

# PANDEMIC PREPAREDNESS

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## POLICY

**PDD Central Region Community Board will have a pandemic response plan that is consistent with the Regional Health Authority in partnership with the appropriate municipalities. The Pandemic Preparedness Plan will be reviewed at least annually.**

*The designated care area has currently been identified in this plan as 206 Meadowview.*

## 1.0 Assumptions

- It is anticipated that 1/3 - 1/2 of employees will not be available for work
- Impact of pandemic may be over 6 to 8 weeks and may involve more than 1 wave with total duration of pandemic 12 – 18 months
- All non-essential services will be suspended until the pandemic has been declared finished by the regional and/or provincial health authorities.
- The type of care to be provided at 206 Meadowview will be individuals who are ill and can't be cared for at their home or by the health authority.
- Appropriate infection control guidelines will be used to reduce the spread of infection to patients, staff, and the community. (See Appendix I – Guidelines for Infection Control).
- Provincial guidelines and local assessments will determine the extent of community activities and arrange congregate care for children, including school.
- Volunteers and ex-employees will be categorized and inventoried in advance. Call-in and training guidelines by care levels and sites will be available.
- Employee and volunteer resources will support the health services plan in a cooperative manner.
- Protocol development (including admission and discharge criteria from the designated congregate care area), care documentation, and data collection will be based on existing guidelines and will be both standardized and coordinated.
- Vaccines, if and when available, will be the principal means for the prevention of pandemic influenza for the population as a whole
- Immunization priority groups for vaccine will be determined nationally to ensure consistency and fairness within Canada (See Appendix 1X, Tentative National Priority List for Antivirals and Vaccine)
- Public Health will oversee and coordinate the delivery of immunization. Dates, times and location will be determined by Public Health. See Alberta Health & Wellness resources at :

<http://www.health.alberta.ca/default.html>

### NOTE:

The activation of this plan calls for the establishment of the Facility Emergency Response Team to coordinate the movement of individuals. This decision needs to be made by the Chief Operating Officer in consultation with the Director, Medical/Health Services/designate.

## 2.0 Care Settings Bed Inventory and Planning

### 2.1 206 Meadowview

**Goal:** To provide the best care and treatment for the most people with influenza, to minimize the risk of influenza for those with other conditions and to maximize efficiency of delivery of care.

Michener Services has a plan to safely care for a number of people. These plans should be reviewed and updated frequently to ensure currency and familiarity with the plan.

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Isolation procedures (Additional Precautions) will be accommodated as required according to established policy outlined in the Health Care Manual Chapter I, Topic R.40.

Four strategies for managing the increased demands are:

- the introduction of Enhanced Care at home
- accessing the Health Authority
- the introduction of triaging
- the introduction of 206 Meadowview to the response plan

## **206 Meadowview**

The purpose of 206 Meadowview is to provide care for individuals when regional health services are not available. *(For floor Plan refer to Appendix X).*

## **Activation Criteria**

- alert given re: presence of a new influenza A strain
- vaccine is unavailable or supply is limited (antivirals)
- overwhelming challenges to current health service capacity
- support from Alberta Health Services is not available and/or
- requests for support from other PDD Agencies

## **Triage**

The purpose of a triage is to provide timely, accessible clinical assessments and treatment. Calls will be triaged from the Nursing Assignment Desk into Behaviours of Concern (Mental Health Services) and Medical Support (Home Support Nurses).

## **Triage Area**

Nurse/physician will define the level of care for individuals. Only physicians and head nurse may admit to 206 Meadowview.

