



Pandemic Continuity Plan

**Last Updated
March 22, 2020**

REPLACES ALL PREVIOUS VERSIONS

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SECTION 1: Introduction

Purpose

This Pandemic Continuity Plan has been developed to ensure the critical business functions of MACL can be maintained in the event that up to 35% of our staff is incapacitated during a pandemic emergency.

Definitions

Pandemic	A pandemic is an epidemic of infectious disease spreading over a large geographic region such as a continent or worldwide. In contrast to seasonal influenza epidemics, the anticipated/current influenza pandemic has the potential to spread very rapidly infecting larger numbers of people and leading to serious illness or death. Immunity people may naturally have to seasonal influenza will not protect them during an influenza pandemic outbreak.
Influenza	<p>Symptoms of influenza include fever, fatigue, muscle aches and pains, lack of appetite, coughing, sore throat and possibly headache, vomiting and diarrhea. The majority of Canadian cases of influenza experience mild illness and recover at home.</p> <p>The influenza virus can live outside the body on hard surfaces, such as stainless steel and plastic, for 24-48 hours and on soft surfaces, such as cloth, paper, and tissues for less than 8-12 hours; however, it can only infect a person for up to 2-8 hours after being deposited on hard surfaces, and for up to a few minutes after being deposited on soft surfaces.</p>
Antivirals	Antivirals are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and potentially reduce the serious complications of influenza. Antivirals work by reducing the ability of the virus to reproduce but do not provide immunity against the virus. The influenza virus is treated with two different antivirals: oseltamivir (Tamiflu) and zanamivir (Relenza).
Vaccines	Vaccines are preparations intended to produce immunity to a disease by stimulating the production of antibodies. Vaccines are the primary means to prevent illness and death from influenza. They stimulate the production of antibodies against the flu virus components included in the vaccine, providing immunity against the virus. In order to provide the best protection, a vaccine is tailored to fight off specific strains of influenza.

Critical Business Functions

Critical business functions are those activities which must be performed in order for the organization to remain in operation. Identifying our critical business functions and planning for their continuation will ensure that the essential services we provide directly to our person served will continue during a local outbreak. Refer to MACL Pandemic Plan for Administrative positions.

Essential Services

Essential Services are the services we must provide to our persons served. Identifying our essential services and planning for their continuation during an outbreak will allow us to continue to provide essential person served with services.

Components of the Plan

1. Identify critical business functions and resources to draw upon during an outbreak
2. Identify essential services and the staffing levels necessary to continue to provide the service
3. Develop and deliver an education program to staff and persons served focusing on prevention and infection control.
4. Clarify questions regarding Union Contract, Excluded Employees and Applicable Legislation

PREAMBLE:

The World Health Organization (WHO) defines a pandemic as a “sustained community level outbreak in at least two WHO regions.”

Both Canadian and British Columbia governments have established authorities to coordinate and manage such an event. In BC, these authorities include the British Columbia Centre for Disease Control (BCCDC), BC Emergency Health Services (BCEHS) and Regional Health Authorities. These bodies will assume much of the mandate and provide the direction on how to prevent, prepare, respond and recover from such a pandemic.

MACL will follow any instructions and directives that come from these bodies and apply them to our organization.

Within MACL, we have two primary considerations under pandemic conditions:

- The care of vulnerable individuals. By definition, this could include a significant number of individuals we support.
- Deploying available staff and providing instructions to staff who are at risk of infection, and/or who are already infected.

To that end, the CEO, in collaboration with the Management Team and Program Supervisors, is responsible for successful implementation of this plan. This plan will be regularly reviewed annually, and daily throughout periods of pandemic as leadership staff triage need for response. It will be revised and updated to reflect current circumstances.

On March 12, 2020, the World Health Organization declared the global COVID-19 a pandemic. This plan has been updated to reflect COVID-19 specific information.

Coronavirus COVID-19
BC Centre for Disease Control | BC Ministry of Health

Key Facts

- We are focused on slowing the spread of COVID-19 in our communities.
- A sudden increase in people becoming infected with COVID-19 may impact the capacity of our health system to provide care to everyone who needs it.
- By slowing the spread of the virus, our most vulnerable will be able to access care when and where they need it.
- 80% of people who are infected will have mild symptoms that will not require care outside of the home.
- Around 1 out of 6 people who get COVID-19 may become seriously ill and develop difficulty breathing.
- Older people, and those with preexisting medical conditions such as high blood pressure, heart problems or diabetes, are more likely to develop serious illness.

WHAT YOU CAN DO TO SLOW TRANSMISSION

- Take care of others by taking care of yourself.
- Wash your hands, don't touch your face, and stay home if you are sick.
- Monitor yourself.
- If you have a fever, a new cough, or difficulty breathing, call 8-1-1 for guidance.

What is coronavirus/COVID-19?

Coronaviruses are a large family of viruses found mostly in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The new coronavirus has been named COVID-19. While many of the characteristics of COVID-19 are still unknown, mild to severe illness has been reported for confirmed cases.

Novel coronavirus (COVID-19) information for patients with chronic health conditions
March 13, 2020

The best source of up-to-date information on the novel coronavirus (COVID-19) in British Columbia is the BC Centre for Disease Control (BCCDC): www.bccdc.ca. This document provides answers to additional questions from patients with chronic conditions.

www.bccdc.ca/diseases-conditions/covid-19

ESSENTIAL SERVICES AND POTENTIAL PROGRAM CLOSURES:

MACL considers staffed Residential Homes, Supported Living, Homeshare Services and certain administrative positions to be essential services, and will prioritize these to maintain service delivery and staffing during pandemic outbreaks.

Where reasonably possible, MACL will work to maintain all programs during a pandemic threat, however service suspensions, and/or reductions, relocations of sites and transferring/cross-training of staff may be necessary. The support, well-being and health of people receiving services will be paramount in these decisions. Information about the pandemic status from Fraser Health or Health Canada, and about program or staffing changes will be provided to employees as quickly as possible from the CEO in cooperation with the Program Directors.

