentships will be put on hold, as determined by the Director of Professional practice.

Resources Required

- Space - ROMHC and BMHC Pharmacy has sufficient space to store essential medications. OHS is responsible for storing staff supplies.
- On-site and on-call person from pharmacy required at both sites. OHS have access to antivirals for staff. Inpatient supplies will be stored in the Omnicell cabinets in various locations. Nursing to locate through the standard workflow processes. This practice applies to both ROMHC and BMHC.

ROP-LTC

ROP-LTC utilizes Care RX for all pharmacy services. In the event of an outbreak additional medication carts are provided to ensure that there is one (1) cart for each wing of the facility. In the event of power failure orders can be phoned into Care RX in when the digital pen or fax can not be used.

12. PLANT OPERATIONS, MAINTENANCE, ENVIRONMENTAL SERVICES

Plant Operations, Maintenance, Housekeeping, Linen and Food Services are under the direction and planning of Ellis Don, who have developed a Facility Support BCP to address continuation of these services at the ROMHC site. This is classified as a restricted document and is not included in this pandemic plan but is available to Administration.

BMHC - Plant Operations and Maintenance

Plant Operations are provided at the BMHC by the landlord, Infrastructure Ontario (IO). IO has developed its own Business Continuity Plan to support the leased space, both for clinical operations and administrative office. This service supports patient care areas by providing heat, electricity and a water supply.

All non-urgent maintenance activities and special projects not related to pandemic activity will be discontinued during a pandemic event. These resources will be redirected to assist in establishing new units/areas, construction of barriers, etc. to prepare the facility to manage patient flow and enhance infection control strategies to create separation of symptomatic and non-symptomatic patients.

ROMHC/ROP - Plant Operations and Maintenance

Facility Services is responsible for the operations and maintenance of the Royal Ottawa Mental Health Centre. These services are delivered by Ellis Don. Ellis Don has developed its own Business Continuity Plan to deal with possible threats or disruptions. This plan deals only with ensuring that the physical building can remain functional and operational.

Environmental Services:

A pandemic event will necessitate an increased demand on housekeeping services as a result of increased cleaning frequencies to support infection prevention and control strategies, establishment of new units (Influenza unit), increased patient transfers, increased number of isolation cases etc.

The Manager of Environmental Services (EVS) will work closely with IPAC to adapt cleaning routines to meet changing demands. Cleaning frequency, protocols, and required cleaning supplies will be identified. The Manager of EVS will advise SCM of any change in cleaning supplies, PPE and inventory amounts.

All EVS staff will receive re-fresher training in the pre-pandemic period regarding infection prevention and control measures, the use of required personal protective equipment, and modes of transmission of the pandemic virus.

Any staff deployed during a pandemic event to supplement EVS services will require a review of WHMIS products specifically related to housekeeping services prior to being deployed.

It is anticipated that the increased use of disposables will necessitate an increased frequency of waste pickup. (Waste currently picked up by WMI)

Any non-urgent project work will be postponed to compensate for an increase in demand for service and a decrease in resources.

Secure Treatment Unit:

IPAC will notify SolGen of the pandemic.

Linen Services:

Environmental Services and Linen Services is responsible for providing a continuous supply of

clean linen to patient care units. Patient personal laundry will be done on the inpatient units in Ottawa and Brockville.

Linen services at both sites are provided by the regional laundry, Hospital Linen Services (HLS). Clean linen supplies are distributed to the units by linen porters. Similarly, soiled linen is collected by housekeeping /linen staff and placed in a soiled linen repository for pick-up by HLS.

It is anticipated that an additional linen supply will be required during a pandemic event due to increased number of transfers, admissions, establishment of additional surge beds, and an increase in level of physical illness of patients. Routine linen change policies will be adapted to minimize the amount of linen usage and reserve the supply for an anticipated increase in demand for patients experiencing influenza illness.

The Linen Service Department will provide written communiqués to patient care units regarding any change in linen use policies during a pandemic event. All linen service workers will receive education and training on IPAC measures and use of PPE in pre-pandemic period.

Secure Treatment Unit

Patient laundry assembly may be reduced or adjusted as required depending on recommendations from SolGen and IPAC.

Patient Food Services

During a pandemic event, Patient Food Services will continue to provide the supply of food to patients, maintain clinically required therapeutic diets.

A basic non-selective 1 week, nutritionally complete menu will be implemented involving more pre-prepared food items. Prepared food inventories will be adjusted for the possible requirement of feeding staff and volunteers during an outbreak.

