

Yee Hong Centre for Geriatric Care

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PURPOSE

In the event of a pandemic flu outbreak, it is expected that:

- Supply of material resources and services from external sources, needed to sustain operation of Yee Hong services/programs, will be at risk of serious interruption;
- Complementary community resources in the health and social services sector which support Yee Hong clients/residents during the Inter-pandemic Period might be curtailed;
- Availability to Yee Hong of both professional and support staff might be negatively impacted upon, both directly and indirectly, by people contracting the pandemic flu; and,
- The need of clients/residents for care/services in general, and in connection with the pandemic flu, will rise dramatically beyond the Inter-pandemic Period baseline level.

Pre-planning and specific pre-arrangements will be required if Yee Hong is to be able to continue delivering essential services under adverse operational conditions. It is towards this end, that these policies and procedures have been established to define:

- What constitute essential services/programs that Yee Hong will strive to continue delivering;
- What are the conditions under which specific services will be curtailed to conserve and re-deploy scarce human and material resources to sustain such essential services/programs;
- How critical decisions regarding continuation and curtailment of service/program operation are to be made;
- What material resources are required to sustain essential services/programs operation;
- How continued supply and prudent rationing of essential material resources are to be ensured;
- How scarce material are to be safeguarded from preventable depletion e.g. inadvertent wastage and criminal action precipitated by a desperate community under circumstances of a pandemic outbreak; and,
- What process changes will have to be enacted to enable the organization to continue functioning without readily available human resources, and material supplies.

POLICY

In the event of a pandemic flu outbreak, the Yee Hong Business Continuation Plan will include:

1. A pre-defined priority cascade for rationalizing services, when necessary, so as to conserve resources for sustaining essential programs, in accordance with the principles of:
 - Meeting the needs of residents/clients for whom availability of service is critical for their survival.
 - Minimizing adverse impact on clients of services/programs that are scaled back or suspended.
 - Maximizing the utility of available human and material resources as the pandemic flu outbreak impacts upon the supply chain(s).
 - Reviewing and adjusting to the evolving need for curtailment during the Pandemic Phase with a view to re-instituting services/programs as soon as safety assurance and resource availability allow.
2. Plans for managing clinical care of a large number of long-term care home (LTCH) residents ill from the flu, including designating areas for cohort-location of patients with pandemic flu symptoms, and cohort-assignment of staff.
3. Response protocols for coping with breakdowns in essential non-clinical services, including: restricted supply of clean water; hydro and natural gas failure; waste and garbage disposal; reduced dietary and laundry services.
4. An effective system, for purchasing, stock-piling, storing and distributing equipments and supplies across the organization.
5. Specific operating procedures for each Division/Department to continue providing pre-defined essential services.
6. A recovery plan to facilitate all divisions/departments to return to baseline operations all services/programs in an orderly manner during the Post Pandemic Recovery Phase.

PROCEDURES

1. Prioritizing and Rationalizing Services/Programs for Continued Operation

1.1 (Essential) Services/Programs – Incumbent Residents/Clients

1.1.1 Long-Term Care Homes residents

- (a) They are defined as ones:
 - Who have healthcare needs requiring substantial amount of clinical services i.e. that provided by physicians, nurses and other healthcare professions normally delivered in a long-term care home setting;
 - Who, or whose families, understand and accept that available service at Yee Hong might be moderated from their baseline level in order to adapt to resource restrictions during the Pandemic Period;
 - Who apart from the long-term care home operated by the Yee Hong Centre, have no other alternate abode that they can choose to go to where informal caregivers are available to provide care to them; or,

- Whose families are unable, or choose not, to remove them from the care of a Yee Hong LTCH during the Pandemic Period.
- (b) If such a resident chooses to take a “Temporary Leave of Absence” in the Context of a Pandemic Flu Outbreak
- Ministry of Health and Long-Term Care (MOHLTC) policies govern the length of time a LTCH resident might go on a leave of absence without jeopardizing their resident status. If MOHLTC changes such rules in the context of a pandemic flu outbreak, it will be relayed to residents and applicable SDM.
 - Where a resident temporarily leaves Yee Hong when pandemic flu outbreak is declared, and then elects to return during the Pandemic Period, local (Public) Health Services (PHU) guidelines about residents entering from the community into a LTCH, when available, will determine if re-admission during the Pandemic Period will be accommodated.
 - Returning residents will be located in accordance to their care need, status of exposure to the flu, and how services are configured within Yee Hong at the time. Safety and best interest of both the returning resident and that of other residents Hong will inform the decision. Returning to their pre-leave of absence floor/unit/room is not guaranteed.

