



Rideau Community
Health Services

Your Community Health Centre

COVID-19 Pandemic Plan

Rideau Community Health Services

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Section 1: Decision Making and Response Coordination

The decision-making and response coordination systems in place are:

Preamble: Planning for a pandemic is a continuous process where we learn from our experiences and ensure our planning reflects the current context. Pandemics require a multisectoral response where collaboration and partnerships are the foundation to success. RCHS has developed a Pandemic and a safety plan. HR plans, occupational health and safety, patient safety, scheduling and infection control and strategies for responding to the pandemic are within the plans and have been supported by policy.

To aid in decision making RCHS has enabled:

Pandemic Policy and associated appendixes that outline the decision making and response coordination during a pandemic.

- RCHS has enacted their Pandemic Planning Committee (PPC) Appendix E which consists of the Leadership Team, OHS Staff Representative and a Primary Care Practitioner and a Community Provider prior to the declaration of a pandemic if possible. The role of the Pandemic Planning Committee will be to provide input into implementation and evaluation of the pandemic plan, including policies, procedures, and communications.

Additionally, the PPC will review the Pandemic Plan annually and:

- Oversee Rideau Community Health Services (RCHS) pandemic plan development and, if possible, implementation of the Pandemic Plan prior to a pandemic being declared.
- Provides overall direction for creating and implementing the pandemic plan.
- Designate member(s) to collaborate with local emergency response and public health officials in the establishment and implementation of the Pandemic Plan to assure proper response and communication with the representative agencies (i.e., Ontario Health, PHU, LHIN).
- Identifying essential corporate services
 - Approximate number of staff and skill set needed to provide essential services.
- In addition to the PPC, Senior Leadership Team meets weekly and can meet more often to provide organizational direction related to changes that are occurring that impact RCHS and require action.
- Leadership Team meets q2 weeks and is another forum for decision making and response coordination. At these forums specific team members may be identified to represent RCHS at specific tables or be responsible for completing specific actions e.g., updating infection control practices, monitoring PPE, liaising with the Public Health Unit.
- RCHS will ensure that there is a high level of knowledge transfer between team members to ensure that RCHS is able to be flexible and nimble as changes occur.

Section 2: Infection Prevention & Control and Occupational Health & Safety

- Centres should establish clear infection prevention & control procedures to keep everyone safe, based on existing policies and procedures.
- Centres must base these procedures on [Directive #1 for Health Care Providers and Health Care Entities released on March 12, 2020](#). Centres must provide a copy of this directive to the co-chairs of the Joint Occupational Health and Safety Committee.
- The Chief Medical Officer of Health may release further directives.
- Centres should also base their procedures if needed on these recommendations from the Provincial Infectious Disease Advisory Committee.
 - [Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)
 - [Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings](#)
 - [Infection Prevention and Control for Clinical Office Practice](#)
 - [Routine Practices and Additional Precautions in All Health Care Settings](#)
 - [Best Practices for Hand Hygiene in All Health Care Settings](#)
 - [Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings](#)
 - [Best Practices for Infection Prevention & Control Programs in Ontario in All Health Care Settings](#)

The infection prevention & control systems in place are:

- RCHS has a current Infection Prevention and Control Policy and procedures which are based on the latest IPAC practices for primary care settings and dental practice settings and best practices for cleaning, disinfection, and sterilization of Medical equipment/ devices in all health care settings and dental settings.
- RCHS provides regular training related to necessary Infection Prevention and Control and provides regular staff updates through the BUZZ as well as the Pandemic Communique.
- RCHS has implemented appropriate cleaning practices based on Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings.
- RCHS has closed down a number of public washrooms and has provided training to individuals working in the screening role to ensure that they are also completing regular cleaning.

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- RCHS has implemented max occupancy of 5 individuals in the lunchrooms at a time. The tables ensure social distancing. Staff have been directed to wear a mask at all times when in the room except when eating or drinking.
- Staff have updated N95 Fit tests and appropriate PPE is available in order that staff can use PPE.
- Training on donning and doffing has been provided repeatedly using several means including videos, direct observation and staff monitoring. Signage regarding Donning and Doffing is in clinical areas and main hallways. Posters have been shared with all staff.
- RCHS completes quarterly audits as required for clinical spaces, as well dental space.
- RCHS has appropriate signage at all entrances directing individuals about current COVID 19 practices of masking, social distancing, hand sanitizing.
- We have implemented all IPAC guidance from Primary Care guidance during COVID 19, Guidance for in-person visits in dental offices and College of dental hygiene practices.

The occupational health & safety policies and procedures in place are:

- SD 290 Pandemic Policy
- SD 275 Virtual Visits
- SD 170 Infection Control and Prevention Control

The psychological health & safety practices in place are:

- All employees are enrolled in the Employee Assistance Program (EAP) and encouraged to utilize this resource for themselves or family members. In addition, RCHS Social Workers are available to provide support to staff if needed.
- Resources are compiled and shared with staff.
- Employees are encouraged to reach out to their supervisor or colleagues as needed. Training is provided regularly.
- Social committee is active e.g., Halloween event, holiday events.

Specifically, the work refusal procedure at the centre is:

- The organization has in place various risk management policies that aim at ensuring a safe working environment for its employees. It is recognized that comfort levels with respect to safety vary from individual to individual. In the event of a pandemic, extra precautions are taken to protect the health and well-being of the employees of RCHS.
- If an employee refuses to work because they feel the work environment is unsafe, they will be asked to initiate a work refusal process as outlined in the Occupational Health and Safety Act, or to return to work. As per the work refusal legislation, an investigation will be made by a certified member of the Occupational Health and Safety Committee in consultation with the Program Manager (and others as deemed appropriate) to determine that the organization has put in place appropriate precautions and is following directives from the Ministry of Health and

Long-Term Care and/or Lanark, Leeds and Grenville Public Health. This report will go to the Executive Director.

- Should it be determined that the work environment is safe, and the employee still refuses to work the Ministry of Labour will be asked to inspect the workplace and make a final determination regarding its safety.
- If the workplace is deemed safe by the inspector, the employee will be expected to carry out their normal duties as assigned. Individual cases where an employee still refuses to return to work will be reviewed on a case-by-case basis by the Program Director with the Chief Executive Officer or designate.
- If the workplace is deemed unsafe by the inspector, the recommendations of the inspector will be followed to make the workplace safe. After a re-inspection occurs and the workplace is declared safe, employees will be expected to return to their duties as assigned.

Section 3: Supplies & Equipment

The centre has identified these items as being in or at risk of being in short supply:

- N95s for the dental team due to the fact that they are required in our centre for all Aerosol Generating Procedures.
- We have started using reusable gowns, goggles and some face shields to improve our supply of these PPE items.
- RCHS has entered into a Laundry contract with a local service.
- Currently the Ministry process for securing PPE has worked for us whenever we have been in a shortage.

As of this date, this is how many days of supply are estimated for each of these items:

- RCHS ensures that we have a minimum of 4-6 weeks supply for all PPE items.