During a pandemic event, activities which promote congregating of people are discouraged. As a result, Retail Food Services will be closed, this includes the cafeteria and catering services, alternate sites will be identified where food for staff, volunteers and physicians will be transported and staff may eat.

All food service workers will receive refresher training during the pre-pandemic period on infection prevention and control strategies, mode of transmission of the pandemic virus and use of personal protective equipment

Disposable dishes, cutlery etc. may be implemented to minimize the number of resources required for cleanup. This may add to the previously identified waste management strategy challenges and should be incorporated in estimate waste volume increases.

Food services should calculate the supplies required to offer a non-selective menu to patients and estimate the supplies required to stockpile a seven (7) day supply of food items once plan is approved.

ROP-Long Term Care

All residents will eat in their rooms sitting in a chair with a tray at the doorway to the room. Name tags are placed on the tray to ensure delivery to the correct resident. Disposable plates, cups and bowls will be used with real cutlery, plate covers and trays (puree textures use real divided plates). Stainless steel tray cart to be used for transporting resident food trays.

13. INFORMATION TECHNOLOGY

Maintaining strong and reliable Information Technology (IT) Systems at ROHCG will be a key factor in successfully managing a pandemic. It is anticipated that healthcare providers will continue to deliver care with the fewest changes possible to the IT tools used daily. As such, it is

anticipated that all prioritized clinical systems and other systems deemed essential will be supported and maintained. Telecommunications must be maintained and increased call volume can be expected. IT will attempt to provide sufficient internal network and telecom capacity to accommodate the increased demand for remote access, telephony and data needs.

The full scope of services may not be available should a significant number of our staff become ill themselves or unable to come to work due to family issues. IT staff working on non-essential systems and projects may be deployed within the IT department to support priority systems. Where appropriate, support will be delivered electronically via remote connections.

Priority Applications/Services

The IT Pandemic planning team has determined The Royal priority applications/services and how they should be protected. This was accomplished by input thought discussions with the IT department and owners of the individual data systems. Applications and/or Services in all areas of I.T. can be managed by:

- Onsite
- Support from alternate location (i.e. BMHC, ROMHC, Carlingwood)
- Remote from home through VPN
- During a pandemic, IT will provide support remotely, as much as possible.

Staffing

Staff that are able to provide support from home may be asked to do so, again to reduce the potential risk of spread.

Command Centre

Command Centre inventory and services will be determined through discussions with IT and The Pandemic Planning Team. IT will support the command centre(s) at ROMHC and BMHC by ensuring that:

- IT staff
- available for setup and support of Command Centre
- Remote access, telephony and data needs are supported
- Network Storage and capacity are evaluated to meet the demands

14. SECURITY

Security

Additional or revised security measures may be required during a pandemic event such as ability to:

- lock down the facility,
- safeguard antiviral supplies,
- provide security to entry points,
- provide security to screening and assessment areas

15. VISITORS

Hospitals in the region will align their visitor policies during a pandemic with provincial and regional directives. The following information will be amended as required as additional information regarding the pandemic virus becomes available.

In order to minimize the introduction of community-acquired infections/diseases into the ROHCG facilities, it is anticipated that visiting will be curtailed and possibly not permitted in the hospital during a pandemic. All patients (or their Substitute Decision Makers (SDM)) may designate up to four individuals as their Essential Care Provider (ECP). Only one ECP may be with a patient at a time, unless there are extenuating circumstances. ECPs are important members

of the care team and are not subject to visitor restrictions. There may be certain instances where ECPs may not be permitted for safety reasons.

Visitors will enter and leave the facility via a single entrance (to be identified at time of heightened pandemic alert period). There will be a greeter/screener at this location. All people coming into the facility will undergo screening for signs and symptoms of ILI and symptomatic individuals will not be permitted to enter. All people entering and leaving the hospital will clean their hands with a seventy (70%) percent alcohol-based hand sanitizer and will follow applicable IPAC measures in regards to PPE.

Policies will be widely communicated and posted at designated visitor entrances in addition to the ROHCG website. Visitors will be advised via signage that the facility has pandemic virus activity before entering. Visitors will be provided with information regarding visit locations, number of visitors permitted per patient, length of visit and any other pandemic event specifics. Dependent upon the causative virus visitors may be required to don PPE.). Visitor education on the above will be provided.

16. COMMUNICATION

During a pandemic event, The ROHCG's communications activities will be coordinated by a Crisis Communications Team lead by the Director of Communications. Each team member will have at least one backup in the event a member cannot perform their function.

The Crisis Communications Team will align activities to correspond with the MOHLTC's communications clock in order to facilitate two-way communication between the Ministry and The Royal.

