

## The Pines Long-Term Care Home Home-Specific Outbreak Plan

### 1.

#### Overview:

- Total Beds: 160
- Units: 5 units with 32 beds each
- Room Types:
  - Private: 94
  - Basic (Shared): 66
- Rooms Sharing a Bathroom: 66

### 2. Core IPAC Definition

- **Fixing Long Term Care Act, 2021 (FLTCA):** A piece of Ontario legislation that replaced the previous Long-Term Care Homes Act, 2007, and came into effect on April 11, 2022. The Act focuses on improving long-term care through new resident rights, more robust accountability and enforcement, and resident-centered care.
- **Infection Prevention and Control (IPAC):** A set of evidence-based practices and procedures designed to prevent or reduce the transmission of microorganisms to healthcare providers, patients, residents, and visitors.
- **Personal Protective Equipment (PPE):** Includes gloves, masks, gowns, and eye protection used to prevent exposure to infectious agents.
- **Hand Hygiene:** Refers to any action of cleaning hands to remove visible soil and kill transient microorganisms. This can be done using *soap and water* or *alcohol-based hand rubs (ABHR)*.
- **Environmental Cleaning and Disinfection:** Regular cleaning of surfaces and equipment to reduce contamination risks.
- **Isolation:** *Separating individuals who are contagious* to prevent the spread of disease—commonly used in hospitals or during outbreaks.
- **Outbreak:** In long-term care (LTC) settings, an outbreak is typically defined as two or more residents or staff developing similar symptoms of an infectious illness within a short time frame and having an epidemiological link, such as living or working in the same unit or area.
- **High-Touch Surface:** A high-touch surface is any area or object that is frequently touched by hands and is therefore more likely to become contaminated with microorganisms.

- **Enteric symptoms:** Signs of illness affecting the digestive system, like diarrhea, vomiting, or stomach pain.
- **Respiratory symptoms:** Signs of illness affecting the lungs and airways, like coughing, sneezing, or shortness of breath.
- **CQI:** Continuous Quality Improvement Committee, a mandated committee from the Ministry of Long-Term Care that is focused on quality improvement in the home.

### Key Contacts:

| Role                        | Name  | Email                            | Phone                  |
|-----------------------------|---|----------------------------------|------------------------|
| Administrator               | Jennifer Ridgley                                | jennifer.ridgley@muskoka.on.ca   | 705-645-4488 ext. 4877 |
| Medical Director            | Keith Cross                                     | keith.cross@sympatico.ca         | —                      |
| Director of Care            | Dallas Miller                                   | dallas.miller@muskoka.on.ca      | 705-645-4488 ext. 4805 |
| IPAC Lead & Designate       | Stephanie Albert, RPN                           | stephanie.albert@muskoka.on.ca   | 705-645-4488 ext. 4752 |
| Human Resources             | Natalie Brake                                   | natalie.brake@muskoka.on.ca      | 705-645-4488 ext. 4191 |
| Support Services Supervisor | Steve Files                                     | steve.files@muskoka.on.ca        | 705-645-4488 ext. 4804 |
| Nutrition/Food Services     | Scot Gray                                       | scot.gray@muskoka.on.ca          | 705-645-4488 ext. 4801 |
| Recreation Therapist        | Christina Rochette                              | christina.rochette@muskoka.on.ca | 705-645-4488 ext. 4824 |
| Physicians/NPs              | Dr. Cross, Dr. Dechert, Dr. Hammell, Dr. Whynot | —                                | Contact the home       |
| Pharmacy                    | Sherri Kidson                                   | sheri.kidson@carerx.ca           | —                      |

#### HEALTH SERVICES DEPARTMENT

##### Long-Term Care Services

70 Pine Street, Bracebridge, ON P1L 1N3

**Phone:** 705-645-2100 **Toll-Free:** 1-800-461-4210 (within 705)

**Fax:** 705-645-5319

**Email:** healthservices@muskoka.on.ca

**Website:** www.muskoka.on.ca

#### THE PINES

##### Long-Term Care Home

98 Pine Street, Bracebridge, ON P1L 1N5

**Tel:** 705-645-4488

**Fax:** 705-645-6857



|                       |                 |   |              |
|-----------------------|-----------------|---|--------------|
| Courier (Lab Samples) | Dynacare        | — | 705-205-1833 |
| Oxygen Provider       | Homecare Oxygen | — | 705-645-5161 |