## **Personnel Required**

One individual will be pre-selected to be the Nurse Coordinator to oversee care provided at 206 Meadowview. This person will:

- Identify staffing requirements to Nursing Assignment Desk
- Obtain supplies.
- Monitor patient flow and appropriateness of patients.
- Maintain a log of patient activity (Pandemic Nursing Record)
- Monitor direct care
- Monitor staffing and supplies

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## Other support personnel required:

- Direct care givers
- Food services workers
- Linen service workers
- Housekeeping services
- Pharmaceutical support
- Lab collections
- Volunteers
- Maintenance

## Emergency Mobile Supply Cart : - located at Central Stores, 213 Medley

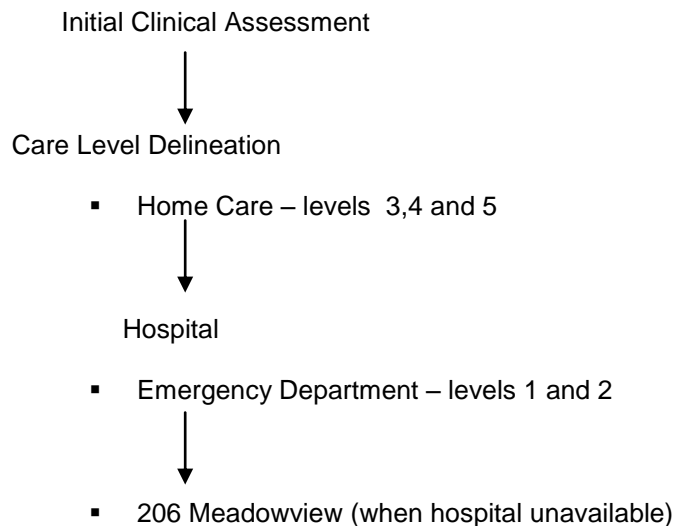
- Blood pressure manometers, stethoscopes, thermometers, pulse oximeters
- Airway supplies (oxygen masks, oxygen tubing, oxygen tanks, oral airways, portable suction, suction catheters, Ambu bags)
- Med-surg supplies (e.g. gloves, masks, alcohol swabs, culture swabs, tape, bandages, flashlights, extra batteries for equipment, scissors, tongue depressors, body tags/bags)
- Basins (wash and emesis), bedpans/urinals
- Gowns (patient and isolation)
- Waterless hand sanitizers (microsan foam 70% alcohol)
- Patient identification tools (armbands, labels)
- Clipboards to hold registration form, care notes and medication administration records

## Additional Supplies

- Housekeeping supplies – garbage cans, cleaning solutions, wipes, etc
- Door signs
- Linens, blankets, towels, wash cloths
- Laundry Bags (biodegradable)

## 3.0 Triage Guidelines

### Triage Algorithm



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## DETAILED TRIAGE GUIDELINES

The triage nurse will utilize the following guidelines for making decisions of care

Care Level Delineation	Triage Decision	Who Decides
5. Non-Urgent - disorder is non acute or minor in severity - individual can safely wait but needs reassessment at intervals - e.g. cough, stable vital signs, feels unwell	Treat at Home: - determine parameters for monitoring, managing and treating at home (e.g. home care, nurse home care, physician home visits, individual and home restrictions) - order lab tests as required (standing orders) - increase home inventory as required	Triage Nurse
4. Semi-Urgent - individual has potentially serious but not life threatening condition. Reassess at planned intervals - e.g. mild Shortness of Breath relieved with therapy/nebulizers, mild fever	Treat at home: - regularize parameters for monitoring, managing and treating at home (e.g. home care, nurse home care, physician home visits, individual and home restrictions) - order lab tests as required (standing orders) - increase home inventory as required	Triage Nurse
3. Urgent - possible danger if left unattended, acute disorder - potential for rapid deterioration - e.g. Shortness of Breath, high fever, dehydration and unacceptable O <sub>2</sub> saturation levels	Treat at home	Triage Nurse Refer to Physician
2. Emergent - condition requires immediate medical attention; time delay is harmful - disorder is acute or potentially threatening to life or function - e.g. severe Shortness of Breath, hemodynamically unstable and showing signs of septicemia	Treat at hospital  If hospital health care is unavailable, treat at 206 Meadowview	Triage Nurse  Refer to Physician call 911. Failing that, arrange transport
1. Resuscitation - condition required immediate medical attention; is life threatening - e.g. respiratory and cardiac arrest requiring intubation and CPR	Treat at Hospital  If hospital health care is unavailable, treat at 206 Meadowview	Triage Nurse/Nurse call 911. Failing that, arrange transport

### 206 Meadowview

1. Criteria for admission should consider:

- the level of care to be offered, type of diagnostics needed – admission for level 1 and 2 unavailable at hospital
- referrals will come from the triage nurse to the physician/206 Meadowview charge nurse who can admit
- identifying non-eligible populations (i.e. immuno-suppressed, etc.). Persons with immunosuppressive illness or communicable diseases other than influenza (e.g. Tuberculosis) should not be admitted to 206 Meadowview
- limiting admissions to flu patients to minimize cross infection.

