

**COVID 19 Pandemic
Preparedness and
Response in the
Woodingford Lodge
Long-Term Care Homes**

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COVID 19 PANDEMIC PREPAREDNESS AND RESPONSE

The long-term care facilities in Oxford County will follow Directive #3 for Long-Term Care Homes under the Fixing Long-Term Care Act, 2021 and the Oxford County Pandemic Plan, which details surveillance measures required. Woodingford Lodge has developed pandemic plans that include:

- Stockpiling of personal protective equipment as required for droplet and contact spread
- Awareness of the need for an alternative staffing plan as the pandemic can impact the health status of all health care workers
- Coordinate patient transfers and tracking systems with the hospital plans
- A program to disseminate health information to keep staff healthy and educate them on policy and procedure changes during the pandemic
- A temporary morgue if hospital and mortuary services are overwhelmed

About Coronaviruses (CoV)

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV) and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31st, 2019, the World Health Organization (WHO) was informed of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus (COVID-19) was identified as the causative agent by Chinese authorities on January 7th, 2020. On March 11th, 2020 the WHO announced that COVID-19 is classified as a pandemic. This is the first pandemic caused by a coronavirus.

Symptoms of COVID-19

For signs and symptoms of COVID-19 please refer to the COVID-19 Reference Document for new symptoms issued August 6th, 2020 or as amended. Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death. The following symptoms are from the World Health Organization:

- **Most common symptoms:**
 - Fever
 - Dry cough
 - Tiredness

- **Less common symptoms:**
 - Aches and Pains
 - Sore Throat
 - Diarrhoea
 - Conjunctivitis
 - Headache
 - Loss of taste or smell
 - Rash on Skin, or Discolouration of Fingers or Toes

- **Serious symptoms:**
 - Difficulty Breathing or Shortness of Breath
 - Chest pain or Pressure
 - Loss of Speech or Movement

Woodingford Lodge Pandemic Plan

This Pandemic Plan has been created to respond to a COVID 19 Pandemic, which would have a far greater effect on the health care system and society in general. The following considerations have been reviewed:

- Woodingford Lodge may not be able to rely on the same level of support they receive now from other parts of the health care system or from other community services during an outbreak.
- COVID 19 Pandemic plans developed must coordinate with the plans of other organizations in their communities and local/regional pandemic plans; and be consistent with the Ministry of Health and LTC Directives and Public Health Ontario.
- The number of health care workers available to provide care may be reduced up to one-third due to personal illness, concerns regarding transmissions in the workplace, and family/caregiving responsibilities.
- Usual sources of supplies may be disrupted or unavailable.
- To meet community needs during a pandemic, resources (including staff, supplies and equipment) may have to be reassigned or shifted. These decisions will be made in a transparent manner with the inclusion of stakeholders. The decisions will be reasonable and will be revised as new information comes forward.

Precautions, Procedures and Planning

Goals of Pandemic Planning:

1. To minimize serious illness and overall deaths through appropriate management of Ontario's health care system, and
2. To minimize societal disruption in Ontario as a result of a COVID 19 pandemic.
3. The *focus* of pandemic planning is to reduce the impact of COVID 19 on individuals and society.

Precautions and Procedures:

Woodingford Lodge will immediately implement the following precautions and procedures:

1. Screening:

- a. **Active Screening of All Staff and Visitors.** Woodingford Lodge will immediately implement active screening of all staff, visitors and anyone else entering the home for COVID-19 with the exception of first responders, who should, in emergency situations, be permitted entry without screening, when directed by the MOLTC. Active screening will be completed as per the directives from the MOLTC and can include twice daily (at the beginning and end of the day or shift) symptom screening and temperature checks. Anyone showing symptoms of COVID-19 must not be allowed to enter the home and must be advised to go home immediately to self-isolate and be encouraged to be tested. Staff should contact their immediate supervisor/manager or occupational health and safety representative in the home. Staff responsible for occupational health at the home must follow up with all staff who have been advised to self-isolate based on exposure risk or symptoms.
- b. **Active Screening of All Residents.** Woodingford Lodge will conduct active screening and assessment of all residents, when directed by the MOLTC. Active screening will be completed as per the directives from the MOLTC and can include temperature checks, at least twice daily (at the beginning and end of the day) to identify if any resident has fever, cough or other symptoms of COVID-19. Residents with symptoms (including mild respiratory and/or atypical symptoms) must be isolated and tested for COVID-19. For typical and atypical symptoms, please refer to the COVID-19.