#### Staff Contact Lines:

- Cedar, Oak, Spruce: 705-645-4488 ext. 4825
- Maple, Birch: 705-645-4488 ext. 4845
- RN Cell Phone Numbers: 705-641-0319 or 705-394-2997

### 3. External Communications

#### Resident/Family Contact: Internal process

- Internal Communication process

#### Local Public Health:

- Contact: Cheryl Leavens
- Email: [cheryl.leavens@smdhu.org](mailto:cheryl.leavens@smdhu.org)
- Phone: 705-721-7520 or 1-877-721-7520 ext. 7282
- After Hours: 1-888-225-7851

#### Provincial Health Agency:

- Public Health Ontario
- Email: [communications@oahpp.ca](mailto:communications@oahpp.ca)
- Toll-Free: 1-877-543-8931

#### Ministry of Labour:

- Internal Communication process

### 4. Outbreak Response Procedures

#### Initial Detection & Monitoring

- **Each shift**, symptom monitoring for all residents.
- RN/RPN assesses any suspected cases- According to FLTCA:
  - Residents are monitored for symptoms that may indicate the presence of infection, in accordance with any standards or protocols; and
  - All observed symptoms are promptly documented, and immediate measures are taken to reduce transmission, including isolating affected residents and placing them in cohorts as required.
- Public Health contacted for guidance when  $\geq 1$  symptomatic resident is identified.

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- Outbreak declared if 2 or more residents with onset of ARI symptoms within 48 hours or 2 or more episodes of vomiting/diarrhea within 24 hours, and there is an epi link.

### Isolation Procedures

- Symptomatic residents are immediately isolated and put on additional precautions.
- Isolation signage, PPE, and laundry/garbage kits placed in the room.
- Notify physicians and SDM/POA.
- Public Health will define appropriate testing, examples include: COVID PCR, multi-viral swab, stool specimen.
- Enhanced cleaning by environmental team (twice daily high-touch surfaces).
- Dietary team provides tray service to isolated residents.
- Screening to include: First four resident samples will be tested using Multiplex Respiratory Virus Testing (MRVP), Subsequent samples will be tested with FLUID panel at PHOL.
- Masking is recommended for staff, residents, and visitors during a respiratory outbreak.

### Staffing & Cohorting

#### Staff Cohorting:

- DOC/ADOC and Leadership Team adjust schedules to prevent cross-unit contamination.
- One PSW is assigned to isolated residents for the duration of the outbreak.
- Contingency plans are implemented to increase staffing as needed.
- Separate staff break room set up if outbreak escalates.

#### Resident Cohorting:

- Residents grouped by home area to limit interactions.
- Fixed seating in dining rooms for easier contact tracing.
- Close contacts monitored for symptoms.
- Whenever possible, continuing small group activities for exposed cohorts (for those not on additional precautions) is recommended to support resident mental health and wellbeing.

### Staff Education & Safety

- Monthly IPAC in-services on PPE, hand hygiene, transmission modes, and risk assessment.
- Orientation training includes outbreak protocols and equipment use.
- Annual online training with knowledge testing.
- Regular home area meetings with Q&A sessions.

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- On-the-spot coaching by IPAC Lead.
- Leadership support during outbreaks.

#### **Communication & Updates**

- Daily outbreak updates sent by IPAC Lead or Nurse Manager, SMDHU.
- Updates posted on the Staff Portal.
- Families are notified via email or Family Portal.

#### **Supplies & Maintenance**

- **ABHR & Soap:** Refilled by environmental and maintenance staff.
- **PPE Stations:** Stocked by IPAC Lead, Champions, and assigned PSWs. Night staff top up carts for the day shift.
- Staff responsible for using appropriate PPE based on risk assessment.