These are the strategies the centre is putting in place to manage supply:

- Using both medical supply companies as well as dental supply companies to access required PPE supplies.
- RCHS also used the Ministry Procurement for PPE as well we have recently signed up to be part of the Integrated Regional Supply Program.
- PPE is kept in a secured area in our two main sites and in our satellite offices only a small amount is provided to those sites at a time.
- RCHS does PPE count twice weekly and submits once weekly to the Ministry of Health
- RCHS has implemented processes to ensure that all staff are using PPE as per the recommendations for conservation e.g., one mask in morning and one in afternoon, reusable shields

Section 4: Communications and education

The communications processes in place are:

- RCHS is using multiple strategies for communication to staff, volunteers, partners, funders, clients and community members.
- RCHS printed newspaper articles in local papers.
- We have established a "Pandemic Update" bulletin that is sent out by email to all staff.
- Our Website was updated with information for the public and directing to local public health unit as well as local resources.
- Our phone message has been updated with current information
- Email out to all RCHS clients re: where to get information for vaccine and directing to public health unit.
- Daily supervisors on site to share information with staff.
- Signage is posted at entrances.
- Quarterly all staff meetings where updates are provided as required including training in PPE.
- Regular team meetings scheduled for all teams.
- Frequent one on one or small group check ins and sharing of information.
- Monthly BUZZ includes information.
- Emails as required.
- Private staff Facebook group.
- Pandemic Planning Committee meets every two week (weekly if required) and shares information.
- Occ Health meets monthly and shares info regarding IPAC.
- Regular meetings continue e.g., Board, Management and senior management and information is shared via briefings, updates, discussion.

Section 5: Business continuity

RCHS is maintaining these services:

- Essential primary health care services including access to primary care, diabetes education, high risk chiropody, foot care, virtual health, social work, pharmacy, nutrition services, exercise programming, care coordination, client support services, emergency food cupboard and dental services including hygiene and urgent dental services.
- All of our services are offered following the regulatory body guidelines and the directions provided in the Guidance Document for Primary Health Care.
- A risk assessment was completed for each service and prior to making any modifications. Regular Pandemic huddles including clinical supervisors and facilities are held.

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RCHS is modifying these services by:

- COVID screening all clients at time of booking, and when they arrive on-site.
- only essential services are provided on site. Each provider assesses the client need before scheduling an onsite appointment
- staggered appointment times for clients requiring in person visit
- providers can offer appointments by phone or videoconferencing depending on client preference.
- groups are offered virtually using TEAMS, Zoom or OTN connections
- You Tube has been utilized to share videos with clients for exercise programming
- we have reduced our hours and only provide daytime hours for onsite care, virtual is provided in evenings.
- home visits, driveway visits

RCHS is doing these things to support clients whose programs are suspended:

- Warm calls as needed, e.g., Stay well program;
- A variety of virtual services as discussed above e.g., email notices, YouTube;
- Referral to partner organizations e.g., emergency dental

RCHS is suspending these services:

- On site exercise classes, on site nutrition groups, intergenerational groups and, use of our community rooms by outside agencies.

These are our plans to return services back to regular functioning:

- We will return back to regular functioning once directed by governments, recognizing there have been some lessons learned and some aspects may continue post pandemic, e.g., virtual groups/ appointments.

These are critical operational functions, and this is how the centre is ensuring they will continue in high-absenteeism scenarios:

- We are doing staff absenteeism monitoring, have identified human resources that could be deployed during staff shortages, have trained staff for multiple functions e.g., Primary Care Nurses able to do OTN events, trained additional foot care nurses, training re payroll, we have created 3 level redundancy plans for most positions within the organizations.

Section 6: Health Equity Continuity

RCHS is maintaining existing services for priority populations, in these ways:

- Emergency food cupboard, community support work services, warm calls to seniors or clients in need, virtual appointments and face to face when required.

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- We are providing additional nursing supports for group homes in our area, we have not suspended any programming except group programming where clients would be at more risk, but we have put in place alternatives.

RCHS is supporting outreach, health promotion and community services for isolated people, high service users and priority populations, in these ways:

- Contracted out the provision of 2 lunches per week prepared and distributed by the Legion.
- Working with local faith-based groups, municipalities to identify food insecurity challenges.
- Weekly exercise videos shared via email to clients
- Weekly calls to all participants in the Seniors Stay Well program that is not running face to face

RCHS is reallocating non-essential staff and volunteers to support health equity, in these ways:

- Staff supporting assessment centres, isolation centres as needed;
- Providing staffing for vaccination as needed;
- Delivery of food and essentials to clients in needs.

RCHS is working with community partners to support this work, in these ways:

- Working with the public health unit on messaging and supporting communications;
- Assisting by providing staff to assessment centres and vaccination centres;
- Participating in steering committee meetings related to mental health initiatives, food security initiatives, pandemic collaboration initiatives.

Section 7: Participation in assessment centres

RCHS's plan for participation in assessment centres:

- We support our Physicians and Nurse Practitioners (NP's) who want to work at the Assessment centres.
- RCHS supports the scheduling of the Smiths Falls Covid-19 Community Assessment Centre.
- Provided staff to support pop up assessment centres.
- We will work to ensure continuity of services within RCHS while supporting the assessment centres

Section 8: Human resources

RCHS Policies:

- We have ensured that our HR policies current based and are updated as required related to the ongoing Legislative changes that are being implemented throughout the pandemic. We have provided staff with additional guidance related to working from home, vacation or leave processes e.g., Pandemic Leave.

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- We have implemented a Virtual policy which provides additional direction to staff.
- Accommodations for working from home if quarantine is required will be made and if staff is feeling unwell, we will support them to work from home by providing appropriate equipment when possible.
- Ongoing and regular communication about HR supports available including EAP resources.
- Ongoing and regular communication regarding the available staff leaves as per <https://www.ontario.ca/page/covid-19-support-workers>

Section 9: Scenario planning

RCHS has considered these scenarios and has these response considerations:

- Ongoing duration of response of longer than 3, 6, 12, 18 and 24 months and are putting in place staff supports to ensure we can keep our doors open, e.g.
- We have assessed current spaces available for staff to work safely on site and have developed a tracking process.
- We recognize that primary care, emergency dental care and high-risk chiropody would be identified as priorities if there were challenges with PPE despite implementation of conservation processes.

RCHS has established these triggers to consider a full/almost full operational shutdown:

- We will be guided by our Local Public Health Unit, and the Provincial and Federal government recommendations.

Should RCHS ever decide to undertake a full / almost full operational shutdown, these are the steps the centre would take to implement the decision:

- This occurred in the early days of Covid-19 and we were able to quickly modify our plans based on the recommendations that the MOH enforced. Our Pandemic plan responds to this. Appendix B Pandemic Plan.

APPENDIX A - SD 290 RCHS Pandemic Policy

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PANDEMIC POLICY

Policy:

RGHS will maintain a current updated Pandemic Plan compliant with approved legislative and regulatory requirements.

