

**COVID-19 Pandemic in the City of Toronto
Long-Term Care Homes:**

**Response of the Seniors Services and
Long-Term Care Division**

June 1, 2020

Acknowledgement:

To those who have lost a loved one due to COVID-19 during this time, Seniors Services and Long-Term Care extends our deepest condolences. All of us in healthcare share in the deep sense of loss and we are committed to doing everything possible to fight this virus now and to improve outcomes for residents in long-term care homes in the future.

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Executive Summary

Since early January 2020, Seniors Services and Long-Term Care (SSLTC) has been providing leadership and support to the City's 10 directly-operated long-term care homes in response to the COVID-19 pandemic. In partnership with Toronto Public Health, the Emergency Operations Centre, People & Equity, and numerous other City divisions and provincial stakeholders, SSLTC has mobilized all available resources to rapidly respond to the uncertain and evolving nature of the pandemic.

Three City homes, Seven Oaks, Kipling Acres, and Lakeshore Lodge, experienced significant outbreaks in the early stages of the pandemic and standard outbreak protocols were initiated under guidance from Toronto Public Health. Although these outbreaks placed extensive demands on divisional resources and there were challenges maintaining staffing levels, the division was able to redeploy City staff and made adjustments in real-time to promote resident and staff safety. Furthermore, these early outbreaks provided an opportunity for the division to better understand staffing supports, new outbreak protocols, and supplies that homes would require during an outbreak to maintain resident care standards.

Applying lessons from early outbreaks, and in response to evolving infection and control protocols, the division implemented proactive infection prevention and control (IPAC) measures to reduce the spread of the virus, including early implementation of 14-day staff self-isolation following international travel or exposure to the virus; early adoption of active screening; physical distancing; restrictions to non-essential visitors; cancellation of student and intern placements; supportive follow-up to staff in self-isolation; release of a single employer/location declaration; suspension of group activities to promote physical distancing; and early adoption of a universal mandatory masking policy.

The universal masking policy requires all staff and essential visitors to be wearing appropriate personal protective equipment (PPE) at all times when in the homes; however, the pandemic provoked a worldwide shortage of PPE and sourcing and distributing essential equipment was a major undertaking for the division. SSLTC has worked closely with the Emergency Operations Centre as they continue to identify alternative options and secure new procurement sources to ensure that all City homes have access to a sufficient supply of PPE.

Immediately following the declaration of outbreaks, City homes experienced significant staffing challenges that required an immediate and agile response; the division strengthened their contingency staffing plan through the engagement of nursing students hired as personal support workers, physiotherapy assistants, contracted cleaners, nursing agency staff, redeployed City of Toronto staff, and newly hired staff to maintain satisfactory staffing complements. Through a collaboration with People & Equity and CUPE Local 79, the division was able to revamp the staff orientation and onboarding process to ensure a smooth and efficient transition of new and redeployed staff into the homes. This accelerated hiring and access to contracted, redeployed and

new staff were critical factors in SSLTC's ability to maintain high quality resident care during the pandemic.

When family visitation restrictions were implemented, all City homes saw an increase in call volumes from family members. Families wanted information on whether the home was in an outbreak, what steps the home was taking to keep residents safe, and updates on their resident's health and wellbeing. In response, homes implemented new processes to manage call volumes, and SSLTC enhanced family communications through thrice-weekly update bulletins and dedicated emails and phone lines.

Furthermore, the expansion of public WiFi to all City homes, along with donations of tablets and other technologies, made it possible to facilitate virtual visits and promote connections between residents and their families, and to reduce resident isolation and loneliness. With support from Technology Services, leveraging this expanding technology was also a major factor in supporting seamless resident care; SSLTC facilitated virtual physician rounds and consultations with other medical services and continued to enable the use of electronic health care records to improve resident care.

The central focus of SSLTC's pandemic response has always been on the health and safety of residents, staff, family members, and volunteers. This response has benefited greatly from collaborations with other City divisions and from leveraging resources within the City of Toronto, including support with occupational health, labour relations, redeployment, technology services, recruitment of new staff, and procurement. Without these valuable supports, the division's ability to respond proactively and quickly to the COVID-19 pandemic would have been significantly hindered. In addition, collaboration with health experts including Toronto Public Health, and provincial health partners, has been critical to the division's response. As the COVID-19 pandemic evolves, the division continues to be agile and engage with experts and partners to actively respond and ensure that all best practices, including infection prevention and mitigation, are adopted and resident care is not compromised.

With strong support and partnerships from City divisions, Toronto Public Health and provincial health partners, as well as working experience in early outbreaks in some City homes, SSLTC was able to make changes in real time to limit the spread of COVID-19 as more was learned about the virus. As a result of these early experiences, the evolution of scientific knowledge about COVID-19 transmission, and changes to directives and responses, subsequent outbreaks in other City homes were more effectively mitigated. All of these changes have strengthened the division's ability to respond to this virus, and the team continues to be prepared, reviewing their response on a daily basis for any required changes or improvements.

As the COVID-19 pandemic continues to impact the City of Toronto, SSLTC will rely on the ongoing support and expertise of Toronto Public Health, City divisions, and provincial health partners to respond to new and emerging scientific knowledge and to implement changes in real time. All of this collaboration ensures preparedness to respond proactively should a second wave of COVID-19 become a reality.

This report is submitted as the COVID-19 pandemic is ongoing and as the City of Toronto remains in its emergency response phase. The information presented in this

report is up-to-date as of June 1, 2020. As part of the City's COVID-19 recovery efforts, SSLTC will complete a comprehensive review, examining all areas of its operational response in each of the 10 long-term care homes, with a view to identify short and long-term strategies for improvement and change. Initial recommendations are outlined in this report to ensure the lessons learned from early outbreaks and the initial COVID-19 situation can be maintained. SSLTC remains committed to being a leader in the long-term care sector in Toronto and ensuring a safe and secure environment for all residents and staff today and into the future.

Summary of Key Measures Implemented by SSLTC to Mitigate Outbreaks and Stop the Spread of COVID-19
Close partnership with Toronto Public Health and the Emergency Operations Centre
Early implementation of 14-day self-isolation for staff following international travel
Supportive follow-up calls to staff in self-isolation
Active screening of all individuals entering City homes twice daily
Prohibition of non-essential visitors
Active surveillance of all residents in City homes twice daily
Mandatory mask policy and ensuring full access to PPE
Physical distancing of staff and residents
Suspension of all group activities and meal programs
Improved IPAC measures based on emerging virus knowledge
Single employer legislation
Rapid recruitment strategy for new staff including modified on-boarding process
Rapid redeployment of available, non-essential City staff
Rapid testing for COVID-19 of all residents and staff
Established virtual visits with iPads for residents and families
Active communication strategy for residents, family members, and staff

Table 1: Summary of key measures taken by SSLTC in response to COVID-19

Introduction and Timeline

In Canada, nearly half a million people live in long-term care or retirement homes, and there is growing evidence people living in residential care facilities are particularly vulnerable to severe COVID-19 infections. At the time of this report, Ontario has the second highest number of confirmed COVID-19 cases in long-term care, with infections among residents and staff representing nearly a quarter of the province's cases. As the COVID-19 virus represents an unprecedented challenge in long-term care, an agile response is required to ensure the health of residents and staff.

The pandemic has highlighted existing vulnerabilities in the long-term care sector. Homes are intimate, congregate environments prone to frequent close interactions between people where infection can easily spread. A significant percentage of staff members hold multiple part-time positions in institutional care settings, or in the community, which can facilitate viral transmission from one setting to another. In long-term care, some residents have complex care needs requiring inter-professional team members to work closely together, thereby increasing the possibility of exposure. Given the sobering national fatality rate (one in five long-term care residents will pass away after testing positive for COVID-19¹), long-term care homes across the country have been focused on protecting staff and residents and on promoting infection prevention. The City of Toronto directly operates ten (10) long-term care homes with direct oversight and management from Seniors Services and Long-Term Care (SSLTC); this division also delivers Adult Day programs, Supportive Housing, and Homemakers and Nurses Services.

Since January, SSLTC has been focused on implementing effective infection prevention and outbreak management strategies to promote safe resident care while also protecting the wellbeing of staff. Building on Toronto Public Health recommendations and Ministry Directives, all available measures were taken by City homes including the restriction of non-essential visitors, requiring part-time staff not to work in more than one home/location, promoting physical distancing, and the provision and use of PPE.

This report provides an overview of the COVID-19 infections in City-operated long-term care homes and describes the divisional response to date to ensure homes modified the physical environment to ensure physical distancing, followed proper infection prevention and control strategies, had access to all necessarily PPE and maintained adequate staffing to ensure optimal resident care. Finally, it provides a summary of initial recommendations for continuing safe operations in the City's long-term care homes based on the early lessons learned during the first stages of the COVID-19 pandemic.

¹ Hsu AT, Lane NE, Sinha SK, Dunning J, Dhuper M, Kahiel Z, Sveistrup H. Report: Understanding the impact of COVID-19 on residents of Canada's long-term care homes — ongoing challenges and policy responses. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 10 May 2020.

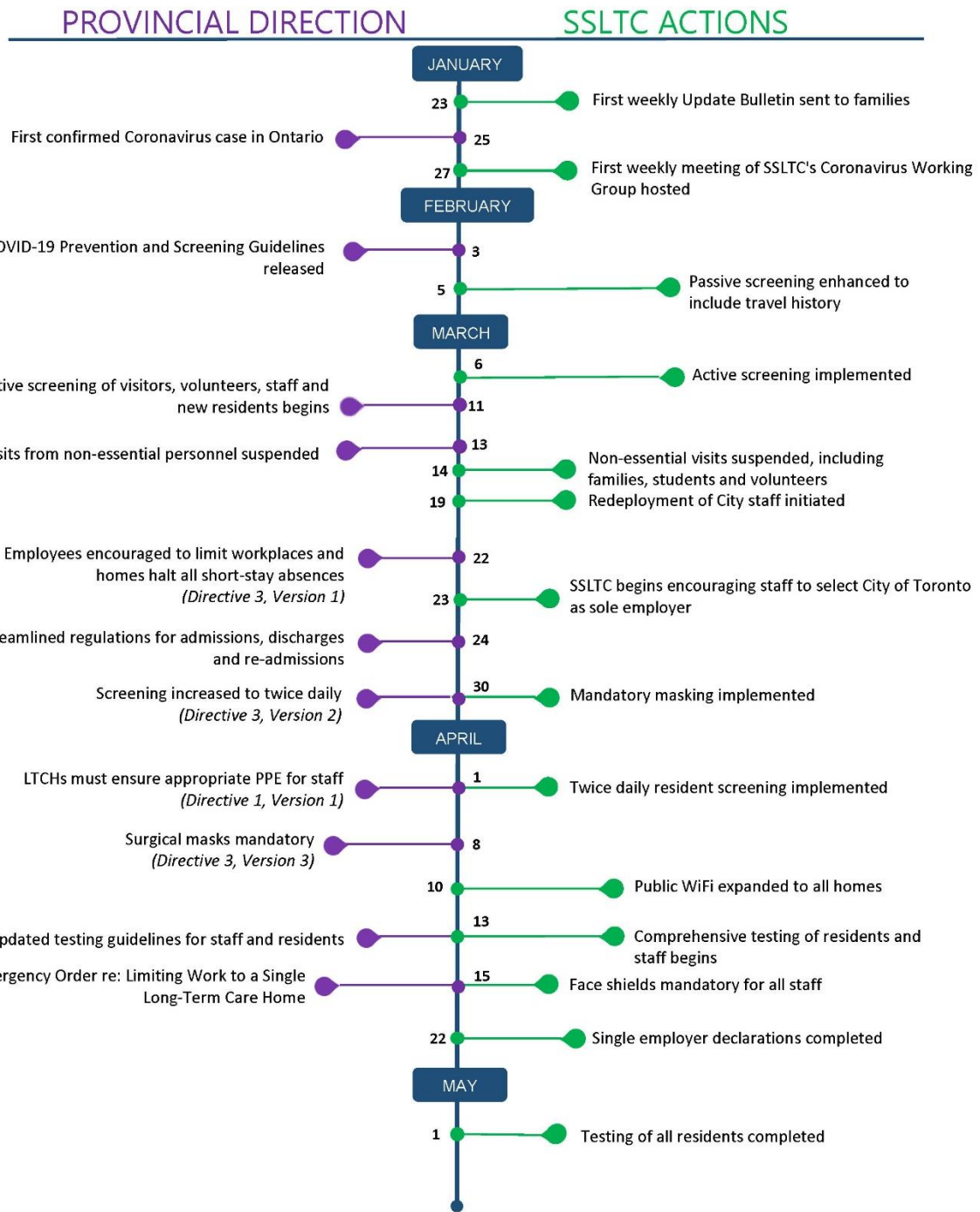


Figure 1: SSLTC COVID-19 Response Timeline

COVID-19 in City-Operated Long-Term Care Homes

In addition to early steps taken to limit the exposure of residents and staff to COVID-19, the division responded quickly when it was determined that residents of City-operated homes had developed COVID-19 symptoms. **Working closely with Toronto Public Health, homes adopted outbreak protocols along with rapidly evolving Ministry Directives and guidelines and adapted operations in real time.** The coordinated and collaborative approach to this novel challenge yielded an effective response, notwithstanding the significant early outbreaks in some City homes. (Please refer to **Figure 2: Outbreak Timeline in City of Toronto LTC Homes**).