#### **Auditing & Compliance**

- “Just Clean Your Hands” program with Hand Hygiene Champions.
- Daily and weekly audits by IPAC Lead and Leadership team for IPAC practices such as PPE donning/doffing; hand Hygiene; environmental cleaning, and appropriate use of face coverings.
- On-the-spot education during audits.
- Non-compliance addressed by managers and reviewed by the CQI committee.
- Performance reviews include compliance evaluation.

## **5. Symptom Screening Procedures**

- **Residents:**
  - **Monitor each shift** for the presence of infection. If symptoms present; this will be recorded using the IPAC assessment and immediate actions will be taken to reduce transmission (see isolation procedures).
  - During outbreaks: Assess and record symptoms on **each shift**.
- **Staff & Visitors:**
  - Required to **self-screen** using signage at the entrance.
  - Symptomatic staff must report to their **manager and IPAC Lead** for further direction.
- **Response Team:**
  - IPAC Lead and nursing staff promptly assess and respond to illness.
  - Follow isolation and testing protocols outlined in section #4.

## **6. Transmission Control Measures**

- **Environmental Controls:**
    - Upgraded high-touch cleaning and disinfection equipment.
    - Enhanced housekeeping staffing to meet cleaning demands.
  - **Education & Training:**
    - Ongoing staff education on hand hygiene and PPE use.
    - Reinforcement of infection control practices.
  - **Safe Return to Work:**
    - Staff must consult IPAC Lead before returning.
    - **Enteric symptoms:** 48 hours symptom-free.
    - **Respiratory symptoms:** 24 hours fever-free or symptom improvement.
    - **Post-symptom masking:** 10 days.
    - Symptomatic staff must avoid shared staff areas and avoid carpooling if possible. If not possible ensure masking while traveling together.
- These guidelines are subject to changes by Public Health guidelines
- **Layered Approach:**
    - Emphasis on multiple interventions working together to reduce transmission.

## **7. Evaluating Outbreak Plan Effectiveness**

- **Daily Outbreak Meetings:**
  - Held with Public Health and Leadership Team during outbreaks.
- **Post-Outbreak Debrief:**
  - Staff and leadership provide feedback on successes and areas for improvement.
  - Public Health offers ongoing recommendations.
- **Roles & Responsibilities:**
  - **RN/RPN:** Daily symptom surveillance, immediate isolation, reassessment in 24 hours.
  - **IPAC Lead:** Data analysis, communication, meeting coordination, PPE supply management.
  - **Administrator:** Updates to families, staff, and residents.

## **8. Vaccination Protocol**

- **Staff & Residents:**
  - Regularly offered vaccines per **Public Health** guidelines.
  - Ensures timely protection against circulating illnesses.

## 9. 🧤 PPE Management & Supply Planning

### 👤 Responsible Personnel

- **Inventory & Tracking:** Stephanie Albert, RPN, IPAC Lead ✉️  
stephanie.albert@muskoka.on.ca | 📞 705-645-4488 ext. 4752
- **Ordering PPE:** Stephanie Albert, RPN, LTC-CIP & Dallas Miller, DOC ✉️  
dallas.miller@muskoka.on.ca | 📞 705-645-4488 ext. 4805

### 🛒 Regular Supplier

- **Supplier:** Cardinal Health
- **Ordering Portal:** [Cardinal Health Canada](#)