1.1.2 Supportive Housing Program Clients

- (a) Only essential services will be delivered to such clients on the active caseload at the time for whom risk of harm is anticipated if services were to be suspended without forewarning and opportunity to make alternate arrangements for substitute support from familial or other sources. Essential services in this context will only include such personal care services as might be considered critical for survival, such as medication reminder, feeding and bathing/toileting assistance, and meals on wheels if client has no other means of securing access to food. Further definition will be derived from consultation with the Ontario Community Support Association – the umbrella association for community support services in the province – as their standards become established.
- (b) Emergency response service in the supportive housing projects will continue to be responded to. Service will be limited to the on-the-spot assessment of the situation, assistance to call 911, or to call recorded emergency family contact.
- (c) All supportive housing program clients will be advised to make alternative arrangements for support as soon as possible, as even these essential Yee Hong services will be vulnerable to further curtailment as available human resources continue to shrink over the Pandemic Period.

1.2 *Ancillary Services/Programs – Incumbent Clients*

All other programs/services not described above in Procedure 1.1 will be suspended when the Yee Hong Influenza Pandemic Response Plan is activated. Operation of these programs will remain suspended for the duration of the Pandemic Period:

- *Active Senior*
- *Congregate Dining*
- *All Adult Day Programs*
- *Caregiver Support (Counseling)*
- *Caregiver Support (Education & Training)*
- *Client Intervention and Assistance*
- *Transportation*
- *Friendly Visiting*
- *Preparation and Supply of food to Community Meals-on-Wheels programs operated by other agencies*
- *Security checks*

Operation of these programs will be suspended to curtail congregating of persons – i.e. to optimize social distancing as an infection control measure – and reduce the risk of infection to both staff and clients.

1.3 *Medical Services*

In the event that physicians and other tenants of the Medical and Rehabilitation Centers elect to continue operating during the Pandemic Period, it will be unethical to deny their clients from accessing such services. In order for the perimeter established for the LTCH areas are not breached, arrangement will be made to divert traffic of their clients to access services without entering into the LTCH areas.

E.g. At McNicoll, the Adult Day Program area and the Training Lounge – both of which has access to water supply, and available during the Pandemic Period – can be temporarily reconfigured to allow for such usage as needed.

1.4 *Admission/Enrollment into Services/Programs – New Residents/Clients*

1.4.1 Long Term Care Homes

The Officer in Command, in consultation with the IPRCT, will maintain communication with MOHLTC, and local PHU(s) regarding admission of new residents. It is expected that, individuals previously not residing in Yee Hong LTCH(s) should not proceed during the Pandemic Period. It is expected that such concerns as risk of infection to incumbent and prospective residents and when individuals are transferred between hospitals, LTCH(s), and other environment with varying exposure to the risk of infection will be considered with due care.

1.4.2 All Other Programs/Services

As all Level II Services/Programs are to be suspended, no new admission/enrollment into any program/service other than the LTCH(s) are expected to be processed during the Pandemic Period.

1.5 *Decision-making pertaining to curtailment, suspension, continuation, and resumption of Programs/Services*

With due reference to afore articulated principles, the IPRCT Officer in Command, in consultation with the IPRCT, will make the best decision possible, taking into

consideration all relevant information, available at the time, from external and internal sources about risk of infection spread, availability of resources, and community need, with reference to the principles of:

- Meeting the needs of residents/clients for whom availability of service is critical for their survival.
- Minimizing adverse impact on clients of services/programs that are scaled back or suspended.
- Maximizing the utility of available resources (both human and material) under the confine of the impact of the pandemic flu outbreak on the supply chain(s).
Reviewing and adjusting to the evolving need for curtailment during the Pandemic Phase with a view to re-instituting services/programs as soon as safety assurance and resource availability allow.