2. Admissions:

- a. **New Admissions.** New admissions from the community or from a hospital (including ALC patients) to Woodingford Lodge can occur if:
 - i. The receiving home is NOT in a COVID-19 outbreak. Under exceptional circumstances admissions may take place during an outbreak if it is approved by the local public health unit, and there is concurrence between the home, public health and hospital.
 - ii. The resident has been: Tested for COVID-19, has a negative result and is transferred to the home within 24 hours of receiving the result, or confirmed infected and cleared of COVID-19.
 - iii. Residents being admitted who have been cleared of COVID-19 do not need to

be re-tested or undergo 14-days of self-isolation.

- iv. The receiving home has: sufficient staffing, and a plan to ensure the resident being admitted (except for those who have cleared COVID-19) can complete 14-days of self-isolation, under Droplet and Contact Precautions, and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self-isolation, and continue with other COVID-19 preparedness measures (e.g., cohorting).
- v. The resident is placed in a room with no more than one (1) other resident.
- vi. A resident has been cleared of COVID-19 if they have had lab-confirmed COVID-19 more than 14 days prior to admission to the receiving home. A negative result does not rule out the potential for incubating illness and all new residents who have not been previously cleared of COVID-19 must remain in isolation under Droplet and Contact Precautions for a 14-day period following arrival. The home must be able to maintain and have a plan in place for isolation of new admissions.
- vii. Despite the condition set out above, a new admission of a resident who is positive for COVID-19 may be made providing that it is approved by the local public health unit per the Quick Reference Public Health Guidance on Testing and Clearance and Public Health Management of Cases and Contacts of COVID-19 in Ontario.

3. Re-Admissions:

- a. Hospital transfers to Woodingford Lodge, can occur if:
 - i. It is a re-admission to long-term care (the resident is returning to their home).
 - ii. The home is NOT in a COVID-19 outbreak. Under exceptional circumstances re-admissions may take place during an outbreak if it is approved by the local public health unit, and there is concurrence between the home, public health and hospital.
 - iii. The resident has been tested for COVID-19 at point of discharge, has a negative result and is transferred to the home within 24 hours of receiving the result, or confirmed infected and cleared of COVID-19.
 - iv. Residents being admitted who have been cleared of COVID-19 do not need to be re-tested or undergo 14-days of self-isolation.
 - v. The receiving home has a plan to: - Ensure that the resident being re-admitted (except those who have been cleared of COVID-19) can complete 14-days of self-isolation, under Droplet and Contact Precautions and is tested again at the end of self-isolation, with a negative result. If the result is positive, the resident must complete another 14-days of self-isolation, and continue with other COVID-19 preparedness measures (e.g., cohorting).
 - vi. The resident is placed in a room with no more than one (1) other resident. That is, there shall be no further placement of residents in 3 or 4 bed ward rooms. A resident has been cleared of COVID-19 if they have had lab-confirmed COVID-19 more than 14 days prior to admission to the receiving home.
 - vii. A negative result does not rule out the potential for incubating illness and all new residents who have not been previously cleared of COVID-19 must remain in isolation under Droplet and Contact Precautions for a 14-day period following arrival. The home must be able to maintain and have a plan in place for isolation of re-admissions.
 - viii. Despite the condition set out above, a re-admission of a resident who is positive for COVID-19 may be made providing that it is approved by the local public health

unit per the Quick Reference Public Health Guidance on Testing and Clearance and Public Health Management of Cases and Contacts of COVID-19 in Ontario.

