Logan Community Resources

Pandemic Planning and Response Guidelines

Coronavirus Disease 2019 (Covid-19)

3-12-20
OVERVIEW

Preface: Logan Community Resources supports individuals who are vulnerable to influenza due to co-morbidities and/or advanced age and the environment of communal living facilitates the spread of respiratory agents. Employees should start preparing now. Through education and the implementation of best practice guidelines, we can already reduce working days lost due to illness and stop or slow the spread of COVID-19 if it arrives at one of our locations. The important thing to keep in perspective is coronaviruses are not uncommon but this strain has been more aggressively widespread.

Personal Preparedness: What you should do now

• **Make sure your contact information is correct**: Logan Center and Logan Industries are the points of distribution so we may have access to safety equipment and medication that could benefit you AND your family. Contacting employees by text may be crucial.

• **Clean your hands often.** With an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty. Use ONLY your knuckle to touch light switches, payment systems (check out /ATM) buttons, touchscreens etc. Lift the gasoline dispenser with a paper towel or use a disposable glove. Keep a bottle of sanitizer in your car for use after getting gas or touching other contaminated objects when you can’t immediately wash your hands.

• **Make sure you have all your medications stocked**- if you can. There is concern about the supply chain for medications, many of which are made in China, or from ingredients made in China.

• **Practice Social Distancing**: Keep a distance of 6 feet from others when possible. Avoid public gatherings such as movies, concerts, and church or community meetings when possible.

• **If you have not already done so, GET A FLU SHOT.** This year’s vaccine is about 50% effective against the flu, and while not perfect, confers some protection against the flu. You don’t need to be fighting a war on two fronts.

• **STOP SMOKING OR VAPING.** Reports seem to indicate the illness and mortality rate is much higher in smokers than non-smokers.

• **Routinely clean** all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.

• **Stock up with some non-perishable foods**, such as canned soup, noodles, hydrating fluids, etc. in case the grocery stores are empty due to either panic buying or supply chain interruptions.

The purpose of this document: This guide is designed to provide resources and up to date information. It is to provide education and best practice guidelines for: preparing, preventing, identifying and managing outbreaks of COVID-19 Virus as we better understand the virus.
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The content of this document, such as graphics, images, text and all other materials, are provided for reference and educational purposes only. The content is not meant to be complete or exhaustive or to be applicable to any specific individual’s medical condition. This document is not an attempt to practice medicine or provide specific medical advice, and it should not be used to make a diagnosis or to replace or overrule a qualified health care provider's judgment. Users should not rely up this document for emergency medical treatment. The content on this document is not intended to be a substitute for professional medical advice, diagnosis or treatment.
SECTION 1 GENERAL INFORMATION

What is a Pandemic?
Pandemic refers to the occurrence, two to three times per century, of a novel coronavirus infection that circulates around the globe. In basic terms, that means a disease that has spread widely across geographic regions. It has nothing to do with how many people actually get sick, how severe their sicknesses are, or how many people die.

There have been 3 influenza pandemics in the 20th century, of varying degrees of severity – the Spanish Flu of 1918/1919, the Asian Flu of 1957/1958, and the Hong Kong Flu of 1968/1969. The 21st Century saw its first influenza pandemic in April 2009 (H1N1), originating in Mexico and spreading around the world a month later and in January 2020 COVID-19 originating in China.

World Health Organization Phases for a Pandemic

Novel coronavirus vs. flu symptoms

Novel Coronavirus (Covid 19) Symptoms
- Fever
- Cough
- Difficulty breathing
- Shortness of breath

Flu Symptoms
- Fever/feeling feverish
- Headache
- Muscle and body aches
- Feeling very tired (fatigue)
- Cough
- Sore throat
- Runny or stuffy nose

If you are feeling ill and have recently traveled to China or have been in close contact with someone who has COVID-19, please contact your doctor immediately.
Incubation
For comparison, the incubation period for the common flu (seasonal influenza) is typically around 2 days. Incubation period for other coronaviruses: SARS 2-7 days; MERS 5 days typically (range 2-14 days).

<table>
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<tr>
<th>Virus</th>
<th>Incubation Period (typical cases)</th>
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<tr>
<td>Novel Coronavirus (2019-nCoV)</td>
<td>2-14 or 0-24 days *</td>
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<tr>
<td>SARS</td>
<td>2-7 days, as long as 10 days</td>
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<td>MERS</td>
<td>5 days (range: 2-14)</td>
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<td>Swine Flu</td>
<td>1-4 days, as long as 7 days</td>
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<tr>
<td>Seasonal Flu</td>
<td>2 days (1-4 range)</td>
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SECTION TWO  CLINICAL

Symptoms of coronavirus (Covid-19)

- Headache
- Cough
- Shortness of breath, breathing difficulties
- Muscle pain
- Fever & tiredness

Virus seems to start with a fever, followed by a dry cough and then, after a week, leads to shortness of breath and some patients needing hospital treatment.

Source: WHO

Symptoms and signs
COVID-19 can be difficult to distinguish from other viral respiratory tract infections on clinical signs alone.
2/24/2020 update: People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection.

Typical signs and symptoms include: fever (87.9%), dry cough (67.7%), fatigue (38.1%), sputum production (33.4%), shortness of breath (18.6%), sore throat (13.9%), headache (13.6%), myalgia or arthralgia (14.8%), chills (11.4%), nausea or vomiting (5.0%), nasal congestion (4.8%), diarrhea (3.7%), and hemoptysis (coughing up of blood) (0.9%), and conjunctival congestion (0.8%). Clinical signs and symptoms may worsen with progression to lower respiratory tract disease in the second week of illness; all patients should be monitored closely.

Possible risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

Appendix 1: What to do if you are sick with coronavirus disease 2019 (COVID-19)

SECTION 3  MONITORING AND SURVEILLANCE

Effective outbreak management has four phases:

- Preparation: plan is in place
- Response: to activate the outbreak management plan
- Monitor outbreak progress: assess and report outbreak control activities
- Conclusion: declare the outbreak over, review events and lessons learned for future outbreaks

Appendix 2: Flowchart to Identify and Assess 2019 Novel Coronavirus

Recognizing influenza-like illness and outbreaks

Three (3) or more people (Person Supported or staff) with influenza like illness within the same 3 days (72-hour period) indicates a potential outbreak at that location. A nurse should be notified immediately in the event you see signs of an influenza like illness so we can begin our surveillance.

Influenza surveillance

The aim of influenza like illness surveillance is to ensure early identification of symptoms in Person Supported and staff that may precede or indicate early stages of an outbreak. It is also to allow the Diversified nursing staff to monitor the progression on the illness and provide the most appropriate interventions in a timely basis.

Prompt detection of outbreaks allows early implementation of control measures.

Early implementation of control measures and notification has been associated with shorter duration of outbreaks.
RESPONSE TO A SINGLE CASE OF AN INFLUENZA LIKE ILLNESS OR INFLUENZA IN A PERSON SUPPORTED

- Call the healthcare provider and tell them that the individual has or may have COVID-19, in conjunction with Logan Nurse and/or Program Manager.
- Isolate the infected Person Supported or cohort and minimize interaction with other Person Supported/staff.
- Provide updates to the Logan Nurse and/or Program Manager on a regular basis, as requested.
- Seek prompt medical attention if the illness is worsening (e.g., difficulty breathing). Before seeking care, call your healthcare provider and tell them that the individual may have, or are being evaluated for, COVID-19. If client needs to be seen, have them put on a facemask before they enter the facility. These steps will help the healthcare provider’s office to keep other people in the office or waiting room from getting infected or exposed.
- If they have a medical emergency and need to call 911, notify the dispatch personnel that the individual may have, or are being evaluated for, COVID-19. If possible, put on a facemask before emergency medical services arrive.

RESPONSE TO AN OUTBREAK OF AN INFLUENZA LIKE ILLNESS OR INFLUENZA

An outbreak is defined as 3 or more cases at any location (staff or persons supported). Logan will activate the response plan and continue adhering to standard precautions, as well as increasing surveillance. Response will be driven by the severity of the outbreak.

SECTION 4 TREATMENT OF THE PERSONS SUPPORTED FOR COVID-19

There is no specific antiviral treatment recommended for COVID-19. People with most cases of COVID-19 should receive supportive care to help relieve symptoms as they would for other respiratory viral illnesses such as:

- Drink plenty of liquids. Choose water, juice and warm soups to prevent dehydration.
- Rest. Get more sleep to help the immune system fight infection. Individuals may need to change their activity level, depending on the symptoms.
- Consider Fever & pain relievers. Use an over-the-counter pain reliever, such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others), to combat the achiness associated with the virus.

In consultation with the local health department staff, Logan Nursing staff should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- The individual is stable enough to receive care at home.
- Appropriate staffing is available at home.
- There is a separate bedroom where the individual can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
• The individual and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
• There are household members who may be at increased risk of complications from 2019-nCoV infection (e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

For severe cases, treatment should include care to support vital organ functions which will occur in a hospital.

People who think they may have been exposed to COVID-19 should contact their healthcare provider immediately.

In the event that Antiviral medication for prophylaxis is made available during an outbreak – Logan will take the lead from Public Health.

SECTION 5 INFECTION PREVENTION AND CONTROL/TRANSMISSION

Key elements for infection controlling:
• Social distancing
• Develop harm-reduction habits like pushing buttons with a knuckle and not touching face
• Flu vaccination
• hand hygiene before and after personal care activities
• use of appropriate personal protective equipment (PPE)
• regular cleaning
• increased cleaning of shared equipment
• infected Person Supported placement - isolation and cohorting
• minimizing Person Supported transfer or transport

The strategies for slowing down transmission include quarantine and isolation of known or highly suspected cases, social distancing (cancelling gatherings such as meetings, concerts, schools, etc.) and good hygiene (covering your cough by coughing into your elbow, hand washing, etc.). Wearing a mask helps prevent the wearer best if it is an N95 mask. Other masks will limit droplet spread from the wearer to other people. These non-95 masks may prevent you from touching your nose and mouth.

Appendix 3: Standard Precautions
Social distancing is a strategy where you try to avoid crowded places, large gatherings of people or close contact with a group of people. In these situations, viruses can easily spread from person to
person. In general, a distance of one. In general, a distance of 3 to 6 feet will slow the spread of a disease, but more distance is more effective. At least 6 feet is the recommended distance.

Appendix 4: Social distancing

Hygiene: Replace handshakes, hugs and kisses with a gentle fist bump / elbow-bumps or practice no-touch greetings.

All staff, Persons Supported, and visitors will perform hand hygiene:
• BEFORE initial contact
• AFTER body fluid exposure risk
• AFTER Person Supported personal or environmental contact

Additionally, whenever hands come into contact with surface that may be an exposure risk.

In addition, Persons Supported will be expected to perform and/or be assisted to perform hand hygiene after toileting, before leaving their room and prior to any nourishment / mealtimes.
CDC recommends washing hands with soap and water whenever possible because handwashing reduces the amounts of all types of germs and chemicals on hands. But if soap and water are not available, using a hand sanitizer with at least 60% alcohol can help you avoid getting sick and spreading germs to others.

Appendix 5: How to Handwash / How to Hand-rub

Contact Precautions: To protect employees from the risk of occupational exposure to COVID-19, it has been advised that the N95 mask is especially useful on infected individuals to help prevent transmission. It is also recommended that the use of N95 respirators (instead of surgical masks) when in a room/area with infected individuals. These include the use of an N95 mask, together with eye protection and gloves and gowns as necessary, for direct care encounters within 6 feet of the Person. * Due to limited availability, droplet resistant face masks may need to be utilized.

Note: While a mask seems like a good idea to wear at all times, it can actually give users a false sense of security. There is no good evidence that shows a mask to reliably prevent infection when worn by the public at large.

Isolation:
Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

Quarantine:
Is defined as the separation of people who have been exposed to a contagious disease from those not exposed. For people who have been exposed to a contagious disease but who may or may not become ill.

Working quarantine:
Refers to persons who are at occupational risk of influenza infection, such as Direct Support Professionals, who may be restricted to their homes or designated facilities during off duty
Cohorting:
Cohorting is the practice of grouping together individuals who are infected with the same organism to confine their care to one area and prevent contact with other individuals.

Interaction with Community Partners
Transfer to Family:
If a Person Supported has been determined best supported to go home temporarily with family members, the multidisciplinary team will provide support, education, medication and personal care items to facilitate transfer of care activity to the community setting. **NOTE:** This temporary transfer will not be considered a discharge to the community.

Transfer to hospital will be required if:
- A Person Supported requires care involving equipment or skill sets not available in the home and cannot be brought to the home.
- A Person Supported requires care involving supplies not available at the home and cannot be brought to the home.
- A Person Supported is not palliative but has experienced a life-threatening event
- The Physician/NP determines transfer to hospital is necessary.

If transfer to hospital is required, notify the ambulance service and receiving hospital of the outbreak and the suspected or confirmed diagnosis.
Re-admission of Person Supported, who were transferred to hospital or another facility, requires the provision of appropriate accommodation, care and infection prevention and control.

Visitor restriction and signage
During an outbreak, preferably, minimize the movement of visitors into and within the locations. Inform regular visitors and families of Persons Supported and of the transmission guidelines and request they
only undertake essential visits; discourage unnecessary visitors. Virtual Visits via Office 365-Skype can be arranged at most locations.

- Ensure that appropriate respiratory outbreak signage indicating additional precautions and updates are posted for staff, family, visitors and other services.

Appendix 6: Visitor Signs (Droplet and Contact Precautions)

Cleaning & Environmental Decontamination

3/3/2020 update: At this time, there is no evidence that the COVID-19 is spread through environmental exposures, such as coming into contact with contaminated surfaces.

Because the transmissibility of COVID-19 from contaminated environmental surfaces and objects is not fully understood, you should carefully evaluate whether or not areas occupied by people suspected to have virus may have been contaminated and whether or not they need to be decontaminated in response.

Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.

1. First, clean dirt off of the surface. Then wipe the surface with disinfectant. Leave the surface you are cleaning wet with disinfectant for as many minutes as the product instructions require. This step is key, and people often miss this important step. It is not enough to just wipe a surface with a rag dampened with disinfectant.

2. Clean high-touch areas such as door handles, phones, remote controls, light switches and bathroom fixtures. Clean horizontal surfaces such as countertops, kitchen tables, desktops and other places where cough droplets could land frequently. The most important factors to disinfecting are cleaning frequently, thoroughly, and using the cleaning product correctly.

3. Follow standard procedures for cleaning and disinfecting with an Environmental Protection Agency (EPA) registered disinfectant with a claim for human coronaviruses.

   Always follow the disinfectant manufacturer’s instructions for use, including:
   - Use the proper concentrations of disinfectant
   - Allow required wet contact time
   - Pay close attention to hazard warnings and instructions for using personal protective items such as gloves and eye protection
   - Use disinfectants in a sufficiently ventilated space
   - Follow the safety data sheets (SDS) for each disinfectant chemical

Appendix 7: Interim Guidelines for Cleaning and Disinfection of COVID-19

SUMMARY: The spread of respiratory viruses can be greatly reduced by hygiene measures (hand hygiene, cleaning), barriers to transmission (masks, gloves, eye protection, gowns), and isolation of infected Person Supported (social distancing).
SECTION 6 STAFFING
Staffing will be a critical issue for Logan. There will be no restrictions prohibiting staff from working at multiple sites. The agency will attempt to maintain standard staffing until such time the outbreak results in excessive absences. The agency will endeavor to provide care using existing staffing resources. Because of the differing nature of each residential setting as well as the fluidity of the current situation.
Staffing responses will be individually tailored to each location and its unique needs.

Allocation of staff
• Once Person Supported isolation measures are in place, to further reduce the risk of transmission, it is preferable to allocate specific (non-symptomatic/vaccinated) staff to the care of Person Supported
• Staff members should self-monitor for signs and symptoms of respiratory illness and self-exclude from work if unwell
• When influenza like illness is apparent, COVID-19 can be spread within a location by non-symptomatic staff, who should work only if well. Non-symptomatic staff exposed staff should not work with individuals who have not had a confirmed exposure or illness.
• Creative staffing may be necessary should the agency be overwhelmed with absences.

SECTION 7 CARE OF PERSON SUPPORTED
The level of care to be provided to Person Supported is during a pandemic is dependent upon the staffing levels available. The minimum basic care will be provided as follows:
Essential personal care (essential bathing limited to baths/showers as needed only; face hands and perineum twice daily and as needed to maintain skin integrity).
• Medication administration.
• Personal hygiene and grooming may be modified depending on staff availability
• Oral care BID
• Ongoing assessment of care needs.
• Clothing and bedding will be changed only as needed.
• Routine toileting and continence care will be based upon the Person ’s individual need to maintain skin integrity. Routine catheter care will be maintained as ordered.
• Skin and wound care management including routine aseptic dressings and sterile dressings, and colostomy care must be maintained.
• Assistance with eating as needed. G-tube feeding, and maintenance will be maintained, as ordered.
• Oxygen therapy as required (a 1-month stockpile of O2 supplies should be available for use).
• Bedridden Person Supported will be repositioned every two hours and as needed.
• Maintain regular communication with the relatives/substitute decision makers of Person Supported to keep them updated and reassured about the situation and discourage unwarranted visiting.
• Non urgent medical appointments will be cancelled and rescheduled.
• Person Supported with Acute respiratory infections (ARI) will automatically be isolated in a designated area or cohorted in a room/unit with Person Supported exhibiting like symptoms.
• All Person Supported with Acute respiratory infections will be requested to remain to their rooms or the designated area.
• Nursing staff will ensure consent for administration of antiviral and pandemic influenza vaccinations are obtained from the Person Supported should they become available.
• Ensure advance directives are updated.

SECTION 8 RIGHTS OF PERSONS SUPPORTED DURING PANDEMIC EVENTS
As it relates to services at Logan, an individual’s basic rights remain intact during a pandemic event. Quarantine and isolation should be voluntary whenever possible, and, when that is impossible, they should be enforced by the least intrusive means available. The Department of Health and Human Services (HHS) guidelines cite two important principles designed to help ensure that those in quarantine are not placed at increased risk:
1. Quarantined individuals will be closely monitored in order to detect earliest onset of symptoms and separation from those who are well.
2. Persons in isolation will be among the first to receive any disease-prevention interventions. In addition, the HHS plan recommends that they should be provided with all needed support services, including psychological support, food and water, and household and medical supplies. Rights restrictions will only be enforced when directed by public health or other medical professionals. Quarantine and isolation are the most complex and controversial public health powers. Given that they involve a significant deprivation of an individual’s liberty in the name of public health, quarantine and isolation expose the tension between the interests in protecting the health of the community and the civil liberties of individuals, such as privacy, non-discrimination, freedom of movement, and freedom from detention. Any rights restrictions such as voluntary isolation or quarantine will be approved by Logan leadership including the.

SECTION 9 SUPPLIES AND STOCKPILES
Access to essential supplies may be disrupted. Logan will maintain an inventory of PPE, as available from medical supply agencies.

FOOD / PERSONAL ITEMS
Logan will maintain at a minimum a three-day inventory for current census of food and water and other medical supplies, such as incontinent care products. Ideally a two-week inventory of foods should be maintained, if feasible. Canned foods that have a long storage life and need little or no cooking are recommended. Meat products, fish or beans, soups, broths and stews, fruits and fruit juices, vegetables, canned (or powdered) milk, are among good supply choices. For COVID-19, we do not expect the utilities (electrical grid & water) to be impacted, so frozen foods are an option, too. Other recommended foods are peanut butter, jelly, crackers, nuts,
trail mix, dried fruits, granola bars, bouillon cubes, and staples like sugar, salt, pepper. (Keep in mind you may need to include some special foods for individuals on special diets.)

Water and liquids. It is suggested to have plenty of fluids on hand, such as bottled water and supply of fluids with electrolytes, such as Pedialyte or Gatorade. Minimum water is one gallon per person (project staff needs as well). Again, the water utilities probably will not be impacted but you will need drinks with electrolytes for hydration of individuals that may be infected.

MEDICATIONS
Logan staff should order as much medication as allowed, in conjunction with the department director, through the agency pharmacy. Typically, a 30-day supply is provided. Individuals will want to have a minimum of a 14-day supply of any prescription medications. Preferable up to a 60-day supply for this event, if allowable. You may also want over-the-counter pain relievers, antacids, cough and cold medicines, and vitamins stocked.

PERSONAL PROTECTIVE EQUIPMENT
Each location will provide an adequate supply of personal protective equipment (PPE) to staff, and persons supported, as needed and requested. The PPE must always be readily available and accessible to staff during suspected outbreak, heightened surveillance and declared outbreaks.
• There will be a stockpile of PPE available, as allowed by distribution networks.
• The agency will closely monitor the use of supplies and ensure adequate replenishment of PPE stock is done routinely. Education and training will be provided on the proper use and application of PPE in the regular influenza season and enhanced training and monitoring during pandemic influenza outbreak. The goal of the training is to increase the safety of the work environment, promote Person Supported safety through proper use of PPE and hand hygiene, reinforce safe practices and limit the transmission of Infection.

Appendix 8: Putting on and removing PPE’s

Appendix 9: Providing Care at Home During Pandemic Flu