Non-essential programs include Sandcastle Preschool, Employment Services, Bridge Training Services, Community Development Program, Individual Support Services, Supported Child Development, and Child and Youth Activity. The decision to suspend or otherwise adapt non-essential programs or services, either proactively (including anticipation of disease or outbreaks), or more typically reactively (in response to disease or outbreaks), lies at the discretion of the Association and appropriate local authorities and would typically be based on considerations such as local public health concerns, local community concerns, and/or staffing shortages. MACL will remain vigilant and follow instructions from local authorities while maintaining essential service levels. Should a change in non-essential service delivery occur, staff from the affected program(s) may be deployed/temporarily transferred to an essential service. In such cases, deployed staff will support the residential staff with cooking, cleaning, and other duties that do not require additional training. They will not be required to complete personal care or administer medications unless they have been trained to do so.

Directors will determine staffing levels necessary to ensure safety of persons served under emergency conditions, and have authority to refer or transfer an individual to a medical care facility if warranted.

Should a pandemic outbreak impact the administrative staff the CEO will determine whether administrative office closure is warranted. Staff payroll and scheduling will not be interrupted in the event of an office closure.

SECTION 2: Infection Prevention and Control

EDUCATION ON THE INFLUENZA VIRUS

All staff will be provided with training focusing on prevention and control of an infectious disease outbreak. Training will include the following components:

INFORMATION ABOUT FLU VIRUS

Symptoms

People respond to influenza in different ways, but the most common symptoms include fever, cough, muscle aches, difficulty breathing. Symptoms can rapidly increase in severity, and persist for a week or two. Some people, who are sick with influenza and therefore contagious to others, show few or no symptoms throughout their illness.

Transmission

Sometimes, humans and animals can pass strains of flu back and forth to one another through direct close contact. More investigation is needed on how easily the virus spreads between people and animals, however, it is believed that it is spread the same way as regular seasonal influenza. Influenza and other respiratory infections are transmitted from person to person when germs enter the nose and/or throat.

COVID-19 Transmission: Droplet contact versus airborne transmission:

Retrieved March 22, 2020 from:

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/how-it-spreads>

Coronavirus is transmitted via larger liquid droplets when a person coughs or sneezes. The virus can enter through these droplets through the eyes, nose or throat if you are in close contact.

The virus is not known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin.

It can be spread by touch if a person has used their hands to cover their mouth or nose when they cough. That's why we recommend you cough or sneeze into your arm and wash your hands regularly. Droplet Contact: Some diseases can be transferred by large infected droplets contacting surfaces of the eye, nose, or mouth. For example, large droplets that may be visible to the naked eye are generated when a person sneezes or coughs. These droplets typically spread only one to two metres and are too large to float in the air (i.e. airborne) and quickly fall to the ground. Influenza and SARS are two examples of diseases capable of being transmitted from droplet contact. **Currently, health experts believe that coronavirus can also be transmitted in this way.**

Airborne transmission: This occurs when much smaller evaporated droplets or dust particles containing the microorganism float in the air for long periods of time. Transmission occurs when others breathe the microorganism into their throat or lungs. Examples of diseases capable of airborne transmission include measles, chickenpox and tuberculosis. **Currently, health experts believe that coronavirus cannot be transmitted through airborne transmission.**

Infectious Period

The BC Centre for Disease Control suggests the incubation period is up to fourteen days prior to the on-set of symptoms, and can last approximately seven to twelve days afterwards. This means MACL cannot rely solely on sending sick staff or persons served home to control the disease. By the time their illness becomes obvious to them and to others, many people may have been infected.

Vaccines (Flu Shots)

A vaccine is any preparation intended to produce immunity to a disease by stimulating the production of antibodies. Health Canada recommends that vaccines be given first to the following groups and those who care for them:

- People under 65 with chronic health conditions or who are pregnant
- Children 6 months to less than 5 years of age
- Healthcare workers
- Caregivers/family of persons at high risk who cannot be immunized
- Populations otherwise identified as high risk

Facemasks

The Public Health Agency of Canada does not recommend healthy people wear masks as they go about their daily lives in the community. There is no evidence to suggest wearing masks will prevent the spread of infection in the general population and improper use of masks may in fact increase the risk of infection as removing the mask incorrectly can spread the virus to one's hands and face. Use of facemasks should be limited to those with acute symptoms of infection or those staff required to provide care within 1 metre of an affected individual. More information can be found here:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Hand Washing

Hand-washing represents an important method for helping to control the spread of the virus. Someone can pick up the virus on their hands from touching an infected person or a surface where the virus is present, and then introduce the virus to his/herself by bringing hands to the mouth, nose, or eyes. The virus then makes its way to the respiratory track. Viruses can live on hard surfaces such as doorknobs for 24 to 48 hours, and on nonporous surfaces such as cloth, paper, and tissue from 8 to 12 hours. Once on the hand, the virus can survive for about 5 minutes.

Impervious to Anti-Bacterial Medications

Viral-based influenza does not respond to antibiotics. The common medications used for bacterial infections such as penicillin and streptomycin have no effect on the influenza virus. Some recently developed antiviral medications can inhibit the dispersal of viral particles inside the body, but there is no medical cure for influenza. This suggests the most effective way to combat the disease is to avoid exposure to the virus.

Complications

A major threat in past influenza pandemics has been the tendency for the viral infection to exhaust the body's immune capacity. This opens the door for other diseases. Most notable among these complications is pneumonia, a bacterial infection that causes the build-up of fluid in the lungs and bronchial passages. Even if treated with appropriate medications, complications from a viral infection can result in prolonged illness or death.

Potential for Death

It is difficult to predict the likelihood of death among pandemic influenza victims. Much depends on the nature of the viral sub-type, how readily it resists the body's many immune system defenses, and the physical condition of those infected. Historic outbreaks of influenza have shown, however, that death can come within hours of the first symptoms, or after a prolonged battle with complications over many weeks. The risk of death due to pandemic influenza is far higher for people who are older and those who have other underlying medical conditions.

WHAT TO DO IF YOU THINK YOU HAVE INFLUENZA VIRUS

The symptoms of the flu virus include fever, cough, and difficulty breathing. If you are concerned or experiencing any of these symptoms, there is no need to rush to the doctor, the hospital, or a clinic. This will spread the virus. A good place to start is to call HealthLink BC at 8-1-1, anytime of the day or night.

If your influenza illness is limited to fever, cough, and muscle aches, the Ministry of Health recommends you stay at home. Advice during this time includes to rest and drink plenty of liquids like soup, juice, water, or tea. The day after you begin to feel better, you can start to increase your activity. Keep in mind that it may take a week or two until you are back to normal.

