Pandemic/Epidemic Influenza Plan

Espanola Regional Hospital & Health Centre

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Contents:

Surveillance

Surveillance involves the systematic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need to know so that action can be taken.

Espanola Regional Hospital & Health Centre (ERHHC) screens all residents, clients, patients for symptoms of acute respiratory illness (ARI) as they present to the facility. ARI is any new onset acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a new or worsening cough or shortness of breath and often fever (also known as febrile respiratory illness, or FRI). It should be noted that elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.

Alcohol based hand rub (ABHR) and masks shall be available at the point of screening. Anyone screening positive will be asked to use the ABHR and wear a mask (if tolerated).

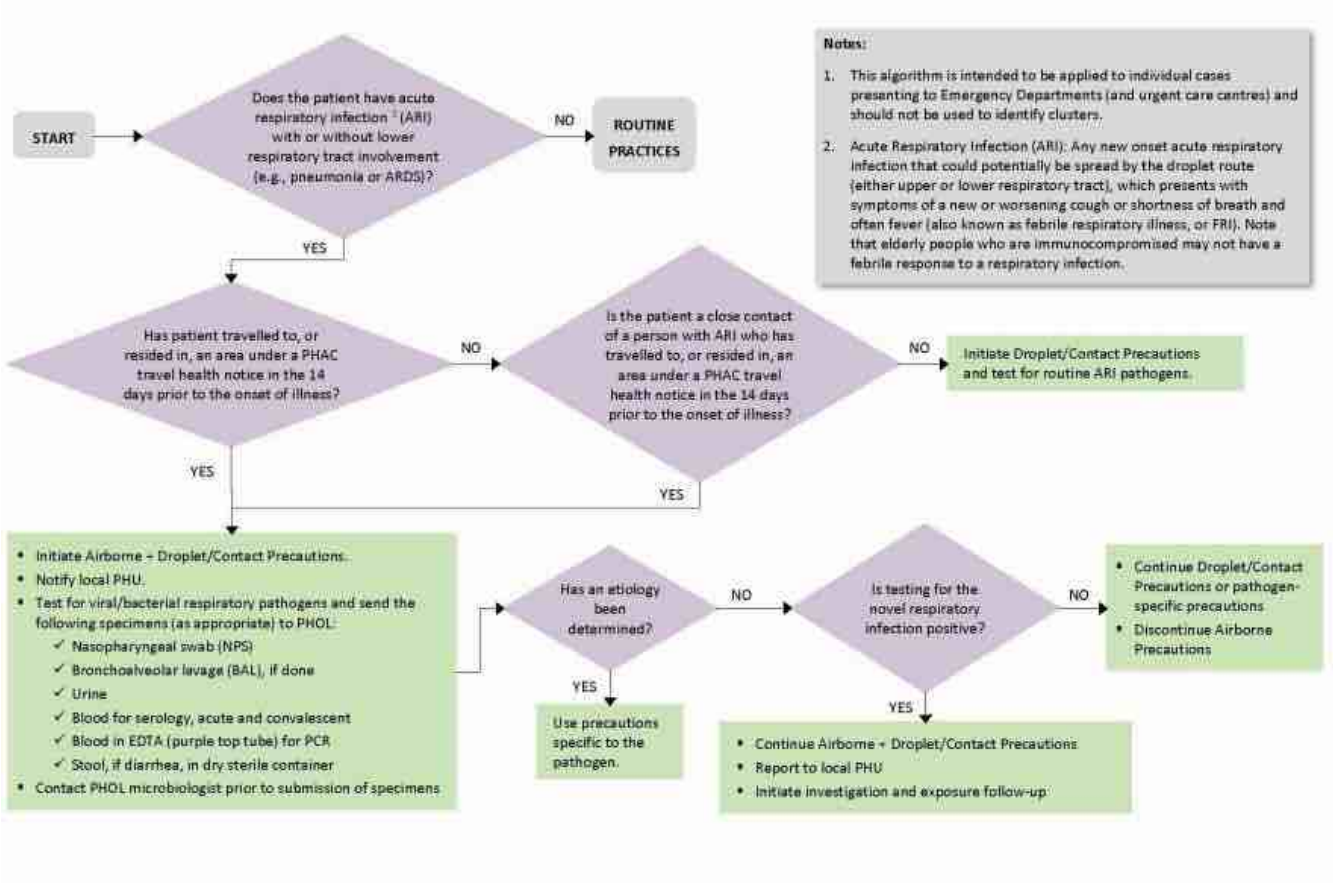
Staff having contact with a client with ARI symptoms will initiate and maintain appropriate preventative measures. Diagnostic services or receiving units will be informed of the requirement for preventative measures.