1.6 *Other Tenants Delivering Services on Yee Hong Premises*

- 1.6.1 Decision-making pertaining to continuation or curtailment in operation of these services during the Pandemic Period resides with their respective operator or parent organization(s).
- 1.6.2 The Executive Director of each local (Yee Hong) Centre of Operation is to consult with their local tenants and affiliates in the Inter-pandemic Period, to ascertain their intentions regarding operations during the Pandemic Period, and make such coordinating arrangement regarding access as might be necessary and practicable within local facility provisions.
- 1.6.3 Plan to control traffic during a pandemic (e.g. routes) specific to each Yee Hong Centre will be developed by the ED, in consultation with the local Facility Manager, if the tenant and affiliate services should decide to continue operating during the Pandemic Period.
- 1.6.4 Where accommodating operation of tenant programs is seen to involve unacceptable risk of infection to Yee Hong clients/residents, well-being of the latter will warrant higher priority consideration over the desire of tenant service operators.

2. Managing Care of LTCH Residents during the Pandemic Period

It is anticipated that a substantial proportion of LTCH residents, whose immune system might already be compromised by other pre-existing health condition(s), will succumb to the pandemic flu. In order to support containment and minimize the risk of infection spreading,

2.1 *Residents diagnosed with the Pandemic Flu, or who show symptoms strongly suggestive of the same:*

- Will be relocated and cared for in cohorts in specifically defined areas within each LTCH.
- Whether and how such residents will be cohorted for care in the context of a pandemic flu outbreak will be determined by the Directors of Care (DRC) group as deemed necessary.

2.2 *Informing residents and family*

Every effort is to be made to help these residents and their families understand the rationale behind such a policy, and to reassure that the best care possible will continue to be provided to them.

2.3 *Location for cohort care*

Specific local patient care space will have been pre-identified by the ED, and relevant clinical leads e.g. Medical Director, Director of Resident Care (DRC) etc., at each LTCH to congregate such residents.

2.4 *Cohort-assignment of staff*

Cohort-assignment of staff to provide care for residents sick with the pandemic flu, or on the basis of staff themselves recovering or having recovered from the pandemic flu will be addressed under Influenza Pandemic Policy CAD-VIII-05 *Human Resources and Staff Deployment*.

2.5 *Group activities, programs, and outings*

Group activities, programs, and outings into the community, in which residents from multiple areas normally congregate during the Inter-pandemic Period, will be reduced/suspended/cancelled in accordance with level of infection risk identified during the Pandemic Period, and as dictated by the availability of staff to porter and provide programming support.

2.6 *Admission of new residents into LTCH*

Admission of new and re-admission of incumbent residents returning from hospitals or other environments will be managed in accordance with criteria established in consultation between the relevant authorities (i.e. MOHLTC and local PHU) and the Yee Hong Medical Director, with due consideration being given to containment and risk reduction requirements.

2.7 *Emergency evacuation of LTCH*

In the unlikely event where it becomes necessary to evacuate an entire LTCH, such will be expedited referencing the Yee Hong emergency evacuation plan that utilizes our own facilities.

3. Managing Essential Non-Clinical Resources to Enable Continued Operation

Apart from medical and nursing care, therapeutic and activation, and personal support, other non-clinical services/resources are required to enable clients/residents to be cared for during the Pandemic Period.

3.1 *Facility Management*

3.1.1 Hydro, Natural Gas, Water Supply

(a) Planned Response to Hydro and/or Natural Gas Supply Failures

In the Inter-pandemic period, the Facility Managers (FM) will undertake to determine and make recommendations to Senior Management about

emergency generator capacity, and alternate fuel resources to explore and secure, in order to ensure that there is reasonable capacity to maintain essential services in critical areas (e.g. patient care areas, kitchen) of each Yee Hong Centre. Provisions already articulated in the Yee Hong Disaster Manual are to be referenced.