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## 2. Discharge Criteria

- Once level of care reaches 3, 4 and 5, discharge to home.

### HOME ASSESSMENT GUIDELINES

Home staff will assess individuals in their homes as required. The following signs are alert signs and denote that a nurse MUST be called to assess the individual:

- Temperature > 38.5, coughing
- Pulse > 100, irregular
- R: > 24
- O<sub>2</sub> sats: blue, < 90%
- Chest: any abnormalities
- CNS: confused
- Vomiting and Diarrhea: more than 2 in 24 hours
- Other: headaches, joint pains, weakness, anorexia, dyspnea, cough with ear ache

The nurse will assess and triage the individual utilizing the “Care Level Delineation” table. The level of care required will guide further direction.

Dictate Medical Notes.

### LAB TESTS

Who Can Order	Lab Test	Comments
Standing Order – Nurse	CBC, electrolytes, Accu-Chek, creatinine/BUN, oxygen saturation levels	If moved/doctor ordered
Doctor	Chest x-ray	If pneumonia/CHF
Doctor	Sputum and C&S	If purulent
Doctor	Nasal pharyngeal swab	Atypical cases
Doctor	Blood cultures	If resistant to treatment

### DOCUMENTATION

Triage Desk:

- complete form MC0549, “Influenza-Like Illness Surveillance” daily for all triaged cases;
- forward form to Director, Medical/Health Services at the end of the day;
- dictate Medical Notes

Home Staff

- if an individual develops symptoms as stated in the Home Assessment Guidelines:
  - document on Form MC0028, “Temperature Chart”
  - complete page 2 of this form “Influenza-Like Illness Surveillance Section”

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Nurse

- document and dictate medical notes including:
  - mental status/level of consciousness – if changes or as required
  - emesis
  - results of chest examinations

## TREATMENTS

- give Acetaminophen to bring temperature down, cough syrup and other symptomatic treatment
- give oxygen respiratory therapy and hydrate with IV therapy as required
- determine vaccination status (influenza, pneumococcal)
- order appropriate lab tests
- initiate antiviral treatment if not already started. Initiate within 48 hours
- initiate Antibiotic therapy with Keflex/Ancef (S-pneumonia, S-Aureus) → Fluorquinolones, H-Influenza
- switch antibiotic if first one isn't working
- repeat serum cultures and sensitivities as required
- nebulizations are discouraged. If you must use, do so in a separate room. All individuals within the room must wear an N95 mask.

## 4.0 Ethical Considerations

Ethical principles need to be applied when making decisions about the best use of resources.

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## 5.0 Clinical Care Management

### 5.1 Supplies Acquisition (pre and pandemic)

Levels of all supplies required during the pandemic have been adjusted accordingly and are reviewed periodically as per the overall pandemic plan.  
(See Appendix II – “Supply List and Inventory Numbers”)

5.2 Biodegradable Laundry Bags will be supplied to infected homes.

### 5.3 Essential Equipment Allocation and Use Guidelines

#### Outstanding Issues

Beds and mats will be moved from Camp L. G. Barnes if 206 Meadowview is activated. Additional mats will be purchased by Contract Manager.

### 5.4 Oxygen Supply

See Appendix II for location of oxygen flow meters

- **Gas Suppliers:** Vital Air is Michener’s current gas supplier. Air Gas is the backup. (See Appendix III – “Oxygen and Gas Suppliers”)
- **Staff Capacity:** Rehab. respiratory staff capacity will be fully assigned in distinct areas

#### Suggested Plan

1. routine Rehab. visits will not occur.
2. individuals triaged to home or 206 Meadowview will have priority support for supply and education

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## 6.0 Mental Health

### 6.1 Crisis Intervention and Self Care for Caregivers

In preparation for a pandemic response, the following action plans are based on the assumption that much of mental health services will have to be maintained with a workforce diminished by 30%.