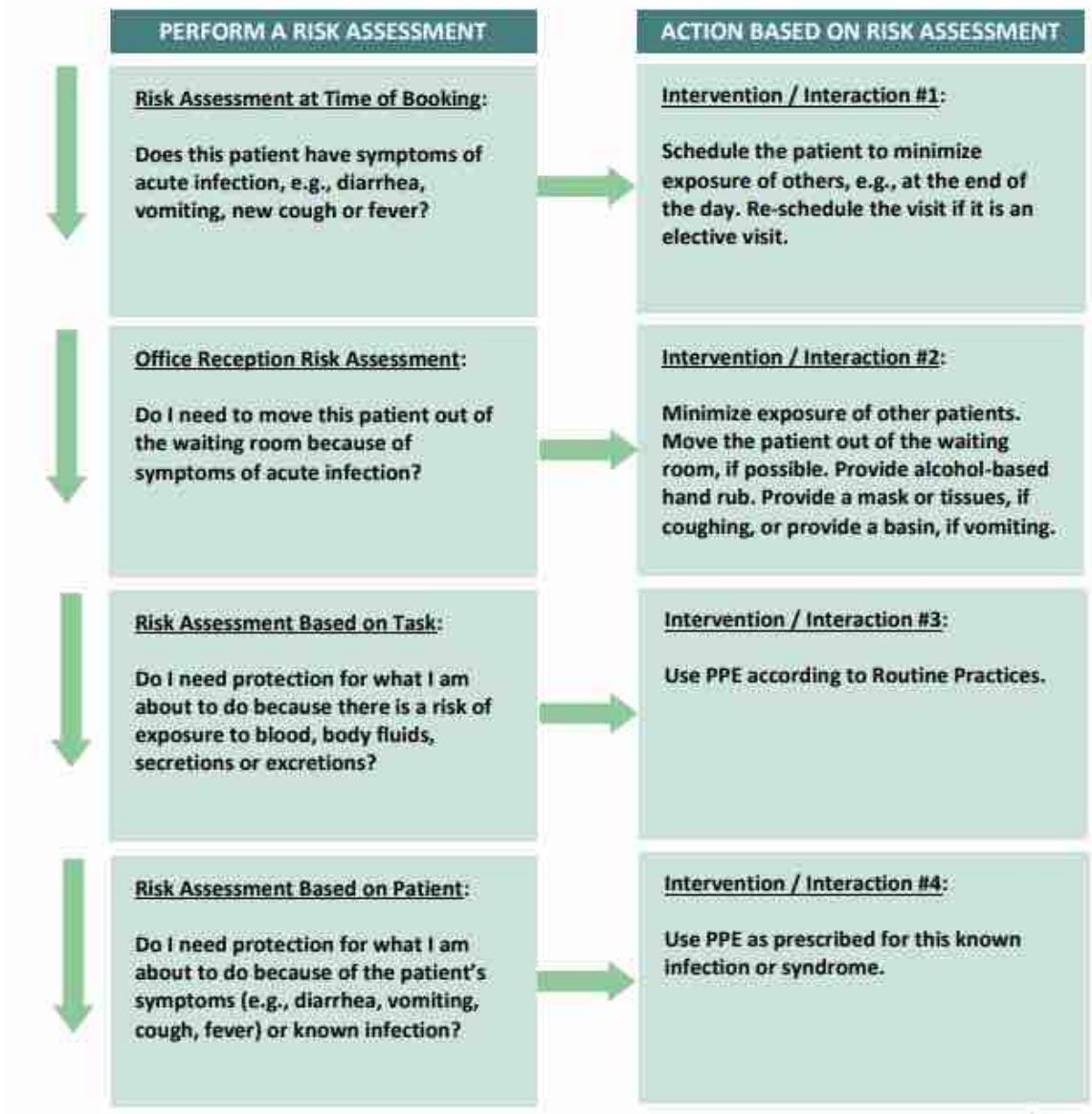
Staff will self-screen for symptoms of Influenza, including:

- Sudden onset of fever
- New or worsening cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches

It is expected that staff ill with symptoms of ARI will not come to work and will notify their unit and occupational health. If symptoms start while at work, HCWs shall go home. Managers or supervisors who observe staff who are at work with a suspected ARI shall refer them to OHS or send them home. If influenza is suspected or diagnosed, the worker must remain off work until the period of peak symptoms and the period of communicability (five days from onset) has passed.

Initial Decision-making for Those Presenting with ARI




PERFORM A RISK ASSESSMENT
ACTION BASED ON RISK ASSESSMENT
Risk Assessment at Time of Booking:
Does this patient have symptoms of acute infection, e.g., diarrhea, vomiting, new cough or fever?
Intervention / Interaction #1:
Schedule the patient to minimize exposure of others, e.g., at the end of the day. Re-schedule the visit if it is an elective visit.
Office Reception Risk Assessment:
Do I need to move this patient out of the waiting room because of symptoms of acute infection?
Intervention / Interaction #2:
Minimize exposure of other patients. Move the patient out of the waiting room, if possible. Provide alcohol-based hand rub. Provide a mask or tissues, if coughing, or provide a basin, if vomiting.
Risk Assessment Based on Task:
Do I need protection for what I am about to do because there is a risk of exposure to blood, body fluids, secretions or excretions?
Intervention / Interaction #3:
Use PPE according to Routine Practices.
Risk Assessment Based on Patient:
Do I need protection for what I am about to do because of the patient's symptoms (e.g., diarrhea, vomiting, cough, fever) or known infection?
Intervention / Interaction #4:
Use PPE as prescribed for this known infection or syndrome.

Management of Staffing/Occupational Health

A. Minimizing Staff Exposure to ARI

In the event of a pandemic/epidemic event, routine infection control precautions will be maintained, and droplet and contact precautions will be implemented to prevent the spread of respiratory illness. These will include:

- Hand hygiene (using alcohol-based sanitizer or washing hands before seeing client, after seeing client and before touching the face, and after removing and disposing of PPE)
- Surgical mask for direct patient care (within two metres of patient)
- Protective eyewear for direct patient care
- Minimizing exposure to droplets while performing examinations e.g. sitting next to rather than in front of coughing patient
- Appropriate gloves when in contact with body fluids or touching contaminated surfaces
- Gowns when clothing may be contaminated
- Shared equipment must be cleaned and disinfected after use

Criteria for Selecting Masks:

- Securely covers mouth and nose
- Substantial enough to prevent droplet penetration
- Should be able to perform for a minimum of 45 minutes

Criteria for Selecting Eye Protection:

- Must provide a barrier to splashes from the side
- May be safety glasses, goggles or face shields
- May be single use disposable or washable before reuse
- Prescription eyeglasses are not acceptable eye protection

All staff performing functions in the alternate assessment/care site will wear PPE at all times while on duty.

Staff will be expected to stay home when they are ill.

Work related travel will be kept to a minimum.

Visitors will be screened, and no visitors will be allowed after pandemic/epidemic reaches WHO level six.