(b) **Planned Response to Restriction in Water Supply**

In the Inter-pandemic period, the FM will review minimum need for eating, drinking, washing dishes, bathing residents, medical procedures at each centre, and review/explore contracts to receive sterile water, bottled water, hauled water etc. in case of interruption in normal water supply. Provisions already articulated in the Yee Hong Disaster Manual are to be referenced.

(c) **Ascertaining capacity of suppliers to function during the pandemic period**
The Business Department will check with incumbent suppliers about their pandemic business continuation plan or disaster recovery plan to identify their obligations and commitments to Yee Hong as a customer in the event of a pandemic flu outbreak.

3.1.2 Waste and garbage disposal

(a) In the Inter-pandemic period, the FM will review minimum requirement for waste and garbage disposal and make recommendations for ways to manage waste/garbage accumulation while awaiting such municipal services to resume should the latter experience a breakdown.

(b) As a part of pre-planning, the FM(s) will ascertain the pandemic readiness plan of municipal services and/or private companies upon whom Yee Hong facilities depend for waste and garbage disposal.

3.1.3 Non-critical maintenance work during pandemic

In order to reduce risk of infection spread by limiting unnecessary people traffic throughout Yee Hong facilities during the Pandemic Period, non-critical maintenance work will generally be suspended, or only restricted to outdoor areas where workers will not come into contact with residents vulnerable to infection.

3.2 *Laundry Services*

If laundry services are disrupted due to staff shortage, the DRC(s) will ensure that nursing and laundry staff develop locally feasible plans for minimizing the accumulation of laundry to be processed without precipitating avoidable risk of harm to residents due to sanitation breakdown in resident living areas.

3.3 *Food Services*

To compensate for constricted availability of dietary service personnel during the Pandemic Period, staff and volunteers not normally involved in dietary services will be trained and re-deployed under the provisions of Influenza Pandemic Response Policy CAD-VIII-05 for *Human Resource and Staff Deployment*, to ensure that residents' dietary needs are met.

3.4 *Business Services*

Wherever business functions do not require in-person contact, staff should be encouraged to conduct their work activities off site e.g. from home and stay connected to the office via telephone, e-mail, and such other means of contact as might be practicable. The areas involved include:

- (a) Human Resources - Payroll, Bank Deposits, and Other Functions
- (b) Finance - Accounts Payable and Other Functions
- (c) Information Technology

4. Purchasing, Stock-piling, Storing and Distributing Equipments/Supplies

4.1 *Medical Equipment and Related Supplies*

4.1.1 Anticipating risk of supply chain being overwhelmed

With a surge in need for essential medical equipment and supplies likely to be precipitated by a pandemic flu outbreak, each LTCH is to maintain a stockpile sufficient to meet resident care requirement for up to 6 weeks.

4.1.2 Maintaining an inventory of medical equipment and related supplies

An inventory template (Appendix A), derived from that issued through the OHPIP, is provided as a basis by which the ED, and management team, of each LTCH is to adapt to suit their requirement as dictated by their respective resident population profile. The DRC at each LTCH is responsible for monitoring and maintaining this inventory.

4.1.3 Pre-planning for access to supplies during the pandemic period

Managers normally responsible for securing medical equipments and related supplies for each LTCH will identify and pre-negotiate contracts, where necessary, with alternative suppliers to ensure availability and delivery of supplies should the normal supply chain be disrupted in the event upheavals precipitated by the outbreak of a flu pandemic.

- Wherever possible, 24/7 contact number for these suppliers, and their commitment to respond to such urgent appeals should be secured.
- The Chief Finance Officer will coordinate with the ED(s) and other managers to negotiate with alternative suppliers for contingency contracts wherever possible in the event that reliability of primary suppliers is adversely affected by the pandemic flu outbreak.

4.2 *Laboratory Services*

The DRC of each LTCH will project requirement and develop a plan, in accordance with proper infection control protocol, to address prompt and safe transport of specimens to the PHU or private laboratory under contract in the event of a pandemic flu outbreak, including ensuring shipping containers are readily available to safely transport specimens.