Core Communications Planning & Activities

The Royal's communications activities will be guided by the Health Care Sector Communications Toolkit included in the *Ontario Health Plan for Influenza Pandemic (Appendix 19)*. As such, the following communication activities will be part of The Royal Communication Department's pandemic planning efforts:

Key messages will be developed specific to the pandemic phase to:

- Provide the details of the current situation (Situation Update)
- Describe the action being taken to mitigate the spread of disease and treatment (Preparedness Update)
- Describe the impact of the situation on stakeholders (Operational Issues)
- Provide contact information for more information or questions

Note: Key Messages will be updated and communicated to appropriate audiences as new information becomes available.

Core Pandemic Messages for The Royal will revolve around:

- Reinforcing that although it is not business as usual at The Royal, we have a pandemic plan and are prepared to do our part to help reduce the spread of influenza at both campuses
- Ways patients, staff, and the public can reduce the spread of influenza (i.e., by washing hands frequently and thoroughly, covering a cough, avoiding large gatherings and coming to the hospital only if necessary)
- What The Royal is doing to protect its patients and staff from illness

Target audiences (both internal and external stakeholders) will be identified and their unique information needs clarified (see 'Communication Goals' below for each target audience for more details).

Spokespersons will be selected to remain on standby to speak to varying issues based on:

- Their knowledge and experience on the issue
- Their ability to convey accurate information in plain language
- Their availability to work with the Crisis Communications Team and/or the media

Information products will be relevant to the target audience and aim to:

- Reinforce key messages for that specific audience
- Include up-to-date, accurate scientific references, where relevant
- Provide clear, practical direction where appropriate
- Include the coordinates for a contact person who can provide any clarification required

Goals for Communicating with Royal Staff (Internal Audiences)

- Identify in advance the most effective methods of communicating with staff
- Communicate the details of the situation clearly, concisely and in a timely manner
- Consult with IMS & OPS to communicate the hazard(s), health and safety precautions being followed to reduce the virus spread and to educate the staff about their responsibilities to protect patients, themselves and their families.
- Time the communications to be in line with most recent information received through the MOHLTC communications cycle

Goals for Communicating with Royal Stakeholders/Partners (External Audiences)

- Identify which staff members are responsible to handle calls from stakeholders/partners and ensure these staff are provided with the latest versions of key message for this audience group
- Ensure information is available in both official languages (a simultaneous release is preferred wherever possible)
- Log calls related to the pandemic, including date, time and nature of the call, along with contact information for follow-up
- Forward log sheets to the communications team to keep the members updated on the nature of questions and comments, as well as the response given
- Utilize stakeholder/partner feedback to modify key messages where necessary
- Include the most recent information from the MOHLTC
- Share feedback with the MOHLTC
- Communicate operational matters with the MOHLTC through the Emergency Management Operations Centre (EMOC)
- Address operational matters resulting from daily status meeting

Goals for Communicating with Media (General Public)

The MOHLTC, the federal government, the provincial or municipal government will take the lead in communicating about the pandemic event with the general public. However, direct contact with the media may be required in the following circumstances:

- When the situation involves The Royal's operations or its unique patient population
- When information is required about an issue specific to The Royal (e.g., visitor restrictions)
- If The Royal has received media attention which is perceived as unfair or incorrect.
- When The Royal's specific expertise can benefit the public discourse on the pandemic (e.g. advice to support the mental health of our communities during the pandemic)

The Communications Department maintains a current contact list for key TV, Print & Broadcast Media outlets (both locally throughout the Champlain LHIN and nationally), including the names and coordinates of specific health-beat journalists. Note that media communications will be planned with the MOHLTC communications cycle in mind and additional information for the public will be communicated through on-site signage, where appropriate.

General Information Approval Process

All pandemic influenza information issued by The Royal will be approved by:

- The President/CEO or designate; or
- Director - Communications /designate

Whenever possible, fact sheets and emergency checklists developed and provided by the MOHLTC and Ottawa's Public Health Office/Leeds, Grenville and Lanark District Health Unit will be made available to the public and staff of The Royal. Content development for information is the responsibility of:

- Designated subject matter expert
- Director - Communications /designate

Phase-specific information, key messages, backgrounders, fact sheets and other communications materials will be developed and pre-approved in advance whenever possible. Communications staff will work with subject matter experts to interpret Important Health Notices (IHN) and directives from MOHLTC for The Royal's stakeholders and to develop appropriate content for internal and external communications.