- Crisis Intervention and Self Care for Caregivers
  - ✓ Staff can access services directly from Shepell.fgi at 1-800-268-5211, LifeMark Health at 1-877-469-9914 or Canadian Mental Health.
  - ✓ Useful information applicable to a Pandemic Situation (*see Appendix IV*) will be made available to staff. This information will also be in the p: drive, Pandemic Influenza Information for Staff folder.
  - ✓ Individuals who require services can contact Pastoral Care or a mental health nurse by contacting the Nursing Assignment Desk.

## 7.0 Support Departments

### 7.1 Rehabilitation

Rehabilitation Services includes:

- Occupational Therapy
- Physical Therapy
- Speech-Language Pathology

There are some Rehab duties that must continue during a pandemic. These include:

- chest physio
- home care
- swallowing assessments

### 7.2 Pharmacy

- will maintain a list of medications used for pneumonia, anti-influenza and supportive medication.
- will use current transportation system to transport medications to homes. Will use alternate methods if current methods fail.
- will maintain a list of past employees who may be available to assist.

### 7.3 Housekeeping

- have a disaster plan
- will have access to increased supplies
- will make terminal cleaning procedures available as required (*see Appendix XII*)

### 7.4 Dietary

- have a disaster plan
- have access to increased supplies (*see Appendix XIII*)



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## 7.5 Laundry

- have a disaster plan (see Appendix XIV)

## 7.6 Garbage Disposal

- Current supplier is Capital
- Backup plan developed with Alta. Infrastructure using internal resources

In the event of a pandemic, and regular garbage pick up is compromised, Alberta Infrastructure, using its own on site equipment, will provide interim garbage pick up and disposal.

Disposal may include on site dumping and burning of garbage (north 40 acres) or the hauling of it to the City of Red Deer Land Fill Site by the grounds maintenance contractor.

## 8.0 Workforce Component

*(See Appendix V, Human Resources Reception & Allocation Plan) for the complete plan to mobilize human and financial resources*

### 8.1 Workforce Inventory – Active and Inactive

Human Resources will make available a listing of all current employees. This listing is current within two weeks and is available on the Michener Staffing Information system. Additional employee information can be found through Images and will be provided at the request of the Senior Manager, Human Resources. Human Resources will also develop a staff skills inventory based on the need.

### 8.2 Employee Group and Professional Association Agreements

Job descriptions are available from Human Resources.

### 8.3 Recruitment and Training Plan

#### Recruitment Strategy

Recruitment strategies will be coordinated through Human Resources within the current available resources. Human Resources will assess whether to increase our staff complement by running a wage competition for IS1's.

#### Assumption

It is assumed that fast tracking would be done through legislation and professional bodies regarding transfer of functions, registration requirements, criminal record checks, foreign-trained workers, and liability insurance issues. The Senior Manager, Human Resources would liaise with the Director, Human Resource Services in our Ministry and the Corporate HR Pandemic Guidelines to identify collective agreement issues in light of pandemic manpower requirements.

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## Communication

Communication of employment opportunities will be done through established recruitment promotional marketing links and all efforts would be coordinated through Human Resources. Discussions with bargaining agents would be initiated to garner their support. During a pandemic, it would be anticipated that we could also utilize our bargaining agents to assist with their fan-out process of contacting members in the event circumstances may require additional contact help. *(further details in Appendix IV).*

### 8.3.1 Utilization of Current Staff

All staff may be reassigned as necessary utilizing current staff skills list and ensuring that they are qualified and safe to perform the duties.

### 8.3.2 Utilization of Inactive or Retired Employees

Inactive or retired employees and volunteers would be recruited and trained for tasks, which are unrelated to direct patient care, to free up the workers who provide direct patient care.

## Deployment

Strategies and processes developed for the Disaster Plan will be utilized for assessment of the staffing situation and deployment of the available workforce. This ongoing assessment of the staffing situation will be necessary as the absenteeism of employees will not be uniform, and will be prolonged. On-going impact assessments will be required and these would be coordinated through the Emergency Response Team. The critical staffing levels list will be reviewed at Phase I of the Pandemic and reviewed yearly.