### 📦 Key PPE Supply List (2 Weeks' Worth)

To maintain readiness for a two-week outbreak scenario, the following PPE items should be stocked in sufficient quantities:

| Type of PPE/Disinfectant/AB HR | Location(s)   | Min Quantity               | Supplier        |
|--------------------------------|---|----------------------------|-----------------|
| N95 Masks                      | PPE supply cupboards on Cedar, Spruce, Birch.<br><br>Nursing and Environmental Supply Room<br><br>Axillary Room (across from Nursing and Environmental supply room) | 2000(2 per day per person) | Cardinal Health |
| Surgical/Procedure Mask        | PPE supply cupboards on Cedar, Spruce, Birch.<br><br>Nursing and Environmental Supply Room  | 4000                       | Cardinal Health |



| Type of PPE/Disinfectant/AB HR | Location(s)  | Min Quantity   | Supplier        |
|--------------------------------|--|--|-----------------|
|                                | Axillary Room (across from Nursing and Environmental supply room)                            |  |                 |
| Isolation Gowns                | PPE supply cupboards on Cedar, Spruce, Birch.<br>Nursing and Environmental Supply Room       | 20 Boxes   | Cardinal Health |
| Protective Eye Goggles         | PPE supply cupboards on Cedar, Spruce, Birch.<br>Nursing and Environmental Supply Room       | 40/day   | Cardinal Health |
| Face Shields                   | PPE supply cupboards on Cedar, Spruce, Birch.<br>Nursing and Environmental Supply Room       | 40/day   | Cardinal Health |
| Gloves                         | Nursing/Environmental supply room  | Months' Supply   | Cardinal Health |
| Hand Sanitizer                 | Nursing/Environmental supply room-large pump supplies<br>Pandemic Supply Room<br>-hand pumps | 300 individual pumps/months' supply, large receptacles | Cardinal Health |

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| Type of PPE/Disinfectant/AB HR | Location(s)                                    | Min Quantity   | Supplier                 |
|--------------------------------|--|----------------|--------------------------|
| Disinfectant Wipes             | Nursing/Environmental supply room              | Months' Supply | Cardinal Health          |
| Swabs                          | Pandemic Supply Room & on-unit treatment rooms | N/A            | Dynacare & Public Health |
| Concentrated Disinfectant      | Housekeeping Supply Room                       | Months' Supply | Cardinal Health          |
| ED-Everyday Disinfectant       | Housekeeping Supply Room                       | Months' Supply | Cardinal Health          |

\*Annual Mask Fit Testing

\*The list of staff who have been fit tested for N95 respirators is up-to-date and available including brands/models and sizes

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## 10. Outbreak Plan – Snapshot

### Measures We're Taking

- Daily passive screening and illness follow-up with staff.
- Safe return-to-work conversations guided by public health protocols.
- Assess and record symptoms for residents on each shift.
- Masks available at all times; mask-friendly policy in place.
- Resident hand hygiene program with regular auditing.
- Robust outbreak protocols aligned with ministry and public health guidance.

### Staff Safety & Education

- Monthly **IPAC educational in-services** conducted during shifts.
- Annual mandatory training via online learning platforms.
- Mask fit testing and consistent availability of PPE supplies.
- On the spot education when gaps are noted during audits.

### Symptom Screening

- **Residents:**
  - **Monitor each shift** for the presence of infection. If symptoms present; this will be recorded using the IPAC assessment and immediate actions will be taken to reduce transmission (see isolation procedures).
  - During outbreaks: Assess and record symptoms on **each shift**.
- **Staff & Visitors:** Required to self-screen before entering the home.

### Transmission Control Measures

- A layered approach combining:
  - Staff and family education
  - Hand hygiene audits and coaching
  - Enhanced Environmental Cleaning
  - Daily Symptom Screening
- No single measure is relied upon—it's the synergy that protects our home.

### Cleaning Protocols

- All high-touch surfaces cleaned daily with **Health Canada-approved disinfectants**.
- During outbreaks: cleaning frequency increases to **twice daily**.

### **Outbreak Response**

- Immediate collaboration with **Public Health**.
- Full compliance with current **Public Health and Ministry guidelines**.
- Activation of outbreak protocols, including isolation, testing, and cohorting.

### **Evaluating Effectiveness**

- Post-outbreak **CQI debrief meetings** with leadership and staff.
- Review of Public Health feedback and implementation of recommended remediations.

For any questions regarding this plan, please contact the Infection Prevention and Control Lead, Stephanie Albert, at **[stephanie.albert@muskoka.on.ca](mailto:stephanie.albert@muskoka.on.ca)**.

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