If you are sick, stay home and avoid contact with other people as much as possible to keep from spreading your illness to others. Take the following precautions:

- Cough or sneeze into your elbow or cover your mouth and nose with a tissue, throw the tissue away immediately and wash your hands.
- Wash your hands with soap and warm water or use alcohol-based disposable hand wipes or gel sanitizers.
- Avoid travel outside the home while you have flu symptoms
- Find a “flu buddy” to assist you if you become ill and are unable to go out.

If your illness gets worse and you experience symptoms like new confusion, shortage of breath or painful breathing, visit your doctor or a clinic immediately. You can call 8-1-1 anytime to speak to a nurse if you have more questions or are concerned about any symptom.

For complete information about ways to look after yourself and others during the 2020 COVID-19 pandemic, check out the resource from Fraser Health at the following link:

<https://www.fraserhealth.ca/health-topics-a-to-z/coronavirus#.XmlVuHJKiUk>

For information about self-monitoring, self-isolation and isolation for COVID-19, see the poster in Appendix A, also found here: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/know-difference-self-monitoring-isolation-covid-19/know-difference-self-monitoring-isolation-covid-19-eng.pdf>

HOW TO MANAGE PANDEMIC RISKS-Protection for MACL Staff and Person Served

MACL Policy 9.1 INFECTION CONTROL, IMMUNIZATIONS AND STANDARD

PRECAUTIONS: (found in Appendix A)

This policy outlines that all staff should ensure they practice the universal health precautions at all times. It further outlines standard precautions, education, hand washing, protective barriers, cleaning contaminated surfaces, disposal of contaminated articles and other precautions.

Disclosure/Notification of Suspected or Confirmed Influenza Infection amongst Staff

- Staff, supervisors or MACL leadership cannot determine the need for quarantine. This is a medical decision. If quarantine is needed, MACL staff are required to follow the instructions of medical professionals. All staff must notify their Supervisor or On Call Supervisor immediately upon suspected or confirmed infection with influenza.
- All staff must notify their Supervisor or On Call Supervisor immediately upon suspected or confirmed infection of a MACL person served with influenza; the Supervisor or On Call Supervisor will notify the Program Director.
- All families/caregivers must notify the Program Supervisor or Director immediately upon suspected or confirmed infection of a Persons served with influenza.

Prevention – Before and During an Influenza Pandemic

Staff and person served awareness is the first stage of pandemic planning. It is important to educate staff in the various ways that they can protect their own health as well as the health of our persons served. This includes:

Proper Hand Washing

Hands play a significant role in acquiring and in transmitting a virus from one person to another. Hand hygiene is accepted as the single most important practice to prevent the spread of infections. **Good hand washing habits are more likely to prevent infections than excessive cleaning and disinfection of surfaces.**

- Proper Hand washing must occur often, including:
- Before, during, and after preparing food
- Before preparing medication
- Before eating
- After using the washroom
- After sneezing, coughing or blowing/wiping one's nose
- After smoking
- Assisting another person who has sneezed, coughed or blow/wiped his nose
- Assisting another person with personal hygiene
- After handling animals or animal waste
- When hands are dirty or whenever in doubt
- More frequently when someone in your workplace or home is sick.

Most people do not wash their hands for long enough or in the correct manner. A Vancouver Coastal Health poster showing proper hand washing is found in Appendix A.

Refrain from Unnecessary Touching of One's Eyes, Nose or Mouth

Avoid touching your face unless you have just washed your hands. It is especially important when using contact lenses that your hands have been washed well.

Use Single Door Entry

Identify one point of entry/exit per program or home, and disinfect the door handle and locking mechanisms frequently. Hang the STOP posters found in Appendix A on the outside of the entry. Entry doors to residential programs must be kept locked and staff should answer the door for all visitors to the home, highlighting the information on the stop posters.

Use Cough Etiquette

Turn your head and cough or sneeze inside of your elbow or into a disposable tissue. Use disposable tissues only once and throw it away immediately so that they do not contaminate surfaces. Tissues will also be made available in high-traffic staff areas and , associated side effects, etc).

Apply Social Distancing Principals

Once a pandemic has been declared reduce the time spent in large, crowded settings. When there is an option to do so, encourage persons served to maintain 1 metre (3 feet) from others. Avoid hugging, kissing and hand shaking.

Open Air is Better than Close Quarters

Where possible, MACL's group programs should choose outdoor activities for smaller groups verses large-group indoor activities. Sandcastle may wish to include increasing outdoor play time.

Eliminate Sharing where Possible

Reinforce "no food sharing" practices. Though in general, these are put in place in an effort to reduce potential exposures to allergens, the practice of not sharing food will support the efforts of reducing within the drop-in for persons served.

A poster showing how to cover your cough can be found in Appendix A and also at the following website:

Cover your Cough: <https://www.health.state.mn.us/people/cyc/cycpgeneng.pdf>

Use Proper Procedures at the Sink

Use a paper towel to turn off the tap at the sink after you have washed your hands so that you do not contaminate your hands again. Use the same paper towel to open the door of the washroom and other doors that you may have to open to get back to your work area. Posters will be created and posted in washrooms, high traffic areas to remind all staff and persons served on an on-going basis.

Posters showing proper hand washing and hand rubbing are found in Appendix A. They are also available at the following websites:

Hand Washing: <http://www.vch.ca/Documents/How-to-handwash-poster.pdf>

Hand Rubbing: https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?ua=1

Get Flu vaccination

Seasonal flu shots or nasal spray vaccine are recommended for most people over the age of 6 months, except where there are severe allergies or underlying health issues. While MACL does not have a mandatory immunizations policy, we strongly recommend that all staff consult with their local health care provider with regard to obtaining your flu shot (e.g. locations, your risk category virus transmission between people. Individuals should also be supported not to share utensils, dishes, and water bottles/drink containers.