Besides the emotional support of the Employee & Family Assistance Program (EFAP), physical support in the areas of laundry and meals would be considered. Volunteers could be utilized to run such worksite supports, freeing trained employees to deliver care. In addition, modified work programs to allow employees to work at home and continue to care for direct family members would be encouraged and supported where feasible and possible to do so.

### 8.3.3 Training and Development

Staff Development has modified the current new hire orientation to reflect this situation. This will be delivered in two parts; 1<sup>st</sup> as a booklet to be given as a home study package and the 2<sup>nd</sup> part will be delivered in class. This will allow the volunteer to be available for service in the shortest period of time.

## Employee Assistance (EFAP)

The Employee & Family Assistance Program provider (1-800-268-5211) may have to increase services and would be utilized to assist with supporting staff through this difficult time and debriefing sessions were required. Mental Health, if available, may be called upon to assist with this as well.

## Policies

Human Resources would provide guidelines relative to equitable remuneration and labor issues during this crisis, and would be consistent with the Ministry Human Resources direction and the Corporate HR Pandemic Guidelines

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## 8.4 Daycare/Family Care

Employees would be provided with information regarding community day care options. With the current shortage of daycare staff in the City of Red Deer, Human Resources may offer to operate a limited daycare facility for our employees and volunteers while on duty. The daycare will be set up at the Roland Michener Recreation Centre, following guidelines set forth in the Alberta Child Care Regulations and will be staffed with a minimum of 2 staff at all times

There are several private Nursing Care Agencies within the region (profit and non profit) that may be able to provide assistance with ill family who can be cared for at home. (See *Appendix VI – “Private Nursing Care Agencies”*)

## 9.0 Volunteer Component

### Definition of Pandemic Project Volunteer

A project volunteer is a person registered with Michener Volunteer Services, who carries out unpaid activities, occasionally or regularly, to help support Michener Services – PDD to prepare for and respond to a pandemic influenza. A project volunteer offers his/her service of his/her own free will, without promise of financial gain, and without economic or political pressure or coercion.

### Assumptions

- Project volunteers will not replace or displace paid staff, but will act in a supporting role to staff to complement and enhance their work.
- Project volunteers who are currently registered with Volunteer Services will be the initial group to be accessed.
- All program volunteer assignments not considered to be essential to the implementation of the Pandemic Influenza Plan will cease to make available these volunteers to assist in during a pandemic influenza. Friend volunteers will continue in their usual capacity, as friends, and will be encouraged to help their resident friend and his/her housemates as much as possible without jeopardizing the personal relationship.
- All volunteers will be provided the essential equipment needed to provide their service equal to the equipment provided for staff. Immunization will be provided for volunteers under the same criteria used to provide for staff.
  - Community members wishing to volunteer for the pandemic who are not registered with Volunteer Services must first be registered and meet with the Volunteer Coordinator prior to being assigned to a volunteer role.
  - Project volunteers registered and acting on behalf of Michener will be covered under the Government Risk Management and provisions under the Emergency Preparedness Legislation will provide WCB coverage for volunteers.

## 9.1 Management of Volunteer Resources

The time between the WHO declaration of an influenza pandemic, the first wave and analysis of the severity of the pandemic will be very short. These procedures and guidelines will ensure project volunteers will be in place and ready to utilize immediately.

The Volunteer Coordinator will continue in her role during a Pandemic Influenza and will be responsible for implementing and providing the volunteer resources needed within these guidelines. They may be required to work additional hours than their regular assigned FTE. (See *Appendix VII – “Volunteer Contacts”*).

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The Citizenship Involvement Coordinator will be designated as the back up staff to the Volunteer Coordinator. They will assist with or in the event that the Volunteer Coordinator is unable to work they will be responsible for carrying out these guidelines.

The Volunteer Coordinator's role will include recruitment and screening, orientation and placement, ongoing follow up and liaise with volunteers and staff. Continual communication with Management Committee and department staff to identify ongoing needs for project volunteer involvement.