- ix. **For long-term care homes only:** In the case that there is any difference of view between a hospital and long-term care home about the suitability of the return of the resident to the long-term care home, please contact the local placement coordinator/office. If they cannot resolve the issue will be escalated to the ministry.

4. Absences:

a. Short stay absences:

- i. Residents may leave the home's property for a short stay absence for health care-related, social, or other reasons. A short stay absence does not include an overnight stay, with the exception of single-night emergency room visits (see below). Upon return to the home, residents must be actively screened (refer to Active Screening of All Residents above) but are not required to be tested or self-isolate.
- ii. Residents must be provided with a medical mask by Woodingford Lodge that must be worn at all times when outside of the home (if tolerated) and reminded about the importance of public health measures including physical distancing.
- iii. Outpatient medical visits are considered a short stay absence and residents do not require testing or self-isolation upon their return.
- iv. Emergency room visits that take place over a single night (e.g., assessment and discharge from the emergency department spans one overnight period) should also be considered equivalent to an outpatient medical visit that does not require testing or self-isolation upon return. If the resident is admitted to the hospital at any point, or the emergency room visit takes place over two or more nights, homes should follow the steps outlined above under Re-Admissions.

b. Temporary Absences:

- i. Residents may leave the home's property for a temporary absence (one or more nights) for personal reasons. Upon return to the home the resident will be required to self-isolate for 14 days. For residents who are being discharged from a hospital, please refer to the Re-Admissions section above.
- ii. Homes must review and approve all temporary absences based on a case by case risk assessment considering, but not limited to, the following:
 - The home's ability to support self-isolation for 14 days upon the resident's return.
 - Local disease transmission and activity.
 - The risk associated with the planned activities that will be undertaken by the resident while out of the home.
 - The residents ability to comply with local and provincial polices/ bylaws.
 - Any further direction provided by the MLTC.
- iii. If the home denies a temporary absence request, the home must communicate this to the resident/substitute decision maker in writing, including the rationale for this decision.
- iv. **Temporary Absence in Hospital:** In the event of an outbreak where residents cannot be placed in other areas of the home that are not part of the declared outbreak area, or there are other exceptional circumstances (e.g., resident safety, advice from local public health unit), temporary short-stay in hospital could be considered for residents to support outbreak management and IPAC measures provided and the resident can be isolated under Droplet and Contact Precautions in

the hospital for 14 days. The resident is tested and results known within 24 hours of the short-stay transfer to the hospital. Return to the home should follow the Admission and Re-Admission details above.

5. Personal Protective Equipment (PPE):

- a. Woodingford Lodge will complete the following:
 - i. Ensure that there is enough appropriate Personal Protective Equipment (PPE), as Long-term care homes are expected to follow COVID-19 Ministry Directive #5.

6. Universal Masking:

- a. **Staff Masking:** Woodingford Lodge will immediately implement that all staff wear surgical/procedure masks at all times for source control for the duration of full shifts. This is required regardless of whether the home is in an outbreak or not. When staff are not in contact with residents or in resident areas during their breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19. *See Policy 4.04 Pandemic Universal Masking and Appendix 4C Surgical Mask Reuse Guidelines.*

7. Visitors:

- a. **Managing Visitors:** The aim of managing visitors is to mitigate risks to residents, staff and visitors and balance those risks with the mental, physical and spiritual needs of residents for their quality of life to be met. *Refer to Visitor Policy 4.05.*

8. Limiting Work Locations:

- a. When possible Woodingford Lodge is working with contractors and volunteers to limit the number of work locations that contractors and volunteers are working at, to minimize risk to residents of exposure to COVID-19. In addition, with respect to employees, long-term care home employers must also comply with Ontario Regulation 146/20 and retirement home employers must also comply with Ontario Regulation 158/20, both made pursuant to the *Reopening Ontario (A Flexible Response to COVID-19) Act*. Therefore, Woodingford Lodge has asked that staff members limit their work locations to only one employer at this time.