B. Staffing Requirements/Re-deployment

During a pandemic/epidemic the availability of staff could be reduced up to one-third due to illness and/or caregiving responsibilities. Non-essential services at the hospital will be significantly curtailed or suspended completely depending on availability of staff, for example, physiotherapy. Staff in these departments/areas will be available for re-deployment to areas where assistance is needed, according to their skill levels.

Care protocols may change and standards of practice for "normal" operating conditions may have to be adapted to meet pandemic/epidemic needs.

Due to the size of the staff pool, re-deployment of ERRHC employees to outside facilities or community agencies will not be possible. The exception to this is the alternate assessment/care site. To the extent that staffing availability permits, ERHHC will coordinate with its community partners to provide staff.

It may be necessary to consider employing students in professional HCW programs such as Registered Nursing, Registered Practical Nursing, and Laboratory Technologist. This is dependent on the number of years completed in their respective programs, skill levels, and areas of need within the facility.

C. Vaccine Policy/Antivirals

Yearly influenza vaccination is encouraged and supported by policies within the facility for LTC residents and all staff. This practice will continue as, at present, this is considered the most effective method of preventing illness.

Antivirals will be obtained and stockpiled as directed by provincial bodies (Provincial Infectious Diseases Advisory Committee [PIDAC] and MOHLTC) and as available. Provincial guidelines regarding priority of distribution will be followed when dispensing antivirals.

D. Long Term Care

Service Delivery

A. Emergency Services – Alternate Site for ARI Patients

It may become necessary to use an alternate site for those people seeking medical care as a result of ARI. There are a number of reasons that support this decision. It is desirable to keep separate those potentially infectious patients and those patients attending the emergency department for various other complaints. Relatively few of those individuals diagnosed with influenza will need hospitalization, i.e. they do not need to be seen at the hospital. The numbers may be greater than individual physician offices can handle and as well a number

will not have family physicians. Therefore, their outpatient treatment can be streamlined.

The Chapel will be the designated area of the Espanola Nursing home to isolate residents.

Cohorting of staff will be done in consultation with the Director of Care (DOC) for the Espanola Nursing Home, the IPAC lead and the Administrative Scheduling Clerk. Staff will be cohorted to either the North Wing or the South Wing of the nursing home. Residents will be cohorted to the wing in which they reside. No staff crossover will occur without consultation with the DOC, the IPAC lead and will be dependent on staffing needs/concerns.

All group and recreation activities will be placed on hold, and recreation staff will be used to support the function of long-term care needs.

All staff are to be in consultation with the Occupational Health/Infection Control Lead if they are ill or have been identified as a close contact to someone with the infectious disease. Staff will then follow *ERHHC COVID-19 Employee Management Policy*, in addition to *Employee Influenza Management* or *Enteric Disease and Surveillance Protocol*, whichever is applicable.

If residents become infected with the infectious disease or have been identified as a close contact to someone with the infectious disease, staff must also be in consultation with the Occupational Health/Infection Control Lead and follow Outbreak Management Policy (Influenza, Respiratory, Gastrointestinal) in addition to LTC Visiting and Resident Absences during COVID-19 Pandemic Policy.

An Outbreak Management Team within our facility includes the following: Occupational Health/Infection Control Lead as Team Lead, Chief Nursing Officer and Director of Clinical Services, Chief Executive Officer, Primary Care Manager, Environmental Services Manager, Continuous Quality Improvement Manager, Materials Management Manager, Food Services/Clinical Nutrition Manager, Director of Care for LTC, Clinical Manager or the Emergency Department/Acute Care/Pharmacy, and Public Health Representative.

References

Regulation 569 of the *Health Protection and Promotion Act*, Reports, available at: http://www.ontario.ca/laws/regulation/900569

Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings. *1st revision: February 2020.*
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Sample Screening Algorithm for Acute Respiratory Infection. Agency for Health Protection and Promotion
sample-screening-algorithm-ari.pdf (publichealthontario.ca)

Long-Term Care Emergency Preparedness Manual. *Ministry of Long-Term Care.* Last Updated May 2022.
LTC Emergency Preparedness Manual.pdf (ltchomes.net)