Preamble:

The goal of Rideau Community Health Services (RGHS) Pandemic Plan is to redirect services and human resources to help meet the objectives of the Ontario Health Plan for an Influenza Pandemic and/or federal, provincial and municipal directives during a pandemic. This policy is to be used in conjunction with existing RGHS policies and procedures regarding human resources, occupational health and safety and service delivery in the event of a pandemic or similar event.

Modifications to normal operations may include, but are not limited to:

- Delivery of primary health services that focuses on individuals with flu symptoms
- Delivery of urgent care services to meet the needs of the community
- Suspension of non-primary care services such as group programming
- Suspension of routine primary health care appointments that could be rescheduled to a later date, for example, periodic health exams.

In a pandemic situation, RGHS will follow all legislative and regulatory requirements made in response to new information and these policies may need to be adapted in response to those changes.

The decision to declare a pandemic lies with the government and organizations may be required to respond quickly to changing circumstances. Application of these policies may change based on the severity of the pandemic. Situations may also arise that are not envisioned by these policies. Communication and debriefing strategies are critical components of a pandemic plan.

Procedure:

- RGHS Pandemic Plan - SD 290 APP A is the guiding document in the event of a pandemic along with SD 290 APP B RGHS Daily Checklist for Supervisors, & SD 290 APP C RGHS Pandemic Plan Job Description and Flow Chart (Archived for reference in future if required). SD 290 APP D Essential Services, SD 290 APP E Terms of Reference Pandemic Steering Committee, SD 290 APP F COVID-19 Pandemic Human Resources Guidelines and SD 290 APP G New considerations during a pandemic - Leadership Team Checklist

RGHS Pandemic Plan will be updated bi-annually.

APPENDIX A - RIDEAU COMMUNITY HEALTH SERVICES PANDEMIC PLAN

1.0 Executive Summary

The planning objectives of the [Ontario Health Plan for a respiratory viral Pandemic](#) are to:

- minimize serious illness and overall deaths through appropriate management of Ontario's health system
- Minimize societal disruptions in Ontario as a result of a respiratory pandemic.

The Rideau Community Health Services' (RCHS) goal is to maintain services that help meet these objectives in the Lanark, Leeds and Grenville County communities while promoting staff and client safety. It is impossible to determine the number of people in the community that will present to RCHS during pandemic. Every pandemic will be different and modelling numbers will fluctuate. RCHS senior leadership table will stay abreast of information related to pandemic model and this information will be utilized in decision making, policy and procedure development and operationalizing the pandemic plan.

RCHS has developed this plan and will maintain the current level of preparedness over time. In addition, the Occupational Health and Safety Committee will ensure that there is bi-annual staff review of the pandemic plan.

The pandemic planning approach adopted by RCHS consists of three phases. The first captures and directs all the preparation work (Preparedness) that can be accomplished to ensure RCHS is ready should a pandemic occur. The second highlights any possible protocols that might be necessary in the Response Phase. During the Recovery Phase RCHS will evaluate its response to the Pandemic.

RCHS will enact their Pandemic Planning Committee (PPC) Appendix E which consists of the Leadership Team, OHS Staff Representative and Primary Care Practitioner and a Community Provider prior to the declaration of a pandemic if possible. The role of the Pandemic Planning Committee will be to provide input into implementation and evaluation of the pandemic plan, including policies, procedures, and communications.

Additionally the PPC will review the Pandemic Plan annually and:

- Oversee Rideau Community Health Services (RCHS) pandemic plan development and implementation of the PP prior to a pandemic being declared if possible.
- Provides overall direction for creating and implementing the pandemic plan
- Designate member(s) to collaborate with local emergency response and public health officials in the establishment and implementation of the Pandemic Plan to assure proper response and communication with the representative agencies (i.e. Ontario Health, PHU, LHIN)

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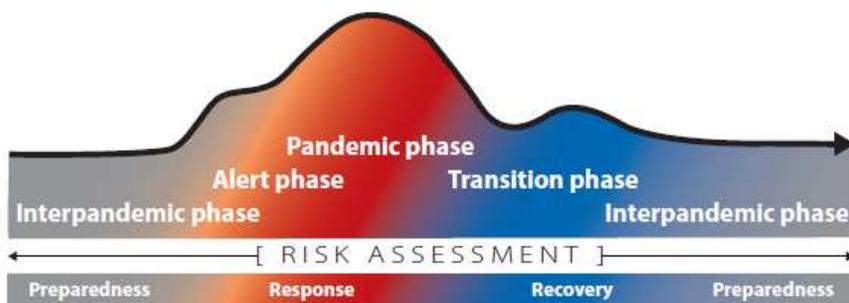
- Identifying essential corporate services
 - Approximate number of staff and skill set needed to provide essential services

2.0 Pandemic Phase Definitions

The World Health Organization has defined the following different phases to describe the varying levels and definitions of pandemic:

<https://apps.who.int/iris/bitstream/handle/10665/259893/WHO-WHE-IHM-GIP-2017.1-eng.pdf;jsessionid=FF0E44DE342CCEF9F0A31E1EFB14C8E8?sequence=1>):

Figure 1. The continuum of pandemic phases^a



^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

PREPAREDNESS - Interpandemic phase: This is the period between influenza pandemics.

RESPONSE- Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.

RESPONSE- Pandemic phase: This is the period of global spread of human influenza caused by a new subtype based on global surveillance. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological and clinical data.

RECOVERY- Transition phase: As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

3.0 Preparedness

3.1 Planning and Preparation

Education and proper preparation before a pandemic event will be the most effective components in having to deal with such a crisis. Preparation activity will include:

- Identification of high risk populations within programs
- Sharing information and resources with clients and the public ,
- Preparing for an enhanced emphasis on virtual care,
- Training all staff in appropriate infection control procedures,
- Ensure appropriate supplies at all times,
- Participating in local, regional and provincial planning tables as applicable,
- Staff skills.

3.2 High Risk Population Precautions

RGHS will identify all clients who are at high risk to experience negative outcomes as a result of the pandemic illness based information/ evidence shared by the Public Health Agency of Canada on the pandemic type.

3.3 Communication

Unlike previous pandemics, today's understanding of how virus is transmitted from person to person is far more comprehensive. By educating clients and the general public in the simple but effective precautions everyone can take to reduce spread, infection rates should be significantly reduced. Client and staff education on respiratory etiquette and means to decrease infectious disease spread are routinely available and consist of specific activities such as hand sanitizer stations, vaccination promotion, routine infection control practices.

This information will be relayed using Social Media/Website/ Robocalls/Print media and any other identified communication methods. RGHS will select resources that are evidence based and have been endorsed by LGLPHU, Ontario Health, PHAC or CMOH

The leadership team shall meet on a regular basis and determine if there are any additional steps RGHS may need to take or if it is appropriate to initiate portions of the pandemic plan prior to an actual outbreak declaration. The leadership team will determine the timing to implement the Pandemic Planning Committee. The Pandemic Planning Committee will guide the development of the plan and the identification of appropriate resources.