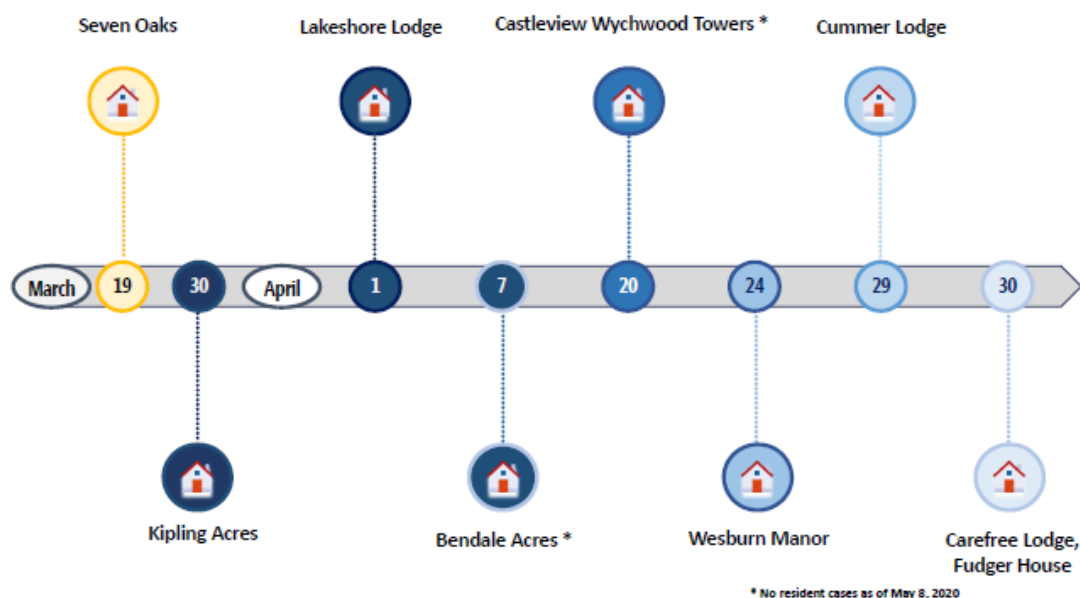


Figure 2: Outbreak Timeline in City of Toronto LTC Homes

Seven Oaks

The first resident case of COVID-19 in a City-operated long-term home was confirmed on March 19, 2020, at Seven Oaks, located in Scarborough. After the resident case was confirmed, Toronto Public Health declared an outbreak on the resident's home floor, making Seven Oaks one of Ontario's early outbreaks in a long-term care home.

Staff instituted the recommended protocols for active surveillance and outbreak containment, including isolation of residents, cohorting of staff, in-room tray service rather than dining room service, provision and use of PPE, and enhanced cleaning and disinfection. By March 30, 2020, the entire home was declared on an outbreak.

Staffing challenges were intensified following the outbreak declaration. The division took immediate action to deploy additional management and nursing staff to provide direct resident care. Contract cleaners were placed in the home, and additional staffing resources, including physiotherapy assistants, personal support workers, and other redeployed City of Toronto staff, were provided to carry out high touch cleaning, screening, and assist residents with mealtimes.

At the time of the outbreak, the understanding of COVID-19 infections in long-term care was in its infancy. While the division closely followed directives and best practice guidelines from Toronto Public Health and the Ministries of Health and Long-Term Care, these continued to evolve as our understanding of the virus grew. When COVID-19 cases were next confirmed at Kipling Acres and Lakeshore Lodge (below), outbreak procedures had been revised and the division had a better understanding of the staffing supports and supplies these homes would require to maintain resident care standards.

Kipling Acres

Kipling Acres, located in Etobicoke, was the second City operated long-term care home to be declared in outbreak by Toronto Public Health on March 30, 2020, after a resident tested positive for COVID-19. As soon as the case was confirmed, the entire home implemented outbreak measures, and Kipling Acres began leading practices on active surveillance and outbreak mitigation, based on updated guidelines from Toronto Public Health and the division's experiences from the Seven Oaks outbreak.

Lakeshore Lodge

Located in south Etobicoke, Lakeshore Lodge was the third City operated long-term home affected by the COVID-19 virus. It was declared in outbreak by Toronto Public Health on April 1, 2020, after an employee tested positive. Lakeshore Lodge implemented best practice outbreak protocols across the entire home immediately, and additional staff were secured to support with high touch cleaning, screening, and resident/family support.

Outbreaks in Other City Operated Long-Term Care Homes

As of May 31, there were outbreaks in six additional homes. Please refer to ***Appendix A: Seniors Services & Long-Term Care: COVID-19 Outbreaks*** for an update on COVID-19 cases in all City-operated homes as of May 31, 2020. For the most recent updates on active outbreaks in long-term care homes, please visit the Ontario Ministry of Health website: <https://www.ontario.ca/page/how-ontario-is-responding-covid-19>.

As the COVID-19 pandemic evolves, SSLTC continues to engage with experts to ensure the latest IPAC measures are in place and practices are updated as the scientific understanding evolves, and new provincial guidance is issued. The experiences of early outbreaks allowed the division to understand key trends with regards to staffing, equipment, and PPE needs, improving readiness for future COVID-19 cases and outbreaks. City homes continue to benefit from the implementation of Ministry Directives and divisional actions, including restricted visitations, mandatory masking, and single employer declarations. The key learnings from significant early outbreaks in Seven Oaks, Kipling Acres, and Lakeshore Lodge continue to be applied across the division to ensure other City homes can effectively respond to outbreaks. As a result of these effective outbreak mitigation strategies, the number of COVID-positive residents and staff in the other homes remains low.

Preparing for the Pandemic

The division began **early preparations for the pandemic** in January and February of 2020. An **SSLTC Coronavirus Working Group** was established to discuss key issues and begin contingency planning for anticipated positive cases within City directly operated long-term care homes. The working group met weekly, and membership evolved over time based on the concerns identified for action. During this time, the General Manager coordinated regular touchpoints with Toronto's Chief Medical Officer of Health to discuss the division's preparations and response to COVID-19.

Early actions taken by the division included communications to staff, the public, and key stakeholders through updates to divisional websites and bulletins outlining the measures underway. Passive screening, mask-fit testing, infection prevention, and control (IPAC), and PPE supply inventory were early priorities. The division also created and implemented several structures for the prevention and management of the virus in the long-term care homes, including:

- All staff members received **education and training** on COVID-19 IPAC including how and when to perform hand hygiene, how to maintain physical distancing, how to perform a point-of-care-risk assessment, how to safely don and doff PPE; routine practices and additional precautions; and identification of aerosol generating medical procedures (AGMPs) which require the protection of an N95 mask.
- **Physical distancing** was set up throughout the home common areas, nursing stations, and high traffic areas by decluttering and repositioning furniture to ensure their two meter distancing.
- A **contingency human resources plan** was developed to mitigate staffing shortages due to illness or absenteeism. The plan identifies minimum staffing needs across the homes and prioritizes critical versus non-essential services. A manager in each home conducts a daily assessment of staffing status and needs, and a divisional staff absence report is generated daily for the purpose of planning and crisis management.
- A plan to **monitor consumable supplies** was developed to estimate the projected numbers of thermometer tip covers, disposable trays, surgical and N95 masks, face shields, isolation gowns, and gloves required.

Adopting a Dynamic and Nimble Team Response

The SSLTC team has been agile in responding to COVID-19. Given the rapidly changing situation and frequently modified requirements from the Ministries of Health and Long-Term Care and Toronto Public Health, the division began daily management situation reporting that provided an open forum for management to discuss time-sensitive updates and emerging issues. Daily updates were also provided to the SSLTC management team, which included meeting minutes, relevant resources, current and updated Ministry Directives, and guidance documents.

At the home level, management implemented a similar meeting system to communicate updates and answer questions directly from front-line staff. For example, homes implemented daily meetings during the day, evening, and night shifts to promote collaboration and information-sharing on infection prevention and outbreak management issues arising in the home. Homes have also implemented daily management meetings and managers spent significantly more time directly supporting and overseeing frontline staff and providing resident care.

The **SSLTC Command Centre was established at Head Office** at 365 Bloor Street East. The Command Centre allows key personnel to respond rapidly to emerging concerns and provide strategic support to the division's COVID-19 response. Command Centre staff have collaborated closely to address key issues, including redeployment, PPE, absenteeism, and to ensure situations are being identified, and responses are developed and implemented promptly.

The SSLTC Command Centre also works closely with the Emergency Operations Centre, the Office of Emergency Management, and Toronto Public Health to ensure a collaborative and consistent approach. Divisional representation at the Emergency Operations Centre was assigned early on and maintained throughout the pandemic.

A Proactive Response to COVID-19

Protecting Residents and Staff, and Reducing the Spread of the Virus

SSLTC has focused on stopping the spread of COVID-19 to ensure a safe and secure environment for the 2,600+ residents in the City operated long-term care homes and the 3,300+ staff members who work there. Throughout the pandemic, the division immediately implemented Toronto Public Health recommendations and Ministry Directives; however, SSLTC also initiated several preventative actions to contain and reduce virus spread, (please refer to **Figure 3: Timeline of SSLTC Response of Preventive Actions**):

- Early implementation of 14-day staff self-isolation following international travel or exposure to the virus;
- Suspension of the adult day programs operated at Bendale Acres, Cummer Lodge, Kipling Acres, and Wesburn Manor;
- Early adoption of active screening (please refer to **Appendix B: Active Screening Checklist**);
- Restrictions to non-essential visitors, prohibiting of gifts and restricting outside food for residents to reduce community transmission to the home;
- Cancellation of student placements and internships;
- Supportive follow-up calls to staff off of work to monitor symptoms, educate, and provide information and resources to obtain medical advice and instructions for swab assessment and receiving test results;
- Promotion of physical distancing by eliminating opportunities for cluster seating, suspending group activities and communal dining, the introduction of tray service and ensuring a two meters distance at the elevator waiting areas;

- Early implementation of a mandatory masking policy; and
- Implementation of the single employer declaration.

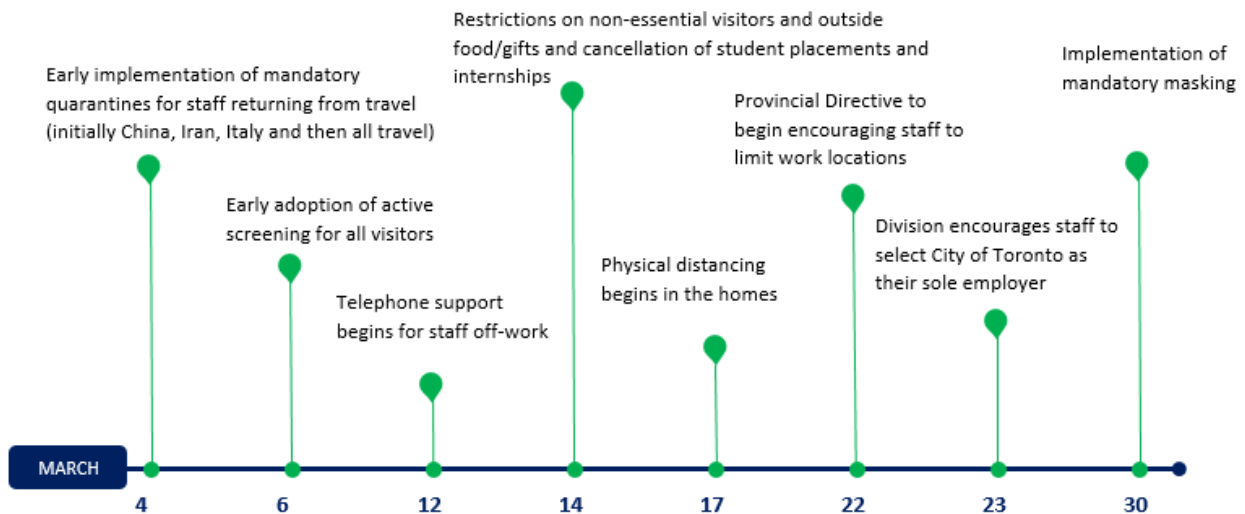


Figure 3: Timeline of SSLTC Response of Preventive Actions

Containing and reducing the spread of the virus remains in the forefront, with continued vigilance of effective, up-to-date screening protocols, adherence to existing and emerging IPAC measures, enhanced strategies to promote physical distancing, and continued strengthening of internal auditing systems.

