

COUCHICHING FHT Infectious Disease Preparedness & Response Plan Management Reference Document

Purpose:

Couchiching Family Team is committed to ensuring consistent communication, containment of possible infection and continuity of service to patients during an outbreak, epidemic or pandemic. As well, the Couchiching Family Health Team recognizes the importance of personnel preparedness for any such emergency.

PHASE 1- Routine: *Offices are operating under normal condition. No infectious diseases emergency currently exists.*

✓	Response Strategy	Implementation Options
Allied Health Professionals and Complex Care Services		
✓	Business as Usual	<ul style="list-style-type: none"> • Normal office hours • Normal office processes • Normal capacity

PHASE 2- Enhanced: *An outbreak, epidemic or pandemic is expected and/or declared by the Simcoe Muskoka District Health Unit (SMDHU) and/or Ontario Health (OH).*

✓	Response Strategy	Implementation Options
Community Primary Care		
✓	Form a Primary Care Leadership Team (PCLT)	<ul style="list-style-type: none"> • Members of the PCLT should include representatives of the following: <ul style="list-style-type: none"> ○ Couchiching Family Health Team ○ Couchiching Family Health Organization ○ CMCL. ○ Huronia Nurse Practitioner Clinic ○ Orillia Family Health Organization ○ Orillia Soldiers Memorial Hospital
Allied Health Professionals and Complex Care Services		
✓	Patient Capacity/Accessibility	<ul style="list-style-type: none"> • During increased activity –IHPs will be asked to increase accessibility through cancellation of non essential appointments; adjustment of schedule to accommodate surge and the use of virtual visits and telephone appointments where appropriate • All NPs should continue to be available for medication renewals
✓	Communication	<ul style="list-style-type: none"> • Develop communication plan amongst CFHT employees to ensure timely, standardized, supportive information • Schedule all meetings, team meetings and committees through virtual means • Prepare a message for Admin and IHPs to phone patients informing them of what offices are doing to

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✓	Response Strategy	Implementation Options
		<p>ensure continued services, change of hours, infection control measures that are in place</p> <ul style="list-style-type: none"> • Messaging to patients on answering machines, signage and website will direct them to https://www.simcoemuskokahealth.org/ https://www.ontariohealth.ca/ http://www.health.gov.on.ca/en/public/programs/telehealth/ for up to date information • Have a system for reporting, as required, to Public Health (PH) including who is responsible to report, ensuring proper documentation and implementing any advice given by PH that is critical for containing the spread of infection • Ensure consistent organization messaging by standardizing, as much as possible, voicemail messages, website postings, signage in building and media releases
	<p>Personnel Health & Safety</p>	<ul style="list-style-type: none"> • All IHP, Admin and Management staff require: <ul style="list-style-type: none"> ▪ Familiarity with CFHT’s Infection Prevention and Control Practice Guidelines; ▪ Training in the proper use of Personal Protective Equipment-PPE (gowns, masks, gloves and goggles); ▪ Knowledge of how to ensure symptom surveillance (reading of postings, patients using hand wash, masks and completing screening questionnaires when required); • Staff will be aware of the symptoms of the virus and will not report to work, or will leave work immediately, upon the onset of symptoms. Self isolation will follow OH guidelines and staff will stay home until clear of symptoms • Refer to Public Health for guidance for testing and clearance of virus https://www.publichealthontario.ca/ • Based on recommendations of SMDHU and OH and consider the risk of exposure, consider implementing a process for containing and laundering work clothing or alternatively advise staff to practice good laundry hygiene practices with their clothing as it could potentially be a source of contamination



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	Office Flow	<ul style="list-style-type: none"> • If possible, minimize the number of staff in the office (consider what tasks can be done from home or outside of regular hours to minimize interactions) • If having staff work off site does not work, consider staggering IHP and admin schedules to minimize number in an office at any one-time including start times, breaks and lunches • Schedule extra time between patient appointments to decrease contact between patients entering and exiting office • Assign staff to dedicated work areas as much as possible. Discourage staff from sharing phones, pens, desks and other equipment where possible • Cross train staff so they can effectively cover other duties and ensure essential functions can continue (i.e. payroll, reception)
	Infection Control	<ul style="list-style-type: none"> • Support physical distancing and minimize contact by spacing out or removing chairs from waiting room and/or altering layout of furniture • If possible, have patients wait outside the building until an exam room is available and then call in by phone and take directly to exam room • Encourage patients to wear their own face masks when coming in for an appointment • Consider ways to minimize traffic flow for common spaces (i.e. physical distance markings, arrows directing traffic, limiting numbers) • Encourage patients to present to office alone unless a support person is needed • Screen and triage all patients at time of booking an appointment and again prior to entry to building in adherence to screening guidelines provided by SMDHU and/or Ontario Health • Office staff should have a barrier between them and patient (i.e. plexiglass) and if this not possible wear the PPE as determined to be needed for contact precautions (airborne, contact or droplet) • Post signage that is easily seen and readable informing patients of infection control requirements (i.e. hand hygiene, wearing a mask, physical distancing) • As minimum precaution, hand sanitizer should be readily accessible at building entrance

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✓	Response Strategy	Implementation Options
		<ul style="list-style-type: none"> • Ensure offices have appropriate signage and 2-week stock pile of PPE including surgical/N95 masks, hand sanitizer – 70%, goggles, nitrile gloves, face shields gowns • Suspend all group activities and gatherings • All reportable cases of virus will be reported as instructed by Public Health https://www.publichealthontario.ca/
	<p>Cleaning</p>	<ul style="list-style-type: none"> • Inform janitorial staff of extra precautions required and ensure cleaning products used are recommended products. Extra attention needs to be given to “high touch” surfaces (i.e. light switches, door knobs, chair arms, bathroom fixtures) • After every patient (whether symptomatic or not) all patient contact surfaces must be disinfected by office staff including all horizontal surfaces, any equipment used on patient (i.e. blood pressure cuff, scales, exam table) before another patient is brought into the room • Non essential items should be removed from patient care areas to minimize the potential for these to be contaminated and become a potential vehicle for transmissions (i.e. magazines, toys)

PHASE 3- Recovery: *Infectious disease emergency has abated and offices are working to ensure a smooth transition back to routine conditions.*