3.4 Infection Control

RGHS staff are trained annually on infection control practices (ICP). Once we know a pandemic is imminent, ICP will be reviewed with all staff regularly. During a pandemic

event, it may be necessary to call upon external agencies/organizations to assist in this function.

RCCHS provides a range of personal protective equipment for staff, including N95 respirators as needed. As per current standards RCCHS will ensure that all staff have a current N95 fit test within last two years and these results will be documented in their human resource file. N95 Fit testing will be offered every 6 months at RCCHS to ensure that staff have had a valid N95 fit test. RCCHS will ensure that there is a stock of N95 at all times based on the current staffing N95 needs.

3.5 Essential supplies

Supply chain disruptions may be expected in a pandemic scenario and there will most likely be some shortages of high demand medical supplies. RCCHS is required to order essential supplies to ensure that they have a minimum of a 4 week supply as recommended by the Government of Ontario (http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/docs/ch_05.pdf). Specifically, the following supplies will be available for use during a declared pandemic. Importance should be placed on following world events and the planning for increased supplies in the event of a pandemic.

- Hand sanitizer
- Hand washing soap
- Disinfectant wipes
- Disinfectant solution
- Gloves
- N95 masks
- Gowns
- Surgical Masks
- Eye protection including shields, goggles, etc.

The Manager of Primary Care or designate is responsible to ensure that resources are ordered and that the inventory is maintained at appropriate levels at all times.

3.6 Regional Participation

RCCHS will continue to participate in local and regional tables as required

3.7 Staff Skills

Staff members are surveyed on their skills in order to facilitate redeployment of staff annually. Staff will be enabled to communicate their concerns about working during a pandemic which allow management to identify strategies to address these concerns as appropriate.

4.0 Response

Declaration of a pandemic is a Medical Officer of Health function in very close consultation with the Ministry of Health and the National Public Health Agency.

RCCHS will be directed by the LGLDHU and the Medical Officer of Health once a pandemic has been declared. In addition, if an emergency is declared, each municipality has a Municipal Control Group (MCG) for Emergency Response. RCCHS will participate in local, regional and provincial tables as appropriate.

Surveillance, screening and reporting will be directed throughout a pandemic. RCCHS will adhere to all legislated requirements.

RCCHS will continue to be a key health care facility within the community during a pandemic event. Capacity does not exist to admit clients for around the clock care, however, RCCHS will continue to be responsible to accept clients for diagnosis, triage and if necessary transfer to an appropriate care facility. In the event local hospitals cannot meet demand, the Medical Officer of Health in consultation with stakeholders will designate backup facilities. Refer to Appendices B,D and G to assist with response readiness.

4.1 Infection Control

Infection prevention and control procedures will be evidence based. Unless otherwise directed, the procedures to use are the ones currently in place as per the Provincial Infectious Diseases Advisory Committee report, Best Practice for Prevention or Transmission of Acute Respiratory Infection (http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/docs/ch_05.pdf)- the most current recommendations will be referenced during a pandemic. RCCHS will develop specific communication/ training processes for communicating infection control recommendations to both staff and clients and ensuring all recommendations are implemented.

RCCHS will implement a daily supply monitoring processes to ensure that orders are placed for necessary supplies, will participate in regional and provincial supply processes. It is recognized that RCCHS roles may need to be reassessed regularly based on availability of supplies to ensure safety of staff and clients.

4.2 RCCHS Sites

RCCHS has a responsibility to provide primary care to its clients for other medical issues. Primary care services will only be affected if the respiratory Pandemic caseload becomes too much to handle given staff availability and physical size limitations of the facility itself.

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At some point during the pandemic progression the Medical Officer of Health will order the implementation screening protocols specific to the pandemic type. This information will be provided by the CMOH and local Public Health Units. RCHS will ensure the most current requirements are communicated to staff and that processes are put in place to support any screening protocols.

When a pandemic is declared, a range of strategies will be initiated to meet RCHS objectives (Appendices B, D and G):

- Limiting the services being offered according to staff availability; room availability and safety
- Implementing a centralized system of managing staff absenteeism and scheduling
- Utilization of an alternative staff structure to which staff can be assigned daily
- Updating the alternate roles and abilities document based on existing staff complement
- Ensuring staff availability by restricting vacation time, instituting compressed work times and by providing a staff support system based on current needs as required
- Implementing a range of infection prevention and control strategies, including but not limited to:
 - Enhanced cleaning schedules in all sites
 - Limiting sites and entrances that are open
 - Set consistent specific time periods during the day whereby people who have illness symptoms are examined in designated rooms,
 - Pre-Screen and screen all people who enter RCHS sites according to CMOH screening guidelines,
 - All staff and clients are required to use proper hand sanitizer/ washing techniques regularly and thoroughly,
 - All staff and clients are requirement to use appropriate personal protective equipment as directed by CMOH
 - Staff will ensure information is provided to clients regarding the pandemic, the use of the vaccines, immunizations and prophylactic antiviral medication if applicable.
 - Limited seating
 - Staggered appointment booking

Although signage will be clearly posted, it will also be necessary to have a client guide (staff or volunteer) stationed at main entrance to direct clients to the appropriate reception area.

Clients who **screen positive** who have to come to RCHS will be given clear direction on the process once inside of RCHS, including need for hand sanitizing, and mask.

All options will be explored before bringing into the centre.

1. Virtual Care
2. Phone follow up
3. Community Assessment Center if available
4. Home visit
5. Emergency Department if required
6. If a client screens positive- the client is directed to the PCP or nurse for further evaluation to determine need to have an in-person visit- Face to face appointments will be booked only if necessary

4.3 Human Resources

Human Resource management will be key during a pandemic. Please refer to the HR Pandemic Policy which may be modified at any time during a pandemic to reflect ongoing Legislative changes.

In the event of a pandemic, all employees are expected to report to work as per their usual schedule. In addition, staff may be called in as required (Human Resources- Appendix F). These policies are intended to work within an ever-changing legislative and regulatory climate.

RCCHS has a duty of care to take all measures necessary to protect staff as well as clients (HR Appendix F). If staff suspect they are infected with respiratory Pandemic illness they cannot come to work and must report themselves sick. RCCHS will follow all legislative requirements related to reporting.

4.4 Development of an Auxiliary Staff List

RCCHS may require additional staff to fulfill all necessary functions during a pandemic. If possible and appropriate RCCHS should make efforts to identify such people (retired primary health care professionals) and determine whether or not they might be available.

4.5 Development and Establishment of Staff Support

A pandemic event will be a very challenging time for staff. Increased stress levels, long working hours and a potential concern that employment may put staff (and families) at higher risk to viral exposure must be acknowledged. The staff is the most important and precious resource of the CHC. RCCHS cannot fulfill its mandate and serve the community without full staff support.