4.3 *Pharmacy Supplies*

Within the limit of feasibility and prudent practice, the ED and other relevant managers at each LTCH will:

- (a) Ensure plan(s) are in place to ensure continued availability of supplies essential to managing the flu and related disease challenges, including but not limited to:
 - Antibiotics;
 - Symptom management medications – e.g. Tylenol, Advil...etc.;
 - Antivirals and influenza vaccine.
- (b) Depending on locally feasible opportunities, undertake to:
 - Pre-contract with pharmacies;
 - Pool stockpiling among Yee Hong LTCH(s);
 - Pool stockpiling with other LTCH(s), and other supply resources;
- (c) The Corporate Staff Group will endeavor to build relationships with Academic Health Centers and other health care providing organizations outside of local areas as a means of securing alternate emergency sources of supplies e.g. through Memorandum of Understanding.
- (d) Develop plan(s) to address rationing of medications and supplies if necessary.
- (e) Plan for how prophylactic antivirals and vaccines for influenza can be controlled, stored securely and tracked. Each ED, as Coordinator of Local Centre Operations, will appoint a specific staff person(s) to receive, store and track antiviral medications and liaise with the PHU, as per the latter's requirement for a designated contact person once a pandemic flu outbreak is declared.

4.4 *General Supplies*

4.4.1 Dietary Supplies

At each YHC the Food Services Manager (FSM) will consult with the local centre ED, and FM to project requirement and feasibility for stockpiling of nonperishable dietary supplies enough to provision for a temporary interruption in availability of dietary supplies for Levels One and Two Priority Program/Services residents/clients for up to one month.

4.4.2 Laundry/Linen/Cleaning Supplies

At each LTCH the FM, in consultation with the ED, will have developed a plan for stockpiling, storage, and provisioning of such material resources as necessary to ensure capacity for maintenance of a sanitary and hygienic environment in the event that normal supply is disrupted by the pandemic flu outbreak.

4.5 *Security*

Anxiety response in the community in the face of a pandemic is inevitable especially if access to antivirals, vaccines, and other essential resources is constricted even if only temporarily. As such, it is imperative for Yee Hong facilities to have plans in place to protect stockpiled and rationed scarce supplies.

Both for purposes of reducing risk of infection spread, and protecting scarce supplies, The ED and FM will undertake to develop measures and operating procedures for each YHC to control access to and from the premises. These might include:

4.5.1 Access Control

- (a) Reducing the number of restricted ingress and egress points except for emergency evacuation purposes.
- (b) Having a process for verifying credentials of prospective employees, volunteers, and other approved visitors through staffed screening stations at a single portal into and out of the facility.
- (c) Ensuring that such a process is implemented as effectively and efficiently as possible so as to minimize inadvertent stress to both staff managing entrance and those seeking entrance.
- (d) Procedure for responding to protests and appeals when visitors are denied entry, and the expected role of and access to assistance by the police if local disagreements cannot be resolved, and security of Yee Hong personnel and premises is deemed at risk.
- (e) Developing infection control requirements for emergency response personnel, including police, paramedics and fire services when accessing YHC(s).

4.5.2 Security of premises

- (a) Procedures for monitoring security of storage areas and responding to breaches when identified.
- (b) Considering If/When retaining of private security personnel services will be deemed necessary.

5. Corporate/Divisional/Departmental Operations Procedures

5.1 *Corporate Operations*

- 5.1.1 In the event of a pandemic flu outbreak, the IPRCT will, in effect, replace the Corporate Staff Committee in directing the operations of the Yee Hong Organization throughout the Pandemic Period.
- 5.1.2 Members of the IPRCT will operate from their respective defined seats of operation, and be responsible for such prescribed functions as outlined in the policy CAD-VIII-02 *Surveillance, Reporting, and Communication*.
- 5.1.3 Where operationally necessary in responding to the evolving crisis of the Pandemic Period, the IPRCT Officer in Command will have the ultimate authority to instruct for changes to the duties and functions of IPRCT members.