Evaluation of Communications

Evaluation and feedback mechanisms will be built into communications vehicles whenever possible. Approaches used to meet the goals and objectives will be reviewed and overall effectiveness of the communications strategy will be assessed. Phone or email inquiries to the communications department, website hits, stakeholder feedback, and media coverage will be assessed from both qualitative and quantitative perspectives. An evaluation of the communications functions at each phase of the pandemic will improve information delivery and determine if communications efforts are effective in meeting stated objectives.

17. RESEARCH

The University Of Ottawa Institute of Mental Health Research (IMHR) works in partnership with the University of Ottawa, as well as the ROHCG. Through interdisciplinary and multidisciplinary collaborations, the IMHR is currently conducting leading-edge research in the areas of mood disorders, anxiety disorders, schizophrenia, youth mental health, forensic mental health, neuroelectrophysiology, Occupational Stress Injury and sleep disorders.

The IMHR pandemic plan which incorporates a phased/staged approach that incorporates IPAC/Royal IMS/Regional/Provincial/Federal guidelines, to suit the severity of the pandemic will be activated. This plan outlines clear expectations for all research staff, for the duration of a pandemic.

The feasibility of suspending research activities will be assessed to determine the best course of action. All animal research work will be terminated, and the University of Ottawa Animal Care Committee and the Canadian Council for Animal Care must be informed of the terminations.

Research activities that do not require in-person interactions are permitted to continue, provided the activities are conducted remotely (work from home/Zoom/telephone) and do not pose any significant risk to participants and/or staff.

As per the requirements outlined in the Tri-Council Policy Statement for the Ethical Conduct of Research Involving Human Participants (TCPS2), Section D, Article 6.21 "Preparedness Plans for Research Ethics Review during Publicly Declared Emergencies"; all researchers must include a plan in their REB application at the outset of each study to identify the process for managing research participants and activities should a public emergency be declared. This information is

a mandatory requirement when seeking REB approval.

All preparedness plans will be reviewed in collaboration with the researcher to determine the most appropriate steps (pause, terminate, continue virtually, continue in person), to take for each individual study. Research involving human participants, where a pause will not cause harm to participants will be paused or transitioned to virtual research whenever possible. The Royal/IPAC/IMHR will re-evaluate research studies involving human participants who are receiving an intervention (treatment) to determine that a pause or termination of the study is ethically acceptable and will not cause undue harm to enrolled participants. In cases where there is deemed to be a significant risk to participants should a study be paused, an alternative plan of action will be developed to ensure there is no interruption to participant treatment/care. All research that is deemed “essential” will continue within acceptable IPAC guidelines.

Research opportunities that would provide important knowledge to healthcare in the event of a pandemic could be pursued where appropriate. Activities such as health surveillance may support the clinical care and health of the public in a pandemic situation.

The operation of the Royal’s Brain Imaging Centre will be assessed on a contingency bases, and if need be, steps leading to temporary shutdown of the PET-MRI equipment will be enacted through the Canadian Nuclear Safety Commission (CNSC).

ROHCG Research Ethics Board and IMHR Animal Care Committee

During a pandemic influenza outbreak, Research Ethics Board (REB) and Animal Care Committee (ACC) activities should similarly be reorganized to focus on those having an immediate impact on the welfare and safety of human subjects and animals. As part of the REB review and approval process, all researchers conducting clinical research (involving human participants) must include a contingency plan outline in the REB application to address an appropriate plan of action should an epidemic, pandemic or civil disaster occur. Both the REB and ACC have the authority to suspend or terminate protocols should the need arise. Communication and decisions taken by the REB and the ACC could be made via e-mail or telephone and/or at off-site locations if required.

18. POST PANDEMIC PERIOD

The primary focus of work during the post pandemic period will be to deactivate the pandemic response activities, review their impact and use the lessons learned to guide future planning activities for the potential second wave of the pandemic. The pandemic will have a profound effect on health care providers and researchers therefore this recovery period will be essential to ensure the welfare of the staff.

Evaluation will help to identify effective and ineffective strategies and will help guide future actions in identifying best practices for future implementation.