Identified staff concerns will require good communication with the management team who will work with the staff to develop strategies needed to respond to the concerns.

4.6 Collaborations with Existing Organizations for Volunteers

RGHS will leverage existing partnerships to support ongoing community services. Food delivery, Grocery Services and medication delivery are examples

4.7 Virtual Care

Client privacy and confidentiality will be ensured and client consent for alternate methods of care

All RGHS providers are encouraged to implement a system for virtual and/or telephone consultations when and where possible. When possible, primary care providers should conduct a consultation over the phone, video or secure messaging to determine if a virtual/telephone consultation will suffice or if an in-person appointment is necessary. Non-essential face-to-face appointments should be postponed or be provided virtually. If an in-person visit is needed, consider providing some care virtually, in order to minimize the in-person time required (i.e., an essential prenatal visit could be divided into a virtual discussion of testing/screening options with a brief in person physical assessment).

RGHS will implement virtual options to minimize staff in the office/clinic. Considerations will be made to identify what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients.

4.8 Vaccines and Antiviral Drugs- if applicable

There will likely be a period of several months during any pandemic before a vaccine is available. There will also most likely be a severe shortage of antiviral drugs. RGHS will only be able to provide these medications when issued by LGLDHU and in accordance with national and provincial guidelines that will indicate order of priority for treatment and use.

4.9 Individual Roles and Responsibilities (if identified for an assessment centre)

Appendix C is archived and could be used as a reference in future.

This plan has identified necessary activities in preparing for pandemic assessment centre and assigned responsibilities to appropriate positions. A summary of the responsibilities defined in this document are located in the Pandemic Plan Checklist (Appendix C- archived).

5.0 Recovery

- Plan for recovery activities like food bank, stress counseling and debriefing sessions for staff and community
- Evaluate the effectiveness of RGHS responses and interventions and share findings
- Review the lessons learned and apply to RGHS preparedness for a pandemic
- Revise Pandemic Plan based on recommendations of the PPC.

Rideau Community Health Services - COVID-19 Pandemic Plan

6.0 References

Government of Ontario (March 2013). *Ontario Health Plan for an Influenza Pandemic*. 2013. Retrieved on December 1, 2016 from:

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/docs/ch_01.pdf

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Public Health Agency of Canada. *Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector (CPIP)* Updated: December 2015. Retrieved on December 1, 2016 from: <http://www.phac-aspc.gc.ca/cpip-pclcpi/>

World Health Organization (WHO). *Pandemic Influenza Risk Management* Publication date: 2017. Retrieved on April 29th, 2020 from: <https://apps.who.int/iris/bitstream/handle/10665/259893/WHO-WHE-IHM-GIP-2017.1-eng.pdf;jsessionid=FF0E44DE342CCEF9F0A31E1EFB14C8E8?sequence=1>

APPENDIX B - Daily Checklist for Supervisors

Monitor:

- PPE Supply Status
- On site staff compliant with infection control recommendations
- De-clutter waiting rooms and public spaces - monitor

Schedule:

- Rotation of roles within the centre
- Greeter roles
- Tracking people into the building

Cleaning:

- Vigilant Cleaning
- Assign mid-day cleaning duties
- Coordinate with all staff that are in the building and communicate who is assigned this duty daily
- Ensure single door access

Safety Issues:

- existing / potential (walkabouts)

Roles:

- Front door screener
- Manager on-site

Projects:

- List and share other projects to be completed

Appendix C – RCHS Pandemic Plan Job Descriptions and Flow Chart

APPENDIX C - is archived and could be used as a reference in future.

APPENDIX D - Essential Services

Best practice is for clinicians to start with consultation over the phone, video or secure messaging to determine if a virtual/telephone consultation will suffice. Clinicians will use their clinical judgement to determine if an in-person appointment is necessary. Certain patients or conditions will require in-person visits and should not be deferred.

In Person Visits

There are many circumstances where a physical examination, procedure or diagnostic test may be needed to ensure adequate care. The decision about when to bring a patient into the facility should be made carefully.

When determining if an in-person visit is necessary, balance the patient needs (e.g. encounter type, acuity/severity of complaint) and risk factors (e.g. patient's age, comorbidities) against the risks of exposure.

Phone or Virtual Care

Phone or virtual care should be used when a physical examination is not needed. Refer to [SD 280](#) prior to sending information electronically. As per policy, client is made aware of the risks associated with virtual / electronic visits.

You can safely use phone or virtual care to:

- Assess and treat mental health issues.
- Assess and treat many skin problems (have patient submit photos in advance as resolution is much better than a high-quality video camera).
- Assess and treat urinary, sinus and minor skin infections (pharyngitis too if you can arrange throat swabs).
- Provide sexual health care, including screening and treatment for sexually transmitted infections, and hormonal/oral contraception.
- Provide travel medicine.
- Assess and treat conditions monitored with home devices and/or lab tests (e.g., hypertension, lipid management, thyroid conditions and some diabetes care; in-person consultations will still be needed for some exam elements).
- Review lab, imaging and specialist reports.
- Conduct any other assessments that do not require palpation or auscultation.

Again, the default is still to start with a phone or virtual assessment if possible, then arrange in-person assessment if required.

Rideau Community Health Services - COVID-19 Pandemic Plan

Primary Care	
Reason for Visit	Phone/Virtual or In-Person
Acute episodic primary care and chronic disease management <ul style="list-style-type: none"> • Neurological complaints • Lacerations • Incision and drainage of abscess • Acute/new onset pain • Exacerbation of COPD/Heart failure 	Initially assessed virtually, then in-person follow up scheduled if required. Bulleted reasons for visit are likely to need in person. Triage to nurse/provider
Shortness of breath	Triaged for assessment in clinic, or directed straight to ED
Vomiting and diarrhea	Initially assessed virtually, then in-person follow up scheduled if required. With most cases being viral and highly infectious, best to avoid coming into clinic unless concerns for other pathology
Unstable diabetes, new onset, hyper or hypoglycemia, recent discharge from hospital, newly diagnosed	Triage to provider. In person if unable to be served by phone or virtual
Ticks	Initial triage by nurse <ul style="list-style-type: none"> - Was tick attached for > 24 hours or showing signs of engorgement? - Are they unable to remove the tick? If yes, referral to provider for further assessment – first virtually, then in person if required.
Recent onset rash	Initially assessed virtually, then in-person follow up scheduled if required.
Obstetrics	In person or virtual determined by provider depending on stage of pregnancy
Last few weeks of pregnancy	In person
Newborn Care	In person for first visit post delivery
Well Baby care	Phone or virtual with f/u or immunizations in person determined by pcp
Allergy shots	Only for those severely affected. Nurses to coordinate with pcp's
Acute mental health care	Based on Provider Ax
INRs	In person – “drive by” style if appropriate Home visit may be option if determined appropriate during pandemic
Immunization	Childhood immunizations should continue in person