Active and Passive Screening of Staff and Essential Visitors

The SSLTC team has been a proactive leader in implementing active screening procedures in all City-operated long-term care homes; screening mechanisms were implemented several days prior to directives from the Ministry of Long-Term Care and the Chief Medical Officer of Health, and guidelines continue to be updated regularly to reflect best practices.

In addition to the active screening system, signage placed at entrances prompts those entering the home to perform hand hygiene, don and doff PPE based on protocol, follow respiratory etiquette, and practice physical distancing in break rooms and other common areas. Screening ensures staff are regularly monitored for fever and other symptoms, and do not come to work if they are ill.

Role of Screeners

To ensure the screening process is consistent across City homes, all staff fulfilling the screening role receive training and regular updates on screening protocols. The screening area is centralized to the main entrance of the home and is organized to ensure physical distancing and IPAC practices are maintained. Screening tables are equipped with:

- A current list of residents in the end-of-life program (updated daily) and a list of approved families that meet the essential visitor guidelines permitted to enter the home;
- Hand sanitizer;
- Screening forms;
- Disinfectant wipes/solution and cleaning cloths for screeners to clean the entrance area regularly;
- Masks and face shields to distribute to staff, contract service providers, and essential visitors;
- Tongs to dispense masks to reduce risk of transmission; and
- Infrared/laser and/or tympanic thermometer.

Screeners play an active role in reviewing the completed screening forms and asking for verbal confirmation that the individual entering the home is not experiencing any symptoms. Screeners also play a critical role in monitoring and distributing PPE (masks and face shield) and educating staff and essential visitors on the correct donning and doffing protocols.

Outbreak Planning and Management

As part of the division's standard pre-COVID practice, each City operated long-term care home has a nurse manager providing oversight and support for infection prevention and control (IPAC) practices under the guidance of a divisional lead; these staff form a divisional IPAC committee that meets monthly. This committee began preparations for the pandemic before the first case appeared in Canada and was instrumental in facilitating the implementation of outbreak protocols in all 10 homes.

In addition to an IPAC lead, each home has an inter-professional team to support outbreak planning, and a designated manager liaises with Toronto Public Health, Ontario Health Teams, and the Ministry of Long-Term Care regarding outbreak statistics, testing, tracing, mortality, staffing, and PPE inventory.

Identification of Infections and Surveillance

Despite systematic challenges with COVID-19 testing, City-operated long-term care homes facilitated resident swab testing, and homes coordinated with provincial mobile testing teams to ensure all residents (and later staff) were swabbed as quickly as possible.

All residents and staff are actively screened twice daily for fever and other symptoms of COVID-19; if a resident or staff presents with symptoms, outbreak precautions for contact and droplet transmission are implemented immediately, and nasopharyngeal (NP) swab taken. A line-listing of suspected or known cases is maintained and updated as new cases develop and subsequently shared with Toronto Public Health. A daily divisional NP swab report is generated to track the volume and results of swabs. (Please refer to ***Appendix C: Daily Divisional NP Swab Report***).

Residents with COVID-19 are isolated from the rest of the home and respiratory symptoms are monitored closely. Respiratory exams are also conducted at least twice

daily to quickly identify and manage infections. Asymptomatic residents are also monitored to ensure the rapid detection of any new symptoms.

To reduce the spread of infection, all residents under outbreak precautions are restricted to their rooms, and all group activities and communal dining are suspended. Residents are encouraged to wear a surgical mask (if tolerated) whenever they leave their room or are around others, including whenever they leave for essential medical appointments. Staff caring for residents in the outbreak also wear full PPE (surgical mask, isolation gown, gloves, and eye protection) when in contact with residents.

Reducing the Spread of the Virus

Strategies to reduce the spread of the virus and ensure physical distancing, include:

- Reducing polypharmacy and compressing medication administration frequency;
- Preventing aerosol-generating medical procedures (AGMPs) such as the use of continuous positive airway pressure (CPAP);
- Providing in-room tray service to avoid communal dining;
- Providing frequent hand hygiene for residents;
- Moving or removing chairs to eliminate clustered seating in common areas;
- Positioning furniture in common areas according to visible demarcations on the floor or ceiling to ensure two-meter distancing;
- Removing discretionary furniture in residents' rooms to reduce modes of transmission and facilitate cleaning and disinfection of contact surfaces;
- Implementing a single linen hamper in the resident's room in lieu of communal hampers in hallways;
- Positioning a trash can near the exit of resident rooms to facilitate staff doffing and disposal of PPE prior to exiting the room or before providing care to another resident in the same room;
- Designating an isolation location for residents who are suspected or confirmed positive for COVID-19 to minimize modes of transmission between residents;
- Posting numeric marker communication on the doors of resident rooms for coordination of care and prevention of cross-contamination;
- Adjusting resident assignments and coordination of care to ensure designated staff are working with either ill residents or well residents;
- Bundling resident care and treatment tasks into a single room visit to minimize multiple entries and exits from the resident room;
- Reviewing residents' medication administration schedule to streamline and minimize multiple entries and exits from resident rooms;
- Implementing frequent cleaning of high-touch surfaces (every two hours) using low level disinfectant;
- Staggering staff breaks and lunches to help ensure physical distancing in staff common areas; and
- Increasing hand sanitizers in common and high-traffic areas.

Infection Control Audits

Prior to COVID-19, comprehensive audits were regularly conducted in all City homes to help reduce health care-associated infections. In addition to IPAC audits, the divisional IPAC team also conducts monthly audits of:

- hand hygiene in each home area;
- cleaning and disinfection processes;
- food and nutrition staff in order to verify compliance with Public Health recommendations.

During the COVID-19 pandemic, an IPAC Audit Tool was developed and implemented across all homes. (Please refer to **Appendix D: COVID-19 IPAC Audit Tool**). In addition, a PPE audit tool (adopted from the World Health Organization) was also implemented to ensure that all PPE is being used appropriately and is disposed of safely (Please refer to **Appendix E: PPE Audit Tool**).

Establishing and Maintaining Reliable PPE Options

All staff and essential visitors are wearing appropriate PPE, at all times, when inside any City directly operated long-term care home, and staff have all necessary PPE for contact droplet precautions, including procedural/surgical masks, isolation gowns, gloves, and eye protection.

The division worked closely with the Office of Emergency Management and Corporate Occupational Health and Safety leaders to ensure a sufficient supply of PPE to all City-operated homes. The daily PPE requirements for the 10 City-operated homes is shown below in **Figure 4: Daily PPE Requirements in City-operated Long-Term Care Homes**.

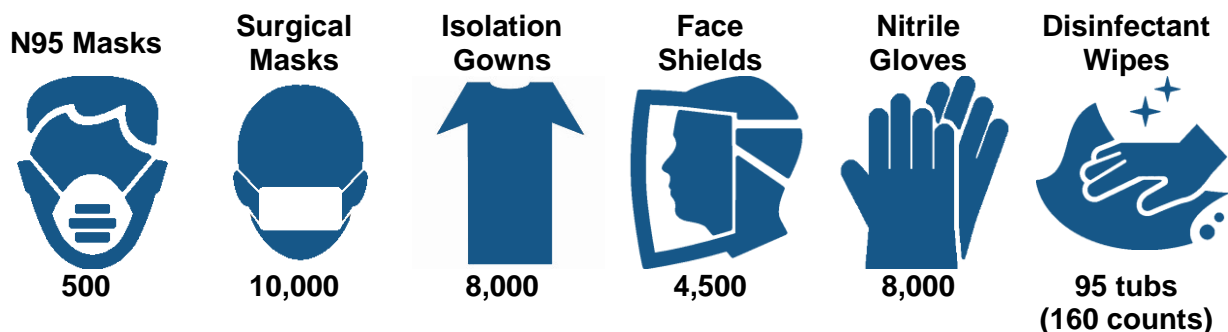


Figure 4: Daily PPE Requirements in City-operated Long-Term Care Homes

Ensuring Supply of Necessary PPE and Outbreak Equipment

PPE supply for City-operated homes requires a centrally coordinated approach, which was expertly managed by the Emergency Operations Centre during the pandemic. Due to the overwhelming demand, the Emergency Operations Centre established a centralized task force to review all PPE requests and created a prioritized sequence list for times of PPE scarcity. **SSLTC and first responders are considered to be the first priority for PPE supply.**

Despite being a priority for PPE supply, the pandemic provoked a worldwide shortage of PPE supplies and equipment, and the division faced significant challenges trying to source and distribute essential PPE. This PPE shortage precipitated the implementation of conservation methods to ensure sufficient PPE to ensure staff would be protected while providing care. At the height of the PPE scarcity in Toronto, a worst-case scenario was postulated, and a PPE calculator was created to help each City home determine the level of in-house PPE inventory required to sustain staff in the entire home for two days in full outbreak protocol. As other PPE supplies became available, and as long-term care homes developed confirmed cases of COVID-19, the on-site supply was quickly expanded to a 7-day inventory.

To accurately determine the homes' ongoing PPE supply needs, the division created and implemented inventory tracking sheets to track the current level of inventory within the home, delivered items received in the past 24-hour period, and items consumed in the 24-hour period. The inventory tracking information from all long-term care homes is then consolidated division-wide into a report submitted to the Emergency Operations Centre and to the Province on a daily basis. **Through these systems and supports, the division has a well-established understanding of what PPE is needed and has ensured there is sufficient access to and provision of PPE for all ten homes.** PPE allocations from the Province have been coordinated centrally to augment supplies to the City-operated long-term care homes.

Ensuring Robust Staffing

The division employs over 3,300 staff in multiple departments, including administration, building services, food and nutrition, nursing, and resident services. Over two-thirds of staff are part-time, and one-third had multiple employers. Similar to the rest of the sector, City-operated homes faced staff shortages, particularly for nursing (i.e., registered nurses, registered practical nurses, and personal support workers) and food services. However, the City was able to respond and maintain reasonable staffing levels during the pandemic.

When the division **restricted all non-essential visitors**, services of over 2,100 volunteers were discontinued and work placements for 145 students were suspended. Volunteers, students, and privately hired companions provide significant support to residents on a daily basis, including providing care, mealtime assistance, resident programming, portering, emotional support, and social connection. The prohibition of their entry into the homes represented a considerable loss of support for residents, which had to be shouldered by staff members.

In response to these growing staff challenges and with the support of People & Equity, **the division established a robust staffing strategy** focused on strengthening the contingency staff plan through the engagement of nursing students hired as personal support workers, physiotherapy assistants, contracted cleaners, nursing agency staff, redeployed City of Toronto staff, and newly hired staff to maintain satisfactory staffing complements during times of outbreak and pandemic. In particular the division:

- (1) Coordinated the relaxation of hiring processes for new staff;

- (2) Onboarded redeployed City of Toronto staff;
- (3) Revamped new staff orientation, education, and onboarding.

Coordinating the Relaxation of Hiring Processes for New Staff

To enable the expedited hiring of new employees, People & Equity supported SSLTC with the rapid implementation of process changes to facilitate recruitment, screening, and hiring. Permanent part-time candidates were solicited through different means, including:

- Nursing students (completed first year or higher) recruited into Personal Support Worker (PSW) positions;
- Food & Nutrition Management and Culinary students recruited into Food Services Worker (FSW) positions;
- Candidate pools from past job postings;
- Active postings for PSWs, FSWs, and Registered Nurses (RNs).

Immediate conditions of employment were simplified to include proof of applicable certification, registration or education, and declarations to ensure adherence to police records check and immunization after hiring. New employees were also required to confirm SSLTC/City of Toronto would remain their single employer. As of May 8, 2020, 350 staff have been hired, oriented (in process or completed), and assigned to one of the 10 City-operated homes. (Please refer to **Table 2: Overview of New Hires by Position**). The division continues to hire and onboard new employees on a regular basis.

Position	New Staff Hired
Personal Support Worker	203
Registered Practical Nurse	16
Registered Nurse	6
Food Service Worker	66
Counsellor	1
Laundry Services Worker	11
Recreation Services Assistant	1
Cleaner Heavy Duty	38
Support Assistant C	5
Management	3
TOTAL	350

Table 2: Overview of New Hires by Position

Contract Physiotherapy Assistants

The division was able to access the support of Physiotherapy Assistants through the existing partnership with Achieva Health, the contracted agency that provides physiotherapy services in all City directly operated long-term care homes. Physiotherapy Assistants (PTAs), who are trained in restorative care and have familiarity working with older adults, were assigned tasks such as mealtime assistance,

distributing snacks, conducting movement exercises with residents, facilitating resident/family virtual visits, and high touch cleaning in resident home areas.