5.2 *Divisional/Departmental Operations* – Determining Minimum Operational Requirement

- 5.2.1 During the Inter-pandemic Period, each Divisional/Departmental Manager will undertake planning to determine the *absolute minimum staffing complement* (i.e. re an “**Absolute Minimum Staffing Plan**” per Human Resource and Staff Deployment Policy CAD-VIII-05) necessary to maintain essential services in meeting basic needs of clients/residents in their care.

- 5.2.2 This minimum operational threshold for all divisions/departments will be reported through their normal channel of reporting to the Corporate Staff Committee for review and endorsement. Once approved by the Corporate Staff Committee, this information will be maintained with security access controlled by the CEO, Director of Corporate Development (as Lead for Influenza Pandemic Planning at Yee Hong) and updated annually at the advice of the Corporate Staff Committee.
- 5.2.3 Each Divisional/Departmental Manager will review this threshold annually and submit recommendations for adjustments, if any, to the Corporate Staff Committee for consideration.
- 5.2.4 Each Divisional/Departmental Manager will review and establish work roles in his/her area that can be discharged with staff working off site – e.g. from home – in the event of a protracted period when maximum social distancing is to be practiced for the sake of infection control. This information should form part of the Absolute Minimum Staffing Plan.
- 5.2.5 When the Influenza Pandemic Response Plan is activated at Yee Hong, the IPRCT Officer in Command will ensure the minimum operations requirement applicable for each Priority Level Program/Service is communicated to the manager involved, and human resources – i.e. staff and volunteers as available – are allocated in accordance with provisions of policy CAD-VIII-05 *Human Resource and Staff Deployment*.

5.3 *Risk Management and Legal Liability*

- 5.3.1 The Chief Finance Officer (CFO) will research and report through the CEO to the Yee Hong Centre Board of Directors about insurance availability, affordability, and feasibility for operating in the context of a pandemic flu outbreak, and take such action as deemed necessary by the Board.
- 5.3.2 The CFO will review this issue periodically as practice in the long-term care sector and insurance industry evolves and more information to guide future decision in this matter becomes available, and present such revised recommendation to the Board of Directors as might be necessary.

6. Operational Recovery Plan during Post Pandemic Recovery Phase

While it is desirable to return to normal operational mode as soon as possible after the Pandemic Period is over, it is expected that human resources at all levels of the organization will have been impacted upon during the outbreak, and it will take some time before the Inter-pandemic Period level of staffing can be available.

6.1 *Post Pandemic Period Management and Leadership*

Subject to determination by the IPRCT as to the availability and capacity of the incumbent senior managers to resume their normal responsibilities, the IPRCT Officer

in Command might choose to maintain operations of the IPRCT through the initial phase of the Post Pandemic Period.

6.2 *Post Pandemic Period Operations*

Subject to determination by the IPRCT as to the availability of human resources and material supplies, individual division/department might be directed to continue to operate at the minimum operational threshold level through the initial phase of the Post Pandemic Period.

6.3 *Resumption of Inter-pandemic Level of Operation*

The underlying aim is to return the organization to the inter-pandemic mode of operations as soon as is feasible, subject to availability of necessary resources. The IPRCT, if remaining in operation initially, will consult about readiness of each part of the organization to resume normal operation at least on a bi-weekly basis, until such time as the Corporate Staff Committee is able to reconvene and resume overall management responsibility for the organization.

6.4 *After Action Review and Continuous Quality Improvement*

6.4.1 The Director of Quality Improvement (DQI) or alternate is responsible for documenting the coping effort of the organization through the Pandemic Period. S/He is responsible for overseeing the organization and storage of such logs and other documentation as will inform an after-action review for purposes of organizational learning and quality improvement.

6.4.2 The CEO, in consultation with the DQI, will determine when a full review process is to be undertaken with due consideration given to the need of staff at all levels for relief and recovery from the stress and fatigue immediately after having worked through the difficult crisis of a pandemic flu outbreak.

6.4.3 A full review report, detailing how the organization has responded to the crisis of a pandemic influenza outbreak, and lessons learnt for future reference, will be presented by the CEO to the Yee Hong Centre Board of Directors at the earliest opportunity feasible.