Shared Work Areas

During a pandemic, additional measures including more frequent cleaning and disinfecting of worksites are needed to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. countertops, sinks, faucets, appliances, doorknobs, railings, medical equipment, toys, toilets, phones, electronics, television remotes, objects and countertops). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Travel

Monitor the Government of Canada travel site for the latest travel advisories. Travelers returning from locations with outbreaks should monitor themselves and their family members closely for symptoms. If symptoms arise, returned travelers should limit contact with others. If your illness gets worse and you experience symptoms like shortage of breath or painful breathing, visit your doctor or a clinic immediately. You can call 8-1-1 anytime to speak to a nurse if you have more questions or are concerned about any symptom

Providing Services in People's Homes and Childcare Centres

Before entering a home or childcare centre the following assessment questions should be asked:

- If anyone in the home is exhibiting cold or flu-like symptoms: cough, sneezing, fever, sore throat and difficulty breathing/shortness of breath;
- If anyone in the home has recently travelled outside of Canada in the last 3 weeks, or been exposed to anyone who has recently travelled from an area identified by the WHO as being high risk.

If the answer to any of these questions is YES, MACL staff will not enter the site until two weeks has passed.

Recognizing the Difference between a Cold and the Flu

Flu symptoms typically appear so quickly that people can recall the exact moment they first felt sick.

A cold usually comes on more gradually.

SYMPTOM	ALLERGIES	COLD	FLU
Onset of illness	Often seasonal	Sudden	Sudden
Duration of symptoms	3+ weeks	2 weeks or less	2 weeks or less
Itchy / watery eyes	Likely	Less likely	Less likely
Fever	None	Possible	Frequent
Fatigue	Possible	Possible	Frequent
Muscle aches	Unlikely	Possible	Frequent
Chills	None	Possible	Frequent
Headache	Possible	Possible	Possible
Runny nose	Frequent	Frequent	Frequent
Sneezing	Frequent	Frequent	Frequent
Coughing	Possible	Frequent	Frequent
Sore throat	Possible	Frequent	Frequent

<https://wexnermedical.osu.edu/blog/fall-allergies-cold-or-flu>

Managing Persons Served Who Are Ill

If a person served in a MACL program becomes ill-with pandemic-like symptoms, the Program Director should be immediately contacted.

Non Essential Programs/Services

- The Program Director should be notified immediately regarding of any person served who arrives at the program exhibiting signs of suspected influenza, or become ill during program hours. In such cases, the Supervisor or Director will make arrangements to have family member/caregiver immediately pick the person up. In such cases, the person will be isolated from others while waiting for a family member/caregiver to arrive to take them home.
- If many people (staff and/or persons served) are becoming ill or the illness becomes highly prevalent in the Mission community, non-essential programs may be closed. Program Staff who are not ill will be deployed to other MACL programs which require staffing assistance.

Limited options to support persons served by non-essential may be available depending on the number of person served and staff who become ill with influenza in MACL's essential services. Such direct support will be reserved for the very urgent situations (e.g. when someone is at risk of death, serious injury or mental health crisis).

Essential Services:

- Where possible, persons served in essential services who are ill and suspected to have a contagious disease, should be assessed by a medical practitioner immediately.
- Where possible, immediately isolate all individuals with any new or worsening respiratory symptoms, even if there is just a single person who is ill.
- Call the Program Director IMMEDIATELY for further direction on next steps.
- If the infected person can tolerate mask wearing, they should be supported to wear a mask. If they are unable to wear a mask, Caregivers providing care within 2 metres of them should wear a mask.
- Where possible there should be a minimum of 2 meter distance between ill people and others except when providing personal care including hygiene, toileting, mealtime supports and medication administration.
- If an outbreak occurs in the home, routine social visits will be limited or restricted and only essential visits/appointments will take place.

Residential Homes: Pandemic Isolation Protocol for Persons Served

In times of pandemic, this protocol should be followed without delay as soon as a resident develops a new fever, cough or has difficulty breathing. It is imperative that the person is brought directly to their bedroom and that the Supervisor, On-call Supervisor or Director are immediately notified, as well as Vinge (if there is a Vinge nurse involved)

What is Isolation?

Isolation separates sick people with a contagious disease from other residents who are not sick.

Immediate Action:

- Bring person to his/her bedroom and make them comfortable.
- Contact the Supervisor/On-call Supervisor immediately
- Seek medical assessment via Vinge (where available) or call 811

If someone is having severe difficulty breathing, is not waking up easily, or loses consciousness, call 911 without delay

Upon Instruction to Isolate

1. Preparation/Supplies:

- The Supervisor, On-call Supervisor or Director should go Murray House immediately and pick up the following:
 - one of the Isolation Kits (this consists of a plastic tote containing masks, eye protection, cleaning products, disposable plates, cups, and cutlery for the sick individual as well as a Droplet Precautions poster and a supply chart attached to check off items as they are used) and,
 - a garbage can with lid for the bedroom of each individual requiring isolation.
- You will need to prepare a cleaning kit. The kit will include paper towels, cleaner, gloves and an apron. If you are adding a bleach solution to the kit you need to mix it fresh every morning. You need to have a form where you can record when the solution was mixed.
- Place the garbage can with a bag in it inside the bedroom door.
- Hang the Droplet Precautions poster on the person's bedroom door.

Reporting/Communication:

- The Supervisor/Program Director will send an email to the rest of the management team with the subject COVID-ISOLATION
- The Supervisor or Program Director will inform the family.
- All visits to the individuals including immediate family will stop at this point.
- The Program Director will notify CLBC and Licensing and complete/submit and any required Reportable Incident form.

During the Isolation Period:

- Talk to all persons served regarding why we need to stay home if someone is sick and they aren't. Review safety procedures like social distancing, washing hands, and how to cough into your elbow.
- Ensure the home is well stocked with snack, treats, and has activities that everyone will enjoy. (puzzles, games, books, crafts, etc) and take efforts to engage the individuals in enjoyable activities throughout the duration.
- Maintain 2 meters/6 feet distance when not providing personal support with meals, medications or personal care BUT also ensure that you make time to engage the person by checking in and chatting with him/her from a 2 meter/6 foot distance.
- Use disposable cups, dishes and cutlery for the person who is sick.
- During the Isolation period, where technology has been set up to do so, support the isolated person to skype or FaceTime so people can communicate with friends or family.
- Thoroughly clean and disinfect common area (i.e. Bathroom) IMMEDIATELY after use by the individual.
- Clean frequently touched surfaces-including the door handles every time you enter/exit the room.
- Refer to and follow MACL Policy A-9.1 Infection Control, Immunizations and Standard Precautions, ensuring any procedures for cleaning potentially contaminated surfaces and disposing of contaminated articles are adhered to.
- Do not allow visitors for the individual until he/she individual has fully recovered.
- Take vitals (including temperature) twice daily – record.

