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Continuing Care Pandemic Response Guide Contents

1. **Purpose**

This guideline document defines the strategic; Provincial Pandemic Influenza Operational information for Continuing Care that will guide a collective and integrated pandemic influenza response among all Alberta Health Services (AHS) owned, operated and/or contracted Continuing Care service providers. There are several operational terms used throughout this document and a glossary of terms has been provided (Appendix A).

The Provincial Pandemic Influenza Operational Guide has been developed by the Seniors Health Emergency Management and Business Continuity Working Group (Appendix B) and is sponsored and approved by the Executive Director, Community, Seniors, Addictions and Mental Health (CSAMH), and the Medical Director, CSAMH.

The organizational reporting structure for the Continuing Care Pandemic Operational Guide includes linkages to the Zones, the AHS Emergency Coordination Center (ECC) and the Incident Management System (IMS) to manage a system wide response in the event of a Pandemic Influenza. (Appendix C).

If the Pandemic Response is limited to ONE (1) site and/or ONE (1) Zone, the Pandemic Response will be managed by the operational Zone leadership as identified in the Zone Pandemic Response Plan.

2. **Population**

The Continuing Care Pandemic Influenza Operational Guide is for all AHS owned, operated and/or contracted Continuing Care service providers in Continuing Care which includes:
- Home Care
- Supportive Living
- Long Term Care
- Transition Services
- Palliative or End of Life Care
- Adult Day Programs

The Continuing Care Pandemic Operational Guide considers all clients receiving AHS owned, operated and/or contracted Continuing Care services.
- As of March 31, 2014, there were 23,069 spaces in Continuing Care Living Options in Alberta.
- In 2013/14, there were 112,227 Home Care Unique Clients (cumulative quarters).

- **NOTE:** The Continuing Care Pandemic Operational Guide does not consider clients receiving private continuing care services.

3. **Roles & Responsibilities**

In the event of a Pandemic Influenza this guide provides the following information:
• Role clarification to Seniors Health zone operations and Continuing Care service providers, funded by AHS (Appendix D);
• To ensure an appropriate level of care is being provided to all clients;
• How to manage bed capacity;
• Surge capacity expectations (additional bed capacity) in the event that additional spaces are required.

**NOTE:** Non AHS Operators of seniors’ services (health and housing- NOT funded by AHS) are excluded from this plan, but are captured in the Home Living, Alternate Care Centre Pandemic Plan.

4. Working Principles

The Continuing Care Pandemic Influenza Operational Guide is based on two primary principles outlined in detail here:

- **Principle : Care and Treat in Place:**
  - Continue to provide services to current clients.
  - Appropriate level of care will be maintained for all clients. (Appendix E)
  - Continuing Care will manage clients who develop Influenza-Like Illness (ILI) and those who develop other medical conditions during a pandemic event in the client’s home living environment, except when acute episodic illness requires surgical intervention and/or other urgent acute care services.
  - Decisions to discontinue admission to acute care will be determined by the Level of Activation, as directed by the Emergency Operations Center (EOC).

- **Principle: Surge Capacity:**
  - Sites must comply with the Organizational Identification of Surge Capacity Guidelines as defined. (Appendix F)
  - Zones are responsible for identifying surge capacity of 1-2 beds for every AHS owned operated and/or contracted SL site and LTC facility (Appendix G).

The following additional principles shall be followed in a pandemic response:

- **Service provision will be prioritized** according to system capacity during the Pandemic Response. (Appendix S)
  - The ILI Services in the Home Encounters – Screening Tool will be utilized to prioritize service need (Appendix H).

- Transition Services and/or Home Care will facilitate decanting from acute care to community.

- **New admission to a Continuing Care Living Options (CCLO) should be avoided** during a Pandemic Response; in the event a client can no longer be supported in their current living environment admission to a CCLO may be considered.
Infection prevention and control practices, surveillance and reporting for pandemic influenza may be similar to seasonal influenza. Managing Infection Prevention and Control (IPC) pandemic related matters will be directed by the AHS Infection Prevention and Control Pandemic working group. The document: “Infection Prevention and Control and Workplace Health and Safety Guidelines for Health Care in Pandemic Influenza” will be activated as directed by the ECC.

- All AHS owned, operated and/or contracted Continuing Care service providers are to perform a Point of Care Risk Assessment (Appendix I) and wear N95 masks as required.

  NOTE: The cost of fit testing staff for N95 masks is the responsibility of the employer. However, in the event of an influenza pandemic the N95 masks may be provided by AHS.

- All health services, regardless of governance structure will be called upon to cooperate with the Provincial and local Pandemic Response.

- Alternate care options may be considered (e.g. informal caregivers, transfer of high needs Home Care client or Adult Day Program client to a Supportive Living or Long Term Care Facility, transfer to Alternate Care Centre).

5. Location(s)

Each zone representative should maintain a list for communication dissemination (template outlined in Appendix K) of all respective Continuing Care partners funded by AHS, including:

- Facility name/address,
- Site capacity,
- Contact person and an alternate at each site
- Phone number, fax number, email

NOTE: The most recent Bed Capacity Report (provided to Seniors Health Executive Directors) can be a source for this information.

6. Human Resources Planning

During the peak of Pandemic Response, it can be expected that up to 30% of health care workers will be ill and absent from the workplace. Therefore, all AHS funded staff will be required to support provincial and local pandemic response directives.

- Continuing Care sites will request additional staff through the Zone Emergency Operations Center (ZEOC).

- The request will be sent to Human Resources who will recruit and allocate staff, according to the Health Professions Strategy and Practice Pandemic Self-Assessment and Training Modules. [http://insite.albertahealthservices.ca/9766.asp](http://insite.albertahealthservices.ca/9766.asp)
• Staffing Levels and Use of Volunteers are outlined in Appendix L. In the event of a Pandemic, all continuing care staff will have access to antiviral treatment from Alberta Health (AH) stockpiles in an attempt to minimize the impact of staff absenteeism.

• Funding for additional staffing costs incurred by contracted continuing care service providers may be considered by AHS Seniors Health for:
  o An increase in professional nursing costs necessary to manage the increased acuity;
  o Staffing to support Care and Treat in Place; and,
  o Staffing to support surge capacity

• To support Care and Treat in Place Guidelines, all Continuing Care sites must establish a process for 24/7 Physician support (Appendix E).

7. Infection, Prevention & Control

Increased patient volumes and prevalence of Influenza-Like Illness (ILI) symptoms will necessitate diligent attention to isolation precautions, health care workers exposure prevention, and department cleaning standards. Please refer to your IPC ILI Outbreak Protocols for the Initial Infection Prevention and Control (IPC) measures. For more information please go to:
  o Infection Prevention and Control for Influenza at http://www.albertahealthservices.ca/9527.asp
  o Infection Prevention Control Continuing Care Resource manual at http://www.albertahealthservices.ca/9237.asp

8. Supplies & Equipment

• Equipment and supplies needed for surge capacity are outlined in Appendix F.

• Zones and contracted continuing care service providers must establish and maintain agreements with local service providers (eg. oxygen providers, pharmacies, etc).

• Emergency/Disaster Management will facilitate delivery of equipment and supplies from the AHS Emergency/ Disaster Stockpile.

9. Legislation

Legislation (where applicable) and guiding documents related to Continuing Care Pandemic Preparation and Response includes but is not limited to:

• Supportive Living and Long Term Care Accommodation Standards (Continuation of Services (Standard 16) and Resident Safety and Security (Standard 18).

• Continuing Care Health Service Standards (2008 Amended March 2014): Communicable Diseases, Infection Prevention and Control (Standard 1.7), Operational Processes (Standard 1.21).
10. **Surveillance**

During a pandemic influenza response continuing care operators are expected to conduct ongoing surveillance and monitoring for unusual clusters of illness in patients and staff, and identification of possible outbreaks. Surveillance takes place prior to, during and after outbreaks. Surveillance data will drive the Pandemic Response; this data will be used to determine the level(s) of activation as well as progression through the level(s) of activation.

11. **Indicators and Required Reporting**

AHS owned, operated and/or contracted continuing care providers are required to report to the Emergency Contact Center (ECC) through the Zone Emergency Operations Center (ZEOC) as required. (Structure identified Appendix C)

12. **Information Management**

During a Pandemic Response, documentation of client status is required. Information will be provided on the Infection Prevention and Control tracking form (Appendix M) as well as any other information documents requested as part of the Incident command system.

13. **Communications**

Communication during a pandemic influenza response may be available though a number of sources; however Continuing Care sites are encouraged to follow the incident command system and report back through identified channels. In addition there may be communication available at:

- Alberta Health Services external website: [www.albertahealthservices.ca](http://www.albertahealthservices.ca)
- Alberta Health Services Insite page: [http://insite.albertahealthservices.ca/](http://insite.albertahealthservices.ca/)
- The Continuing Care Desktop: [www.ccdweb.ca](http://www.ccdweb.ca)

Each Continuing Care site is encouraged to have a Pandemic Response Communications designate to ensure pandemic information is effectively communicated with staff, clients and the public.

14. **Levels of Activation**
Continuing Care operators can use the Pandemic Influenza Contingency Planning Responsibilities for Continuing Care Service Providers (Appendix N) as an accompanying document for working through the levels of activation and ensuring the organization has covered the necessary components for a comprehensive pandemic plan.

- The Continuing Care Operator's Level of Activation Algorithm (Appendix O)
- The Continuing Care Levels of Activation Checklist (Appendix O2)

### Levels of Activation Overview

<table>
<thead>
<tr>
<th>Level of Activation</th>
<th>TRIGGER</th>
<th>Overarching Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREPARATION</strong></td>
<td>Current patient volumes; current to 10% in Staffing Levels; current Functional Capacity</td>
<td>Increase readiness of organization, staff and public.</td>
</tr>
<tr>
<td><strong>INITIATION / SURGE:</strong></td>
<td>↑10-20% in Patient Volumes*; ↓10-20% in Staffing Levels; ↓ 10-20% in Functional Capacity</td>
<td>Activation of pandemic contingency planning arrangements. Prevent nosocomial transmission and maintain bio-safety.</td>
</tr>
<tr>
<td><strong>SELECTIVE PRIORITIZATION:</strong></td>
<td>↑of 20-40%* in Patient Volumes; ↓of 20-30% in Staffing Levels; ↓of 20-30% in Functional Capacity</td>
<td>Ensure organization / zone is ready to scale up response and implement changes in triage and treatment priorities and actions can occur as soon as area(s) are affected.</td>
</tr>
<tr>
<td><strong>SYSTEM WIDE PRIORITIZATION:</strong></td>
<td>↑40%+ in Patient Volumes; ↓30%+ in Staffing Levels; ↓30%+ in Functional Capacity</td>
<td>Minimize the impact of the pandemic; sustain critical health service delivery</td>
</tr>
<tr>
<td><strong>RECOVERY:</strong></td>
<td>Within 20% of Surge Level Patient Volumes; within 20% of Surge Level Staffing Levels; within 20% of Surge Level Functional Capacity.</td>
<td>Phased recovery and evaluation</td>
</tr>
<tr>
<td><strong>RESUMPTION:</strong></td>
<td>Normal seasonal Patient Volume; normal seasonal Staffing Levels; normal Seasonal Functional Capacity</td>
<td>Complete Recovery and Evaluation/Audit Reports</td>
</tr>
</tbody>
</table>
## Level of Activation: PREPARATION

**TRIGGER:** Current Patient Volumes; current to \(\leq 10\%\) in Staffing Levels; current Functional Capacity

**Overarching Goal:** Increase readiness of organization, staff and public.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Frequency</th>
<th>Responsibility (Name position(s) titles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and update Continuing Care Pandemic Operational Guide inclusive of appendices and resources; Ensure alignment with AHS Pandemic Influenza Operational Guide.</td>
<td>Annually (minimum).</td>
<td>Seniors Health Emergency Management &amp; Business Continuity Working Group; Provide update to <a href="mailto:emergencydisaster.management@albertahealthservices.ca">emergencydisaster.management@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>Review and update local (i.e. zone, program, site) Pandemic Response Plans based on Continuing Care Pandemic Operational Guide.</td>
<td>Annually (minimum).</td>
<td>Zone Seniors Health programs; AHS owned, operated and contracted Continuing Care Service Providers.</td>
</tr>
<tr>
<td>Communicate activities related to pandemic response to Seniors Health staff, Physicians and AHS owned, operated and/ or contracted service providers.</td>
<td>As directed by the MOH/SMOH and/or Communications.</td>
<td>Executive Director, CSAMH; Senior Medical Director, CSAMH; Executive Directors, Zone Seniors Health.</td>
</tr>
<tr>
<td>Review and update Seniors Health staff fan out lists.</td>
<td>Annually (minimum).</td>
<td>Zone Seniors Health (Program Directors, Facility Managers, and/or designates).</td>
</tr>
<tr>
<td>Review and update the Continuing Care physician staffing plans.</td>
<td>Annually.</td>
<td>Zone Seniors Health Medical Director.</td>
</tr>
<tr>
<td>Review and update Continuing Care Physician fan out list.</td>
<td>Annually.</td>
<td>Zone Seniors Health Medical Director.</td>
</tr>
<tr>
<td>Review strategies for the possible development of Home Care IV/TPN Teams <em>(Appendix J).</em></td>
<td>Annually.</td>
<td>Zone Seniors Health Executive Directors.</td>
</tr>
<tr>
<td>Support orientation and education of Continuing Care staff regarding Personal Preparedness and Influenza Care on a regular basis as per regular orientation and education programs</td>
<td>Ongoing.</td>
<td>AHS educators; contracted provider educators.</td>
</tr>
</tbody>
</table>
## Level of Activation: PREPARATION

**TRIGGER:** Current Patient Volumes; current to 10% in Staffing Levels; current Functional Capacity

**Overarching Goal:** Increase readiness of organization, staff and public.

<table>
<thead>
<tr>
<th>Actions</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Promote and increase communication to staff within AHS owned, operated and contracted providers regarding Self-Care Practices and Respiratory Etiquette for Influenza and Influenza-Like Illnesses.</td>
<td>Ongoing.</td>
<td>Continuing Care IPC Group; Facility Managers; Program Managers; AHS Communications.</td>
</tr>
<tr>
<td>Promote and facilitate annual influenza vaccination for Continuing Care staff within AHS owned, operated and contracted providers.</td>
<td>Annually.</td>
<td>MOH; Public Health; Program Managers; Facility Managers; Occupational Health and Safety; AHS Communications.</td>
</tr>
<tr>
<td>Promote and facilitate annual influenza vaccination for all Continuing Care clients.</td>
<td>Annually.</td>
<td>MOH; Public Health; Program Managers; Facility Managers; Occupational Health and Safety; AHS Communications.</td>
</tr>
<tr>
<td>Identify Surge Capacity for Long Term Care and Supportive Living Beds <em>(Appendices F &amp; G).</em></td>
<td>Annually or upon identification of potential impending pandemic response as identified by the CMOH/SMOH.</td>
<td>Zone Executive Directors, Seniors Health and/or designate.</td>
</tr>
<tr>
<td>Review program/site strategy plan to maximize capacity (i.e. potential discharges or need for additional resources, etc.)</td>
<td>Annually.</td>
<td>Program Managers; Facility Managers.</td>
</tr>
<tr>
<td>Ensure alignment with Human Resources Pandemic Response Plan to address staffing models ‘Staffing Levels and Use of Volunteers’ <em>(Appendix L)</em></td>
<td>Annually.</td>
<td>Seniors Health Pandemic Operational Plan Working Group; Human Resources; Program Managers; Facility Managers.</td>
</tr>
</tbody>
</table>
**Level of Activation: PREPARATION**

**TRIGGER:** Current Patient Volumes; current to ↓10% in Staffing Levels; current Functional Capacity

**Overarching Goal:** Increase readiness of organization, staff and public.

<table>
<thead>
<tr>
<th>Actions</th>
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<th>Responsibility (Name position(s) titles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate strategy for conducting a mass vaccination program in Continuing Care in relation to changing Level(s) of Activation.</td>
<td>Annually.</td>
<td>MOH; Zone Seniors Health Executive Director.</td>
</tr>
<tr>
<td>Review information, forms, and processes for tracking clients.</td>
<td>Annually.</td>
<td>Program Managers; Facility Managers.</td>
</tr>
<tr>
<td>Review information, forms, and processes for tracking human resources</td>
<td>Annually.</td>
<td>Program Managers; Facility Managers; Human Resources.</td>
</tr>
<tr>
<td>Review information, forms, and processes for tracking equipment and supplies.</td>
<td>Annually.</td>
<td>Program Managers; Facility Managers.</td>
</tr>
<tr>
<td>Ensure Prioritized Care Allocation Framework is identified.</td>
<td>Annually.</td>
<td>Program Managers; Facility Managers.</td>
</tr>
<tr>
<td>Participate in tabletop exercise of Pandemic Plan, as applicable.</td>
<td>As determined by Executive Coordinator Council.</td>
<td>Emergency/Disaster Management; MOH; ZEOC; AHS owned, operated, and/or contract continuing care service providers.</td>
</tr>
</tbody>
</table>
### Level of Activation: INITIATION / SURGE:

**TRIGGER:**  
1. **↑**10-20% in Patient Volumes*; **↓**10-20% in Staffing levels; **↓** 10-20% in Functional Capacity  
   (* depends on type of area affected (may include community sites) and number of areas affected.)

**Overarching Goal:** Activation of pandemic contingency planning arrangements. Prevent nosocomial transmission and maintain bio-safety.

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<tr>
<th>Actions</th>
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<tbody>
<tr>
<td>Communicate change in Level of Activation to INITIATION / SURGE to physicians and staff of AHS owned, operated and contracted Continuing Care Service Providers.</td>
<td>SMOH/Communications when declared on notification by AHW.</td>
<td>Zone Executive Director, Seniors Health; Zone Medical Director.</td>
</tr>
<tr>
<td>Establish AHS Emergency Coordination Centre (ECC).</td>
<td>At level of activation initiation and ongoing.</td>
<td>AHS Executive Leadership.</td>
</tr>
<tr>
<td>Establish Zone Emergency Operations Centre (ZEOC), as necessary.</td>
<td>At level of activation as necessary.</td>
<td>Zone Executive Director, Seniors Health; ZEOC designates.</td>
</tr>
<tr>
<td>Establish Facility/ Site Command Posts(s), as necessary.</td>
<td>In consultation with ZEOC.</td>
<td>Zone Executive Director, Seniors Health; ZEOC.</td>
</tr>
<tr>
<td>Initiate Care and Treat in Place Plan (Appendix E), as needed.</td>
<td>At notification of level of activation.</td>
<td>Zone Seniors Health Executive Directors.</td>
</tr>
<tr>
<td>Communicate with physicians and Continuing Care staff of AHS owned, operated and contracted service providers regarding Pandemic Influenza Assessment Criteria and Notification Process.</td>
<td>At INITIATION/SURGE level of activation once confirmed by CMOH/SMOH; ongoing as required.</td>
<td>Zone Executive Director, Seniors Health; Zone Medical Director.</td>
</tr>
</tbody>
</table>
**Level of Activation: INITIATION / SURGE:**

**TRIGGER:**
- $\uparrow$10-20\% in Patient Volumes*;
- $\downarrow$10-20\% in Staffing levels;
- $\downarrow$ 10-20\% in Functional Capacity

(* depends on type of area affected (may include community sites) and number of areas affected.)

**Overarching Goal:** Activation of pandemic contingency planning arrangements. Prevent nosocomial transmission and maintain bio-safety.

<table>
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<tr>
<th>Actions</th>
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<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate initial infection Prevention and control (IPC) measures and Visitor Policy as per <em>IPC Outbreak Management Guidelines.</em></td>
<td>At notification of INITIATION/SURGE level of activation.</td>
<td>Program Managers; Facility Managers.</td>
</tr>
<tr>
<td>Implement and schedule IPC skills and respiratory etiquette/routine practices and additional precautions for personnel and others as needed.</td>
<td>At level of activation initiation.</td>
<td>Program Managers; Facility Managers.</td>
</tr>
</tbody>
</table>
| Initiate a plan for providing Just in time training- Comfort care Level 1 skills. Training module is available at:  
  - The Continuing Care Desktop: [www.ccdweb.ca](http://www.ccdweb.ca) | At notification of INITIATION/SURGE level of activation. | AHS educators; contracted provider educators. |
| Prepare Visual Care Plans for bedside use (*Appendix P*). | At notification of level of activation. | AHS educators; contracted provider educators; Program Managers; Facility Managers. |
## Level of Activation: INITIATION / SURGE:

**TRIGGER:**
- \( \uparrow 10\%-20\% \) in Patient Volumes*;
- \( \downarrow 10\%-20\% \) in Staffing levels;
- \( \downarrow 10\%-20\% \) in Functional Capacity

(* depends on type of area affected (may include community sites) and number of areas affected.)

**Overarching Goal:** Activation of pandemic contingency planning arrangements. Prevent nosocomial transmission and maintain bio-safety.

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<tr>
<th>Actions</th>
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<tbody>
<tr>
<td>Identify clients to be discharged to community and identify needs for community support (<em>Appendix Q</em>).</td>
<td>At notification of level of activation.</td>
<td>Program Managers; Facility Managers, Transition Services; Access Center; Home Care.</td>
</tr>
<tr>
<td>Report and monitor CCLO waitlist. Admission to CCLO if client cannot be maintained in current living environment.</td>
<td>At level of activation; ongoing as required.</td>
<td>Transition Services or designate.</td>
</tr>
<tr>
<td>Initiate and communicate <em>changes to normal operating procedure</em> as needed (<em>Appendix R</em>).</td>
<td>At notification of level of activation.</td>
<td>Zone Seniors Health Executive Director; Transition Services; Program Managers; Facility Managers.</td>
</tr>
<tr>
<td>Initiate Antiviral administration program. Based on Federal antiviral criteria and Antiviral Administration Plan.</td>
<td>As directed by federal and provincial authority (Alberta Health) or MOH/ SMOH.</td>
<td>Zone Seniors Health Executive Director. MOH; Public Health leads; Medical Director.</td>
</tr>
<tr>
<td>Activate and communicate with Pandemic Cost Centre; process all eligible billing costs, as necessary.</td>
<td>At level of activation initiation and ongoing.</td>
<td>Zone Seniors Health Executive Director and/or designate.</td>
</tr>
<tr>
<td>Prepare Business Recovery and Resumption Plan and Toolkit for Implementation.</td>
<td>At notification of level of activation.</td>
<td>ZEOC; Zone Seniors Health Executive Director. Executive Director CSAMH and/or designate.</td>
</tr>
</tbody>
</table>
## Level of Activation: SELECTIVE PRIORITIZATION:

**TRIGGER:**

- ↑ of 20-40%* in Patient Volumes; ↓ of 20-30% in Staffing Levels; ↓ of 20-30% in Functional Capacity

(* depends on type of area affected (may include community sites) and number of areas affected.)

**Overarching Goals:** Ensure organization / zone is ready to scale up response and implement changes in triage and treatment priorities and actions can occur as soon as area(s) are affected.

<table>
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<tr>
<th>Actions</th>
<th>Frequency</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate change in Level of Activation to SELECTIVE PRIORITIZATION to physicians and staff of AHS owned, operated and contracted Continuing Care Service Providers.</td>
<td>Upon direction from Alberta Health; As directed by SMOH/communications.</td>
<td>Zone Seniors Health Executive Director; Zone Medical Director. Executive Director, CSAMH; Medical Director, CSAMH</td>
</tr>
<tr>
<td>Establish AHS Emergency Coordination Centre (ECC).</td>
<td>At level of activation initiation and ongoing.</td>
<td>Zone Seniors Health Executive Director.</td>
</tr>
<tr>
<td>Establish Zone Emergency Operations Centre (EOC).</td>
<td>At level of activation initiation and ongoing.</td>
<td>MOH; SVP Emergency/Disaster Management.</td>
</tr>
<tr>
<td>Initiate documentation Tracking Process at ECCs and EOCs including:</td>
<td>At level of activation initiation and ongoing.</td>
<td>Zone Seniors Health Executive Director.</td>
</tr>
<tr>
<td>- Clients</td>
<td></td>
<td>Executive Director; CSAMH; Medical Director, CSAMH</td>
</tr>
<tr>
<td>- Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Supplies</td>
<td></td>
<td></td>
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<tr>
<td>- Human Resources</td>
<td></td>
<td></td>
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<tr>
<td>- Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate Facility /Site discharge coordination group.</td>
<td>At level of activation initiation and ongoing.</td>
<td>Program Directors; Facility Managers.</td>
</tr>
<tr>
<td>Deploy staff and volunteers according to Human Resource Pandemic Manual.</td>
<td>At level of activation initiation and ongoing.</td>
<td>Human Resources; Program Directors; Facility Managers.</td>
</tr>
</tbody>
</table>
Level of Activation: SELECTIVE PRIORITIZATION:

**TRIGGER:**
- \(\uparrow\) of 20-40%* in Patient Volumes;
- \(\downarrow\) of 20-30% in Staffing Levels;
- \(\downarrow\) of 20-30% in Functional Capacity

(* depends on type of area affected (may include community sites) and number of areas affected.)

**Overarching Goals:** Ensure organization / zone is ready to scale up response and implement changes in triage and treatment priorities and actions can occur as soon as area(s) are affected.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Frequency</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activate enhanced occupational health surveillance.</td>
<td>At level of activation initiation and ongoing.</td>
<td>Program Directors; Facility Managers.</td>
</tr>
<tr>
<td>Implement Business Recovery and Resumptions Plan and Task List.</td>
<td></td>
<td>Program Directors; Facility Managers.</td>
</tr>
</tbody>
</table>
## Level of Activation: SYSTEM WIDE PRIORITIZATION:

**TRIGGER:** ▲40%+ in Patient Volumes; ▼30%+ in Staffing Levels; ▼30%+ in Functional Capacity

**Overarching Goal:** Minimize the impact of the pandemic; sustain critical health service delivery

<table>
<thead>
<tr>
<th>Actions</th>
<th>Frequency</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate change in Level of Activation to SYSTEM WIDE PRIORITIZATION to physicians and staff of AHS owned, operated and Contracted Continuing Care Service Providers.</td>
<td>Upon notification from Alberta Health; MOH/SMOH.</td>
<td>Zone Seniors Health Executive Director; Zone Medical Director. Executive Director, CSAMH; Medical Director, CSAMH</td>
</tr>
<tr>
<td>Review daily pandemic status update reports received from Continuing Care sites and programs.</td>
<td>Designated time daily.</td>
<td>Zone Seniors Health Executive Director; Program Directors; Facility Managers. Executive Director; CSAMH; Medical Director, CSAMH</td>
</tr>
<tr>
<td>Adjust staffing model, implement as needed (<strong>Appendix L</strong>).</td>
<td>On activation of level of activation.</td>
<td>Program Directors; Facility Managers.</td>
</tr>
<tr>
<td>Activate Physician Deployment Plan as per Physician Pandemic Plan.</td>
<td>On initiation of Level of Activation</td>
<td>Zone Medical Director.</td>
</tr>
<tr>
<td>Communicate Alternative Care Centre(s) (ACCs) locations, principles and guidelines to physicians and staff of AHS owned, operated and Contracted Continuing Care Service Providers.</td>
<td>Upon direction of ECC.</td>
<td>Zone Seniors Health Executive Director; Communications.</td>
</tr>
<tr>
<td>Sustain Business Recovery and Resumptions Plan and Task List.</td>
<td>Program Directors; Facility Managers.</td>
<td>Executive Director CSAMH and/or designate.</td>
</tr>
</tbody>
</table>
# Level of Activation: RECOVERY:

**TRIGGER:** Within 20% of Surge Level Patient Volumes; within 20% of Surge Level Staffing Levels; within 20% of Surge Level Functional Capacity.

**Overarching Goal:** Phased recovery and evaluation

<table>
<thead>
<tr>
<th>Actions</th>
<th>Frequency</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate change in Level of Activation to RECOVERY guidelines to physicians and staff of AHS owned, operated and Contracted Continuing Care Service Providers.</td>
<td>Upon initiation of level of activation.</td>
<td>Zone Seniors Health Executive Director; Zone Medical Director; Communications.</td>
</tr>
<tr>
<td>Implement phased approach to resumption of pre-pandemic service delivery based on assessment of current scenario and available resources. (i.e. resumption of non-essential service and admission to CCLO).</td>
<td>On initiation of level of activation.</td>
<td>Zone Seniors Health Executive Director; Program Directors; Facility Managers.</td>
</tr>
<tr>
<td>Implement strategy to close AHS ECC, ZEOC and Facility/ Site Command Posts.</td>
<td>Upon direction from Alberta Health, CMOH/ SMOH and/or ECC.</td>
<td>Executive Director; CSAMH; EOC.</td>
</tr>
<tr>
<td>Implement formal staff recognition program.</td>
<td>Upon direction and provision of tools from Human Resources</td>
<td>Zone Seniors Health Executive Director; Zone Medical Director; Program Directors; Facility Managers.</td>
</tr>
</tbody>
</table>
### Level of Activation: RESUMPTION:

Activities occur within 6 months of initiation of the level of activation

**TRIGGER:** Usual seasonal patient volume; usual seasonal Staffing Levels; usual seasonal Functional Capacity

**Overarching Goal:** Complete recovery and Evaluation/Audit Reports

<table>
<thead>
<tr>
<th>Actions</th>
<th>Frequency</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication change in Level of Activation to <strong>RESUMPTION</strong> to physicians and staff of AHS owned, operated and Contracted Continuing Care Service Providers.</td>
<td>On initiation of level of activation.</td>
<td>Zone Seniors Health Executive Director; Zone Medical Director</td>
</tr>
<tr>
<td>Participate in Provincial and/or Zone post-incident debriefing; analysis of all components of the Pandemic Plan as applicable.</td>
<td>Within 6 months of declared level of activation.</td>
<td>Zone Seniors Health Executive Director or designate; Zone Medical Director.</td>
</tr>
<tr>
<td>Completion of Evaluation / Audit Reports.</td>
<td>Within 6 months of declared level of activation.</td>
<td>Program Directors; Facility Managers.</td>
</tr>
<tr>
<td>Close Business Recovery and Resumption Plan and Completed Task List.</td>
<td>Within 6 months of declaration of level of activation.</td>
<td>Zone Seniors Health Executive Director.</td>
</tr>
<tr>
<td>Develop plan for implementation of recommendations from Evaluation / Audit Reports.</td>
<td>Within 6 weeks of completion and release of Evaluation / Audit Reports.</td>
<td>Executive Director; CSAMH; Medical Director, CSAMH.</td>
</tr>
<tr>
<td>Review and revise Continuing Care Pandemic Influenza Operational Guide.</td>
<td>Within 9 month of declared level of activation.</td>
<td>Seniors Health Emergency Management &amp; Business Continuity Working Group; Zone Seniors Health.</td>
</tr>
</tbody>
</table>
Approvals and Signatures

Author/Contributor:

Sheena Visser, Lead, Workforce Development and Business Continuity, CSAMH
October 28, 2014
Date

Author/Contributor:

Lenora Carriere, Director, Workforce Development and Business Continuity, CSAMH
October 29, 2014
Date

Sponsorship Approvals:

Cheryl Knight, Executive Director, CSAMH
Executive Sponsor
Thursday, December 11th, 2014
Date

Dr. James Silvius, Medical Director, CSAMH
Executive Sponsor
December 11, 2014
Date
Appendix A: Glossary of Terms

Adult Day Programs (ADP) – programs designed for adults (over 18 years of age) who may have physical and/or memory challenges and/or are living with a chronic illness. ADPs play a key role in allowing individuals to remain living in the community as long as possible by optimizing the level of physical, spiritual, social and emotional function through provision of support, respite, and/or education for informal caregivers.

Alternate Care Centre (ACC) – location established during pandemic where care is provided for individuals who do not require acute hospital services and who are unable to be maintained or able to maintain themselves in their home. ACCs will provide health care services to clients with influenza-like-illness (ILI) and clients without ILI symptoms.

Care and Treat in Place -Continue to provide services to current clients’ to maintain an appropriate level of care. (Appendix E)

Client(s) – individual(s) receiving publicly-funded continuing care health services through community and home care programs or in long-term care facilities, and where applicable, the clients’ legal representatives.

Continuing Care – an integrated system of community based programs including Adult Day Programs, Home Care, Coordinated Access/ Transition Services, Supportive Living, Long Term Care and Palliative Care or End of Life Care.

Continuing Care Living Option (CCLO) – a bed based option for continuing care services specific to Supportive Living 3/4/4D or Long Term Care.

Continuing Care Contracted Operators: a person or organization that provides continuing care accommodation. For-profit settings are owned by an individual or corporation and run for profit. Not-for-profit facilities are owned and operated by a religious organization or voluntary, non-governmental and non-religious bodies. AHS and the Government of Alberta can also be operators.

Designated Supportive Living Level 3 (SL3) - a living option where AHS controls access to a specific number of beds according to a contractual agreement between AHS and the operator. Twenty-four hour on-site scheduled and unscheduled personal care and support services are provided by Health Care Aides. Professional health services including Registered Nurse services with 24 hour on-call availability, case management and other consultative services are provided through AHS.

Designated Supportive Living Level 4 (SL4) - a living option where AHS controls access to a specific number of beds according to a contractual agreement between AHS and the operator. Twenty-four hour onsite scheduled and unscheduled professional and personal care and support services are provided by Licensed Practical Nurses and Health Care Aides. Professional health services including Registered Nurse services with 24 hour on-call availability, case management and other consultative services are provided through AHS.
Designated Supportive Living Level 4 Dementia (SL4D) - a living option where services for individuals with moderate dementia that will progress to later stages or other forms of cognitive impairment who require a secure therapeutic environment.

Emergency/Disaster Management (EDM) – department responsible for the oversight and development of AHS emergency response plans (including pandemic response plans). EDM is responsible for collaborating with internal and external partners to ensure operations can be maintained during emergencies (including pandemic response).

Emergency Coordination Centre (ECC) - the physical location for coordination of provincial AHS efforts aimed at managing a large scale event including, but not necessarily limited, to: expediting decision making, reducing duplication and redundancies, defining/clarifying AHS objectives, managing data and communications, and establishing standards/direction relative to a response.

Executive Director, Senior’s Health – refers to the executive leadership for the provincial Seniors Health strategy team unless otherwise noted. ie. Zone Executive Directors, Seniors Health will be indicated as such.

Home Care (HC) – a health service that supports the wellness and independence of clients. The goal is to help clients remain safe and independent in your their home or care setting for as long as possible. Alberta’s Home Care Program supports Albertans of all ages and includes an array of services including health promotion and teaching, treatments, care at end of life, rehabilitation, home support and maintenance, assistance to maintain social connections, and support for families or others who help the client out. The Home Care Program organizes health care service delivery with other health services that are available in the community.

Home Living - the primary housing option for persons who are able to live independently and with minimal support services. Home Living is the housing option for persons who choose to and who are able to maintain active, healthy, independent living. In order to support continued independent living, Home Care services may be provided. Home living includes all community dwelling clients including SL.

Incident Management System (IMS) - provides a comprehensive, standardized framework with a governance structure that is sufficiently flexible and scalable as to be applicable across the full spectrum of potential incidents regardless of cause, size, location or complexity. The system allows for an integrated response in preparation, response and recovery from the effects of a variety of emergencies (including pandemic).

Influenza – a highly contagious infection of the respiratory tract (nose, throat, bronchial tubes, lungs) caused by the influenza virus. The illness is characterized by sudden onset of fever, cough, sore throat, malaise and general aches, and also by nausea/vomiting and diarrhea in children. In the very young, fever may not be prominent. In geriatric age groups, persons often experience fever or feverishness with chills, but these symptoms may not be prominent. Influenza viruses cause annual influenza epidemics and occasional worldwide influenza pandemics.
Influenza Assessment Centre (IAC) - a site (for influenza pandemic planning) that is not a currently established health care site or that is a site that usually offers a different type or level of care. During influenza pandemic, it is expected that influenza assessment centres will be needed to provide assessment for influenza patients and will focus on assessment, antivirals, education and potentially hydration of these patients. Also known as a non-traditional care site.

Influenza Virus – there are three types of influenza viruses: A, B and C Subcategories of influenza (subtypes) are based on the configuration of two proteins on the virus surface – hemagglutinin (H) and neuraminidase (N) Subtypes of influenza A virus known to readily infect humans include H1N1, H2N2, H3N2. Avian influenza A viruses (H5N1, H7N7, H7N3, and H9N2) have also recently been shown to infect humans, although they do not do so readily. The threat of pandemic influenza is related to the introduction of a new subtype of influenza A into the human population.

Influenza Like Illness (ILI) - onset of subjective fever, cough or sore throat.

Level of Activation (LoA) – coordinated pandemic response determined by the prevalence of ILI, the absenteeism of staff and therefore the overall decrease in system functional capacity.

Long Term Care (LTC) – facilities are a congregate care option for individuals with complex, unpredictable medical needs who require 24 hour on-site Registered Nurse assessment and/or treatment. In addition, professional services may be provided by Licensed Practical Nurses and 24 hour on-site unscheduled and scheduled personal care and support are provided by Health Care Aides. Case Management, Registered Nursing, Rehabilitation Therapy and other consultative services are provided on-site. Long-term care facilities include “nursing homes” under the Nursing Homes Act and “auxiliary hospitals” under the Hospitals Act.

Medical Director, Seniors Health – refers to the executive leadership for the provincial Seniors Health strategy team unless otherwise noted. ie. Zone Medical Directors will be indicated as such.

Medical Officer of Health (MOH) – responsible for directing a pandemic response in an integrated manner in relation to the presence of influenza.

Pandemic – epidemic disease of widespread prevalence around the globe.

Palliative or End of Life Care – services delivered by a interdisciplinary team aimed a relieving symptoms and improving the quality of life for a dying person and/or family living with a life threatening illness.

Personal Protective Equipment (PPE) - includes all protective clothing and work accessories (e.g. gloves, gowns, N95 masks) designed to protect employees from work place hazards.

Senior Medical Officer of Health (SMOH) – Zone based medical leadership responsible for directing a pandemic response in an integrated manner in relation to the presence if influenza.

Supportive Living (SL) – is a home-like setting where people can maintain control over their lives while also receiving the support they need. The buildings are specifically designed with
common areas and features to allow individuals to “age in place,” Alberta Health Services contracts for supportive living in three “levels”: Designated Supportive Living Level 3 (DSL3), Designated Supportive Living Level 4 (DSL4), and Designated Supportive Living Level 4 Dementia (DSL4D).

**Surge Capacity** – additional bed based capacity identified and/or located within existing health care sites.

**Surveillance** – the monitoring of behaviour

**Transition Services** – provides coordinated access to continuing care programs and supports all programs by providing information and access, intake and assessment, and transitional support.

**Zone Emergency Operations Centre (ZEOC)** - the physical location where zone representatives come together during an emergency to undertake the command and control of response and recovery actions and resources of the sites and services within the zone. The ZEOC also acts as a liaison between the site/service Command Posts and local partners and stakeholders.
Appendix B: Seniors Health Emergency Management and Business Continuity Working Group

<table>
<thead>
<tr>
<th>Representative</th>
<th>Position Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheena Visser (Chair)</td>
<td>Lead, Seniors Health- Provincial</td>
</tr>
<tr>
<td>Dr. James Silvius</td>
<td>Medical Director, Seniors Health Provincial</td>
</tr>
<tr>
<td>Chris Portas</td>
<td>Office, EDM- Provincial</td>
</tr>
<tr>
<td>Lenora Carriere</td>
<td>Director, Seniors Health- Provincial</td>
</tr>
<tr>
<td>Paul Weiss</td>
<td>Manager, South Zone</td>
</tr>
<tr>
<td>Dianne Nummi</td>
<td>Unit Manager, South Zone</td>
</tr>
<tr>
<td>Tammy Antonation</td>
<td>Manager, South Zone</td>
</tr>
<tr>
<td>Michelle Charlesworth</td>
<td>Area Manager, Calgary Zone</td>
</tr>
<tr>
<td>Joan Kowalewski</td>
<td>Business Support Manager, Calgary Zone</td>
</tr>
<tr>
<td>Kari Simonson</td>
<td>Program Specialist- Calgary Zone</td>
</tr>
<tr>
<td>Jody Barrett</td>
<td>Manager, Central Zone</td>
</tr>
<tr>
<td>Kathy Krystoff</td>
<td>Area Manager, Central Zone</td>
</tr>
<tr>
<td>Denise Holman</td>
<td>Manager, Central Zone</td>
</tr>
<tr>
<td>Warren Robson</td>
<td>Director, Edmonton Zone</td>
</tr>
<tr>
<td>Deb Payne</td>
<td>Program Manager, Edmonton Zone</td>
</tr>
<tr>
<td>Jennifer Fernandes</td>
<td>Senior Lead, Edmonton Zone</td>
</tr>
<tr>
<td>Tracy Peddy</td>
<td>Site Manager, North Zone</td>
</tr>
<tr>
<td>Alice Strudwick</td>
<td>Executive Assistant, Covenant Health</td>
</tr>
<tr>
<td>Áveril Suriyakumaran</td>
<td>Senior Director Operations, Covenant Health</td>
</tr>
<tr>
<td>Scott Baerg</td>
<td>Senior Operating Officer, Covenant Health</td>
</tr>
</tbody>
</table>
Appendix C: Reporting Organizational Structure

AHS Emergency and Disaster Management (2014) Incident Management System (IMS)

The AHS IMS governance structure is designed to allow for flexibility and scalability relative to the nature and scope of the event. A strategic command network, incorporating an AHS Emergency Coordination Centre (AHS ECC) five Zone Emergency Operations Centers (ZEOC), and a number of Site/Service and Corporate Command Posts (CP), will support coordination of efforts. For the purpose of AHS these are further defined as follows:

- **AHS ECC**: a pre-designated location for coordination of Provincial AHS efforts aimed at managing large scale emergencies and disasters. Its primary role is to expedite decision making, reduce duplication and redundancies, define/clarify AHS objectives, manage data and communications, and establish standards/direction relative to a response.

- **ZEOC**: the physical location where zone representatives come together during an emergency to coordinate response and recovery actions and resources of the Sites and Services within the zone. The ZEOC liaises with the Site/Service CP and with local partners and stakeholders.

- **Site/Service/Corporate CP**: provides overall management and coordination of emergency operations at individual urban acute care sites, rural acute care sites and/or community and corporate service areas.

These Centres can be activated independently to deal with local/zone issues or as part of a strategic command network to support provincial AHS response activities and AHS/Multi-agency Coordination.

The IMS structure and its relationship to Government and external organizations is outlined in the following illustration:
The overall objective of the governance structure is to ensure the effective management of efforts involved in responding to, and recovering from, major stressing events. Specifically this will include:

- Overall management and coordination of emergency operations at a Site/Service level, and/or Corporate/Provincial level.
- Coordinating and maintaining liaison with appropriate Federal, Provincial, and Municipal government departments, with partners, key stakeholder agencies and appropriate private sector organizations.
- Managing the acquisition and allocation of resources, supplies and other related support.
- Establishing priorities and adjudicating conflicting demands for resources and/or support.
- Coordinating inter-jurisdictional mutual aid.
- Activating and using communication systems.
- Preparing and disseminating emergency public information; disseminating community warnings.
Collecting, evaluating and disseminating information and essential data.
Responding to requests for human resources and other support.
Restoring essential health services.
Recovering from the incident as an organization.

Each Continuing Care site is encouraged to have a Pandemic Response governance structure that supports an overall incident command system approach (above) to ensure pandemic information is effectively communicated with staff, clients and the public.
### Appendix D: AHS Continuing Care Pandemic Response Plan Roles & Responsibilities

<table>
<thead>
<tr>
<th>Group</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Seniors Health Emergency Management and Business Continuity Working Group</strong></td>
<td></td>
</tr>
</tbody>
</table>
  - Contributes to the review and revision of the Continuing Care Pandemic Response Plan in consideration of the AHS Pandemic Influenza Operational Guide.  
  - Contributes to the review and revision of the Continuing Care Pandemic Response Plan to promote a collective and integrated pandemic response.  
  - Contributes to the review and revision of the Continuing Care Pandemic Response Plan in consideration of the available resources within Continuing Care in the respective zone. |
| **Zone Emergency Operations Centre (ZEOC)** |  
  - Coordinates the response of all AHS owned, operated and Contracted Continuing Care Service Providers.  
  - Identifies an implementation and communication strategy reflective of zone resources.  
  - Monitors risks associated with pandemic planning within the zone, programs and sites.  
  - Establishes physician coverage in Continuing Care in collaboration with Zone Medical Directors.  
  - Identifies a contact for the ECC to liaise with in the event of a Pandemic Response.  
  - Assigns responsibilities within the zone in the event of a Pandemic Response. |
| **Continuing Care programs (Home Care, Supportive Living and Facility Living)** |  
  - Support ZEOC in implementation of a Pandemic Response as requested.  
  - Identify resources within the respective program area.  
  - Support Continuing Care clients though Care and Treat in Place strategies.  
  - Provide Comfort Care training Module for physicians, staff and volunteers.  
  - Identify risk(s) associated with Pandemic Response to Zone EOC.  
  - Identify clients who need to be transferred to a congregate living environment.  
  - Identify a communication strategy in relation to a Pandemic Response to inform staff, clients, family and public.  
  - Identify program and site contacts as required by the Zone EOC.  
  - Identify capacity (ie. spaces in Supportive Living, spaces in Long Term Care and total number of Home Care clients).  
  - Track expenses related to Pandemic Response (e.g. staffing, overtime, equipment and supplies, pharmacy costs). |
<table>
<thead>
<tr>
<th>Section</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinated Access/Transition Services</td>
<td>• Facilitate decanting of clients from acute care to community.</td>
</tr>
<tr>
<td></td>
<td>• Collaborate with Zone Seniors Health to coordinate provision of service though Care and Treat in Place strategies.</td>
</tr>
<tr>
<td>Emergency Operating Centres (EOC)</td>
<td>• Collaborate with the Medical Officer(s) of Health (MOH) to monitor the influenza.</td>
</tr>
<tr>
<td></td>
<td>• Collaborate with the MOH to coordinate a Pandemic Response.</td>
</tr>
<tr>
<td></td>
<td>• Provide direction to Zone EOCs given the Level of Activation.</td>
</tr>
<tr>
<td></td>
<td>• Develop a communication strategy in relation to a Pandemic Response to inform staff, clients, family and public.</td>
</tr>
<tr>
<td>Executive Director, Seniors Health- Provincial.</td>
<td>• Approve the Continuing Care Pandemic Operational guide.</td>
</tr>
<tr>
<td></td>
<td>• Contact Zone EOC to initiate a Pandemic Response as identified by the ECC.</td>
</tr>
<tr>
<td></td>
<td>• Coordinate Pandemic Response between the ECC and ZEOC.</td>
</tr>
<tr>
<td></td>
<td>• Work in collaboration with the Medical Director, Seniors Health in the event of a pandemic response.</td>
</tr>
<tr>
<td>Medical Director, Seniors Health</td>
<td>• Approve the Continuing Care Pandemic Operational Guide.</td>
</tr>
<tr>
<td></td>
<td>• Contact Zone EOC to initiate a Pandemic Response as identified by the ECC.</td>
</tr>
<tr>
<td></td>
<td>• Coordinate Pandemic Response between the ECC and ZEOC.</td>
</tr>
<tr>
<td></td>
<td>• Work in collaboration with the Executive Director, Seniors Health in the event of a pandemic response.</td>
</tr>
<tr>
<td>Communications</td>
<td>• Work with identified stakeholders to develop a communication strategy in relation to a Pandemic Response to inform staff, clients, family and public.</td>
</tr>
<tr>
<td>Human Resources (HR)</td>
<td>• Supports the Zone(s) through the Zone EOC to deploy, redeploy and/or recruit as per the Human Resources Pandemic Plan.</td>
</tr>
<tr>
<td>Emergency/Disaster Management</td>
<td>• Ensures adequate AHS stockpile is established.</td>
</tr>
<tr>
<td></td>
<td>• Coordinates distribution of equipment and supplies from AHS stockpile.</td>
</tr>
<tr>
<td>Workplace Health &amp; Safety (WHS)</td>
<td>• Provides confirmation of staff vaccination.</td>
</tr>
<tr>
<td></td>
<td>• Supports Continuing Care programs and through preparation and pandemic response.</td>
</tr>
</tbody>
</table>
Appendix E: Care and Treat in Place

During a Pandemic Response, all sectors of the health care system will be challenged to meet the needs of clients. Continuing Care will continue to provide services to current clients’ to maintain an appropriate level of care. Continuing Care will manage clients who develop ILI and those who develop other medical conditions during a pandemic event in the client’s home living environment except when acute episodic illness requires surgical intervention and/or other urgent acute care services. Decisions to discontinue admission to acute care will be informed by the Level of Activation as directed by the EOC.

Clinical Support

Zone Medical Directors and Zone Seniors Health are required to identify physician support in the event of a Pandemic Response. Physicians are required to be accessible 24/7 (inclusive of telephone consultation).

- Physician coverage in Long Term Care is coordinated through the Zone Medical Director. The Zone Medical Director will disseminate information to all attending physicians.
- Physician coverage in Supportive Living will be determined by the Zone Medical Director and the ZEOC. The Zone Medical Director will disseminate information to all attending physicians.
- All staff are required to work to their full scope of practice to support Continuing Care clients.

Guidelines

The guidelines for Care and Treat in Place have been developed to support a Pandemic Response. These guidelines ensure that an appropriate level of care is maintained recognizing that usual service provision may not be maintained. These guidelines provide a framework to support service provision during a Pandemic Response:

- Care plans should inform service provision for all Continuing Care clients during a Pandemic Response.
- Clinical judgement must always inform service provision.
- Service provision will be dependent on the level of activation in a Pandemic Response.

**NOTE:** Changes may be made to the Care and Treat in Place Guidelines dependent upon the type of influenza requiring a Pandemic Response.
**Care and treat in place plan.**

**Client exhibits symptoms consistent with Influenza Like Illness (ILI):**
(acute onset of new cough or change in an existing Cough PLUS one or more of the following:
- Fever (> or equal to 38 degree C)
- Sore throat
- Joint pain
- Muscle aches
- Severe exhaustion

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Observations</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial assessment by Health Care Professional (RN or LPN)</td>
<td>Vital signs stable</td>
<td>- General treatment of symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Contact physician for early antiviral treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Medications as appropriate for symptom relief and comfort</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Give client and caregiver(s) flu self-care handout</td>
</tr>
<tr>
<td>Assessment by Health Care Professional (NP/RN/LPN)</td>
<td>Symptoms present:</td>
<td>As above, and:</td>
</tr>
<tr>
<td></td>
<td>- Chest pain / shortness of breath</td>
<td>- Arrange for further assessment by physician or NP as warranted by the clinical situation; If after hours, contact physician on call</td>
</tr>
<tr>
<td></td>
<td>- Colored sputum</td>
<td>- Service provision informed by client’s Care Plan</td>
</tr>
<tr>
<td></td>
<td>- Night sweats, uncontrolled shivering</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Nausea &amp; vomiting (more than 3x in 24 hrs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Diarrhea (more than 4x in 24 hours)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Syncope on standing or altered level of consciousness (LOC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- New confusion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Existence of other risk factors and/or co-morbidities</td>
<td></td>
</tr>
</tbody>
</table>

**Client has change in status requiring medical management for ILI and non ILI conditions (e.g. UTI, pneumonia, pyelonephritis)**

<table>
<thead>
<tr>
<th>Assessment by Health Care Professional (NP/RN/LPN)</th>
<th>Vital signs:</th>
<th>- Arrange for urgent assessment by physician</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>- Pulse less than 50 BPM or greater</td>
<td>- Service provision informed by client's Care Plan</td>
</tr>
<tr>
<td></td>
<td>- more than 110/BPM Respirations less than 10/min or greater than 24/min</td>
<td>- Before transport, the Physician or NP or Nursing Manager will determine availability of resources for transport and care. Transfer to acute care considered only for stabilization with early return to facility for ongoing care</td>
</tr>
<tr>
<td></td>
<td>- Oxygen saturation less than 90% on room air, and cyanosis</td>
<td></td>
</tr>
</tbody>
</table>

**Client has symptoms of medical emergency**

<table>
<thead>
<tr>
<th>Initial assessment by Health Care Professional (RN or LPN)</th>
<th>Example:</th>
<th>- Arrange for urgent assessment by physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Fracture</td>
<td>- Service provision informed by client's Care Plan</td>
</tr>
<tr>
<td></td>
<td>- Head injury (altered LOC)</td>
<td>- Triaged by EMS on scene and consultation with ED prior to transfer. Transfer to acute care considered only for stabilization (e.g. hip #, etc) with early return to facility for ongoing care</td>
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<tr>
<td></td>
<td>- Acute myocardial infarction, stroke</td>
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<tr>
<td></td>
<td>- Acute sepsis</td>
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</tr>
<tr>
<td></td>
<td>- Gastro intestinal bleed</td>
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</tbody>
</table>
• Treatment of non ILI conditions and/ or medical emergencies will occur in the current environment (e.g. Continuing Care Living Option); however, transfers to acute care may be necessary and will be considered based on the Level of Activation in Pandemic Response.

• During Pandemic Response, there will be limited ability to provide diagnostic procedures (e.g. lab and X-ray) for clients with ILI and those with scheduled procedures. Assessment will be primarily based on observation and on-site examination.

• Should a client be admitted to Acute Care, Continuing Care must support the client as soon as the acute episode has been stabilized.

Infection Prevention and Control

• All AHS owned, operated and/ or contracted Continuing Care Service Providers are to perform a Point of Care Risk Assessment (*Appendix I*) and wear N95 masks as required.

  *NOTE:* The cost of fit testing staff for N95 masks is the responsibility of the employer. In the event of a Pandemic, the masks may be provided.

• Pre-exposure antiviral medication will be provided to Continuing Care staff and clients from antiviral stockpiles.

  *NOTE:* Depending on the organism involved at the time of Pandemic and the clinical presentation of the client, specific adjustments may need to be made to resource materials.

Management of Influenza

• When managing clients with ILI requiring oxygenation, hydration, antipyretics, and analgesics, it is expected whenever possible that:
  o Hypodermalcysis is the preferred practice for hydration therapy when professional nursing staff is available.
  o If IV therapy is required (*Appendix J*), professional nursing staff will maintain the IV. IV initiation and maintenance will vary among zones dependant on resources and current practice including but not limited to IV/HPTP Teams, Home Care, mobile CNS or Nurse Practitioner staff, Emergency Departments, Emergency Management Services, etc.
Appendix F: Organizational Identification of Surge Capacity Guidelines

During Pandemic Response, available beds should be used as surge capacity.

The addition of beds within surge capacity must comply with the following:
- Minimum of two (2) metres between clients.
- Availability of hand hygiene facilities at all points of care.
- Supplies for hand hygiene should include facility approved: plain liquid soap, single use towels, alcohol based hand rub and hand lotion.
- Sinks for hand hygiene should be used only for hand hygiene and not for other purposes.
- Separate space available for soiled and clean equipment and linens.

The addition of beds within surge capacity must consider the following:
- Availability of toilet and shower/bathing facilities near proximity (or a space for commodores)
- Carpeted areas are discouraged
- Doorway size will accommodate bed and wheelchair access.
- Space for staff debriefing and family counselling.

Equipment and supplies for a Pandemic Response may include but are not limited to the following:

<table>
<thead>
<tr>
<th>Equipment</th>
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</thead>
<tbody>
<tr>
<td>Bed</td>
<td>Garbage can</td>
<td>O2 regulators</td>
<td>Stethoscopes</td>
</tr>
<tr>
<td>Mattress</td>
<td>Mechanical lift</td>
<td>IV poles</td>
<td>Linens</td>
</tr>
<tr>
<td>Chair</td>
<td>Stretcher</td>
<td>Tables/chairs</td>
<td>Glucometer</td>
</tr>
<tr>
<td>Over-bed table</td>
<td>Portable suction</td>
<td>Medication cart</td>
<td>Pulse oximeter</td>
</tr>
<tr>
<td>Privacy divider</td>
<td>Suction meters</td>
<td>Lighting</td>
<td>Urinal/bedpan (disposable)</td>
</tr>
<tr>
<td>Commode</td>
<td>O2 concentrators</td>
<td>Carts for storage</td>
<td>Basins- wash and K basins</td>
</tr>
<tr>
<td>Reclining chairs</td>
<td>O2 flow meters</td>
<td>BP machines</td>
<td>Call bell system</td>
</tr>
<tr>
<td>Communication system (phone, computer)</td>
<td>Health record system (i.e chart, clipboard, kardex)</td>
<td>Access to water (hydration and for personal care)</td>
<td>Thermometer (disposable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Med/Surge Supplies</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incontinence products</td>
<td>Dressing supplies</td>
<td>Waterless hand sanitizer</td>
<td>WHMIS binder</td>
</tr>
<tr>
<td>Catheter supplies</td>
<td>IV/clysis supplies</td>
<td>Cleaning supplies</td>
<td></td>
</tr>
<tr>
<td>PPE (gowns, gloves, eye protection, masks)</td>
<td>Personal care supplies (i.e. SAGE products)</td>
<td>Medical and biohazard disposal</td>
<td></td>
</tr>
</tbody>
</table>
Appendix G: Surge Capacity in Supportive Living and Long Term Care

Zones are required to identify surge capacity within the respective zone.

Surge Capacity is defined as additional capacity within a congregate living environment to support a Pandemic Response.

Zones are required to:

- Identify a surge capacity of 1-2 beds for every AHS owned, operated and/or contracted Supportive Living site and Long Term Care facility.
- Spread the surge capacity beds across the geographical area of each Zone.

In addition, Zones are required to identify the following to support a Pandemic Response:

- Zone
- Operator name
- Facility name
- Primary and alternate site contact for surge capacity (i.e. name, telephone number, fax number, email).
- Operational site capacity (bed capacity)
- Surge capacity (bed capacity)
- Limitations to surge space (e.g. no bathroom, no sink, etc.)
- Specific requirement(s) to increase surge capacity (i.e. items needed from stockpile including beds, lifts, etc.)
Appendix H: Influenza-like Illness (ILI) Services in the Home Encounters – Screening Tool

INFLuenza-like ILLness (ILI)
SERVICES IN THE HOME ENCOUNTERS – SCREENING TOOL

Conduct an assessment by phone of all clients and others residing in the residence before proceeding with any scheduled appointments. If not possible to conduct the assessment by phone, it must be completed upon arrival at the home.

Use the following algorithm, based on the Influenza-Like Illness screening criteria, for the initial assessment and to determine the appropriateness of the scheduled visit.

Are you or anyone in your home experiencing:

Adults:
- Sudden onset of new cough or change in existing cough
- Plus one or more of the following:
  - Fever (≥ 38°C on arrival or by history)
  - Sore throat
  - Joint pain
  - Muscle aches
  - Severe exhaustion

Children:
- Reappearance of any of the following symptoms:
  - Runny nose
  - Cough
  - Sneezing
  - Af- fever

No

Yes

If the appointment must proceed, have the patient/client clean their hands and place on the provided procedure mask.
- Perform Point of Care Risk Assessment (Appendix A)
- Proceed with visit

If the appointment can be rescheduled, please provide and review with the patient/client the "Influenza Safe Care" document on AHS website.

Equipment Cleaning Following Visit:
- Use an approved disinfectant wipe (e.g. Caniwegs, Azon Wipes) to clean all reusable equipment and supplies used during the visit.
- Dispose of single use items immediately after use.

If necessary, notify Contracted Service Provider of rescheduled appointment.
Appendix I: Point of Care Risk Assessment

Point of Care Risk Assessment for Patients with Influenza-Like Illness (ILI) or Confirmed Influenza

1. Does the individual have symptoms of ILI or confirmed Influenza?
   - ADULT: Sudden onset of NEW cough or change in existing cough PLUS one or more of the following:
     - Fever (≥ 38°C on arrival or by history)
     - Sore throat
     - Joint pain
     - Muscle aches
     - Severe exhaustion
   - Note: Patient older than 65 yrs may not have fever
   - PEDIATRIC: Sudden onset of any of the following symptoms:
     - Runny nose
     - Cough
     - Sneezing
     - +/- fever
     - Gastrointestinal symptoms may be present

2. Will you be within 2 metres of the patient?
   - NO: Use Routine Practices and Observe
   - YES: Will you be participating in or present during an Aerosol Generating Medical Procedure (AGMP)?

   Any procedure that may induce production of aerosols from droplet nuclei, including:
   - Intubation and related procedures (e.g., manual ventilation, open endotracheal suctioning)
   - Cardiac pulmonary resuscitation
   - Bronchoscopy
   - Sputum induction
   - Nebulized Therapy
   - Bi-level Positive Airway Pressure (i.e., BiPAP)
   - Respiratory/airway suctioning
   - High frequency oscillatory ventilation
   - Tracheostomy care
   - Aerosolized medication administration

3. YES: Clean your hands and apply the following Personal Protective Equipment (PPE):
   - Gown
   - Fit tested N95 respirator
   - Eye protection/face shield
   - Gloves

4. NO: Clean your hands and apply the following Personal Protective Equipment (PPE):
   - Gown
   - Procedure/surgical mask
   - Eye protection/face shield
   - Gloves
Appendix J: Pandemic Response IV Hydration for Continuing Care Clients

An Emergency Response or Pandemic Response situation is declared by AHS requiring care and treat in place.

Site staff and/or responsible prescriber to contact AHS CCL0 manager/supervisor to request IV hydration.

AHS CCL0 manager/supervisor assesses if criteria met and review prescriber’s orders.

YES – approve IV hydration for client.

NO – AHS to discuss alternate arrangements with CCL0.

AHS CCL0 manager/supervisor to collect referral information and complete external referral checklist.

AHS CCL0 manager/supervision to call Coordinated Access (CA) with referral information.

CA verifies criteria met for IV hydration.

YES – CA takes referral and processes as Home Care referral.

NO – AHS CCL0 manager/supervisor notifies site and alternate arrangements are discussed.

Home Care triage coordinator assigns referral and places client on waitlist.

Home Care to provide direct care related to IV hydration only and document care/interventions on consult form and place in client’s chart.

Home Care treats client until site staff and prescriber determine treatment complete.

Home Care discharge client in CCL0.
Emergency/Pandemic Response
External Referral Checklist for IV Hydration

Client Name: [Client Name]
Address: [Address]
Date of Birth: [Date of Birth]
Suite Number: [Suite Number]
Client Phone #: [Client Phone #]

Program Type
- Integrated Supportive Living (ISL)
- Integrated Facility Living (IFL)

Site Name: [Site Name]
Contact Name: [Contact Name]
Phone #: [Phone #]
After-hours contact name & phone #: [After-hours contact name & phone #]

Priority of Order
- 2 – 4 Hours
- Same Day

IV tubing available at site?
- Yes
- No

What services are required?
- IV Start
- IV Monitoring
- IV Discontinue

IV solution available at site per order?
- Yes – What type? [What type]
- No

Location of signed prescriber order:
(Please fax order to CCA 2780-496-6438)

Prescriber Name: [Prescriber Name]

Prescriber contact info:

Guardian/Alternative Decision Maker:

Next of Kin:

Reason for Order for IV Hydration:

Reason that clysis was not an option:

Reason for Care & Treat in Place:

Medical History:

Safety Concerns:

Supplies required for IV Hydration:
(Note that IHL will provide IV Start supplies)

January 2010
Appendix K: Communicating with Continuing Care Service Providers

Template for Zone use

Each Zone must develop a process for communicating with AHS owned, operated and or Contracted Continuing Care Service Providers. Zones should consider the following information to identify resources and capacity to support a Pandemic Response:

- Zone
- Operator name
- Facility name
- Site capacity (beds)
- Staff list (if AHS owned and operated site/ program)
- Primary and alternate site contact
- Address
- Phone number, fax number and e-mail address
Appendix L: Staffing Levels and Use of Volunteers

Staffing Background

Current staffing levels in Continuing Care vary according to service provision, funding, staffing models, type of program or facility, size of the program or facility, shift, and the location of the facility (urban or rural).

Generally, the staffing supports models for continuing care:

- Long Term Care: RN 24 hrs/day with LPN, HCA and limited Allied Health professional service. Long Term Care sites have 1 RN for every 50 to 100 clients on days and evenings, with primarily just 1 RN in the building on a night shift. This is variable. Health Care Aide (HCA) staff would be present in a ratio of about 1 to 10 clients on days and evenings and 1 to 20 or 1-25 on nights.

- Supportive Living 4 and 4D: 24-hour LPN coverage and 24-hour HCA support with RN on-call availability.

Note: These staffing numbers are very streamlined and, considering the care that is provided at these sites, it will be difficult to decrease the number of staff in a facility given that the implementation of Care and Treat in Place will increase the acuity and complexity of the clients.

Pandemic Response will place increased demands on staff to maintain Care and Treat in Place Guidelines. Staff absence due to illness must also be considered.

Consideration of the following is essential to planning for a Pandemic Response:

- Client and staff safety.
- Infection prevention and control guidelines.
- Availability and utilization of professional staff (i.e. staff could be shared between units in same building, available on an on-call basis, etc.)
- Availability of staff and others (i.e. Deployed staff, family and volunteers) to maintain basic care.
- Emphasis on the provision of basic care and medically necessary treatments.

Recruiting Additional Staff:

Additional staff will be required at sites to support a Pandemic Response. Resources will need to be coordinated between sites through the ZEOC with the assistance of operational leadership. Increased professional care (i.e. RN) will be required as the level of activation increases. Increased acuity and complexity of clients will necessitate an increase of staff to maintain basic care.

Human Resources assistance will be required to develop staffing strategies surrounding the use of volunteers and the deployment of staff from other areas to front line care.
These issues are especially challenging for private and voluntary Continuing Care providers, as they do not have the benefit of a consistent Human Resources plan. Industry associations (such as the Alberta Continuing Care Association, Alberta Senior Citizen Housing Association and others) could be used as a resource in this area for the voluntary and private providers.

Use of Volunteers

In a Pandemic Response, volunteers may need to be utilized to provide client care. When initiating a volunteer during Pandemic Response, Continuing Care will maintain compliance with:

- Provincial legislation regarding criminal record checks unless otherwise directed by Provincial Pandemic Operations.
- Increased use of Statutory Declarations may be necessary if the ability to get a Criminal Record Check during a Pandemic Response is reduced or delayed.

To prepare for use of volunteers, orientation may be required to ensure competency. Orientation should include:

Basic personal care
- Observation of client status
- Oxygen administration
- Skin care
- Toileting and incontinence care
- Positioning, ambulation & mobilization
- Feeding/hydration

Infection Prevention and Control
- Respiratory etiquette
- Influenza precautions
- Environmental cleaning

Non Care related functions
- Records management
- Food preparation
- Security
- Protection for Personal In Care (PPIC)

Comfort Care- Level 1 skills training module is available at:
- The Continuing Care Desktop: [www.ccdweb.ca](http://www.ccdweb.ca)
# RESPIRATORY/INFLUENZA LIKE ILLNESS

## OUTBREAK TRACKING FORM

<table>
<thead>
<tr>
<th>Case #1</th>
<th>Case #2</th>
<th>Case #3</th>
<th>Case #4</th>
<th>Case #5</th>
<th>Case #6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
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</tr>
<tr>
<td>Onset Date (yyyy/mm/dd)</td>
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<tr>
<td>Last Name</td>
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<td>Initials</td>
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<td>Room #</td>
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<td>Sex</td>
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<tr>
<td><strong>Symptoms</strong></td>
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<td>Day 0 (Onset)</td>
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<td>Day 1</td>
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<td>Comments</td>
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<td>NP Swab results</td>
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<tr>
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<td>Unit:</td>
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<td>Phone #:</td>
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<tr>
<td>Fax #:</td>
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<tr>
<td><strong>Incident Contact</strong></td>
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<tr>
<td>Phone #:</td>
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<tr>
<td>Fax #:</td>
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</tr>
</tbody>
</table>

**Infection Prevention and Control - Tracking Form**

- **C**: New Cough
- **S**: Sore Throat
- **MA**: Muscle Aches
- **F**: Fever
- **E**: Exhaustion
- **JA**: Joint Ache
- **V**: Vomiting/Diarrhea
- **K**: Hospitalization due to ILI
- **D**: Deceased due to ILI
- **O**: Other (see comments area)
- **N**: No Symptoms

Fax to Zone Public Health Office

Regular Hours:

After Hours:

Adapted from Provincial Outbreak Management Protocol January 2010

PAGE ___ of ___
Appendix N: Contingency Planning - Responsibilities for Continuing Care Service Providers

Background, Applicability and Assumptions

In the event of Pandemic Influenza, it is assumed that Continuing Care facilities will manage clients within their facility or program without transferring them to an acute care setting (except in case of acute episodic illness requiring surgical intervention or other urgent acute care services). This includes clients with Influenza-Like Illness (ILI).

Guidelines

Pandemic Influenza is an unpredictable disaster which will evolve over an extended period of time. Organizational plans must be both flexible and responsive to the changing nature of the disease itself and should consider the following:

1. Responsibility for the development and ongoing review of disaster planning, including Site Leader Medical role (where applicable) and administrative accountability.
2. Establishment of responsibility, authority structure, and communication plan in the event of an infectious disease disaster.
5. Maintenance of supplies.
6. Contingency for staffing capacity.
7. Management of Occupational Health and Safety requirements including site responsibility to ensure N95 fit testing.
8. Determination of care delivery plan for individuals who acquire Pandemic Influenza.
9. Determination of process to manage the deceased.
## Pandemic Influenza Contingency Planning - Responsibilities for Continuing Care Service Providers

### Objectives:
- To maintain high levels of surveillance for increases in respiratory or other infectious illness.
- To maintain processes for appropriate response to outbreaks of respiratory or other infectious illness.
- To initiate the development of Pandemic Planning.
- To integrate Pandemic Influenza planning into organizational disaster planning.

<table>
<thead>
<tr>
<th>Specific Action</th>
<th>Strategies</th>
<th>Responsibility</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure competency for Infection Prevention and Control (IPC) and Outbreak Management</td>
<td>Ensure all staff familiar with appropriate IPC practices based on current Infection Control Guidelines (refer to Outbreak Manuals) including Respiratory Etiquette, Use of Personal Protective Equipment, etc. Ensure all staff aware of outbreak procedures based on current Outbreak Manual including communication processes.</td>
<td></td>
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</tr>
<tr>
<td>Maintain Influenza Prevention &amp; Management Strategies</td>
<td>Continue to vaccinate (Influenza and Pneumococcal where appropriate) high percentage of staff and residents. Facilitate staff and visitors to stay home when ill. Ensure readiness to rapidly implement influenza vaccination of residents &amp; staff &amp; antiviral prophylaxis &amp;/or treatment for influenza outbreaks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support AHS Surveillance Activities</td>
<td>Report Influenza-like Illness or other infectious illness cases as per Outbreak Guidelines. Participate in AHS communication processes as requested. Monitor staff absenteeism.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish Responsibility for Emergency Disaster Preparedness Plan which includes Pandemic Readiness Plan</td>
<td>Define role of Facility Administrative and Medical Director (where applicable) in alignment with AHS Pandemic Plan and Outbreak Procedures. Determine under what authority the Facility Pandemic Plan is implemented, in alignment with AHS Plan. Identify the facility EOC/ECC specific to infectious disease disaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Action</td>
<td>Strategies</td>
<td>Responsibility</td>
<td>Status</td>
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<td>--------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Build Contingency for Staffing Capacity</td>
<td>Plan for training for additional responsibilities of staff and for potential non-availability of professional staff.</td>
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<tr>
<td></td>
<td>Plan for possible training of volunteers and family as caregivers in event of reduced staff or surge capacity.</td>
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<td>Build in orientation process for personal disaster preparedness in pandemic educational programs.</td>
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<td>As part of any Emergency Preparedness plan for backup of all functions including maintenance, housekeeping, food services, etc.</td>
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<tr>
<td>Manage Occupational Health Requirements</td>
<td>Plan to protect staff from respiratory and other infectious diseases N95 mask fit testing, vaccination, etc.</td>
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<td></td>
<td>Education of staff including training on IPC and prevention.</td>
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<td></td>
<td>Determine equipment needs for staff protection, (e.g. isolation gowns, gloves, masks, hand hygiene, eye protection, etc.)</td>
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<td>Determine need for extra supplies on site and process for rapid acquisition of additional supplies.</td>
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<td>Determine capacity for handling increased waste (due to increased use of PPE and supplies).</td>
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<tr>
<td>Determine care delivery in event of reduced staffing or surge capacity</td>
<td>Identify essential services and establish contingency plans to maximize efficiency of care delivery (space and staff). Contingency Plans should recognize the potential for different surge situations requiring different levels of response and the potential for using alternative models of care during such situations.</td>
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### Pandemic Influenza Contingency Planning - Responsibilities for Continuing Care Service Providers

**Objectives:**
- To maintain high levels of surveillance for increases in respiratory or other infectious illness.
- To maintain processes for appropriate response to outbreaks of respiratory or other infectious illness.
- To initiate the development of Pandemic Planning.
- To integrate Pandemic Influenza planning into organizational disaster planning.

<table>
<thead>
<tr>
<th>Specific Action</th>
<th>Strategies</th>
<th>Responsibility</th>
<th>Status</th>
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<tbody>
<tr>
<td>Determine plan for care of residents ill with pandemic influenza.</td>
<td>Develop inventory of space, equipment &amp; supplies – (e.g. pulse oximetry, IV, hypodermoclysis, O2, congregate care spaces, gowns, and masks) as applicable to care setting.</td>
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<td>For sites with regular medical coverage, determine medical staff coverage in alignment with site or zone Pandemic Plan</td>
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<td>Determine pharmacy support needs and access during Pandemic Outbreak.</td>
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<td>Establish Communication Plan during Pandemic/Infectious Disease Outbreak</td>
<td>Determine plan for communicating with staff, residents, clients, families.</td>
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<td>Identify processes for documentation related to Pandemic, including tracking of pandemic related expenses.</td>
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<tr>
<td>Determine Criteria for Transfer of Residents to Acute Care during Pandemic</td>
<td>Follow directions for care of non-pandemic acute illness, pandemic illness in selected populations, staffing inadequacies/crises, etc. in alignment with AHS Pandemic Plan.</td>
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<td>Determine process for Management of Deceased</td>
<td>Use regular processes of site. Determine contingency for short term body storage if necessary.</td>
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<tr>
<td>Determine Post Pandemic/Unusual Infectious Disease Outbreak Needs</td>
<td>Document service provided, staffing, medical coverage, supplies, etc.</td>
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<td></td>
<td>Participate in debriefing with applicable pandemic group following outbreak.</td>
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Appendix O: Continuing Care Operators- Level of Activation Algorithm

Has a pandemic been declared?

Yes

- Continue to follow Preparation Stage of the “Continuing Care level of activation checklist”
- Ensure IPC measures are in place

No

Do you have any clients with Influenza like illness?

Yes

- 10-20% ill clients
  10-20% decrease in staffing
  Follow Initiation/Surge section of the “Continuing Care level of activation checklist”

- 20-40% ill clients
  20-30% decrease in staffing
  Follow Selective Prioritization AND Initiation/Surge section of the “Continuing Care level of activation checklist”

- 40% ill clients
  30% decrease in staffing
  Follow System Wide Prioritization, Selective Prioritization AND Initiation/Surge section of the “Continuing Care level of activation checklist”

No

Within 20% surge level ill clients
Within 20% surge level staffing

Follow Recovery section of the “Continuing Care level of activation checklist”

Follow Resumption section of the “Continuing Care level of activation checklist”

No

Follow Preparation Stage of the “Continuing Care level of activation checklist”
Appendix O2 - Continuing Care Operators- Level of Activation Checklist

**Level: Preparation**
*Current patient volume, current staffing levels, current functional capacity*

- Review and update site specific Pandemic Response Plan
- Attend and participate in any AHS Pandemic Influenza Response Plan information sessions.
- Review and update fan out lists
- Educate staff on Pandemic Response Plan
- Review and update Outbreak Management documents
- Review and educate staff on safe care practices and respiratory etiquette for Influenza Like Illness
- Promote and facilitate annual influenza vaccination for staff and clients
- Review site strategy plan to maximize capacity
- Review and update Pandemic Response Plan to address staffing declines
- Identify sites for zone surge capacity
- Review information, forms and process for tracking clients
- Review information, forms and process for tracking human resources
- Review information, forms and process for equipment and supplies
- Ensure Prioritized Care Allocation Framework is identified
- Participate in a tabletop pandemic exercise, as appropriate.

**Level: Initiation/Surge**
*10-20% of clients are ill, 10-20% decrease in staffing levels, 10-20% decrease in functional capacity*

- Establish facility/site command post as necessary
- Initiate Care and Treat in Place plan *(Appendix E)*
- Activate enhanced surveillance tracking per IPC Outbreak Guidelines *(Appendix M)*
- Initiate visitor policy as per IPC Outbreak Guidelines
- Implement and schedule IPC skills and respiratory etiquette/routine practices and additional precautions
- Initiate plan for Just in Time Training – Comfort Care Level One. *(Appendix L)* of Pandemic Relief workers/volunteers
- Prepare visual care plans for bedside use
- Identify clients to be discharged to community and identify community supports *(Appendix Q)*
- Communicate any changes to normal operating procedures as needed
- Initiate antiviral administration program
- Follow direction of the ZEOC
**Level: Selective prioritization**

20-40% of clients are ill, 20-30% decrease in staffing levels, 20-30% decrease in functional capacity

- Facility/site discharge coordination group
- Prepare for Pandemic relief workers/volunteers.
- Ensure that appropriate training of Pandemic relief workers/volunteers has been completed
- Activate enhanced occupation health surveillance
- Implement business recover and resumption plans and task list

**Level: System wide prioritization**

40% or more clients are ill, 30% decrease in staffing levels, 30% decrease in functional capacity

- Review daily reports being sent to the ZEOC
- Adjust staffing model as needed (Appendix L)
- Sustain business recover and resumption plan.

**Level: Recovery**

Within 20% of surge level ill clients, within 20% surge level staffing, within 20% surge level functional capacity.

- Implement phased approach to resumption of pre-pandemic services.
- Implement formal staff/volunteer recognition program

**Level: Resumption**

Activities occur within 6 months of initial activation

- Completion of Evaluation/Audit reports
- Review and revise Pandemic Plan.
Appendix P: Visual Care Plans
Appendix Q: Informal Caregiver - Supports for Discharge Planning

In the event of a Pandemic Response, family and/or informal caregivers may be required to support Continuing Care clients.

Programs and/or sites should consider the following when identifying likelihood of temporary discharge from a Continuing Care program.

*Family and/or informal caregivers should be asked “in the event of a service interruption do you have the ability to provide care for your loved one?”*

Sites/Programs should consider documenting:

- Client Name
- Family and/or informal caregiver contact
  - Name
  - Telephone number
  - Email address
- Special considerations (e.g. wandering, dialysis)
Appendix R: Changes to Normal Operating Procedures

Normal processes and procedures will be followed whenever possible. Changes to normal operating processes are noted below:

Admission Process & Guidelines:
- During a Pandemic Response, specific information regarding the restriction of new admissions, re-admissions and resident accommodation will be determined by the Medical Officer of Health (MOH) in collaboration with Seniors Health.
- Sites may be asked to accept clients during a Pandemic Response. AHS owned, operated and/or contracted Supportive Living and Long Term Care facilities will be required to provide surge capacity. Surge capacity may be used to support Home Care clients requiring more intensive care and/or clients decanted from acute care.

Coordinated Access/ Transition Services:
- During Pandemic Response, clients will be decanted from acute care. Waitlist management procedures will be suspended and facilities with available beds will be used to decant Alternate Level of Care (ALC) clients.
- There will be increased demands on Coordinated Access throughout the Pandemic Response including during the Recovery and Resumption Levels of Activation.
- During the Recovery and Resumption Level of Activation, usual operating waitlist management procedures will resume. Alternate Level of Care clients, will be assessed for their appropriate level of care and prioritized for transfer to the appropriate setting.
- During the Recovery and Resumption Level of Activation, Coordinated Access services in each Zone will work with the EOC and site command posts to track the location of clients.

Home Care:
- During the Recovery and Resumption Level of Activation, Home Care services will resume to usual operational practice based on staff availability to meet the client’s assessed need.

Overcapacity in Response to Surge Numbers:
- Zones may consider deployment of staff from other areas to maintain a basic level of care for Continuing Care clients. Alternative sites will only be considered if in-situ staffing cannot maintain a basic level of care. Human Resource (HR) will assist in the deployment of staff, the management of staff, or other arising issues related to HR.
- Alternative Care Centres (ACC) will be established to provide additional capacity as required within Zone(s).
Clinical Treatment Guidelines:

- During a Pandemic Response, Continuing Care facilities will be required to enhance care in place rather than sending residents to acute care hospitals except when acute episodic illness requires surgical intervention and/or other urgent acute care services. *(See Care and Treat in Place Guidelines Appendix E).*

Pharmacy:

- Continuing Care has access to pharmacy services provided by AHS, community pharmacies and site based pharmacies.
- A clearly defined communication plan must be established with all Continuing Care pharmacy providers to ensure continuous service is maintained during the pandemic.
- Pharmacy providers should have approximately a one (1) month supply of the most commonly prescribed medications. Less commonly prescribed medications must be readily available in the local wholesales.
- AHS pharmacy services maintain lists of medications required for Pandemic Response.
- Continuing Care must establish a plan with pharmacies to determine the type and quantity of essential medication stockpiles based on site specific utilization patterns.

Documentation:

- During Pandemic Response, documentation of client status is required; however, content will be brief to ensure resources are available to maintain an appropriate level of care.
- During increased Levels of Activation, a visual or bed side care plan will be in place for all clients to assist staff in maintaining basic care *(Appendix P).* This plan will summarize Instrumental Activities of Daily Living (IADLs), CCL’s and Basic Disaster Life Support (BDL’s) required for the client *(Appendix S).*

Infection Prevention & Control (IP & C):

- Prevention measures for the transmission of the pandemic strain will be applied. Sites will activate their IPC outbreak protocol during Pandemic Response.
- Current AHS processes will be used for daily cleaning and terminal cleaning of client spaces and equipment.

Care Planning:

- Clients decanted to Continuing Care sites require a Care Plan. Care Plans must be reviewed at this time.
- A Visual Care Plan *(Appendix P)* may be used depending on the level of activation.
- If the client does not have a Goals of Care Designation Order upon admission, the client shall be treated as an R1 (Resuscitative) Designation until their goals of care order can be reassessed by a physician.
- Code procedures vary from site to site and must be reviewed with attention to current pandemic activation status, and care and treat in place. Unless otherwise directed by the Zone Emergency Operations Centre (ZEOC), facilities will use the normal process for
emergency response, recognizing EMS will use a specific triage process upon Pandemic activation.

Safety and Security:

- Protection from theft and vandalism will be a high priority due to the potential of limited supplies and equipment and potential supply chain interruption.
- Consideration of security staff is necessary. Continuing Care sites do not have security staff on site. Sites may consider strategies included but not limited to the use of lock down or hiring outside agencies. Consultation with HR is required.

Visitor Policy:

- General visiting will be limited and managed in accordance with AHS protocol and will be further restricted under the direction of ZEOC.
- Visitors attending Continuing Care sites to assist in providing client care will be subject to all Infection Prevention and Control measures.

Disposal and Holding of Bodies:

- There is no additional risk of influenza transmission to workers handling the bodies of those confirmed to have influenza.
- Most Continuing Care sites do not have body holding areas. Continuing Care sites need to consider locations for body holding areas. Zones need to establish relationships with local funeral homes and develop a contingency plan for alternative holding space (eg. ice rink, refrigerated truck, etc.).
- Continuing Care sites are required to establish processes for corpse management including supplies, transportation, and storage.
- Continuing Care sites are required to be culturally and religiously aware.
Appendix S: Recommendations for Service Levels in Continuing Care based on Staffing Levels.

Objective:
Depending on available staffing in each facility, each site will likely be operating at a different service level. Areas of staff reassignment will be decided at the time of Pandemic depending on the local staffing picture.

Decisions to reduce, suspend or enhance services should be made based on nursing / professional judgment, client needs, Infection Prevention and Control Guidelines, direction from Public Health and AHS Emergency Coordination Centre and the Zone Emergency Operations Centre. Ability to ensure clients are cared for in a safe manner should be foundational to such decision-making.

Home Living

Notes on Staffing Model for Home Living:
1. **ALL** staff should be expected to work to full scope of practice
2. Decant staff – utilize casual and float positions to maximum

<table>
<thead>
<tr>
<th>Home Living Services</th>
<th>Services when staffing ↓10-20%</th>
<th>Services when staffing ↓20-30%</th>
<th>Services when staffing ↓30% +</th>
<th>Surge Capacity (if staffing permits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
<td>Clients maintained in their homes.</td>
<td>Maximize existing clinics and have clients there when possible. Provide necessary and essential visits only – telephone screening for ILI prior to visit. See Services in Home Encounters- Screening Tool (Appendix H). Implement telephone ‘visits’ where able. Mobilize family assistance for care provision where possible. Cancel Adult Day Support Programs. Limit staff access to lodges or use PPE.</td>
<td>Essential visits only – telephone screening prior to visit to assess for ILI. Maximize telephone visits. Decant staff throughout the Home Care Program.</td>
<td>To care for early discharges from acute care or temporary transfers home from Facility or Supportive Living.</td>
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<td>Strategy</td>
<td>Decant staff to other teams in need (if possible).</td>
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<td>1.</td>
<td>Decant staff to other teams if necessary to assist with vaccinations and/or providing care.</td>
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<td>2.</td>
<td>Clients should have a disaster plan in place or develop alternatives when necessary.</td>
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<td>3.</td>
<td>Decant staff to other teams if necessary to assist with vaccinations and/or providing care.</td>
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<th>Comments:</th>
<th>May need to prioritize clients – identify which clients need essential visits for interventions such as specific medications (insulin, lasix, IV therapy), wound care, personal care that may put client at risk of hospitalization such as catheterization &amp; immobility, lives alone</th>
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<tr>
<td></td>
<td>Use Home Care screening prior to visit for ILI</td>
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Supportive Living

Due to their generally smaller size and staff numbers, Supportive Living sites may be impacted more severely by reduced staffing levels. The larger supportive living sites may be able to operate similar to Facility-Living (as per the next section). The smaller sites may have to take compensatory action earlier as below.

<table>
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<tr>
<th>Services when staffing ↓10-20%</th>
<th>Services when staffing ↓20-30%</th>
<th>Services when staffing ↓30% +</th>
<th>Surge Capacity (if staffing permits)</th>
<th>Notes on Staffing Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients maintained on site, Medications and medically necessary care, Focus on care basics – routine toileting and incontinence care; assistance with feeding; some limited bathing / showering; nail and foot care deferred except for diabetics. Clothing and bedding changed only as needed. Cancel social / leisure programming (enhanced programming for dementia clients to be maintained). Reschedule non-urgent medical appointments.</td>
<td>Temporarily discharge clients home with family, home with Home Care (if Home Care capacity allows), or consolidate at other congregate setting. For remaining on-site residents, provide medications and medically necessary treatments; strategies for basic feeding, toileting, and hygiene.</td>
<td>Temporarily discharge clients home with family, home with Home Care (if Home Care capacity allows), or consolidate at other congregate setting. For remaining on-site residents, provide medications and medically necessary treatments; strategies for basic feeding, toileting, and hygiene.</td>
<td>To care for admissions from acute care or home-living clients not able to be managed in the home. Consider utilizing spaces freed up by clients able to be cared for in alternate setting (family or Home Care).</td>
<td>Full scope of practice by all staff when staffing levels and staff mix permit. May need to consider basic functional nursing models where many redeployed staff or volunteers are assisting.</td>
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### Long Term Care

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<th>Services when staffing ↓10-20%</th>
<th>Services when staffing ↓20-30%</th>
<th>Services when staffing ↓30% +</th>
<th>Surge Capacity (if staffing permits)</th>
<th>Notes on Staffing Model</th>
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<tbody>
<tr>
<td><strong>Facility Living</strong></td>
<td>Clients maintained on site.</td>
<td>Clients maintained on site.</td>
<td>Temporarily discharge clients home with family, home with Home Care (if Home Care capacity allows), or consolidate at other congregate setting.</td>
<td>To care for admissions from acute care or home-living clients not able to be managed in the home. Consider utilizing spaces freed up by clients able to be cared for in alternate setting (Family or Home Care).</td>
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<td>As much as possible, focus on 'care as usual' - medical and nursing plan of care, personal care, laundry, housekeeping, social/leisure programming.</td>
<td>Medications and medically necessary care.</td>
<td>For remaining on-site residents, provide medications and medically necessary treatments; strategies for basic feeding, toileting, and hygiene.</td>
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<td>Redeploy site staff to assist as needed.</td>
<td>Focus on care basics – routine toileting and incontinence care; assistance with feeding; some limited bathing / showering; nail and foot care deferred except for diabetics.</td>
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<td>Clothing and bedding changed only as needed.</td>
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<td><strong>Cancel social / leisure programming</strong> (enhanced programming for dementia clients to be maintained). Reschedule non-urgent medical appointments.</td>
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<td>Cancel facility respite.</td>
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<td>Mobilize volunteer / family assistance for care provision.</td>
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<td>Evaluate clients for feasibility of being discharged temporarily to home with family or home with Home Care (if Home Care capacity allows).</td>
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References