Operations

- Demobilize/re-evaluate security services
- Assess costs associated with the pandemic
- Project when the facility will be able to resume pre-pandemic services
- Review/rewrite clinical management guidelines
- Review/revise infection prevention and control guidelines
- Evaluate the reporting structure and decision making process that took place during the pandemic
- Review the response plan and draft a ‘lessons learned’ report
- Develop a plan and timeline for the implementation of activities as per the updated guidelines
- Reinstate services that were postponed
- Cancel and or extend services that were initiated during the pandemic

- Determine if new services are required long term as a result of the event

Human Resource Management:

- Demobilize staff and volunteers
- Formally recognize the efforts of all staff
- Evaluate immediate emotional needs of staff
- Evaluate long term emotional needs of staff
- Evaluate the use of staff support services used during the pandemic
- Ensure that continued support is available for staff

Paperwork:

- Payroll documentation
- Seek financial redress
- Assemble activity log records
- Create any after action reports

Communication:

- Update education and communication materials: provide up to date information for the public, patients and staff.
- Communicate the concept of "new normal" (daily activity will not return to baseline until the pandemic is truly declared over)
- Communicate possibility and uncertainty of additional waves
- Acknowledge contributions of staff
- Communicate the recovery strategy, what to expect, announcements and notification of gradual restoration of services
- Reinforce continued promotion of infection prevention and control and key health messages
- Risk communication: focusing on emotional needs of staff, being sensitive to physical and emotional impact of the pandemic

Inventory assessment:

- Drugs
- Assess usage of supplies
- Beds
- Develop projections for future requirements

Equipment:

- Determine if items rented, leased, purchased or borrowed need to be returned
- Determine if hospital equipment lent out needs to be returned

Antivirals:

- Evaluate the effectiveness of the antiviral strategy and the antiviral distribution strategies
- Summarize resistant data
- Summarize adverse event data

Vaccine:

- Evaluate and summarize the vaccine delivery
- Summarize adverse event data

Surveillance:

- Evaluate surveillance system and determine ongoing surveillance needs
- Reconfirm case definition if necessary

19. REFERENCES:

Workplace Safety & Prevention Services (2022). Pandemic Awareness (CCOHS) Retrieved on Sept 12, 2023 from <http://www.wsps.ca>

Government of Ontario. (2015). Mental Health Act. Ministry of Health and Long Term Care (MOHLTC). Retrieved on Sept 12, 2023 from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90m07_e.htm

ISMP. (2022). Raising the Index of Suspicion. Institute for Safe Medication Practices. Medscape Multispecialty. Retrieved on Sept 12, 2023 from <http://www.medscape.com/viewarticle/769703>

Government of Canada. (2018). Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector Retrieved on Sept 12, 2023 from [Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector - Canada.ca](https://www.canada.ca/en/health-canada/services/canadian-pandemic-influenza-preparedness-planning-guidance-for-the-health-sector.html)

Centres for Disease Control and Prevention (CDC) (2023). Protect yourself from COVID-19, Flu, and RSV Retrieved on Sept 12, 2023 from <https://www.cdc.gov/respiratory-viruses/index.html>

Columbia University – Mailman School of Public Health (2021). Epidemic, Endemic, Pandemic: What are the Differences? Retrieved on Sept 12, 2023 from <https://www.publichealth.columbia.edu/public-health-now/news/epidemic-endemic-pandemic-what-are-differences#:~:text=While%20an%20epidemic%20is%20large,international%20and%20out%20of%20control.>

20. APPENDICES

Appendix One - ROHCG-IMS Duties & Responsibilities

In an instance where the ROHCG is impacted by a Pandemic it may be necessary to Activate the Code Orange Plan and IMS positions. For details on Code Orange activation and IMS positions please refer to the Code Orange Overview on OREO.

Appendix Two - IP&C Admission Assessment Tool/24HR Surveillance Tool

by LU

Interventions

Inpatient Admission Assessment ONCE

Assessments

+ Admission Day Update from Referring Source

+ At Risk for Discharge Delay

+ Travel and Contact History

+ Assessment

+ Travel History

- Syndromic Surveillance

Does patient have new/worse:

Fever	<input type="radio"/> Yes	<input type="radio"/> No
Diarrhea	<input type="radio"/> Yes	<input type="radio"/> No
Cough (new or worse)	<input type="radio"/> Yes	<input type="radio"/> No
Shortness of breath	<input type="radio"/> Yes	<input type="radio"/> No
Chills or feels feverish	<input type="radio"/> Yes	<input type="radio"/> No

- Tuberculosis Screening

Has patient ever been treated for TB	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Has patient been in contact with a family member with TB	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Has patient ever been positive TST and when	<input type="radio"/> Yes	<input type="radio"/> No	Comment:
Cough	<input type="radio"/> Yes	<input type="radio"/> No	
Night sweats	<input type="radio"/> Yes	<input type="radio"/> No	
Hemoptysis	<input type="radio"/> Yes	<input type="radio"/> No	
Weight loss	<input type="radio"/> Yes	<input type="radio"/> No	