6.5 *Post Pandemic Period Support for Residents/Clients, Staff, and Volunteers*

6.5.1 Resident and Family Support Program

6.5.1.1 As much as available staff resource allows, support for residents/clients and their families should be provided, during the Pandemic Period, as they strive to cope with the anxiety and stress over the threat of infection, the trauma of flu symptoms, and the loss of fellow residents/clients who succumb to the pandemic flu.

6.5.1.2 Specific opportunity to provide grief and bereavement counseling based support to residents/clients should also be made available to address Post Trauma Stress Syndrome like issues in the Post Pandemic Period.

6.5.1.3 While all caring professions will have capacity to engage in such work, it is recommended that those with social work training, and who are not heavily relied upon to provide physical care to residents/clients be mobilized to form the nuclei of “Resident and Family Support Teams” at each centre to organize and lead other staff in providing this service during both the Pandemic and Post Pandemic Periods.

6.5.2 Staff and Volunteer/Student Support Program

As much as staff and volunteers/students are relied upon to provide needed care for residents/clients during the Pandemic Period, they are also most subject to the stress and trauma of repeatedly witnessing suffering and loss of lives in the course of their performing their duties.

While specific support and recognition for the extraordinary efforts of staff and volunteers/students are addressed under the purview of policy CAD-VIII-05 *Human Resources and Staff Deployment*, in the context of post pandemic support, Yee Hong is to earmark resources, as much as possible, to access critical incident stress debriefing programs, group/individual counseling services, and other forms of employee assistance programs/services for the most valuable of Yee Hong resources – their staff and volunteers/students.

Note: Portions of this policy has been reproduced or paraphrased from the document *A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes* (2005) produced by the MOHLTC-Emergency Management Unit

Appendix A
MOHLTC Supplies and Equipment Template: Care in the Home

Quantities of supplies for Long Term Care Homes should be calculated based on the formula of 25 staff encounters/resident/day x 31 days a month.

Category	Item	# Required
Hand Hygiene	Liquid Soap	
	Hand antiseptics	
	Paper towels	
Personal Protective Equipment	Surgical/ Procedure Masks	
	Sharps disposal bins	
	Isolation, paper gowns (small, medium, large, XL, XXL)	
	Latex Exam Gloves (small, medium, large, XL, XXL)	
	Non-latex Gloves (S,M,L,XL)	
Temperature & BP monitoring supplies	Safety Glasses, Face shields/goggles	
	Thermometers (and disposable covers)	
	Stethoscopes	
Disinfectants	Blood Pressure Cuffs (Child, Adult, Large Adult sizes)	
	Disinfecting Wipes	
Cleaning	Surface cleaner and disinfectant	
	Garbage bags - clear 20x20 for individual stations	
	Garbage bags	
	Autoclave and other specialized waste disposal bags	
	Biohazard bags/boxes and contracted services	
	Mops and pals	
	One-use tissues	
	Oxygen tubing	
	Oxygen masks -- high concentration masks (non-rebreathers)	
	Nasal prongs/cannula	
	Oxygen masks -- low oxygen concentration (Simple O2 masks,	

Respiratory Care	Venturi masks	
	Oxymeters and probes	
	Portable oxygen tanks with regulators	
	Portable oxygen, compressor unit	
	Ventilator supplies	
Suction	Disposable tips, catheters, tubing, canisters	
	Disposable manual resuscitators (BVM) & filters (various sizes)	
	Inline suction catheters	
	Portable suction	
Diagnostic agents	Nasopharyngeal swab specimen kits	
X-Ray equipment	Portable unit or contracted service	
Dressing supplies for vaccine injection		
Ice Packs	Cold Pack sodium or ammonium nitrate	
	Gel pack soft cold pack	
Paper Products	Paper square absorbent table cover	
	Toilet papers	
Cots/Mats/Stretchers		
IV Products	Solutions	
	Tubing	
	Pumps	
	Poles	
Wheelchairs		
Resident Identification	Identification bracelets	
Deceased body management	Body bags/Mortuary kits	
Other equipment to be further identified		

Adapted from: Ontario Health Plan for an Influenza Pandemic (OHPIP) June 2005

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