At ANY point:

- **The person has severe difficulty breathing, is not waking up easily, or loses consciousness, call 911.**
- The person displays new or worsening respiratory symptoms, contact the supervisor/on-call supervisor immediately.

****Where Vinge is involved the nurse is also to be called immediately in either of the above circumstances.

WORKPLACE/HOME/PROGRAM CLEANING

During a pandemic, additional measures including more frequent cleaning and disinfecting are needed to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. countertops, sinks, faucets, appliances, doorknobs, railings, medical equipment, toys, toilets, phones, electronics, television remotes, objects and countertops). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Refer to and follow MACL Policy A-9.1 Infection Control, Immunizations and Standard Precautions, ensuring any procedures for cleaning potentially contaminated surfaces and disposing of contaminated articles are adhered to.

Influenza viruses are inactivated by **alcohol and by chlorine**. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces which are frequently touched with hands should be cleaned often, a minimum of twice daily during a period of pandemic or as directed by the Program Director. Every shift should have a designated staff to carry out general hygiene/sanitation.

See Appendix A for a sample enhanced cleaning checklist.

The table below suggests the appropriate choice and concentration of disinfectants:

Disinfectants	Recommended Use	Precautions
CHLORINE: Household Bleach (5.25%) 1:10 (5,000 ppm solution) 100mL bleach to 900mL water MUST BE MIXED FRESH DAILY	Ensure surface remains wet for 10 minutes. Air Dry, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary.	As per Safety Data Sheet (SDS)
PerCept To clean contaminated area, apply a 1:16 solution to the surface.	Ensure surface remains wet for five minutes. Air Dry, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary.	As per Safety Data Sheet (SDS)
Accelerated Hydrogen Peroxide 0.5%	Used for disinfecting general surfaces (e.g. counters, hand rails, door knobs).	As per Safety Data Sheet (SDS)
Canadian Disinfectant drugs with a DIN (e.g. Lysol, EcoSure, Vanguard) A DIN (Drug Identification Number) given by Health Canada that confirms it is approved as a disinfectant.	Wipe surfaces with wipe or spray until surface is visibly wet. Allow surface to remain wet for 10 minutes. Let air dry. If surfaces are extremely dirty, clean first with another wipe before disinfecting.	As per Safety Data Sheet (SDS)

When a person with suspected influenza is identified and has left the workplace, her/his work area/office, along with any other known places s/he has been, must be thoroughly cleaned and disinfected immediately.

SECTION 3: Training and Infection Control Protocols

1. MACL will provide posters to hang in all washrooms, and in high traffic areas, to remind all staff and person served of proper hand washing techniques on an on-going basis.
2. All staff must attend all training sessions related to infection prevention and control. Training sessions will include information on infection control in the workplace, including hand washing procedures
3. All staff must read, and provide their signature to verify they have read, all printed training materials.
4. Enhanced cleaning of high touch surfaces will begin immediately, at least 2 times daily. (see Appendix A for sample checklist)
5. MACL will provide posters to hang in all public areas to remind all staff, visitors and person served of proper handwashing, coughing/sneezing etiquette on an on-going basis. A poster for hanging on the exterior door of the home/program reminding everyone to wash their hands before visiting can be found in Appendix A.
6. All staff will be encouraged to be vaccinated for influenza. The vaccine is free for direct care workers; for those who are not direct care workers, cost will be covered by MACL.
7. Latex and non-latex gloves will be available at all times for the use of all staff if so desired. Staff may be required to wear gloves at all times during their shift. Training on proper use of gloves will be provided to all staff.
8. Training will be provided to all MACL persons served regarding proper hand washing procedures.
9. Staff will be instructed to reassure persons served about their personal safety and health. Telling those we serve that it is okay to be concerned is comforting. Staff will reassure them they are safe and there are many things they can do to stay healthy, including:
 - Hand washing: Wash hands often with soap and warm water for at least 20 seconds, or use an alcohol based hand sanitizer, especially after coughing or sneezing.
 - Cough/sneeze etiquette: Cough and sneeze into arm or tissue.
 - Stay home when sick: Students/children should tell parents if not feeling well, and together, make a plan to stay home from school.
 - Keep clean: Keep hands away from face and mouth.
 - Stay healthy by eating healthy foods, keeping physically active and getting enough sleep.

SECTION 4: Questions regarding Union Contract, Excluded Employees and Applicable Legislation

Community Social Services Employers' Association (CSSEA) has provided the following information regarding mandatory vaccines, time off, and employee/employer rights and responsibilities.

1. Can MACL insist that employees be vaccinated against pandemic influenza? If not, can MACL force un-vaccinated employees to stay away from the workplace?

Pursuant to Article 22.9 (c) of the Collective Agreements, if employees are asked to be vaccinated, employers must provide available vaccines to unionized employees at no cost to those employees. If employees refuse to be vaccinated, employers may require them to commence a leave without pay or utilize vacation time until the risk of spreading infection at the workplace has been eliminated. In certain circumstances, employees who are unable to receive vaccinations may need to be accommodated at the workplace. These same factors would apply to non-union employees.

2. Can I take time off to care for family members who are ill? Who qualifies as "family?"

Under Article 20.1(a) (Compassionate Leave) of the Collective Agreements, immediate family includes: a parent, (including step and foster-parent), spouse, common-law spouse, child, step-child, brother, sister, parent-in-law, grandparent, grandchild, legal guardian, ward and a relative permanently residing in the employee's household. In such cases, employers will have to assess the reasonableness of such requests in light of their operational and staffing requirements.