+ Mental Health Act Forms

+ Admission Day Nursing Procedures

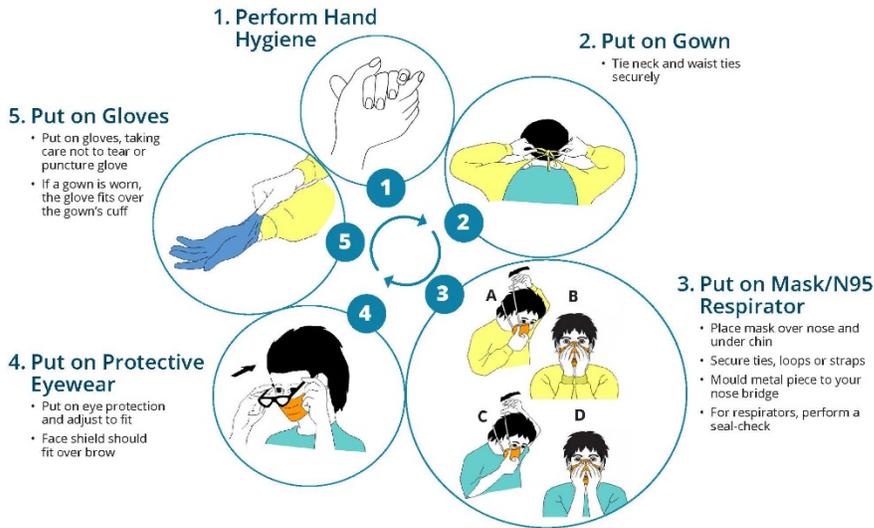
- Admission Activities

Two identifiers used	<input type="checkbox"/> Armband	<input type="checkbox"/> Badges	<input type="checkbox"/> Double witnessing	<input type="checkbox"/> Other
Other identifier	<input type="checkbox"/> Picture	<input type="checkbox"/> Double witnessing		
Welcome and orientation completed	<input type="radio"/> Yes	<input type="radio"/> No	Comment:	
Inventory and appropriate disposition of patient belongings, valuables and negotiables (including money) appropriate disposition completed	<input type="radio"/> Yes	<input type="radio"/> No	Comment:	
Bed bug protocol completed	<input type="radio"/> Yes	<input type="radio"/> No	Comment:	
Disposition of patient owned medications completed	<input type="radio"/> Yes	<input type="radio"/> No	Comment:	

Appendix Three - Donning & Removing Personal Protective Equipment.

Recommended Steps:

Putting On Personal Protective Equipment (PPE)

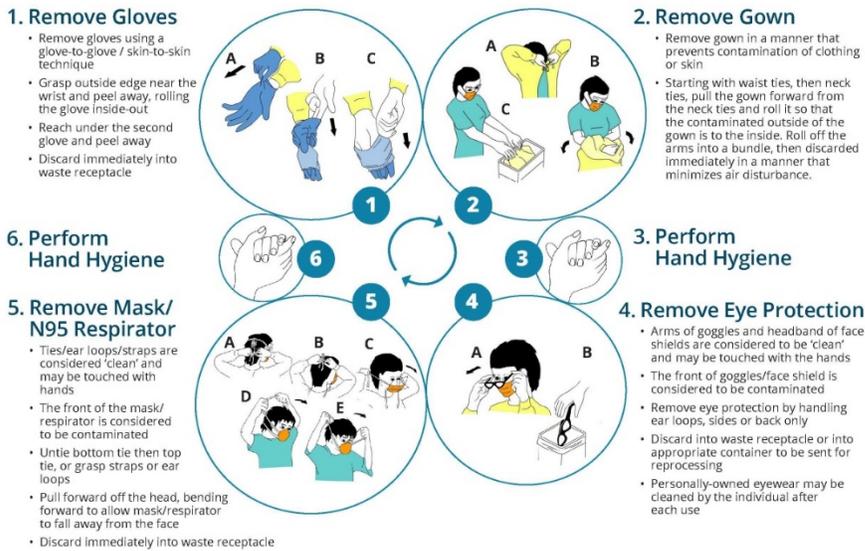


For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.



Recommended Steps:

Taking Off Personal Protective Equipment (PPE)



This is an excerpt from Routine Practices and Additional Precautions In All Health Care Settings (Appendix L) and was reformatted for ease of use.