9. Staff and Resident Cohorting:

- a. Woodingford Lodge will have a plan for staff and resident cohorting as part of their approach to preparedness as well as to prevent the spread of COVID-19 once identified in the home.
- b. **Resident cohorting** may include one or more of the following:
 - i. Alternative accommodation in the home to maintain physical distancing of 2 metres at all times, resident cohorting by COVID-19 status
 - ii. Utilizing respite and palliative care beds and rooms
 - iii. Utilizing other rooms as appropriate.
- c. **Staff cohorting** may include:

- i. Designating staff to work in specific areas/units in the home as part of preparedness
 - ii. Designating staff to work only with specific cohorts of residents based on their COVID-19 status in the event of suspect or confirmed outbreaks.
- d. In smaller homes or in homes where it is not possible to maintain physical distancing of staff or residents from each other, all residents or staff should be managed as if they are potentially infected, and staff should use Droplet and Contact Precautions when in an area known to be affected by COVID-19.
- e. Additional environmental cleaning is recommended for frequently touched surfaces, including trolleys and other equipment that move around the home, and consideration given to increasing the frequency of cleaning. Woodingford Lodge has implemented enhanced COVID cleaning shifts to help with extra cleaning of high touch areas. *Refer to cleaning policies in the infection control manual.*

10. Suspect or Actual Outbreak:

a. Triggering an outbreak assessment:

- i. When at least one resident or staff has presented with new symptoms compatible with COVID-19, the long-term care home should immediately trigger an outbreak assessment and take the following steps:
 - Place the symptomatic resident or staff under Droplet and Contact Precautions.
 - Test the symptomatic resident or staff (if still in the home) immediately.
 - Contact the local public health unit to notify them of the suspected outbreak.
 - Test those residents who were in close contact (i.e., shared room) with the symptomatic resident and anyone else deemed high-risk by the local public health unit, including staff; test residents and staff in close contact with a symptomatic staff member per risk exposure and local public health unit advice.
 - Ensure adherence to cohorting of staff and residents to limit the potential spread of COVID-19.
 - Enforce enhanced screening measures among residents and staff.

b. Receiving negative test results:

- i. If the home receives a negative test result on the initial person who was tested, the home can consider ending the suspect outbreak assessment related steps in consideration of other testing completed and in consultation with the local public health unit.

c. Receiving positive test results:

- i. Long-term care homes must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed respiratory outbreak in the home. Once an outbreak has been declared, residents, staff or visitors, who were in close contact with the infected resident, or those within that resident's unit/hub of care, should be identified. Further testing in the home should be undertaken in collaboration with the local public health unit, using a risk-based approach based

on exposures and following the most recent COVID-19 Provincial Testing Guidance Update.

- ii. If a resident who was admitted or re-admitted to the home is tested during the 14-day isolation period and the results are positive and the resident has been in isolation under Droplet and Contact Precautions during the entirety of the 14-day period, declaring an outbreak may not be necessary. When only asymptomatic residents and/or staff with positive results are found as part of enhanced surveillance testing of residents and/or staff, it may not be necessary to declare an outbreak. This should only be assessed and done in consultation with the local public health unit.

d. Management of a Single Case in a Resident:

- i. The resident must be in isolation under appropriate Droplet and Contact Precautions, in a single room if possible.
- ii. Staff who have had a high-risk exposure to COVID-19 without appropriate PPE and are asymptomatic must self-isolate for 14 days and monitor for symptoms. In exceptional circumstances staff may be deemed critical, by all parties, to continued operations in the home, and continue their duties under work self-isolation. If staff are continuing to work, they must undergo regular screening for symptoms, use appropriate PPE, and undertake self-monitoring for 14 days. Staff who have had contact with medium risk exposure to COVID-19 should be self-monitoring for 14 days. For details refer to the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance July 29th, 2020, or as amended.