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	Adult immunizations deferred with direction of PCP, pharmacist
Suture Removal	In person
Strep throat swabs	Start with virtual assessment with thorough pandemic screening. Then clinical decision on whether to see in person and management plan
Crisis intervention/counseling	Depending upon prior relationship with patient, can be handled virtually if appropriate
CA screening for at risk individuals	Deferred in pandemic, high risk should be monitored closely
Prescription Renewals	Virtually, unless in person Ax required (pcp to determine)
Inquiries about ILI/SARI	Start with virtual assessment, see in clinic if appropriate PPE and pandemic precautions
Health Promotion	
Reason for Visit	Phone/Virtual or In-Person
Telemedicine services	Any appointment deemed essential by specialist is in person
High Risk Chiropody	In person for ulcer management Any foot care client that requires Ax for new pain, suspected foot infection
Diabetes Education	Unstable diabetes with new onset hyper or hypoglycemia, recent d/c from hospital, newly diagnosed and unable to be served by phone or virtual visit
Dental	Emergency Dental – triaged by dental team
Community Support Services	
Reason for Visit	Phone/Virtual or In-Person
Outreach to vulnerable clients	Can be done virtually or by telephone Deliveries or home visits can be done if deemed appropriate by supervisor and with precautions such as PPE or social distancing or other appropriate pandemic measures



APPENDIX E - Pandemic Steering Committee Terms of Reference

This document defines the Terms of Reference (TOR) of the Pandemic Steering Committee at Rideau Community Health Services (RCHS).

1. Background

The pandemic planning approach adopted by RCHS consists of three phases. The first captures and directs all the preparation work (Preparedness) that can be accomplished to ensure RCHS is ready should a pandemic occur. The second highlights any possible protocols that might be necessary in the Response Phase. During the Recovery Phase RCHS will evaluate its response to the Pandemic.

RCHS will enact their Pandemic Planning Committee prior to the declaration of a pandemic if possible and they will continue to be involved in the development and evaluation of the RCHS response to the Pandemic. The role of the Pandemic Planning Committee will be to provide input into implementation of the pandemic plan, including policies, procedures, and communications.

2. Purpose

Oversees Rideau Community Health Services (RCHS) pandemic plan development and implementation of the PP prior to a pandemic being declared if possible. The PPC will:

- a. Provides overall direction for reviewing and implementing the pandemic plan.
- b. Designate member(s) to collaborate with local emergency response and public health officials in the establishment and implementation of the Pandemic Plan to assure proper response and communication with the representative agencies (i.e. Ontario Health, PHU, LHIN)
- c. Provide guidance into processes that supports core functions, identification of people and skills strategies are in place to manage these prior to the pandemic
- d. Provide guidance to support ongoing operations of required programs and services
- e. Provide input into implementation of the pandemic plan, including policies, procedures, and communications.
- f. Provide input into and assists with development of ongoing communications with employees and students.
- g. Review the response to the pandemic and make recommendations

3. Membership:

1. Leadership Team
2. OHS Staff Representative(s)
3. Primary Care Practitioner(s)
4. Allied Health Care Provider(s)

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5. AD HOC as required

4. Frequency of Meetings

The committee will meet as required throughout the duration of the pandemic. Initially, this may be as frequent as daily and it may decrease based on consensus decision by the team.

5. Decision Making

Shall be by consensus. Recommendations may be sent to the Leadership and/or the Senior Leadership table for further discussion and/or decision.

6. Communication

Pandemic Steering Committee members are responsible for supporting communications and facilitating the sharing of information throughout teams.

Communications should be sent out to RCHS staff after each meeting with relevant internal and external updates.

7. The team shall cease to meet when operations at RCHS have returned to normal

APPENDIX F - COVID-19 Pandemic Human Resources Guidelines

The following policy areas will be affected during COVID-19 Pandemic and may be adapted as warranted. Policy changes will be tracked by version code. Management will determine the end date of the provisions set out below.

1. Regular Work Day:

Supervisors will work with their employees to determine the best method to carry out the functions of their position. Employees who are working at home will be provided with the equipment needed to carry out these functions. Employees who are scheduled to work on-site will be provided with PPE. All employees are expected to be available throughout the work day, respond to emails, telephone calls etc. and may be called in to replace a colleague scheduled to work on-site that day.

Employees may be exempt from coming on-site (if required) in the event of the following:

- Caring for an ill family member and are able to perform work functions offsite
- Caring for a child at home due to school closure and able to work offsite
- Employees under a quarantine order but able to work
- Program has closed due to the pandemic and there is work assigned that can be performed offsite
- Employees are still in the contagious stage but well enough to work and request to work from home

Prior to receiving approval, the employee will negotiate with their supervisor the work to be completed, including timelines, and also establish a regular check-in schedule with the supervisor.

2. Redeployment of Employees: New Job Duties, Tasks:

During COVID-19 some programs/services will continue while others may be temporarily put on hold. Employees in programs that are suspended will first be expected to negotiate with their supervisor alternate work arrangements where possible and feasible based on the nature of their work (redeployment within the organization, working from home, etc.). Supervisors will work with employees to identify and/or assign specific work tasks for their program area which can be completed through other means. It is recognized that many employees may possess additional skills or have qualifications in an area other than that for which they were hired. The Centre will ask employees to identify additional skills they have that may be redeployed to other areas of the organization. Examples include language capability, crisis intervention, administrative and financial skills, IT, etc. In some cases it may be necessary to provide

additional resources to these employees (supplies, IT requirements, etc.). This will be negotiated and arranged for on a case-by-case basis. In the event that work is reassigned, an employee will not receive less compensation than their current contract but may receive more compensation if the reassigned duties warrant such.

3. Attendance Management

As per our existing HR Policy on *Notification of Absence* and *Hours of Work* ([HR 20](#) – *Conditions of Employment*), employees are expected to work as scheduled. Employees working offsite are expected to perform their duties during regular working hours. Supervisors are responsible for monitoring employee attendance.

4. Fitness to Work

In keeping with our *Sick Leave Policy* ([HR 50](#) – *Employee Benefits*) in order to limit the spread of infection, employees who are exhibiting symptoms of illness must report this to their supervisor, and if scheduled to work on-site, must not come to work, and if they are at work, will be directed to go home and/or to see their health care provider. Employees will be directed to complete the COVID-19 self-assessment tool and notify supervisor if co-workers are at risk of exposure to COVID-19. See # 19 Supervisors are responsible for managing the absences of employees and their return to work and will notify payroll of these absences for the purposes of tracking illness within the organization.

5. Sick Leave

The Centre's policy and procedures related to *Sick Leave* [HR 50](#) – *Employee Benefits* for employees continue to apply *Sick notes from the employees' health care provider are not required*. Employees who exhaust sick leave benefits may use vacation or lieu banks or apply for disability benefits if eligible.

6. Accommodation

It is recognized that there may be underlying conditions associated with an employee's ability to work or to be redeployed to other work under certain emergency conditions.