Appendix Four – Antiviral Supply for staff causative virus treatment

Antivirals are the only influenza-specific intervention that can be used to mitigate the impact of an influenza pandemic before vaccine becomes available. It is expected that it may take four to six months before an effective vaccine to the pandemic strain is available. In Canada, there are two government stockpiles of antivirals intended for pandemic influenza use:

The National Antiviral Stockpile (NAS) is the collective name for the antiviral stockpiles held and managed by each Province and Territory. The NAS is intended to provide antivirals for all eligible persons living in Canada.

The National Emergency Strategic Stockpile (NESS) is a federally owned and managed stockpile of emergency supplies, including influenza antivirals. The antivirals in the NESS are intended to provide surge capacity in support of the Federal, Provincial and Territorial efforts to manage pandemic.

During a pandemic, treatment regimens may have to be altered, (e.g., higher doses, longer treatment courses) and the timing to start treatment may change, depending on the epidemiology of the pandemic strain.

Appendix Five - Mass Vaccination Training Programs

The ROHCG will use Training Modules from Public Health Ontario, Ottawa Public Health and Leeds, Lanark and Glengarry Public Health to educate staff in providing vaccinations.

Appendix Six - Surge Capacity
Ottawa Site

As per HEPCO Agreements- ROYAL OTTAWA HEALTHCARE GROUP

(refer to Code Orange Surge Reception Triage Plan and the Staging Discharge Plan for further information)

- large holding area with a capacity for 50 cots or mattresses;
- ***can discharge 30 in-patients, can accept a total of 80 patients***; these patients would have to be patients from Psychiatry and other medically stable patients who do not require sophisticated equipment and specialized clinical personnel

Appendix Seven- Deployment Center

DEPLOYMENT CENTER ROLES

OPERATIONAL TACTICS:

HR will develop and distribute deployment principals to managers and staff so that they are aware and understand the objectives of the center and the principals of deployment as follows:

- Honoring terms and conditions of employment and collective agreements
- Service and seniority
- Shifts
- Compensation
- Safe placement (orientation and training)

HR will develop and distribute operational guidelines to ensure managers and staff are aware of the following:

- Hours of Operation of Center
- Process for requests for assistance due to shortages for clinical and non-clinical staff (usual process for sick calls and replacement to be followed)
- Process for staff that are available to be deployed due to closure of beds, services
- Process for tracking and paying deployed staff
- Staff data base will be developed by HR and IT to collect, compile and maintain staff skills and training

INTAKE DESK:

Responsible to receive and input all request for staff or deployment of staff as follows:

- Divide requests into clinical and non-clinical staff using white boards for requests completed and those not filled
- Log requests from managers for staff
- Log requests from managers for assignments for staff available for deployment due to closure of beds
- Enter information into tracking document

ASSIGNMENT DESK:

Responsible to assign/deploy staff to specific areas as follows:

- Check white boards for new requests
- Access database of staff skills and training
- Consult manger(s) if assistance needed with prioritizing needs
- Logs staff reassignments
- Make changes in ESP where appropriate
- Enter information into tracking document

REVIEW DESK:

Responsible for all communications to managers, staff and scheduling office as follows:

- Contact staff regarding reassignment;
- Contact manager regarding reassignment
- Contact scheduling office where applicable
- Complete inputting data into tracking document for each deployment.

ITEMS OF CONSIDERATION:

- All staff will be coded in their regular cost center.
- All staff tracking forms will be turned into scheduling office or the person who completes the staff member's pay card at the end of the week.
- All premium codes for overtime, shift differential, etc. will continue to be coded according to normal practice. There is no change to existing practice. A manager **MUST** approve all overtime requests.
- Approval to work overtime will be given based on the requirement identified by Deployment Center.
- Staff who are available to be redeployed will be made aware of this by their Operations Director/Manager.
- To ensure no loss of wages, the first to be redeployed will be staff whose work has been curtailed or stopped due to the pandemic. For example, approved leave of absences or modified workers.
- Work refusals or deployment refusals will be managed in accordance with the existing hospital processes in place, legislative guidelines, human resources policies and collective agreements. During the day, human resources staff will handle these queries and during off hours, the AfterHours Manager-PCS will assume this responsibility.

OCCUPATIONAL HEALTH & SAFETY

Responsible to ensure staff are protected at work and are fit to return to work:

- Provide strategies for reducing staff distress
- Recommend pandemic precautions
- Ensure staff are provided with the protective equipment & prophylaxis needed
- Hand hygiene & immunization promotion
- Screening visitors/health care workers
- Staff accommodations

Appendix Eight - Requests For Staffing

Memo: To all ROHCG Staff

Re: Pandemic Planning – Deployment Center

Deployment Centers have been established to effectively deal with the human resources available to the organization in anticipation of staffing shortages. A Deployment Center has been set up at each site in the staffing office. The Centers will be accessible by:

- Phone - #613-
- Email –
-

The hours of operation will be xxxxxxxxxxxxxxxx.