e. Management of Staff testing positive to COVID-19:

- i. If staff exposure was to a specific home area/department of the long-term care home, strong consideration must be given to applying outbreak control measures to the entire home.
- ii. Staff who have tested positive and are symptomatic cannot attend work.
- iii. Staff members will be required to self – isolate as per direction provided by Woodingford Lodge, the MOLTC and Public Health. Woodingford Lodge will inform the positive staff member of their rapid testing schedule prior to them returning to the workplace (ie. when they can start to test again).
- iv. If a staff member has been exposed to a positive COVID-19 case in the community or by someone who lives with them, this staff member can continue to work if:
 - They are asymptomatic
 - They continue to test negative on a rapid test prior to their shift starting (if they test positive they will not be able to work any longer)
- v. There may be exceptional circumstances where a staff member is deemed critical. The staff member may continue to test positive with resolved symptoms and remain asymptomatic may be required to return to work prior to a negative COVID test being obtained. This will be reviewed on a case by case basis in consultation with Public Health. The Director and Medical Director of Woodingford Lodge will make the final determination.

f. Required Steps in an Outbreak:

- i. If an outbreak is declared at the long-term care home, the following measures must be taken:
 - For new resident admissions or re-admission refer to Admissions and Re-Admissions above.
 - If residents are taken by family out of the home, they may not be readmitted until the outbreak is over.
 - For residents that leave the home for an out-patient visit, the home must provide a mask. The resident must wear a mask while out, if tolerated, and be screened upon their return, but does not need to be self-isolated.
 - Discontinue all non-essential activities.

g. Testing:

- i. Please refer to the update on COVID-19 Provincial Testing Guidance Update issued on August 14th, 2020 and published on the Ministry's website, or as amended, for long-term care and retirement homes.

11. Joint Health and Safety Team:

- a. Long-term care homes and retirement homes, in consultation with their Joint Health and Safety Committees or Health and Safety Representatives, if any, must ensure measures are taken to prepare the home for a COVID-19 outbreak including:
 - i. Ensuring swab kits are available and plans are in place for taking specimens,
 - ii. Ensuring sufficient PPE is available,
 - iii. Ensuring appropriate stewardship and conservation of PPE is followed,
 - iv. Training of staff on the use of PPE,
 - v. Discuss with each resident and their substitute decision-maker an advanced care plan for the resident, and document the plan as part of community planning with local acute care facilities and EMS (completed upon admission for each resident),
 - vi. Communicate with local acute care hospitals regarding outbreak, including number of residents in the facility, and number who may potentially be transferred to hospital if ill based on the expressed wishes of the residents,
 - vii. Develop policies to manage staff who may have been exposed to COVID-19 and must permit an organization completing an IPAC assessment and report to share the report with any or all of the following: public health units, local public hospitals
- b. Woodingford Lodge's Joint Health and Safety Team meets regularly to discuss all health and safety issues, including pandemic updates.

12. Communications:

- a. Woodingford Lodge will ensure staff, residents and families are informed about COVID-19, including frequent and ongoing communication during outbreaks.
- b. Staff will be reminded to monitor themselves for COVID-19 symptoms at all times, and to

immediately self-isolate if they develop symptoms.

- c. Signage will be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident.

13. Food and Product Deliveries:

- a. Food and product deliveries should be dropped in an identified area and active screening of delivery personnel should be done prior to entering the home.
- b. Woodingford Lodge screens all delivery personnel at the front doors prior to them going to the receiving areas to ensure that they are symptom free.

**** Refer to Influenza Pandemic Preparedness Manual for other processes related to pandemic planning. Every effort will be made to update this policy as new information, guidelines and directives come out, but staff are encouraged to refer to the Ministry of Health and Long Term Care's website for amended directives and guidelines until this can occur.****