As per the Centre's statement of employee rights contained in the Policy and Procedure Manual and posted in the staff room, the Centre will endeavour to make reasonable accommodations for employees where this is identified as a need. Please reach out to your supervisor to discuss further.

7. Unpaid Leaves of Absence:

Legislation continues to be updated to support employees who are not able to work due to circumstances related to COVID-19. Please see the following link for more information:

<https://www.canada.ca/en/services/benefits/ei.html> <https://www.canada.ca/en/services/benefits/ei/cerb-application.html> *

8. Probationary Period

During this pandemic period, it may be necessary to extend the probationary period of an employee if the supervisor feels they have not had the opportunity to adequately assess performance as a result of employee absenteeism or redeployment to alternate duties. Hours work by probationary employees in an alternate function will not be considered part of the accumulated probation period.

9. Employees working for multiple employers

Employees, particularly part-time employees, working for multiple organizations, may make infection control challenging and increases the risk of transmission. The provincial government may issue Emergency Orders in relation to this. Please advise your supervisor if you have any additional employers. Part-time employees may be asked to work additional hours if work is available.

10. Calling in former employees

Employee absenteeism may have a serious impact on delivery of programs and services. RCHS may reach out to former staff to assist as required.

11. Alternate Work Locations

Where a change in workplace is required arrangements are negotiated between the employee and supervisor.

12. Employees on Leave and Granting Leave Requests

Employees will continue to accrue vacation and leave as per our existing policies on *Vacation* and *Other Leave HR 50 – Employee Benefits* policies.

Certain emergency conditions, including a pandemic, may require that the Centre adjust its policies on vacation or other leave requests to ensure continuity of service. With the exception of employees who are under legislated leave provisions (parental leave, family medical leave, disability etc.) and provisions made to legislation related to unpaid leaves of absence, the following shall apply:

- a. Employees currently on leave – Based on program needs/gaps in service, the supervisor may contact employee on leave and negotiate a return to work agreement and will ensure that any rescheduling of time meets the on-going needs of the program and staffing requirements

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- b. Employee requests for leave during a pandemic – Where a leave has been granted to an employee, but has not yet been taken, the supervisor may ask the employee to voluntarily cancel their leave. Employees may continue to request time off but approval will be based on the needs of the organization.

13. Compensation: Additional Hours, New Responsibilities

In keeping with the above, employees will be compensated during a pandemic as outlined below:

- a. Regular or Term Employees

The Centre will continue to pay employees holding a regular (on-going) or term contract with regular hours. Should a term contract expire during the pandemic period, compensation would also end at that time.

- b. Casual/On Call/Locum Employees

As defined in our casual/ on-call/locum contract, there is no guarantee of hours or continued work. These employees will receive no compensation if work is not available.

14. Hours of Work and Redeployment

(Refer to Overtime and Hours of Work Policies in your policies)

- a. Overtime - Employees working extra hours in their own position

- The existing policy on *Overtime HR 20 – Conditions of Employment* will continue to apply.
- In the event of a pandemic, the current restrictions of accumulation of overtime may be modified at the discretion of the supervisor based on availability of employees and/or program needs.

- b. Redeployment – Employees working in a position other than their own (current on-going functions cannot be performed).

- Full-time (35 hours/week)
 - Where a full-time employee is redeployed, they will continue to receive their normal rate of pay unless duties warrant additional responsibilities and therefore an increase in pay.
- Part-time
 - Where a part-time employee is redeployed from their existing position they will continue to receive their normal rate of pay unless duties warrant additional responsibilities and therefore an increase in pay.
 - Part-time employees, who volunteer for redeployment within the organization for hours over and above their regular part-time hours, will get paid at the normal rate for the position they are filling.

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- c. Payroll– during a pandemic, collection of timesheets may be modified for ease of reporting and to accommodate the number of employees off-site.

15. Personal Supports for Employees

All employees are enrolled in the Employee Assistance Program (EAP) and encouraged to utilize this resource for themselves or family members. In addition, RCHS Social Workers are available to provide support to staff if needed. Additional resources will be compiled and shared with staff. Employees are encouraged to reach out to their supervisor or colleagues as needed.

16. Employee Immunizations

In keeping with the Centre's policy on *Employee Immunizations* [SS 80](#), employees will be encouraged to avail themselves of immunizations specific to the pandemic.

17. Work Refusal

The organization has in place various risk management policies that aim at ensuring a safe working environment for its employees. It is recognized that comfort levels with respect to safety vary from individual to individual. In the event of a pandemic, extra precautions are taken to protect the health and well-being of the employees of RCHS.

If an employee refuses to work because they feel the work environment is unsafe, they will be asked to initiate a work refusal process as outlined in the Occupational Health and Safety Act, or to return to work. As per the work refusal legislation, an investigation will be made by a certified member of the Occupational Health and Safety Committee in consultation with the Program Manager (and others as deemed appropriate) to determine that the organization has put in place appropriate precautions and is following directives from the Ministry of Health and Long-Term Care and/or Lanark, Leeds and Grenville Public Health. This report will go to the Executive Director.

Should it be determined that the work environment is safe and the employee still refuses to work the Ministry of Labour will be asked to inspect the workplace and make a final determination regarding its safety.

If the workplace is deemed safe by the inspector, the employee will be expected to carry out their normal duties as assigned. Individual cases where an employee still refuses to return to work will be reviewed on a case by case basis by the Program Director with the Executive Director or designate.

If the workplace is deemed unsafe by the inspector, the recommendations of the inspector will be followed to make the workplace safe. After a re-inspection occurs and the workplace is declared safe, employees will be expected to return to their duties as assigned.

18. Employee tests positive for COVID-19:

Both employers and employees have an obligation to ensure the health and safety of their workplace under the *Workers Compensation Act* and the *Occupational Health and Safety Regulation*. These obligations include taking all reasonable steps to protect employees from a contagion such as COVID-19. Employees must notify management if they or someone they have been in close proximity to, is diagnosed with COVID-19 by public health officials or has been directed to quarantine by public health officials.

Once an infection is confirmed:

Employers are required to report all occupational illnesses, including COVID-19 if the exposure occurred in the course of employment to the Ministry of Labour, Training and Skills Development in writing within four days. You can contact the Labour Program at 1-800-641-4049 (toll free). An official delegated by the Minister of Labour will follow up with the employer to review Code requirements.

Employers are also required to report to WSIB in writing within three days if there is reason to believe the worker contracted it during the course of their employment.

- If in doubt if the transmission is work-related, it is likely best to report.
- It is also advisable to report the confirmed or suspected case to the local public health unit.

Employers are also required to notify their joint health and safety committee or a health and safety representative and a trade union, if any.

Employers still have an obligation to ensure that personal information of employees, including health information, is kept confidential in the workplace – keep information as general as possible while confirming workplace exposure.