## 9.2 Recruitment and Screening

Based on the positions and areas identified for volunteer involvement during a Pandemic influenza, the Volunteer Coordinator will recruit registered project volunteers from within the Michener system who would best match the skills and abilities required.

The Volunteer Coordinator will work closely with Community Information and Referral Services (CIRS) and other community service organizations to recruit and allocate project volunteers.

All volunteers not currently registered with Michener must complete and sign an application form and meet with the Volunteer Coordinator to determine further screening requirements. Project volunteer files specific to Pandemic recruitment will have the application form and other documents filed in a designated location specific to this project.

Volunteers registered within the Michener system will have been screened as per established guidelines. All new volunteers will be interviewed to assess their skills, motivation and time availability.

A Criminal Records Check will be conducted according to the Protection of Persons in Care Act. If the individual is currently registered with a volunteer organization and a CRC was conducted, a copy signed indicating a 'copy of original' by the organizations designate will be accepted. During a Pandemic police services may not have the resources to conduct CRC for volunteers due to other high priority duties. Under the declaration of a Pandemic the requirement for a CRC may be waived. Each volunteer will also be required to sign a declaration stating that they do not have a criminal record and are not currently under investigation for a criminal act.

A thorough interview will become most important and reference checks must be conducted where timelines permit.

All volunteers will be made aware of the risk associated with their involvement during a pandemic influenza at the time of recruitment and/or interview for new volunteers. The volunteer will be asked to sign an agreement, acknowledging that they have been made aware of these risks and proper infection control.

## 9.3 Placement and Supervision

All Staff and Volunteers registered with Michener are provided with identification badges. ID badges must be worn and visible whenever the staff/volunteer is on duty.

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The relevant department staff in collaboration with the Volunteer Coordinator will identify appropriate project volunteer roles and responsibilities. Project volunteers will be placed based on identified need. (See Appendix VIII – “Non-Traditional Duties for Staff/Volunteers”).

Area supervisors will assume responsibility for the volunteers in their area. Supervisors will be responsible to provide the volunteers with specific area training, instruction and supervision. The Volunteer Coordinator will assist with situations as they arise due to inappropriate placement of volunteers.

## 9.4 Orientation and Training

Each volunteer must receive, complete and return the orientation booklet when contacted to report for assignment. Project volunteers will receive area specific orientation by senior staff in the area and any additional information designed for Pandemic Influenza training.

Specific project volunteer training will be delivered via a self-study booklet and attendance at class lecture. Topics to be covered are as follows:

### Orientation Home Study Booklet

- Introduction to job descriptions/duties
- Explain photo identification, dress code
- Distribute Orientation material, map, employee handbook,
- Work schedules, full and partial shifts, shift changes, breaks
- Pandemic Information
- Infection Control , Immunization, Nursing Service
- Safe food Handling and Meal Management (diets, dysphagia)
- Introduction to the Policy & Procedures manual
- Emergency protocols R.E.A.C.T. and reporting, intercom system
- Practical Safety, OH&S, Wheelchair and bathtub Safety, WHMIS – lifting and moving
- Epilepsy and Developmental Disabilities, Seizures – recording/reporting , Med. Files
- Accessing Client Profiles

### In Class session Room 8, 23 Michener Bend

- Protection for Persons in Care Act (PPCA)
- Introduction to supervisors
- Code of Conduct and Ethics Workshop
- Mealtime management – on home practicum
- All related paper work and photo identification will also be issued at this time

## 9.5 Recognition and Evaluation

Volunteers will be afforded respect and appreciation for their contribution of time and effort. Volunteers will be considered part of Michener’s team and included in the sharing of information as required to complete their duties and responsibilities.

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At the completion of the pandemic, project volunteers will be formally acknowledged for their support and contributions.

Following the pandemic, the project volunteer component will be evaluated and include input from the volunteers, supervising department staff and the Volunteer Coordinator.

## **9.6 Expenses**

Any expenses incurred by a project volunteer as part of their assigned duties will be reimbursed at the rate established by the Government of Alberta or from actual receipts provided. The Volunteer Coordinator will provide the forms used to submit for reimbursement.