Article 20.2 (Special Leave) of the Collective Agreements provides that a regular employee who has completed probation shall be entitled to special leave without pay to a maximum of ten (10) days per year to attend to:

- (c) Serious household or domestic emergency including illness in the employee's immediate family – up to two (2) days;
- (i)...up to five (5) days of unpaid leave during each employment year to meet responsibilities related to:
 - (1) the care, health or education of a child in the employee's care, or
 - (2) the care of health of any other member of the employee's immediate family;

3. Can I refuse to come to work during an epidemic?

Employees who are not showing symptoms of illness or who do not actively secure direction from a qualified medical professional to self-isolate are expected to attend, and remain at, work as scheduled, despite understandable personal concerns about potential exposure in the community or in the workplace. If an employee believes that the workplace is unsafe, he or she is entitled to refuse work until it is determined the workplace is safe. Caring for a person served who is ill would be considered unsafe only if no supplies or training is provided to carry on the duties. If the workplace is deemed safe for workers, the employee must return to work. See section 3.12(1) of the *Occupational Health and Safety Regulation*. <https://www.worksafebc.com/en/about-us/covid-19-updates/what-workers-should-do>

4. Do employees have privacy rights regarding their medical status or their exposure to infected individuals?

It is acceptable for MACL to ask a sick employee how contagious he/she might be, and with who he/she was in contact. Where an employee has fallen ill, it is also acceptable for employers to inform other employees that he/she may have been exposed to an illness. Additionally, employers may be able to advise that there might have been an exposure in the workplace, without disclosing who had the communicable disease.

5. Do I use my sick bank during the Pandemic?

Employees who become sick or injured during the Pandemic, including those with flu-like system, should contact their supervisor as soon as possible of their inability to attend work because of their illness or injury. Sick leave credits (sick bank) can be used for any illness or injury.

6. Do I need to follow the government's instruction to self-isolate when I am not symptomatic?

As the pandemic situation continues to evolve, the Health Officer may advise/direct certain people (e.g. those who choose to travel outside of Canada or those who have come into direct contact with a COVID-19 carrier) to self-isolate for a prescribed period of time, typically up to 14 days. MACL will comply with and enforce such medical directives.

7. How are staff who are not symptomatic compensated if they self-isolate?

If staff are self-quarantined because they have symptoms then they will be compensated for missed shifts by using their sick time banks.

Employees who are not symptomatic but are medically directed to self-isolate may be directed and approved to work from home in some circumstances (e.g. complete online training, self-study competencies etc.) At the discretion of the HR Director and CEO. Others may be eligible for paid leave of absence (not sick leave) for the duration of the recommended isolation period, pending receipt of the applicable Pandemic Leave Application Form.

If staff are asked to self-quarantine by public health because have come into contact with someone who has tested positively for COVID-19 and are not ill/symptomatic then they should complete the COVID-19/Medical Leave Application Form and may be eligible for up missed shifts during the 14 day period.

The Employee is returning from international travel, including from the United States that commenced prior to March 13, 2020 and, as per directive from the BC Medical Health officer must quarantine/self-isolate for 14 days in order to monitor for symptoms of the illness.

All other employees who have not travelled outside of Canada and who are concerned about having contracted the virus should contact 8-1-1, their primary care physician, or local public health office, to secure and follow directions on self-isolation, even though asymptomatic.

Employees who commence travel outside of Canada after March 13, 2020 contrary to the direction of the Provincial MHO do so at their own risk. Upon returning to Canada, they would be placed on an unpaid leave for the 14 day self-isolation period, or they may use available vacation credits or apply for Employment Insurance (EI) benefits.

All self-isolating employees should be directed to keep their employer updated regarding the status of any direction or updates they receive from a qualified medical professional.

Appendix A

SAMPLE: Enhanced Cleaning Guidelines for Pandemic Outbreaks

* Each shift needs to have a staff member appointed as the hygiene/sanitation manager.

** Surfaces which are frequently touched with hands should be cleaned often, a minimum of twice daily during a period of pandemic or more frequently as directed by the Program Director.

Frequently Touched Surfaces	Check off as completed
Cleaning agent to be used:	
1. Kitchen/Dining	
(a) Counters	
(b) Chairs	
(c) Light switches	
(d) Kitchen sink and faucet	
(e) Small Appliances (e.g. coffee maker/blender)	
(f) Large Appliances (e.g. fridge/stove/microwave/dishwasher)	
(g) Cabinet and drawer knobs and handles	
(h) Floor	
(i) Other:	
2. Washroom(s):	
(a) Sink basin and faucet	
(b) Toilet (lever/flush, horizontal surfaces, seat)	
(c) Tub and shower, including handles and plugs	
(c) Floor	
(d) Soap dispenser	
(e) Paper towel dispenser	
(f) Light switch	
(g) Door and handles on entry and exit	
3. Meeting/Living Room(s):	
(a) Door and knob on entry and exit	
(b) Telephone	
(c) Chairs/couches (if able) and end tables	
(d) Electronics including remotes (e.g. ipads/stereos/speakers)	
(e) Other:	
4. Office spaces:	
(a) Door knob on entry and exit	
(b) Door (where hands commonly touch to push open)	
(d) Desk and Phone	
(e) Keyboard and Mouse	

5. Program Vehicles:	
(a) Exterior and interior handles	
(b) Seats (if able)	
(c) Steering wheel, knobs and glove box	
6. Laundry and Storage Rooms:	
(a) Door and knob on entry and exit	
(b) Washer and dryer control knobs and doors	
7. Bedrooms:	
(a) Bedroom furniture	
(b) Door knobs and closet doors	
(c) Laundry basket	
(d) Transfer poles	
(e) Other	
8. Medication Room:	
(a) Door knob on entry and exit	
(b) Door (where hands commonly touch to push open)	
(c) Counters & cupboard doors	
(d) Blister pack racks/holders	
(e) Light switches	
(f) Sink	
8. Medical Equipment:	
(a) Wheelchairs, (handles/armrests/brakes/wheels/gear box)	
(b) Commodes	
(c) Electric lift motor	
(d) Slings – washed daily and when soiled	
(e) G-tube pumps	
(f) Hospital bed rails	
(g) Other:	

A-9.1 INFECTION CONTROL, IMMUNIZATIONS AND STANDARD PRECAUTIONS

PURPOSE: To stop the spread of disease and ensure the safety of those MACL supports.

POLICY:

MACL will comply with all regulations pertaining to infection control and will ensure Standard precautions and other practices to prevent the spread of disease.

IMMUNIZATIONS PROCEDURE FOR PERSONS SERVED:

1. Licensed Residential Services: All individuals served in MACL's staffed residential programs will be required to comply with the Provincial immunization and control programs. Records will be kept as part of the individual's service plan.
2. Sandcastle Preschool will comply with licensing regulations by requesting immunization records (including the actual dates of immunizations) for filing purposes, or the "Non-Immunization form" if they have chosen to waive any of their child's immunizations.

COMMUNICABLE DISEASE PROCEDURE:

Should it be suspected that the person served is carrying or has been exposed to a communicable disease, the individual should be assessed by a physician.

The Communicable Disease Regulations of the Health Act of British Columbia requires "that any person knowing or suspecting that another person is suffering from a communicable disease shall without delay make a report to the medical health officer"

When a person receiving service is officially diagnosed as a carrier of a reportable communicable disease, the occurrence must be reported to the Fraser Health Authority's Health Protection Program (at the local Public health Centre) by the appropriate Director. It is imperative that individual confidentiality be provided and respected. Names need not be shared.

Depending on the disease and how it is spread, health officials *may* require notification of others who may have come into contact with the disease.

Visit the website of the BC Centre for Disease Control for an updated list: www.bccdc.ca

STANDARD PRECAUTIONS PROCEDURE:

"Standard Precautions" are steps that all employees must take to protect themselves when coming into contact with the blood or body fluids of other people. Standard precautions are intended to stop the spread of germs to others.

We cannot always tell if another person is infected with a disease, so it is best to treat the blood and body fluids of every person as potentially infectious. Potentially infectious body fluids include blood, feces, saliva, vomitus, semen, nasal and vaginal secretions. MACL and its staff will follow the five steps of Standard precautions:

1. Education
2. Hand Washing
3. Wearing Protective Barriers
4. Cleaning Contaminated Surfaces
5. Disposal of Contaminated Articles

1. EDUCATION:

As part of the initial orientation and at least annually thereafter, MACL staff will complete training on infection control and Standard precautions. MACL will also educate and strongly encourage annual flu shots and will maintain a record of immunizations.

2. HAND WASHING:

Hand washing is the most effective precaution in preventing the spread of disease. Liquid soap and paper towels will be provided at each MACL site. All staff and/or persons served must ensure they wash their hands regularly, thoroughly, and with warm soap and water:

- before preparing and serving food,
- before administering medications,
- before eating,
- after using the toilet
- immediately after gloves are removed
- before and after providing personal care
- if dirty or contaminated with blood or body fluids

3. WEARING PROTECTIVE BARRIERS (GLOVES)

The use of gloves does not replace the need for hand hygiene. Gloves often create a moist environment that facilitates the growth of microorganisms. Hands should be properly washed before the gloves are put on and after the gloves are removed. Hand hygiene is also needed before and after the replacement of gloves during a procedure or in between tasks. The recommended medical gloves include those marketed as

sterile surgical or non-sterile examination gloves made of latex or vinyl. The following general guidelines are recommended:

- a) Use gloves for procedures involving contact with areas of the body that may carry blood borne diseases or infection.
- b) Use gloves when in contact with mucous membranes.
- c) Change gloves between contacts.
- d) Gloves must be removed and replaced when they become heavily soiled and when working between tasks.
- e) Gloves should always be removed using a glove-to-glove or skin-to-skin technique which will prevent contaminating the hands.
- f) Do not wash or disinfect gloves for reuse. Disinfecting agents cause deterioration.

4. CLEANING CONTAMINATED SURFACES

Surfaces visibly soiled with blood, body fluids or excrement must be cleaned immediately when safe to so do. The person doing the cleaning should wear disposable gloves to avoid exposing their open sores to blood or body fluids.

Hard Surfaces:

- a) Wipe up blood or other body fluids with a disposable cloth/paper towel and discard it appropriately (see 5. Disposal of contaminated articles)
- b) Soiled surfaces should be disinfected thoroughly after cleaning. Clean the area using a solution of household bleach and water (1 part bleach to 10 parts water). This solution should be freshly made up or it may lose its strength.
- c) allow this solution to sit on the contaminated surface for 10 minutes, then wipe clean and discard the cloth.
- d) Soak mops or brushes used for cleaning in the bleach solution for 20 minutes.

For disinfecting, Bleach solution should be 1 part bleach to 10 parts water (MUST BE MIXED FRESH DAILY)
--

Dishes and Cutlery:

- a) Wash and sanitize all utensils, cutting boards and counters to prevent raw foods from contaminating ready-to-eat foods. Use squirt bottle or cloth dipped in a solution of household bleach and water (1 part bleach to 9 parts water). This solution should be freshly made up or it may lose its strength.
- b) Wash all dishes in an automatic dishwasher or use a three step dishwashing technique which includes a final sanitizing stage.
- c) Ensure that hands are washed well after loading soiled dishes, and before unloading clean dishes.

Soiled Laundry:

- a) Linen and clothing that has been contaminated with blood or body fluids should be handled as little as possible.
- b) These articles should be transported directly to the washing machine and laundered in hot soapy water.
- c) Disposable gloves should be worn when handling soiled laundry.

Disposable items which are contaminated with blood or body fluids should be immediately placed in a plastic bag which is tied and placed into the garbage.

After completing any clean-up of contaminated objects and surfaces, staff must wash their hands thoroughly.

5. DISPOSAL OF CONTAMINATED ARTICLES

- a) Dispose of biological waste in a puncture-resistant container lined with a leak-proof plastic bag.
- b) Consider all biological waste as infectious.
- c) Wear gloves and handle all contaminated wastes carefully to prevent body contact.
- d) Hold only the outside of the container when emptying it. Never reach into the container.
- e) Do not load the container beyond its capacity or compact the contents.
- f) Do not "toss" garbage bags down the stairs.
- g) Compaction may lead to additional contamination of the work area.
- h) Any object that could cut or puncture the skin such as needles or broken glass may carry infectious material and should be handled with caution. Dispose of 'sharps' in unbreakable, non-pierceable containers that have a lid. Never place 'sharps' in the regular trash. Dispose of razors carefully.

6. OTHER PRECAUTIONS

- a) Never share toothbrushes or razors. Small amounts of blood can be transmitted from one user to another.
- b) Wrap sanitary napkins before disposing.
- c) A mouth shield (for use in mouth to mouth resuscitation) and disposable gloves should be available in the site's first aid kit.
- d) It is recommended that staff wear a disposable mask in addition to gloves when cleaning a vomiting or fecal accident caused by someone who may have a gastrointestinal infection.

KNOW THE DIFFERENCE: SELF-MONITORING, SELF-ISOLATION, AND ISOLATION FOR COVID-19

SYMPTOMS OF COVID-19



FEVER



COUGH



DIFFICULTY BREATHING

SELF-MONITORING



You have:

- no symptoms

AND

- a history of possible exposure to the novel coronavirus that causes COVID-19, in the last 14 days



SELF-MONITOR means to:

- monitor yourself for 14 days for one or more symptoms of COVID-19
- go about your day but avoid crowded places and increase your personal space from others, whenever possible

SELF-ISOLATION

You have:

- no symptoms

AND

- a history of possible exposure to the novel coronavirus due to travel outside of Canada or close contact with a person diagnosed with COVID-19

SELF-ISOLATE means to:

- stay at home and monitor yourself for symptoms, even if mild, for 14 days
- avoid contact with other people to help prevent the spread of disease in your home and in your community in the event you become symptomatic

ISOLATION

You have:

- symptoms, even if mild

AND

- you have been diagnosed with COVID-19 or are waiting for the results of a lab test for COVID-19

To be ISOLATED means to:

- stay at home until your Public Health Authority advises you that you are no longer at risk of spreading the virus to others
- avoid contact with other people to help prevent the spread of disease in your home and in your community, particularly people at high risk of severe illness outcomes such as older adults or medically vulnerable people



You need to self-monitor if:

- you have reason to believe you have been exposed to a person with COVID-19



OR

- you are in close contact with older adults or medically vulnerable people

OR

- you have been advised to self-monitor for any other reason by your Public Health Authority



If you develop symptoms, isolate yourself from others immediately and contact your Public Health Authority as soon as possible

Self-isolate if:

- you have travelled outside of Canada within the last 14 days

OR

- your Public Health Authority has identified you as a close contact of someone diagnosed with COVID-19

If you develop symptoms, even if mild, stay home, avoid other people and contact your Public Health Authority as soon as possible

You need to isolate if:

- you have been diagnosed with COVID-19

OR

- you are waiting to hear the results of a laboratory test for COVID-19

OR

- you have been advised to isolate at home for any other reason by your Public Health Authority

If your symptoms get worse, immediately contact your healthcare provider or Public Health Authority and follow their instructions

WE CAN ALL DO OUR PART IN PREVENTING THE SPREAD OF COVID-19. FOR MORE INFORMATION:

1-833-784-4397

canada.ca/coronavirus

phac.info.aspc@canada.ca

HOW TO HANDWASH



1
Wet hands with warm water.



2
Apply soap.



3
Lather soap and rub hands palm to palm.



4
Rub in between and around fingers.

Lather hands for a total of 30 seconds



5
Rub back of each hand with palm of other hand.



6
Rub fingertips of each hand in opposite palm.



7
Rub each thumb clasped in opposite hand.



8
Rinse thoroughly under running water.



9
Pat hands dry with paper towel.



10
Turn off water using paper towel.




11
Your hands are now safe.



Vancouver
CoastalHealth

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

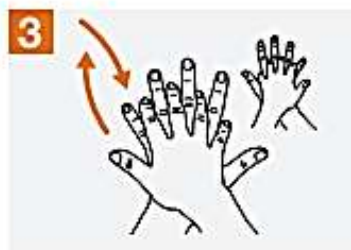
 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



**World Health
Organization**

Patient Safety

A World Alliance for Safer Health Care

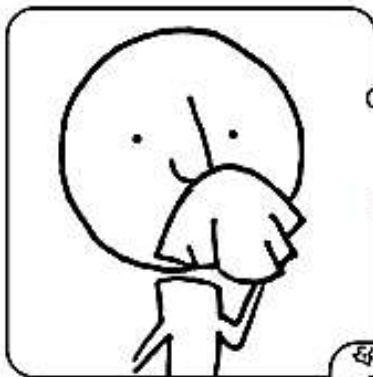
SAVE LIVES

Clean Your Hands

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Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth
and nose with a
tissue when you
cough or sneeze

or

cough or sneeze into
your upper sleeve,
not your hands.

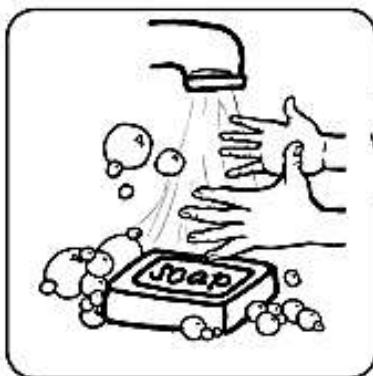


Put your used tissue in
the waste basket.



Clean your Hands

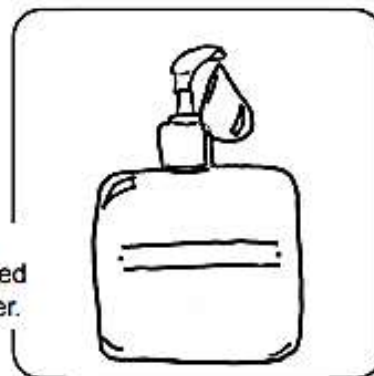
after coughing or sneezing.



Wash hands
with soap and
warm water

or

clean with
alcohol-based
hand cleaner.





NOTICE

Coronavirus (COVID-19)

Do not visit if you are sick.

If you are experiencing ANY cough, fever or other respiratory symptoms OR believe you may have been exposed to COVID-19 or any other respiratory illness, please do not enter this site for the protection of the people we serve and our employees.

If you have any questions, please
call a health care provider or 8-1-1.
Visit fraserhealth.ca/coronavirus.



March 2020

 **MACL**
Mission Association for Community Living

 **fraserhealth**



Attention

Due to the current pandemic, we ask that you do not enter if you are sick.

Please wash your hands when you enter, before visiting others, using the washroom, coughing/sneezing and when leaving.

Thank-you for your part in keeping us safe!





DROPLET PRECAUTIONS



(In addition to Standard Precautions)

BEFORE ENTERING:



**Wash hands when entering
& leaving room**

Wear: Eye Protection
 Gloves
 Mask