APPENDIX G - Considerations During a Pandemic - Leadership Team Checklist

<input type="checkbox"/> Engage Pandemic Planning Committee <ul style="list-style-type: none">▪ Pandemic Team calls at 0930 AM
<input type="checkbox"/> Implement plan for regular staff communication <ul style="list-style-type: none">▪ All communications to teams shared with all management team▪ Zoom all staff communication meetings▪ Consider enhanced communication lines
<input type="checkbox"/> Implement screening guidelines as per MOH/PHAC
<input type="checkbox"/> Monitor and communicate PPE status – to staff, to OH, MOH as required. (4 week supply will be maintained during non-pandemic)
<input type="checkbox"/> Consider if sites remain open – to staff; to staff and clients
Schedules: <ul style="list-style-type: none">▪ Identify who will work on –site, including manager on duty;▪ Populate schedule template
<input type="checkbox"/> Consider which rooms used for assessing and treating clients who screen positive
<input type="checkbox"/> Assign screener role and consider which entry and exits will remain open
<input type="checkbox"/> Consider screener set-up (i.e. desk, plexiglass barrier, computer, phone access)
<input type="checkbox"/> Post appropriate signage (insert link to folder with signage used previously – building access, cleaning, handwashing, PPE etc.)
Cleaning: <ul style="list-style-type: none">▪ Cleaning checklist▪ De-clutter exam rooms, waiting rooms, work spaces

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- Assign additional cleaning duties (midday cleaning, waiting room cleaning)

Consider alternate roles for staff working from home

Consider deployment of appropriate supplies/tools for staff working at home

Considerations technology needs (Zoom, virtual care)

Consider use of community spaces, group programming

Vulnerable clients:

- Identify and provide wellness checks / assign call
- Consider food security, access to resources/supports, social isolation

Staff Wellness:

- Follow guidelines from MOH re: staff screening, return to work etc.
- Support staff mental health – EAP resources, SW team access, guest speakers
- Track sick calls, reasons for and messaging

APPENDIX B - RCHS Redundancy Plan

PC
HP
Corp

Moderate to High Disruption, Client will notice				Minimal to Moderate Disruption, Client would likely notice		Minimal Disruption, Client may notice minor		Minimal Disruption to supporting area, Minimal disruption to Supported area		Minimal to Moderate Disruption to both areas, service scale backlikely		Moderate to High Disruption, services cancelled, rebooking.	
				Role	Leader	Role							
		Off Site PCP	Same day MD/NP	Primary Care Providers	Kelly R	Primary Care Providers	Same day MD/NP	Off Site PCP					
TMS Nurse	Direct	Desk	Off Site Nurse	PC Nurse Support (Desk and Direct)	Kelly B	PC Nurse Support (Desk and Direct)	Off Site Nurse	Direct	Desk	TMS Nurse			
	PC Nurse	Complex Client Nurse	Community Nurse (JH)	Community Nurse (Jean)	Kelly B	Community Nurse (Jean)	Community Nurse (JH)	Complex Client Nurse	PC Nurse				
			PC Nurse	Complex Care Nurse RN	Kelly B	Complex Care Nurse RN	PC Nurse						
			TMS nurse	3M Clinic Nurse	Kelly B	3M Clinic Nurse	TMS nurse						
			Other Dentist	Dentist	Onalee R	Dentist	Other Dentist						
			Other Dental Asst.	Dental Assist.	Onalee R	Dental Assist.	Other Dental Asst.						
			Other hygiene	Hygiene	Onalee R	Hygiene	Other hygiene						
	Student	SH	CL	Admin SF	Lisa W	Admin SF	CL	SH	Other Admin				
			TMS Nurse	Admin VT	Lisa W	Admin VT	TMS Nurse						
	KH	CL	EJ	Admin RV SF	Lisa W	Admin RV SF	EJ	CL	KH				
	CL	KH	ET	Admin RV BV	Lisa W	Admin RV BV	ET	KH	CL				
	Student	LB	SK	Admin MV	Lisa W	Admin MV	SK	LB	Other Admin				
			SH	Admin Pth	Lisa W	Admin Pth	SH	CL					
			ET	Admin BV	Lisa W	Admin BV	ET	KH					
	LB	LL	SK	Admin Med Sec SF	Lisa W	Admin Med Sec SF	SK	LL	LB				
	SK	CL	KH	Admin Med Sec MV	Lisa W	Admin Med Sec MV	KH	CL	SK				
Corp Services	PC Nurses	TMS RPN	Student	Greeter:	Lisa W	Greeter:	Student	TMS RPN	PC Nurses	Corp Services			
			Other Social Worker	Social Work	Kelly R	Social Work	Other Social Worker						
		Jane Doyle	Samantha M	FootCare	Onalee R	FootCare	Samantha M	Jane Doyle					
			Trish Fisher	Chiropody	Onalee R	Chiropody	Trish Fisher						
			Other Dietitian	Dietitian	Onalee R	Dietitian	Other Dietitian						
				Lung Health	Onalee R	Lung Health							
Intergrated PC nurse	Complex Client nurse	Other CSW	Other CSW	CSW	Kelly R/Onalee R	CSW	Other CSW	Other CSW	Complex Client nurse	Intergrated PC nurse			
	CSW	PC Nurse	3M Nurse	CHW	Kelly R/Onalee R	CHW	3M Nurse	PC Nurse	CSW				
			Pharmacist	Pharmacist	Kelly R	Pharmacist	Pharmacist						
			Other Diabetes Educator	Diabetes Education	Onalee R	Diabetes Education	Other Diabetes Educator						
		PC Nurses	Other TMS Nurses	Telemedicine	Onalee R	Telemedicine	Other TMS Nurses	PC Nurses					
Dir, PC	Dir, HP	Dir, Corp	CEO	Privacy Officer (JPB)	Anne C.	Privacy Officer	Dir, Corp	Dir, HP	Dir, PC				
		SG	LN	Board Support (JPB)	Anne C.	Board Support (JPB)	LN	SG					
				Website - Tech Change (SC)	Cathy S.	Website - Tech Change (SC)							
		Grade A / IT tech	Grade A / IT tech	IT Admin	Cathy S.	IT Admin	Grade A / IT tech	Grade A / IT tech					
			SG	Purchasing	Anne C.	Purchasing	SG						
		CT	SG	Facilities	Anne C.	Facilities	SG	CT					
		Dir, Corp	LR	Benefits Admin	Anne C.	Benefits Admin	LR	Dir, Corp					
		Policy	Dir, Corp	Accts Payable	Anne C.	Accts Payable	Dir, Corp						
	CS	LR	Dir, Corp	Payroll	Anne C.	Payroll	Dir, Corp	LR	CS				
		Dir, Corp	CS	MGR Admin	Anne C.	MGR Admin	CS	Dir, Corp					
		Dir, Corp	Data - SC/IT - CM	MGR IMS	Cathy S.	MGR IMS	Data - SC/IT - CM	Dir, Corp					
		CEO	IMS Mgr/Adm MGR	Dir, Corp	Michele	Dir, Corp	IMS Mgr/Adm MGR	CEO					