First Request:

The Hospital is in an emergency situation. Due to this extraordinary event, it is essential that all staff provide services to assist the hospital in effectively managing during the pandemic event.

Senior Management has authorized establishing a Deployment Center to schedule staff into necessary work to cope with the situation.

Your manager/director has identified that you are not needed for your regular job and we need to place you _____.

Staff of the Deployment Center will provide further details on the placement.

Email:DeploymentCenter@theroyal.ca

WORK REFUSALS: (First Request)

If First Request does not get Cooperation: (Second Request)

The Hospital is in an emergency situation. It is imperative that all staff are providing their valuable services during this time.

I am reminding you that Senior Management has given the authority to reassign staff. Your union (where applicable) has been notified of this emergency situation and you required to work _____. Are you reporting to work as required?

If the answer is no, the Deployment Center will ask why the staff person is unable to work. Staff of the Deployment Center will listen and record the reasons why the person is unable. If it is during their regular shift hours, valid reasons for saying no should be minimal and should be verified with the person's manager.

If the person is being asked to work in a different shift, and states for example that they have concert tickets, every effort will be made to find other staff to fill the request. However, for those individuals who refuse during their normally scheduled work hours, they will be told that they are being given one last opportunity to change their mind. If they refuse or do not report to work, the Manager/Director and Director of Human Resources will be notified. The matter will be investigated and dealt with as any other human resources/disciplinary issue in accordance with hospital policy and/or collective agreement language.

Appendix Nine – Storage of Vaccines

- The federal government is responsible for vaccine procurement and supply. It is anticipated that the supplier will be able to produce a vaccine within 4 to 5 months following receipt of the pandemic seed strain for Canada.
- Ontario's goal is to obtain enough vaccine for the entire population; however, during the early stages of a pandemic, vaccine will be in short supply. In this situation, the province will follow the national recommendations for priority groups for immunization, adapting them as required to meet provincial needs.
- During a pandemic, vaccines will only be sent to Public Health Units, which will organize mass vaccination clinics. Public Health Units may utilize current structures such as employer's workplace clinics to supplement this mandate.
- Vaccines will be stored in Pharmacy under the prescribed conditions.
- Pharmacy will be responsible for dispensing to the inpatient population in the usual dispensing procedures and to OHS for workplace clinics.

Appendix Ten - MOHLTC 24-Hour 'Crisis Communications Clock'

The MOHLTC uses a disciplined communications process based on a clear, recurring communication cycle. Figure 1 provides a sample emergency information cycle that will be refined at the time of a pandemic to address the needs of the emergency¹². The cycle takes into account the nature of the emergency, the need for regular public and health system communications and the timing of other partners' communication cycles.

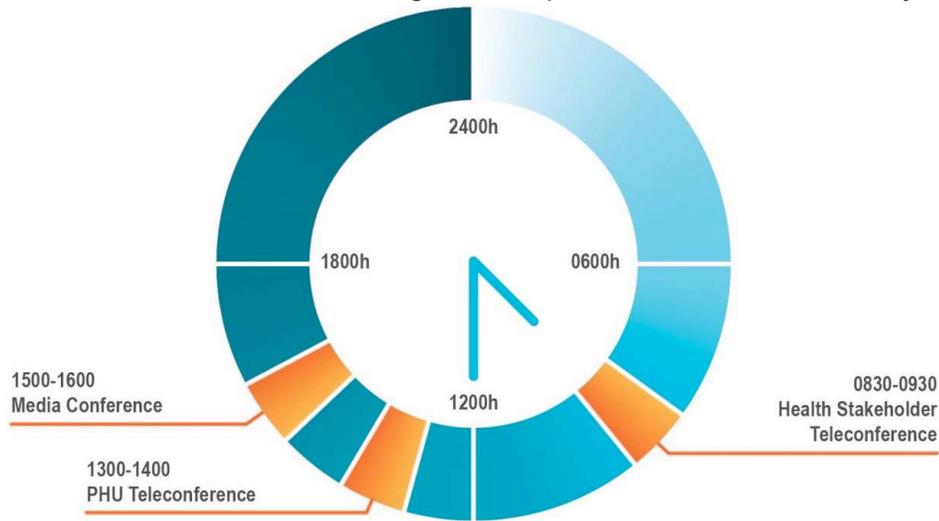


FIGURE 1. SAMPLE EMERGENCY INFORMATION CYCLE

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx