Scenario	Activities	Accountability	When to initiate	Ongoing	Accountability
Scenario # 1: Staff become(s) positive	 Send staff home (if at work), or communicate with staff and let them know they must stay home and self-isolate for 14 days (or until cleared by Public Health). 	In Charge Nurse on shift	Immediately	Get updates from staff every 3 days until cleared	Nrsg. Admin. Assist
	Notify Public Health	In Charge Nurse on Shift	Immediately	Daily	Lead Manager On site/Call
	Notify MOHLTC, LHIN and MOL	Administrator	Same day	Daily calls or as directed by Public Health	Administrator
	Initiate Line listing and submit to Public Health	Nrsg. Admin. Assist	Immediately	Daily	Nrsg. Admin. Assist
	 Initiate the Pandemic checklist (appended) to this plan. 	Lead Manager on site	Immediately	Daily updates	Lead Manager On site/Call
	Isolate all residents to their room (if applicable)	In Charge Nurse on Shift	Immediately	Daily review	Director of Clinical Care and Quality
	Place PPE carts outside each room	In Charge Nurse on Shift	Immediately	Daily ensure all PPE supplies readily available to staff	Director of Clinical Care and Quality
	 Signage for contact and droplet precautions posted on the main door – Follow Public Health direction 	In Charge Nurse on Shift	Immediately	Daily	Director of Clinical Care and Quality r
	Swab staff and residents who are symptomatic or as directed by Public Health	In Charge Nurse on Shift	Day of Positive case identified	Ongoing	Director of Clinical Care and Quality
	 Review the last 7-day schedule for the positive staff to determine who has been exposed and provide this information to Public Health 	Nrsg. Admin. Assist	Day positive case identified	Ongoing	Nrsg. Admin Assist
	 Review contingency staffing plan to ensure coverage in the event other staff test positive 	Nrsg. Admin. Assist	Day positive case identified	Ongoing	Nrsg. Admin. Assist

Scenario	Activities	Accountability	When to initiate	Ongoing	Accountability
	 Review IPAC practices and precautions including PPE and hand hygiene and continue auditing IPAC practices 	Lead Manager on site	Immediately	Twice daily huddles	Director of Clinical Care and Quality
	Active screening- all residents and all staff twice daily	Screener and Charge Nurse	In place as an IPAC measure	Auditing screening	Director of Clinical Care and Quality
	Communication with staff, families, and owner/representative	Administrator	Day positive case identified	Weekly	Administrator
	Communication with residents	Administrator	Day positive case identified	Daily reinforcement	Administrator
	Communication with Union	Administrator	Same day	Weekly updates	Administrator
	 Communication with essential providers (Physician, NP, PT, RD, Medigas, Pharmacy, Lab, Imaging) 	Management team (decide who calls who)	Same day	Weekly updates	Management team
	Huddles to communicate critical information to staff	Lead Site Manager and/or In Charge Nurse	Same day	Twice daily	Director of Clinical Care and Quality
		1	1		
Scenario # 2: Negative resident(s) tested positive for Covid-19	 Notify Public Health and review cohorting resident(s) and staff to contain spread 	In Charge Nurse on Shift	Immediately	Daily calls or as directed by Public Health	Lead Manager On site/Call
	Notify MOHLTC, LHIN and MOL	Administrator	Same day	Daily calls or as directed by Public Health	Administrator
	Initiate Line listing and submit to Public Health	In Charge Nurse on Shift with Nrsg. Admin Assist.	Immediately	Daily	Nrsg. Admin Assist.

Scenario	Activities	Accountability	When to initiate	Ongoing	Accountability
	Initiate the Pandemic checklist (appended) to this plan.	Chare Nurse on Site	Immediately	Daily updates	Lead Manager On site/Call
	Isolate all residents to their room (if applicable)	Charge Nurse on Site	Immediately	Daily review	Lead Manager On site/Call
	Place PPE carts outside each room	Charge Nurse on Site	Immediately	Daily ensure all PPE supplies readily available to staff	Director of Clinical Care and Quality
	 Signage for contact and droplet precautions posted on the main door, outside positive resident(s) room (s). Hand hygiene signage throughout the building 	Charge Nurse on Site	Immediately	Daily	Director of Clinical Care and Quality
	Swab residents and staff who are symptomatic or as directed by Public Health	Charge Nurse on Site	Day of Positive case identified	Weekly swabs for negative staff and residents	Director of Clinical Care and Quality
	 Review contingency staffing plan to ensure full coverage on all shifts 	Nrsg. Admin Assist.	Day positive case identified	Daily	Nrsg. Admin Assist
	 Review IPAC practices and precautions including PPE and hand hygiene and continue auditing IPAC practices 	Lead Manager on site	Immediately	Twice daily huddles	Director of Clinical Care and Quality
	Active screening- all residents and all staff twice daily including temp checks	Screener and Charge Nurse	In place as an IPAC measure	Auditing screening	Director of Clinical Care and Quality
	 Communication with staff, families, and owner/representative 	Administrator	Day positive case identified	Weekly	Administrator
	Communication with residents	Administrator	Day positive case identified	Daily reinforcement	Administrator
	Communication with Union	Administrator	Same day	Weekly updates	Administrator
	 Communication with essential providers (Physician, NP, PT, RD, Medigas, Pharmacy, Lab, Imaging) 	Management team (decide who calls who)	Same day	Weekly updates	Management team

Scenario	Activities	Accountability	When to initiate	Ongoing	Accountability
	Daily Physician Huddles with team to review clinical status of each resident	In Charge Nurse on Site	Same day	daily	Director of Clinical Care and Quality
	Staff huddles to communicate status of residents, outbreak, reinforcement of IPAC, EAP assistance, Precautions to take outside work and during breaks, etc. Updating Huddle board	In Charge Nurse on Site/Nurse Manager	Same day	Twice daily	Director of Clinical Care and Quality
	PPE inventory and ensure two-week supplies	Administrator	Same day	Daily inventory to be done by screener	Administrator
	Clinical documentation and POC documentation of daily care and changes in status	In Charge Nurse	(in place already – continue with practice)	Audit daily to ensure care is documented as provided	Director of Clinical Care and Quality
	 Depending on the number of residents testing positive – may have to initiate care changes as outlines in this Pandemic plan 	In Charge Nurse on Site	Evaluate daily to determine when to trigger	Daily evaluation	Director of Clinical Care and Quality
	Review leadership roles and ensure clear delineation of responsibilities with onsite presence daily. Establishment of a leadership schedule for at least 3-week periods to ensure leadership onsite	Administrator	Same day	This becomes part of the staffing plan and daily discussions	Administrator and Nrsg. Admin. Assist
	Daily leadership meetings (agenda at a minimum: Resident status, staffing for the next 72 hours, leadership presence on site, communication with external entities, staff concerns, PPE, IPAC audits)	Administrator	Same day	Daily	Administrator
In the event care provisions change	Post outside each resident door – the essential care components (diet and level of assistance with feeding, ADL information, fluid intake, BM alteration in skin integrity- use current template to document this)	In Charge Nurse on Site	TBD	Daily review to ensure staff are documenting care rendered	Director of Clinical Care and Quality

Scenario	Activities	Accountability	When to initiate	Ongoing	Accountability
	May have to suspend POC documentation. When this happens need to have the In Charge Night registered staff document the daily care in PCC.	In Charge Nurse on Site	TBD	Daily review to ensure documentation is done (24-hour summary report - PCC	Director of Clinical Care and Quality and RAI MDS Coordinator
	 Additional hands-on training for agency staff and pairing agency staff with our own staff to ensure standards of care are maintained 	Director of Clinical Care and Quality	TBD	Daily	Director of Clinical Care and Quality
	Staggering of meal times to ensure enough time to feed each resident that needs assistance	In Charge Nurse on Site and Nurse Manager on Call/On Site	TBD		Food and Nutrition Manager
	May need to consider outsourcing laundry, dietary, housekeeping depending on staffing levels	Administrator	TBD		Administrator
	1-1 activities for each resident in their rooms including PTA therapies, face time with families, window visits (if in outbreak), essential visitors for compassionate reasons (follow directive # 5)	Life Enrichment	When residents confined to their rooms	Daily review based on resident needs	Life Enrichment
Preventative measures to reduce risk (post outbreak)	Physical distancing – residents (max. two residents per room ensure 6 ft apart)	Maintenance Supervisor	Immediately	Daily monitoring to ensure in place	Administrator
	 Physical distancing in dining room – Resident placement to ensure 6 ft physical distancing (markings on floor to identify chair, table placements, etc.) 	Maintenance Supervisor	Immediately	Daily monitoring to ensure in place	Administrator

Scenario	Activities	Accountability	When to initiate	Ongoing	Accountability
	Screening area – staff to maintain 6 ft physical distancing	Screener	Ongoing	Monitor daily to ensure staff are complying with this	Administrator
	Staff – physical distancing in lunch room and education room during breaks	Nurse Manager	Ongoing	Monitor daily to ensure staff are compliant	Administrator
	 IPAC practices – reinforcement of PPE and auditing high touch areas and PPE practices (continue with a minimum of 6 audits daily) 	Nurse Manager	daily	Assign who is responsible for doing these audits daily	Director of Clinical Care and Quality
	 PPE required for staff to wear when on site and also additional PPE required for intimate care and feeding – ensure there is clear communication posted so that all staff know 	Nurse Manager	Post outbreak	Daily monitoring and auditing	Administrator
	 Active screening staff and residents (twice daily temp checks for residents and start and end of shift temp checks for staff, plus reviewing symptoms as part of screening to capture staff that might be exhibiting symptoms before they start working) 	Screener	Ongoing	Monitor daily to ensure this is happening	Administrator
	 Small group activities to ensure physical distancing 	Life Enrichment	ongoing		