Enhanced High Touch Surface Contract Cleaners

Through a partnership with the City's Corporate Real Estate Management division, SSLTC was able to **contract 50 additional cleaning staff** via vendors Alpine Services and Kleenway Services. The contract cleaning staff were trained in IPAC cleaning practices to disinfect all high touch surfaces, predominately focusing on common areas of the homes, including door access keypads, corridor handrails, elevator call buttons, light switches, door handles, PPE door caddies, laundry linen hamper covers, public area washroom plumbing fixtures, and hand sanitizer push levers.

Onboarding Redeployed City of Toronto Staff

A key action taken by the division in response to increased staffing needs was staff redeployment. Prior to the pandemic, SSLTC did not have a requirement for redeployed staff, as during labour disruptions, SSLTC staff are essential under the *Hospital Labour Disputes Arbitration Act* (HILDA) and not in a position for strike action. The pandemic required the division to develop and implement a staff redeployment plan.

On March 19, 2020, the division submitted a request to the Emergency Operations Centre for 104 redeployed staff to fulfill four key roles:

- (1) **Enhanced Cleaners** – apply a disinfectant solution to all high-contact surfaces in the homes (e.g., elevator buttons, handrails, door handles) every 2 hours;
- (2) **Screeners** – screen individuals (staff and essential visitors) entering City homes to identify the presence of respiratory and/or enteric symptoms, and distribute PPE;
- (3) **Mealtime Assistants** – assist on resident home areas with mealtime and feeding, which may include transporting residents to the dining room, setting up dining tables, offering juices/meals/desserts, or direct resident feeding; and
- (4) **Food Service Workers** – assist with food preparation, plating, and meal service (for staff with Food Handler Certificates).

The request for redeployed staff was increased on March 31, 2020, to 303 staff across all four roles; as more homes entered into outbreak protocols, there was an increased need for Screeners and Enhanced Cleaners, and the need for Mealtime Assistants grew significantly as families and volunteers were restricted from entering.

In addition to the above roles, SSLTC requested 22 additional staff with caseworker or counsellor qualifications to work in a Resident and Family Support role in order to address the anxiety, fear, and feelings of isolation and loneliness that residents and families were reporting during the pandemic. The division also requested additional non-union/management staff to fill specific roles at Head Office and to support essential operations.

As of May 8, 2020, a total of 190 City staff have been redeployed to SSLTC (please refer to **Table 3: Redeployed Staff**). As the needs in the homes are constantly

changing, 128 staff were redeployed to a general staff role to work across roles such as screeners, enhanced cleaners, and laundry assistants, depending on the needs of the home. The SSLTC Redeployment Team continues to monitor and evaluate the evolving staffing situation in each City home to add new roles and job responsibilities as needs arise and to ensure adequate staffing is maintained.

Position	Redeployed Staff
General Staff	128
Food Service Workers	28
Resident / Family Support	34

Table 3: Redeployed Staff

Revamped Staff Orientation, Education and Onboarding

Upon confirmation that SSLTC would begin receiving redeployed staff from other City divisions, work began quickly to review existing orientation material, identify priority topics, and develop a declaration of privacy and confidentiality for these staff.

Beginning on March 24, 2020, redeployed staff completed a 2-hour orientation at Head Office, as online modules had not yet been created. The training addressed infection prevention and control (IPAC), emergency codes, cognitive impairment, and responsive behaviours. As of March 30, 2020, the custom learning module on the City's online training delivery platform through Corporate Learning and Leadership Development, ELI (Enterprise Learning Initiative) was launched and all redeployed staff were able to complete orientation remotely.

During the first two weeks of redeployment, SSLTC received constructive feedback highlighting that redeployed staff needed further preparation for the long-term care environment and that there were misunderstandings surrounding the roles and job responsibilities they would have once working in the homes. In addition, redeployed staff had several questions related to pay, PPE, shifts, and the screening processes.

SSLTC acted quickly on this feedback and created a **Strategic Redeployment Process** that included:

- A dedicated email address that serves as the single point of contact for all staff redeployed to SSLTC;
- A Frequently Asked Questions (FAQ) document (please refer to **Appendix F: FAQs for Redeployed Staff**) shared with all staff who are referred to SSLTC from Corporate Redeployment;
- Creation of a 30-minute *Introductory Webinar* to illustrate what to expect while working in a long-term care home;
- Expansion of the online training to include all 16 learning modules completed by new SSLTC employees;
- Creation of an *Orientation Checklist for Managers* to assist with the onboarding of redeployed staff in City-operated homes.

On April 28, 2020, the first orientation session for *Mealtime Assistance Training* was offered via a web video conference for redeployed staff to broaden their role in the homes. This module was rapidly adapted from an existing mealtime training program provided to volunteers.

Further feedback from redeployed staff has shown the additional steps taken as part of the Strategic Redeployment Process have been well-received and redeployed staff are learning new customer service and teamwork skills. For instance, one staff redeployed to Kipling Acres said,

“I want to say that I was really impressed with the way the webinar was being conducted and the experience I am getting at the Long-Term Care home [...] I work in a great environment where I learned a lot of new things that I never did before. I enhanced customer service knowledge [...] by effectively meeting the needs of seniors. I developed skills and knowledge on how to handle feeding and food handling. I worked in a great team environment and had an amazing experience working with friendly staff and nurses.”

As one staff redeployed to Seven Oaks noted,

“Redeployment to [SSLTC] feels like being in the epicentre of the pandemic in so many ways. We are witnessing moments of the tireless compassion and caring, and in the next moment some of the greatest times of grief. It is an honour partnering efforts with the frontline and management staff at Seven Oaks as we all strive to serve our City and its most dedicated workers and vulnerable residents in a time of great need. My involvement is so minor in comparison to this courageous sector – it motivates me to support the facility in any way necessary.”

Strengthening Communication with Families

Each of the City directly operated long-term care homes has a specific email address and phone line that is monitored and responded to daily; however, as soon as the restrictions to visiting were imposed, **homes acted to implement additional communication methods to keep families informed.** Initially, a single entrance was designated at each home with posted signage, and an email was sent to the family contact for each resident. Additionally, the homes' website, phone messages, and auto-replies were all updated with the latest information regarding COVID-19.

Update Bulletins began on January 23, 2020, and are regularly issued to families, providing information on:

- The City's COVID-19 planning and readiness;
- Changes in the Directives of the Ministry of Health and Ministry of Long-Term Care (e.g., restricting visitors);
- Changes in resident programming (e.g., cancellation of group activities to implement physical distancing protocols);
- Enhancements of cleaning and disinfection procedures;
- Expansion of WiFi services to enable more virtual visits;
- Outbreak status, including the number of cases (if applicable);

- Links to relevant City resources, such as media briefings and Toronto Public Health resources.

Starting on April 17, 2020, a renewed process for email communications was initiated. Emails were sent to family members three times a week (Mondays, Wednesdays, and Fridays) to provide regular communications regarding any changes in outbreak status and other key updates. Please refer to **Appendix G: Weekly Bulletin to Families** for a sample email bulletin to families.

When an outbreak is declared, staff make personal calls to all family contacts to inform them of the outbreak, explain measures being implemented, as well as provide an update on the health status of their resident. For families of residents who test positive for COVID-19, additional conversations are facilitated with counsellors and resident care staff to ensure families are kept up-to-date on care plan changes (e.g., room isolations, use of PPE) and medical discussions regarding end-of-life and palliative care are occurring.

Although the sheer volume of calls needing to be made was significant and many families were anxious and needed emotional support from staff, the success of the division's communication strategy with families can be attributed to the regular frequency of communication, the personalized approach, and the transparency of the information shared. It is important to the homes for family members to be kept informed of facts and learn about any changes from the home directly.

Managing Family Inquiries

As soon as visiting restrictions were in place, all City-operated homes saw an increase in call volumes from family members. The volume increased again upon declaration of a COVID-19 outbreak in a home. The most common information requested by family members includes:

- Whether the home is in an outbreak, and if so, which areas/floors are affected;
- What actions the home is taking to keep residents safe;
- Testing of residents and staff;
- Options for moving their resident into the home of a family member;
- Updates on their resident's condition;
- Other services taking place at the home (i.e. rehab, activities).

Long-term care homes have faced several challenges supporting these calls, including staff being pulled away from essential resident care to participate in calls, managing family members who call multiple times per day to various staff, and requests to have staff call each family member individually.

As a result, **homes implemented processes to manage the call volumes, with support from Head Office.** These include designating specific staff to respond to calls, encouraging calls during specified times of day, and triaging calls by having non-direct care staff provide general information and referring more specific requests to care team members. When responding to family inquiries, staff ensure appropriate measures are

in place to manage and protect health information privacy. For replies of a more medically complex nature, arrangements are made for a direct follow-up call from a counsellor, nurse manager, nutrition manager, physician, or administrator, as appropriate. **Through localized communication strategies, each home has ensured family members have access to the information they need in a timely manner.**

This increase in calls was also observed at 311. When 311 reported an increase in calls related to City directly operated long-term care, SSLTC provides updated information to ensure agents had the most accurate information available to respond to inquiries.

Keeping Residents Connected and Promoting Quality of Life

Virtual Visits

For many residents and family members, visiting with each other is an important part of their routine and allows for continuity of activities and connections. There are no set visiting hours in long-term care, so family and friends come and go at their convenience. These visits contribute greatly to the quality of life of the residents and families, and the restrictions to visitors during COVID-19 has been very challenging for both parties. In place of in-person visits, many family members have opted for virtual visits with their loved ones, using technology such as Skype, FaceTime, and WhatsApp, and these visits are proving successful in keeping residents and families connected.

At the onset of visit restrictions, City-operated homes were not well positioned to offer virtual visits due to lack of infrastructure, including public WiFi and equipment. While City homes were using existing Computers on Wheels connected to the City network and City-issued iPhones on data plans to conduct the visits, it was not sufficient to meet the growing demand. As such, virtual visits were identified as a priority for the division, and in **partnership with Technology Services**, public WiFi was expanded in all City homes in time for the Easter/Passover long weekend. Further, a number of unlocked tablets have been secured through the City and other generous donations from the community.

Each City home created a process for regular virtual visits between residents and their families. Designated staff at each home schedule and facilitate the 30-minute visits. With the infrastructure in place, interest in virtual visits has grown and is enhancing the quality of life for both residents and their loved ones.

Preparing a Family Call Centre

In order to lend support to the long-term care homes, continue to improve the level of customer service for families, and ensure the sustainability of communication for the duration of the pandemic, SSLTC has requested the establishment of a **divisional call centre** at 1530 Markham Road if required. This call centre will receive external calls forwarded from the homes' main phone lines and nursing stations. As a starting point, this call centre would be operational from 11:30 a.m. to 7:30 p.m. and be staffed by 5 to 10 agents at any given time. Service levels would be adjusted if required after implementation. SSLTC would redeploy internal staffing resources (Homemakers and Nurses program caseworkers from the Community Programs team) for the call centre.

The agents would be given read-only access to PointClickCare (PCC), the electronic healthcare record software, and would, therefore, have the ability to respond to general inquiries regarding individual residents' status. More specific inquiries would be elevated directly to the appropriate resource in the long-term care home for follow-up. The call centre would also enable SSLTC to track key metrics, to better understand current call volumes and needs of family members. The call centre will be piloted in the month of June 2020.

Other Initiatives Taken Undertaken by the Division

Leveraging Partnerships to Support Divisional Efforts

Through strong partnerships with community agencies, the private sector, and other City divisions, SSLTC has received donated supports to enhance operational needs during the COVID-19 pandemic. Some of these supports include:

- Technology Services repurposing corporate inventory of iPads for resident interaction and communication;
- Office of Partnerships facilitating the donation of 33 Google Nest Hub Max devices from Best Buy Canada and Google for resident-family communication;
- Globalmedic donation of 3,500 personal hygiene kits for frontline staff;
- Dove donation of care products for frontline staff;
- \$20,000 donation from SiriusXM Canada;
- Food and meal donations for staff from many community organizations and local restaurants;
- Over \$6,000 of individual donations through the DonateTO portal.

Leveraging the Use of Technology

The division adopted new resident care processes and procedures to fit the new reality of COVID-19 preventative and outbreak measures. This rapid response was facilitated by leveraging digital and internet technology, implemented with support from Technology Services, to support resident care including the electronic health care record system (eHCR), and virtual care rounds with physicians and other specialty care services.

Electronic Health Care Records

Fortunately, an electronic health-care record system (eHCR), PointClickCare (PCC), was operationalized in all City-operated long-term care homes by the end of 2019, which enables care providers in City homes to connect and collaborate within the circle of care.

Electronic health care records allow **quick access to important resident information** required for sound clinical decision-making. Remote access was already in place for the City of Toronto medical staff (physicians and nurse practitioners) and was further promoted and accessed as on-site visits became restricted. Additional remote access to the eHCR was also provided to other vital external consultants involved with resident

care such as Behavioural Support Interprofessional staff, Psychiatrists, and other Nurse Practitioners.

With more and extended outbreaks, staffing challenges became more apparent and required multiple requests to support staff role changes and facilitate access to appropriate eHCRs. This included the creation of new temporary roles in the eHCR system to accommodate nursing students and agency nursing staff hired during the pandemic to support operations.

In addition, new resident assessments were developed, piloted, and implemented in the eHCR to ensure compliance with the Ministry of Health and Ministry of Long-Term Care Directives and other best-practice standards. For example, a COVID-19 screening assessment was created in PCC for staff to use to assess all residents twice per day in order to record and monitor respiratory symptoms.

Virtual Care Rounds

As the pandemic is still evolving, **the division continues to exercise flexibility for the delivery of resident care.** Before the COVID-19 crisis, the division had access and use of the Ontario Telemedicine Network to hold meetings and virtual assessments through videoconferencing. While this technology was still available, many partnering health care providers and physicians were restricted from entering the homes and lacked access to appropriate equipment, including the webcams needed for two-way video conferencing. **This prompted the use of a corporate teleconference software, WebEx,** utilizing one-way video capabilities to allow medical staff to view residents as needed.

In addition to the tele-rounds, WebEx can be set up using a mobile device (e.g., laptop, iPad) which can be brought to the bedside for external consultants, such as specialized wound care nurses, to provide clinical advice and recommendations. Other discussions also continue with local partners such as hospitals, Local Health Integration Networks, and associations, about virtual care delivery options and collaborations.

Supporting Staff

Promoting the wellbeing and safety of staff remains a top priority for SSLTC, and several steps have been taken to support psychosocial wellbeing, including:

- (1) Adopting emergency leave policies to respond to emerging needs;
- (2) Offering a variety of mental health and spiritual support services;
- (3) Conducting telephone support calls to staff who are self-isolating at home, are ill, or are caring for an ill dependent.

Emergency Leave Policies

All staff members were given opportunities to access emergency leaves as necessary, aligning with broader Corporate policies:

- **Pregnant Staff:** On Wednesday, April 1, 2020, Health Canada released new guidelines regarding pregnancy and COVID-19, which the division (and the City

more widely) adopted. Out of an abundance of caution, the *division recommended pregnant employees should not be in the workplace*. These employees were accommodated with alternative work arrangements where possible, or other leave options were facilitated.

- **Accommodations:** Accommodation requests from staff with medical conditions making them susceptible to contracting COVID-19 were directed to SSLTC's Manager, People Services and the City's *Accommodation Policy* was applied.
- **Childcare Requirements:** Staff who had childcare requirements were able to use vacation/lieu time as available. If this was unavailable, staff were eligible to apply for the Canada Emergency Response Benefit. Staff were also eligible to apply for spaces in the City-operated Child Care Centres for Essential Workers.

Supporting Mental Health and Wellbeing

Since the beginning of the COVID-19 pandemic, there has been an effort to ensure staff have access to resources to support their mental health and wellbeing.

Information has been provided to all staff members regarding available mental health support, including **free counselling services** through a City-wide partnership with the Ontario Psychological Association. In addition, webinars were held between May 6-8, 2020 with the City's Employee Assistance Program (EAP) providing staff members with information on other services and supports available to them, including 24/7 telephone-based counselling supports. **On-site spiritual supports were also made available to staff members at Seven Oaks and Lakeshore Lodge** and homes continue to coordinate visits to support staff members on an as-needed basis.

To support staff in the long-term care homes, SSLTC has leveraged existing contracts to implement a **staff meal and snack program**, at no charge. This further protected the home from the introduction and spread of the virus as staff no longer needed to exit and reenter the home for refreshments.

Telephone Support for Staff in Self-Isolation

Since March 12, 2020, Head Office has been providing **telephone support** to staff members who are off work, including those who have recently travelled out of the country and are self-isolating at home, staff who have called in sick or are experiencing respiratory symptoms, as well as staff who have tested positive for COVID-19.

Staff conducting the calls note *"[the staff] are appreciative of the check-in, even those I am calling daily are not annoyed with me for asking the same questions. One staff noted he was happy to hear from me and that it shows [the division] care[s] for staff working in long-term care."* These calls have also served as an opportunity to empower staff with information and resources related to public health guidelines, testing protocols, and symptom management.

Role of Volunteers

Volunteers are an integral part of life in City-operated long-term care homes, enhancing care and services provided by staff. The restriction to volunteers entering the homes has had an impact on the quality of life for residents and staff. Many volunteer-led

programs and services have been put on hold, including but not limited to the operation of the tuck or gift shop, spiritual care services, one-to-one friendly visits (including pet visits and end-of-life visits), special events such as birthday parties, recreation activities, and mealtime assistance. Volunteers have been creative in finding ways to remain engaged with residents, including:

- Writing letters and emails to residents (even in languages other than English);
- Connecting virtually with residents (e.g., St. John's Therapy Dogs have created YouTube dog visits; volunteers playing card games virtually with residents);
- Gestures of support for the residents and staff (e.g. homemade signs, painted rocks, sponsoring professional signage, emails of support, etc.);
- Sponsoring the purchase of equipment to help residents remain engaged (e.g., tablets for family visits; CD/DVD players, etc.);
- Fundraising within their own community for donations to the home;
- Tending to the outdoor gardens on the home's property;
- Shopping on behalf of residents for needed items;
- Purchasing spring flowers for each home area;
- Offering spiritual support to staff.

Volunteers are kept updated and engaged through a **volunteer newsletter, *Apart but Together*** (please refer to **Appendix H: Volunteer Newsletter**). The first issue was sent out on April 22, 2020, during National Volunteer Week and included content specific to volunteer appreciation and updates from each City home. SSLTC knows the importance of staying connected with volunteers and will continue to provide updates to ensure volunteers are aware of the status of the residents and staff, are kept actively engaged and are ready to return once the restriction on visiting is lifted, please refer to **Appendix I: Volunteer Appreciation During COVID-19** for more information about volunteers.

Reopening City of Toronto Long-Term Care Homes

Seniors Services and Long-Term Care is preparing to resume regular services in all 10 City directly operated long-term care homes. Direction and instructions from the Ministries of Health and Long-Term Care, Toronto Public Health, and Toronto City Council will guide City homes through the re-opening process, with resident, client and staff health, safety, and wellbeing at the forefront of all decisions.

Coming out of this pandemic, many aspects of life in long-term care will need to be reconsidered in order to preserve a safe home environment for residents and staff. The *new normal* may include screening, testing, physical distancing, and appropriate PPE protocols in accordance with emerging best practices. These factors will have an impact on activities including visiting, dining, leisure, and outside trips. The residents and staff have proven their resilience, and there is confidence in the newfound capacity for creative problem solving.

SSLTC will continue to rely on its critical partnerships with Toronto Public Health, the Office of Emergency Management, People & Equity, Technology Services, Toronto

Office of Partnerships, Purchasing & Materials Management, City Stores, and Provincial partners to ensure a successful and safe re-opening process.

To support the initial re-opening of the City's 10 long-term care homes, SSLTC has identified key recommendations outlined in the following section.

Recommendations

Based on initial experiences of COVID-19 in the City of Toronto's 10 long-term care homes, SSLTC has identified key recommendations to ensure preparedness for a potential second wave. The recommendations will support and enable the gradual reopening of the City's long-term care homes while ensuring the health, safety, and wellbeing of residents, staff, families, and volunteers remains at the forefront. Sixteen recommendations have been identified and are separated into the following categories: Partnerships, Screening, and COVID-19 Testing, PPE, IPAC, and Physical Distancing, Staffing, and Visitors and Families.

Partnerships

1. Maintain and strengthen partnership with Toronto Public Health.

Screening & COVID-19 Testing

2. Maintain **active screening** of all individuals entering LTC homes (provincially mandated action).
3. Maintain twice daily monitoring of residents for signs and symptoms of COVID-19 (provincially mandated action).
4. Continue to test and re-test all residents and staff (provincially mandated action).

PPE, IPAC & Physical Distancing

5. Maintain **mandatory masking** and full access to PPE (provincially mandated action).
6. Maintain strong **IPAC practices** and improve processes based on emerging scientific evidence and best practices.
7. Maintain physical distancing measures (provincially mandated action).
8. Conduct full assessment of physical environments of all existing LTC homes and planned redevelopments, including reviews of equipment, furnishing, and building layouts.

Staffing

9. Continue to follow the Government of Ontario directive limiting staff to work for a single employer/location (provincially mandated action).
10. Continue to focus on full-time staffing complement to achieve **70:30 full-time and part-time** target.
11. Create an **Occupational Health Nurse** function as primary staff contact for COVID-19 concerns.
12. Maintain expedited recruitment strategy for the hiring of new staff including modified on-boarding process.
13. Continue to redeploy non-essential City of Toronto staff as required.

Visitors & Families

14. Implement the Ministry of Health and Toronto Public Health guidance on the resumption of non-essential visitors (provincially mandated action).
15. Maintain virtual visits and expand the use of technology.
16. Maintain regular, home specific communications with family members.

The estimated total cost to implement these recommendations is \$14.3M. Key cost drivers include:

- Maintaining active screening, with an estimated cost of approximately \$3.5 million per year;
- Maintaining mandatory masking and full access to PPE with an estimated cost of approximately \$7.5 million per year;
- Maintaining strong IPAC and improving processes based on emerging scientific evidence and best practices with an estimated cost of approximately \$2.0 million per year for additional supplies and staff; and,
- Continuing to focus on the full-time staffing complement to achieve 70:30 full-time part-time target with an estimated cost of approximately \$1.2 million per year.

For a summary of costs associated with each recommendation, please refer to **Appendix J: Cost Breakdown for Report Recommendations**. Implementation of these key recommendations will enable SSLTC to continue its proactive and nimble COVID-19 response, and ensure the City's long-term care homes are prepared for a potential second wave of COVID-19. These recommendations will ensure the high standards for screening, IPAC, PPE, resident care, and health and safety currently in place across the City's homes continue for the foreseeable future, mitigating the risk of future COVID-19 outbreaks.

Conclusion

Seniors Services and Long-Term Care continues to provide agile support and leadership to the City of Toronto's 10 long-term care homes in response to the COVID-19 global pandemic. Resident and staff safety remains the division's top priority, and close relationships with municipal and provincial partners have enabled the division to rapidly mobilize resources in response to the evolving pandemic situation.

The division continues to lead best practices with regards to infection prevention and control, PPE, staffing, and stakeholder communications. Through the dedication of front-line staff, City-operated long-term care homes have continued to demonstrate their CARE values through exceptional resident care focusing on Compassion, Accountability, Respect, and Excellence.

With strong support and partnerships from City divisions, Toronto Public Health and provincial health partners, as well as working experience in early outbreaks in some City homes, SSLTC was able to make changes in real time to limit the spread of COVID-19 as more was learned about the virus. As a result of these early experiences, the evolution of scientific knowledge about COVID-19 transmission, and changes to directives and responses, subsequent outbreaks in other City homes were more

effectively mitigated. All of these changes have strengthened the division's ability to respond to this virus, and the team continues to be prepared, reviewing their response on a daily basis for any required changes or improvements.

As the COVID-19 pandemic continues to impact the City of Toronto, SSLTC will rely on the ongoing support and expertise of Toronto Public Health, other City divisions, and provincial health partners to respond to new and emerging scientific knowledge and to implement changes in real time. All of this collaboration ensures preparedness to respond proactively should a second wave of COVID-19 become a reality and SSLTC will move forward with implementation of the recommendations identified in this report to ensure the actions taken to prevent and mitigate risks are maintained for the duration of the pandemic.

At this time, the City of Toronto remains in an emergency response phase. As the City moves into recovery, SSLTC will complete a comprehensive review, examining all areas of its operational response in each of the 10 long-term care homes with a view to identify short and long-term strategies for improvement and change. This comprehensive review will consider key issues including: infection prevention and control measures, resident admissions/transitions, use of technology to support resident care, connections to acute care, long-term care home governance, funding and staffing, physical environment construction of long-term care homes. This comprehensive and systemic review will inform the next steps as we reimagine the future of long-term care.

Glossary of Terms

Terms / Abbreviations	Description
Active Screening	Based on directives from the Ministry of Health (MOH), active screening is in effect for anyone entering a long-term care home or retirement home. Active screening includes completing screening questions developed by MOH for anyone entering the home (i.e. staff and essential visitors). Screening must occur twice daily and include symptom screening and temperature checks (i.e., at the beginning and end of the day/shift for staff and when essential visitors enter and leave the home). Anyone who does not pass screening is not permitted to enter the building.
AGMP	Aerosol-generating medical procedure (AGMP) refers to a medical procedure that generates droplets/aerosols which may expose staff to respiratory pathogens. AGMPS is considered to be a potential risk to staff and others in the area.
Cohorting	A cohort is a group of people. Cohorting of residents and staff is part of the outbreak protocol in long-term care. We use staff and resident cohorting to prevent the spread of COVID-19. For example, resident cohorting of the well and unwell may include alternative accommodation in the home.
Declaration of Outbreak	<p>The standard definition of a respiratory outbreak is at least 2 resident cases, with outbreak measures contained to the affected floor/unit.</p> <p>In CMOH Directive #3, a COVID-19 outbreak was redefined as one case in a resident or staff and the outbreak measures apply to the entire home immediately.</p>
Droplet and Contact Precautions	Droplet and Contact Precautions are used in addition to Routine Practices for clients/ residents known or suspected of having an infection that can be transmitted by large infectious droplets and to reduce the risk of transmitting infectious agents via contact with an infectious person. These precautions include identifying and testing potentially infected residents, isolating the infected residents and practices, and personal protective equipment that protects the worker from infected droplets and contaminated surfaces.
EOC	Emergency Operations Centre (EOC) at the City of Toronto, which is activated by the Office of Emergency Management in response to an emergency.
OEM	The Office of Emergency Management (OEM) coordinates the City of Toronto's preparedness, response, and recovery to emergencies, along with other City divisions, agencies, and corporations.
Hand Hygiene	A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

Terms / Abbreviations	Description
IPAC	Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms between health care providers, residents/clients, and visitors.
Line-listing	Line-listing is a way to record important information on each person who is ill during an outbreak. It helps track symptoms of sick residents and staff, enabling control measures to stop the outbreak spreading.
MLTC	Ministry of Long-Term Care (MLTC) – Government of Ontario
MOH	Ministry of Health (MOH) – Government of Ontario
N95	N95 respirator is an example of personal protective equipment that is used to protect the wearer from airborne particles and from liquid contaminating the face. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 microns) test particles.
NP Swabs	A Nasopharyngeal (NP) swab is a method for collecting a clinical test sample of nasal secretions from the back of the nose and throat. The sample is then analyzed for the presence of organisms or other clinical markers for disease.
Passive Screening	Passive screening includes signage at points of entry using the latest case definition for COVID-19 for visitors to self-assess before entering premises. Similar messaging can be communicated on voicemails and websites.
PPE	<p>Personal Protective Equipment (PPE) refers to protective clothing, gowns, gloves, face shields, goggles, procedural/surgical masks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.</p> <p>PPE is worn by a person providing care to residents/clients to protect them from infection, including a mask to protect the nose and mouth, a face shield or goggles to protect the eyes, gloves to protect the hands, and a gown to protect clothing from becoming contaminated.</p> <p>Proper use of PPE also protects the resident from the transmission of the infection from staff and visitors.</p>

Appendices

Appendix	Name	Notes
A	COVID-19 Outbreak Report	Example from May 31, 2020
B	Active Screening Checklist	Updated frequently based on Ministry Directives and Toronto Public Health guidelines
C	Daily Divisional NP Swab Report	Example from May 8, 2020
D	COVID-19 IPAC Audit Tool	Updated frequently based on Ministry Directives and Toronto Public Health guidelines
E	PPE Audit Tool	Updated frequently based on Ministry Directives and Toronto Public Health guidelines
F	FAQs for Redeployed Staff	Updated frequently
G	Weekly Bulletin to Families and Staff	Example from May 6, 2020
H	Volunteer Newsletter – <i>Together Apart</i>	Example from April 2020
I	Volunteer Appreciation during COVID-19	
J	Cost Breakdown for Report Recommendations	
K	Supplemental Materials including Ministry of Health Directives and Guidance documents	

Appendix A: Seniors Services & Long-Term Care: COVID-19 Outbreaks

The most recent list (May 31) shows 181 long-term care homes in Ontario having COVID-19 positive cases.

Outbreak protocols in place affecting more than 900 residents in 3 City homes.

Data below is as of May 31, 2020.

Home	# of Residents	Date COVID-19 Outbreak Started	Date COVID-19 Outbreak Ended	# of COVID-19 + Residents	# of COVID 19 + Residents Cleared	# of Residents Passed Away COVID-19 +	# of COVID-19 + Staff Members	# of COVID-19 + Staff Cleared
Bendale Acres	302	--		0		0	0	
Carefree Lodge	127	--		0		0	0	
Castleview Wychwood Towers	456	May 25 7 th floor		4		0	2	1
Cummer Lodge	391	--		0		0	0	
Fudger House	250	--		0		0	0	
Kipling Acres	337	Mar 30		21	21	14	11	4
Lakeshore Lodge	150	Apr 1		25	8	12	20	3
Seven Oaks	249	Mar 19	Jun 1	0		0	0	
True Davidson Acres	187	--		0		0	0	
Wesburn Manor	192	--		0		0	0	

Notes:

of COVID-19 Positive Residents = Current residents, does not include residents who have passed away and residents that are cleared which is achieved when a resident receives 2 negative swabs at least 24 hours apart. # of COVID-19 Positive Staff does not include staff who have recovered.

Appendix B: Active Screening Checklist

Seniors Services & Long Term Care COVID-19 Respiratory & Enteric Screening Form

Please print and complete all sections:

Date: _____ Time: _____

Name: _____ Department: _____

Visitors (identify room # visiting or purpose of visit): _____

1. Do you have a fever (temperature of 37.8C or greater)?

Yes No

2. Are you experiencing ONE or more of the following symptoms?

In anyone presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post nasal drip.

New or worsening cough Yes No

Shortness of breath Yes No

Sore throat Yes No

Runny nose or sneezing Yes No

Nasal congestion Yes No

Hoarse voice Yes No

Difficulty swallowing Yes No

New smell or taste disorder(s) Yes No

Nausea/vomiting, diarrhea, abdominal pain Yes No

Unexplained fatigue/malaise Yes No

Chills Yes No

Headache Yes No

3. Have you travelled or had close contact with anyone that has travelled in the past 14 days? Yes No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19? Yes – complete question 5

No – skip question 5

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?

Yes No

Please turn over page

Results of Screening Questions:

- If you answered **NO** to all questions from 1 through 4, you **can** enter.
- If you answered **YES** to question 4 and **YES** to question 5, you **can** enter.
- If you answered **YES** to any question from 1 through 3, you **cannot** enter.
- If you answered **YES** to question 4 and **NO** to question 5, you **cannot** enter.

Anyone **NOT** permitted to enter the Home should go to their personal residence to self-isolate immediately. Please do not make contact with the screener or any other staff member. Staff should contact their manager/supervisor. Essential visitors should contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek testing.

Face Mask(s) Issued Yes

Screener reviews and confirms response to question 2 - that they do not have one or more symptoms, once confirmed, take and record temperature: _____

Face Shield Issued (For Staff Only) Yes

Please sanitize your hands upon entering and frequently while in the Home.

When leaving the home you must complete this portion of the screening form and submit your completed form to the screener.

1. Do you have a fever (37.8C or greater)? Yes No

2. Are you experiencing ONE or more of the following symptoms, **not related to an underlying medical condition?**

New or worsening cough Yes No

Shortness of breath Yes No

Sore throat Yes No

Runny nose or sneezing Yes No

Nasal congestion Yes No

Hoarse voice Yes No

Difficulty swallowing Yes No

New smell or taste disorder(s) Yes No

Nausea/vomiting, diarrhea, abdominal pain Yes No

Unexplained fatigue/malaise Yes No

Chills Yes No

Headache Yes No

Screener to record temperature: _____

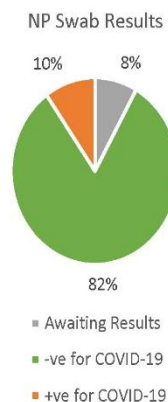
Employee/Visitor Signature: _____

Appendix C: Daily Divisional NP Swab Report

COVID-19 Resident Swab Status Tracking Updated as of May 22, 2020 (6:26 PM)

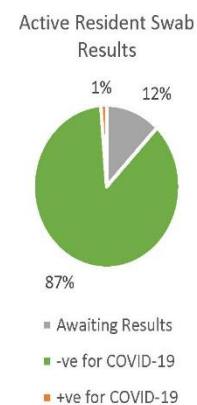
NP Swab Results¹

Home	Swabs Sent	Awaiting Result	Negative for COVID-19	Positive for COVID-19
Bendale Acres	336	8	328	0
Carefree Lodge	161	2	157	2
Castleview Wychwood Towers	556	1	555	0
Cummer Lodge	443	3	438	2
Fudger House	304	2	301	1
Kipling Acres	641	203	362	76
Lakeshore Lodge	347	16	225	106
Seven Oaks	619	80	355	184
True Davidson Acres	190	0	190	0
Wesburn Manor	267	1	257	9
Totals	3864	316	3168	380



Resident NP Swab Current Results²

Home	# of Residents Tested	Awaiting Result		Negative for COVID-19		Positive for COVID-19	
		Active	Deceased/Discharged	Active	Deceased/Discharged	Active	Deceased/Discharged
Bendale Acres	295	8	0	280	7	0	0
Carefree Lodge	127	2	0	123	2	0	0
Castleview Wychwood Towers	432	0	0	411	21	0	0
Cummer Lodge	383	2	0	369	11	0	1
Fudger House	238	2	0	234	2	0	0
Kipling Acres	315	198	2	72	9	19	15
Lakeshore Lodge	145	16	0	105	4	9	11
Seven Oaks	226	59	4	111	9	1	42
True Davidson Acres	176	0	0	170	6	0	0
Wesburn Manor	186	1	0	181	2	1	1
Totals	2523	288	6	2056	73	30	70



¹The total number of swabs sent

²Results from the last swab taken by unique resident

Appendix D: COVID-19 IPAC Audit Tool



Seniors Services and Long-Term Care

Infection Prevention and Control Audit for COVID-19 Outbreak

Screening	Yes	No	Comments
1. Alcohol-based hand sanitizer available at: <ul style="list-style-type: none"> • Entrance • After using pen • Screening table(s) 			Area/Floor:
2. Appropriate script/tip sheet for screening including process for emergency services, contractors, and uncompliant visitors			Area/Floor:
3. Signage to support the active screening process			Area/Floor:
4. Signage (e.g. floor stickers) to support physical distancing during active screening process			Area/Floor:
5. Signage to remind people on hand hygiene and respiratory etiquette			Area/Floor:
6. Signage of signs and symptoms of COVID-19 and steps must be taken if COVID-19 is suspected or confirmed in staff or a resident			Area/Floor:
7. Clear door rules to allow or prohibit entry (including courier instructions)			Area/Floor:
8. Screeners have access to: surgical masks, face shields, gown, gloves, hand sanitizer and disinfectant wipes. This includes PPE to distribute to staff (surgical mask and face shield)			Area/Floor:
9. Screeners and incoming or outgoing staff demonstrate physical distancing			Area/Floor:
10. Disinfection process is adequate during active screening process: <ul style="list-style-type: none"> • Disinfecting tables after contact tracing • Disinfecting pens immediately after use • Disinfecting thermometers between use 			Area/Floor:
11. Staff/visitors are donning mask before having their temperatures taken			Area/Floor:
12. Floor is clean and free of debris			Area/Floor:
13. No-touch waste receptacle present for screeners.			Area/Floor:

Environment – Resident Room	Yes	No	
14. Disinfecting process of surfaces is completed appropriately <ul style="list-style-type: none"> Disinfectant wipes from clean to dirty surface areas (from inner to outer) Disinfectant spray to cloth first, then wipe 			Area/Floor:
15. High touch surfaces are being cleaned and disinfected (proof of record).			Area/Floor:
16. Low touch surfaces are cleaned once per day, for example, shelves, bedside chairs, outside sharp containers, overbed light fixtures (proof of record).			Area/Floor:
17. Cleaning supplies should be kept in and only used in the isolation room for residents who are positive with COVID-19.			Area/Floor: N/A
18. Cleaning is being done from cleanest area to dirtiest area (e.g. resident room area first then washroom)			Area/Floor:
19. Resident room is free of clutter and debris			Area/Floor:
20. Nursing staff have readily available access to plastic bags/garbage bags to be used inside resident room for transporting <i>dirty</i> items to be transported to soiled utility room or hamper.			Area/Floor:
21. Clean and disinfect positive COVID-19 rooms last			Area/Floor:
22. Dining trays are disposed of after resident meals and not left in resident room or resting on surfaces outside room (no later than 30 min. after meal)			Area/Floor:
Environment – Resident Care Area	Yes	No	
23. Medical equipment is disinfected between each resident use (based on reprocessing policy).			Area/Floor:
24. Disinfectant wipes are conveniently available near or on vital sign machines.			Area/Floor:
25. All reusable equipment should be dedicated to the use of the resident with suspect or confirmed COVID-19 infection.			Area/Floor:
26. There is accountability for cleaning medical equipment outside resident rooms immediately after use and when visibly soiled			Area/Floor:
27. There is accountability (proof of record) for cleaning and disinfecting (see reprocessing policy) <ul style="list-style-type: none"> hampers over bed tables 			Area/Floor:

<ul style="list-style-type: none"> • medication cart • treatment carts • isolation carts/wall caddies 			
28. Nursing station and staff common areas/lounge are being cleaned and disinfected.			Area/Floor:
29. There is no shared food or food(s) in resident care areas			Area/Floor:
30. Hampers/containers are at point of care for soiled linen and other wastes. *positive COVID-19 should have hamper inside the room – all multi-use hampers that requires touching and long walk distances should be removed*			Area/Floor:
Environment – Common Areas	Yes	No	
31. There are accessible hand sanitizers for staff.			Area/Floor:
32. Disinfectant wipes are conveniently located throughout the common area			Area/Floor:
33. There are no-touch waste receptacles (if applicable, all touch waste receptacles should be removed or disinfected frequently)			Area/Floor:
34. Common furniture items (in lounge/TV rooms) are removed to avoid frequent touching from staff and residents. If no storage in basement, furniture are spread 2 meters apart.			Area/Floor:
35. High touch surfaces are being cleaned and disinfected at least every 2 hours (proof of record).			Area/Floor:
36. Low touch surfaces are cleaned once per day, (e.g. window, stairwells, shelves)			Area/Floor:
37. Dining room furniture is spread 2 meters apart			Area/Floor:
38. Housekeeping cart is being clean and disinfected before and after each shift (job routine)			Area/Floor:
39. Clean linen/laundry delivered to the home area shall have the cart draped and protected and be stored in a designated area.			Area/Floor:
40. Terminal cleaning protocol of resident room after discharge, transfer, or discontinuation of droplet and contact precautions are done			Area/Floor:

41. Privacy curtains are removed and laundered upon a resident's discharge or transfer.			Area/Floor:
Resident Care Assignments/Activity	Yes	No	
42. Residents to stay in the room (limited movement)			Area/Floor:
43. Residents who are non-compliant with staying in their room and being traced. Staff are disinfecting objects that were touched by the resident, immediately.			Area/Floor:
44. Residents who are positive with COVID-19 are cohorted in staff assignment (proof of record)			Area/Floor:
45. If applicable and consent received, residents should be in hospital gowns to limit assistance on putting on and removing clothes as it may contaminate worker during this activity.			Area/Floor:
46. Residents who are positive with COVID-19 are in the same shared room/close vicinity (non COVID-19 resident is not sharing with positive COVID-19 resident)			Area/Floor:
47. PPE is being utilized appropriately based on resident group protocols (e.g. gowns and mask protocol)			Area/Floor:
48. There is a process to ensure staff know which residents are COVID-19, symptomatic, and which are asymptomatic.			Area/Floor:
49. Staff are clustering their tasks to reduce the number of times they need enter the room			Area/Floor:
50. Residents are being offered to wear surgical masks			Area/Floor:
51. Staff assisting residents to wear surgical mask is being properly done.			Area/Floor:
Hand Hygiene and PPE	Yes	No	
52. Staff adhere to policy on hand hygiene (e.g. staff are sanitizing hands for 15 seconds)			Area/Floor:
53. Staff adhere to policy on donning and doffing PPE			Area/Floor:
54. Staff are wearing the appropriate PPE on the unit/floor (mask and face shield only). *gowns are an exception in going in between resident care of the same group*			Area/Floor:
55. Hand hygiene products/supplies are readily available (e.g., alcohol-based hand rub (ABHR)) at point-of-care			Area/Floor:
56. There is an adequate supply of personal protective equipment (PPE) that is clean and available for staff in appropriate sizes			Area/Floor:
57. Hand hygiene audit are being done during the outbreak			Area/Floor:

58. Safe donning/doffing PPE are accounted for or audits are being done during the outbreak			Area/Floor:
59. Residents who are found wandering in the hallways are encouraged to practice hand hygiene before returning to room.			Area/Floor:
60. PPE (except mask and face shield) are removed and discarded prior to exiting the resident's room in a no-touch waste receptacle.			Area/Floor:
61. Residents that require aerosol generating medical procedure (AGMP) are identified and N95 masks are available.			Area/Floor:
Communication	Yes	No	
62. Staff are aware of their responsibilities in an outbreak situation			Area/Floor:
63. All staff can identify who is exhibiting respiratory symptoms and those who are suspected/confirmed with COVID-19			Area/Floor:
64. There is clear daily communication (e.g. daily safety huddles) to disseminate to frontline staff on new updates or changes on the outbreak and/or Ministry & TPH guidelines.			Area/Floor:
65. Frontline staff on affected floor have access to line list, this include housekeeping on the floor.			Area/Floor:
66. Appropriate signage is posted at all building/unit entrance doors			Area/Floor:
67. Appropriate isolation signage is posted at the doors of residents on including PPE education			Area/Floor:
68. Laboratory results (update on NP swabs) are communicated daily to frontline staff			Area/Floor:
69. Staff are informed of each new case			Area/Floor:
70. Team lead on affected unit maintains a line listing of all staff and residents who meet the outbreak case definition			Area/Floor:
71. There is daily communication between the affected unit and management to be sure that resident line lists are accurate			Area/Floor:
72. There is daily reporting to public health if the outbreak/new case is reportable			Area/Floor:
Kitchen/Dietary	Yes	No	
73. Single disposable trays and items are being used, if not able to, reusable trays are being disinfected			Area/Floor:
74. There is a clear and safe process for removing food wastes, cleaning, and disinfecting utensils, plates, trays			Area/Floor:

75. Kitchen is locked and only F&N staff can enter			Area/Floor:
76. All kitchen staff are wearing hair nets			Area/Floor:
77. Staff are adhering to hand hygiene policy			Area/Floor:
78. Staff are adhering to food handling policy			Area/Floor:
79. Cleaning of the servery after each meal service according to schedule (proof of record)			Area/Floor:
80. There is a clear, safe and coordinated process for removing dirty reusable trays back to the kitchen <ul style="list-style-type: none"> • Carts are being designated for clean and dirty items separately. 			Area/Floor:

Appendix E: PPE Audit Tool

COVID-19-Specific Personal Protective Equipment Surveillance Audit Tool

Name of Observer: _____ Date: _____ Start time: _____ End time: _____	Name of Home: _____ Resident Home Area/Floor: _____
--	--

Position:

1 = Physician	4 = Personal Support Worker	7 = Building Services
2 = Registered Nurse	5 = Counsellor	8 = Food & Nutrition
3 = Registered Practical Nurse	6 = Physiotherapist/Rehab/Recreation	9 = Manager/Admin

Employee Initials: Position # _____	Employee Initials: Position # _____	Employee Initials: Position # _____	Employee Initials: Position # _____
<p>Donning</p> <p>(√ if task has been performed)</p> <ul style="list-style-type: none"> <input type="radio"/> Mask on <input type="radio"/> Eye protection on <input type="radio"/> Perform hand hygiene <input type="radio"/> Put on gown (√ when following gown protocol) <input type="radio"/> Put on gloves <p style="text-align: right;">Score ____ / 5</p>	<p>Donning</p> <p>(√ if task has been performed)</p> <ul style="list-style-type: none"> <input type="radio"/> Mask on <input type="radio"/> Eye protection on <input type="radio"/> Perform hand hygiene <input type="radio"/> Put on gown (√ when following gown protocol) <input type="radio"/> Put on gloves <p style="text-align: right;">Score ____ / 5</p>	<p>Donning</p> <p>(√ if task has been performed)</p> <ul style="list-style-type: none"> <input type="radio"/> Mask on <input type="radio"/> Eye protection on <input type="radio"/> Perform hand hygiene <input type="radio"/> Put on gown (√ when following gown protocol) <input type="radio"/> Put on gloves <p style="text-align: right;">Score ____ / 5</p>	<p>Donning</p> <p>(√ if task has been performed)</p> <ul style="list-style-type: none"> <input type="radio"/> Mask on <input type="radio"/> Eye protection on <input type="radio"/> Perform hand hygiene <input type="radio"/> Put on gown (√ when following gown protocol) <input type="radio"/> Put on gloves <p style="text-align: right;">Score ____ / 5</p>
<p>Doffing</p> <p>(√ if task has been performed)</p> <ul style="list-style-type: none"> <input type="radio"/> Eye protection kept on <input type="radio"/> Mask kept on <input type="radio"/> Remove gloves <input type="radio"/> Remove gown (√ when following gown protocol) <input type="radio"/> Perform hand hygiene <p style="text-align: right;">Score ____ / 5</p>	<p>Doffing</p> <p>(√ if task has been performed)</p> <ul style="list-style-type: none"> <input type="radio"/> Eye protection kept on <input type="radio"/> Mask kept on <input type="radio"/> Remove gloves <input type="radio"/> Remove gown (√ when following gown protocol) <input type="radio"/> Perform hand hygiene <p style="text-align: right;">Score ____ / 5</p>	<p>Doffing</p> <p>(√ if task has been performed)</p> <ul style="list-style-type: none"> <input type="radio"/> Eye protection kept on <input type="radio"/> Mask kept on <input type="radio"/> Remove gloves <input type="radio"/> Remove gown (√ when following gown protocol) <input type="radio"/> Perform hand hygiene <p style="text-align: right;">Score ____ / 5</p>	<p>Doffing</p> <p>(√ if task has been performed)</p> <ul style="list-style-type: none"> <input type="radio"/> Eye protection kept on <input type="radio"/> Mask kept on <input type="radio"/> Remove gloves <input type="radio"/> Remove gown (√ when following gown protocol) <input type="radio"/> Perform hand hygiene <p style="text-align: right;">Score ____ / 5</p>
Comments: _____ _____ _____	Comments: _____ _____ _____	Comments: _____ _____ _____	Comments: _____ _____ _____

Appendix F: FAQs for Redeployed Staff

Q & A for Staff Redeployed to Seniors Services and Long-Term Care (SSLTC)

1. What roles in SSLTC will redeployed staff be assigned to?

Staff may also be asked to assist in multiple capacities. Some main roles include:

- **Screeners** – This role is to screen individuals (staff and essential visitors) who are entering the homes to identify if they have any respiratory and/or enteric symptoms. All individuals entering the Home are required to complete a screening form and have their temperature taken by the screener. If the individual indicates that they have symptoms, or is recording a fever over 38°C, the screener will advise them not to enter the home and self-isolate. Screeners will be provided with PPE (masks, goggles, gowns and gloves) and are advised to keep a 2-metre distance from individuals they are screening. Screeners also distribute masks to staff when they arrive for their shifts.
- **Enhanced Cleaners** – In this role, staff will apply disinfection solution to all high-contact hard surfaces in the homes (e.g. elevator buttons, hand rails, door handles, etc.) These surfaces are to be disinfected every two hours, so the cleaners will move throughout the home (excluding inside resident rooms) wiping all surfaces with a disinfectant solution.
- **Recreation/Program Support or Activities Coordinator** – provide one-on-one support to residents to enable virtual communication between residents and families (through Skype on iPads), and provide other recreational activities to residents as available.
- **Laundry Assistants** – Assisting in the laundry room with folding and sorting residents' clothing, placing clothing in the laundry/dryer machines, and de-labeling resident clothing as required.
- **Hand Hygiene Audits** – Use an iPad to conduct daily staff audits on the four moments of hand hygiene. Training and audit assignments will be provided by IPAC (Infection Prevention and Control) Lead/Nurse Manager.
- **Feeders** – In this role, staff will assist on resident units with resident feeding and nourishments. This may include portering (or transporting) residents into the dining room, setting up dining tables, offering juices/meals/desserts, or direct resident feeding. All staff in this role will receive Meal Time Assistance Training.

Staff with specialized training may be assigned to specialized roles:

- **Food Services Worker** - This role includes assisting with meal preparation, plating and serving meals and cleaning (following meal service, food preparation area and equipment). Food handlers will be provided with PPE (gloves and mask). Role is available for staff with a Food Handler Certificate.
- **Resident/Family Support** - Staff with Social Worker experience and education (Caseworkers at SSHA/Children's Services/TESS) are being redeployed to support Counsellors who provide direct support to residents and families. This

role will support overall resident well-being and assist with providing support to families and respond to family inquiries.

Please note, you may be assigned to work in a home which has been declared in COVID-19 outbreaks, as well as assigned to work directly with positive resident cases. In order to ensure your health and safety, you will be provided with appropriate personal protective equipment (PPE) by order of the Ministry of Health and Long-Term Care, and the homes have enhanced cleaning measures. SSLTC will provide you with appropriate training and orientation as well as any personal protective equipment (PPE) in order to fulfil this assignment.

2. What kind of personal protective equipment (PPE) is available for staff working in the long-term care homes?

The health and safety of all staff is a priority. All staff are required to wear a surgical mask and face shield whenever they are in the home (number of masks to be received for each shift depends on role). Additional PPE such as gloves and gowns, are available depending on the role of each staff member. Required PPE will be provided to staff based on the role they have been assigned to.

3. How do I don and doff (i.e., put on and take off) PPE?

When you arrive at the Home, you will be required to put on or "don" a surgical mask. You will be provided with training on how to appropriately don and doff the mask. Please refer to the Seniors Services and Long-Term Care Mask Donning and Doffing Guidelines for more information.

4. Who will I be reporting to at the Home?

You will be provided with the contact information for a primary and secondary management contact at the Home. Depending on the home, this may be the Manager, Resident Services, Coordinator Volunteer Services, Assistant Administrator or other.

5. How/why was I chosen for redeployment?

Redeployment of City staff has begun in an effort to meet critical needs in divisions like Seniors Services and Long-Term Care, and Shelter, Support & Housing Administration.

Base divisions have identified staff who are not assigned to support COVID-19 or other essential and/or critical services to be available for redeployment where help is needed most.

6. How will my schedule be determined?

Redeployed staff are asked to report to their assigned site at 9 a.m. on their start date, unless otherwise notified. Your on-site supervisor will provide your schedule, based on the operational needs of the home and your availability. It is important to note that shifts may be outside of regular work hours (evenings) and weekends as care in our homes is provided 24/7.

7. How many shifts can I expect?

Homes will provide a specific schedule to staff. All unionized employees (including part-time recreation staff) and non-union staff can expect up to full-time hours. Staff may be asked to work over-time if needed. Part time Unit B Recreations Workers will be scheduled for a minimum of 3 hours per shift and can work up to 40 hours, as per their collective agreement.

8. Pay (will I get paid the same as my base? Will I receive extra pay?)

Non-union and full-time employees will receive their base pay. If you are eligible for any shift bonus (e.g. night shift) or overtime pay, that will be calculated and paid at the conclusion of redeployment.

Part time Unit B Recreation Workers are compensated at the Local 79 collective agreement Food Service Worker hourly rate of pay (\$23.91) or their current rate of pay, whichever is greater. For the duration of the redeployment work assignment, redeployed staff are covered under the FT Local 79 collective agreement.

9. What type of orientation will I receive at the long-term care home?

Redeployed staff will complete an online orientation on ELI (City's eLearning Management System) prior to starting on-site at your assigned location. The orientation consists of 16 modules:

- Introduction to SSLTC
- SSLTC-Abuse, Neglect, Mandatory Reporting and Whistle-blowing 2020
- Residents' Bill of Rights
- Cognitive Impairment
- Responsive Behaviour
- IPAC (Infection Prevention & Control)
- MSDs and Back Safety
- Emergency Codes 1
- Emergency Codes 2
- Violence in the Workplace, Bullying and Harassment Part 1
- Violence in the Workplace, Bullying and Harassment Part 2
- WHMIS Global Harmonized System
- Protecting Privacy on the Job
- Worker Health and Safety Awareness in 4 Steps
- Infection Prevention & Control: COVID-19
- Declaration of Confidentiality

Further training, including donning and doffing PPE and fire safety will be done at the home, in addition to role-specific orientation.

You should record 7.5 hours of training time in your BWAR timesheet (7 hours for the Orientation and 0.5 hours for the WebEx call).

10. What is being done in the long-term care homes to reduce the likelihood of COVID-19?

SSLTC is following industry leading practices and Ministry of Health directives on active surveillance and precautions including:

- isolation of all appropriate residents
- tray rather than dining service for all appropriate residents
- use of personal protective equipment (PPE) – mask, isolation gown, gloves and face shields when required as directed by Toronto Public Health
- active screening of all residents and staff on all shifts for symptoms
- enhanced cleaning and disinfection throughout the long-term care home

11. Is there parking available for redeployed staff?

All LTC homes, with the exception of Fudger House, have parking for staff. There is Green P parking available within walking distance to Fudger House. On your first day, your on-site manager will provide details on parking.

For more information on parking reimbursement, please review [Tips for completing the BWAR timesheet](#).

12. How are staff and essential visitors being screened for COVID-19?

Instructions for screeners are available at the screening tables set up inside the front of the home.

As per Ministry of Health directive, only staff and essential visitors are permitted entry to the home. Essential visitors are defined as those who have a resident who is requiring end of life care or is very ill. Everyone entering the home with the exception of residents are required to hand in a completed screening form. The screener reviews the responses to ensure all responses are "No." The screeners then use thermometers to take temperatures of each person being screened and record the temperatures on the screening form. The screeners then return the screening form to employee/visitor and advise them to bring it back at the end of the shift/visit as they will be required to have their temperature taken when they leave the home.

When individuals leave the home, the screeners use a thermometer to take the temperature of each person leaving the form. Individuals are given a screening form to take home and bring back, completed, for their next shift.

13. How will I be screened when I enter the Home?

You will be asked to complete the screening form every time you enter the home. The self- screening questions consist of the following questions:

- Do you have any of the following symptoms? Fever/feverish, new cough, difficulty breathing, vomiting and/or diarrhea?
- Have you travelled internationally within the last 14 days including outside of Canada (including United States)?
- To your knowledge have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?

- Have you had close contact with a confirmed or probable case of COVID-19?

You will also have your temperature taken at the beginning and end of your shift by the screener.

14. How are homes maintaining physical distancing?

Wherever possible, homes are working to ensure that physical distancing between residents and staff is maintained. Smaller staff rooms have been created on the floors to allow staff to leave their personal belongings. In many homes, staff locker rooms have been closed to enable physical distancing.

For residents, meal service has been adapted to enable physical distancing. Residents are seated 2-metres apart during meal times and two meal seatings have been implemented (rather than one) to reduce the number of residents eating at one time.

Tray service is being provided to residents where possible, to reduce the number of individuals congregating in the dining room.

However, it is important to note that there may be cases where physical distancing is not maintained in the home. This may occur in instances such as when providing essential resident care or due to physical constraints of the building.

15. Should I bring a lunch/dinner? Is there food on-site? Is there somewhere to store my lunch/dinner?

Staff are advised to bring their own food and snacks for their shifts. Your manager will show you where you can store your food and take your meal breaks.

16. Will I receive a uniform?

No, you will not receive a uniform. Please wear clean, comfortable clothing and closed toed shoes. You will be provided with required PPE when you arrive for your shifts.

Please note: Cell phones should be kept away (with your personal belongings) during your shift for privacy and infection prevention and control reasons.

17. How are residents tested for COVID-19?

Under Ministry Directives, staff are required to take the temperatures of all residents twice per day. Residents showing any respiratory symptoms will be swabbed and tested for COVID-19.

18. Will residents awaiting COVID-19 test results remain in the long-term care home?

Residents awaiting COVID-19 testing remain in the home unless they require care in hospital. They are placed in isolation and are under full droplet and contact precaution. All staff that enter the resident's room to provide care or other services are required to wear full PPE including a mask, face shield/goggles, gown and gloves.

19. What happens if a resident tests positive for COVID-19?

Residents with COVID-19 will remain in the home as long as the home can manage their symptoms. They will remain under isolation and are under full droplet and contact precaution. All staff that enter the resident's room to provide care or other services are required to wear full PPE including a mask, face shield, goggles, gown and gloves.

20. What should I do if I start feeling sick?

If you are experiencing symptoms, please do not come to the Home for your shift. Contact your primary/secondary contact to who will provide information regarding COVID-19 testing if necessary. If you are experiencing symptoms related to COVID-19, please complete the online self-screening tool at www.ontario.ca/coronavirus. You will then be advised of next steps.

21. Is there enough supply of PPE for all 10 LTC Homes?

All homes are tracking their PPE stock and use and we continue to work closely with the City's Emergency Operations Centre to coordinate supply requests and ensure supply needs are met.

22. How will I get access to the building?

We will be sending an email to Corporate Security Access to request access to your assigned home's front door. If you require any additional access, the manager you report to at the home will request this directly with Corporate Security Access. Please remember to bring your City ID badge to all shifts.

Redeployed staff will be provided with a name badge on their first shift. All LTC home staff are required to wear name badges that are colour coded. Redeployed staff will be given a yellow name badge so that they are identifiable. Name badges are to be worn where they are clearly visible (at the neck or chest level) and easy to read. Pockets or waistband locations are not appropriate. This allows residents/clients to easily identify their care and service providers.

Appendix G: Weekly Bulletin to Families

COVID-19

Update Bulletin

COVID-19 Update #21 May 6, 2020

The health and safety of the residents and clients, their families and the well-being of our staff members is our priority.

We work in close partnership with Toronto Public Health, as outlined below:

SUPPORTING LONG-TERM CARE HOMES DURING COVID-19 OUTBREAKS

Role of Toronto Public Health	Role of Long-Term Care Home
<ul style="list-style-type: none">• Investigate COVID-19 cases, close contacts & facilitate testing• If there is even 1 case, an outbreak is declared• Work with homes to put public health measures in place• Ensure PPE is properly used to minimize health risks• Work with homes to maintain outbreak measures until it is declared over	<ul style="list-style-type: none">• Facilitate 2x daily screening of residents and staff for symptoms of COVID-19• Identify new infections as quickly as possible• Cancel all group activities & restrict visitors• Implement physical distancing measures• Enhance cleaning and disinfection particularly for frequently touched surfaces• Facilitate communications with residents and their family members

TORONTO.CA/COVID19

Testing and re-testing residents and staff

- All residents have now been tested and some re-tested when conflicting nasopharyngeal swab results are received. We know that increased testing will see more cases and as unsettling as that is, we know that more aggressive testing is critical to help identify infections sooner and to implement outbreak control measures faster.
- Staff testing is being completed at Assessment Centres and sometimes, depending on the Local Health Integration Network (LHIN) resources, at the long-term care home level along with residents.
- When providing stats to stakeholders, we report on both positive resident and positive staff cases.

COVID-19 [DonateTO](#) is promoting donations to support long-term care home residents, with specific fund-raising initiatives for robotic pet companions and for technology devices to support communication and engagement activities for residents. So far, we have raised almost \$5,700!

Co-horting residents and staff

- When an outbreak is declared, TPH reviews outbreak control measures in accordance with the provincial Ministry of Health guidelines and directives. This includes the recommendation for co-horting residents and staff to the affected unit or floor.
- For staff, co-horting dedicates a team to care for ill residents and staff, in all departments, working on an outbreak floor cannot work on any other floor.
- If any resident develops COVID-19-like symptoms on other floors, they are immediately put into room isolation with PPE precautions, and tested for COVID-19, and other respiratory viruses.

Infection, Prevention and Control (IPAC)

- We have enhanced Infection Prevention and Control (IPAC) practices and procedures.
- This includes increased environmental cleaning and disinfection capacity by existing staff, staff redeployed from other City divisions and through the City's contracted cleaning company.
- The focus is on high touch surfaces like handrails, doors, computers, phones, and elevators.

Personal Protective Equipment (PPE)

Each day, staff in City homes use the following PPE supplies:

- N95 Masks – 500
- Surgical Masks – 20,000
- Isolation Gowns – 10,000
- Face Shields – 4, 500
- Nitrile Gloves – 8,000
- Disinfectant Wipes – 250 tubs (160 counts)

Physical Distancing

- Changes in programming and physical surroundings have helped support physical distancing to ensure residents are separate but engaged, whether enjoying tray service meals in their room, or the lounge.
- By removing some furniture and increasing the space between other tables and chairs, staff continue to interact and engage.

Additional Resources

- City of Toronto dial 311
- City of Toronto COVID-19 information <https://www.toronto.ca/home/covid-19/>
- Updated information on affected City Services <https://www.toronto.ca/home/covid-19/affected-city-services/>
- Daily [Media Briefings](#) can be watched, Monday to Friday at 3:45 p.m.
- Statements from the [Fire Chief & General Manager of Emergency Management](#) and [Toronto's Medical Officer of Health](#) are also available daily.

Appendix H: Volunteer Newsletter

April 2020

Seniors Services and Long-Term Care



VOLUNTEER NEWS

Apart but Together

Happy National Volunteer Week!

April 19-25, 2020 is National Volunteer Week, a time set aside in Canada to specifically honour and thank the many volunteers across our country. At Seniors Services and Long-Term Care (SSLTC), we are so thankful for the over 2,100 volunteers who make a difference in the lives of the residents and clients. Thank you for all that you do! Though this year's celebrations have had to be postponed, we want to let you know how important each one of you are to our homes and programs. The time and talent you give makes a different in the lives of so many - and will continue to do so in the not too far future! Oh how we look forward to that day! Thank you, Seniors Services and Long-Term Care Volunteers!

*In 2019,
2,100 SSLTC
Volunteers contributed
over 135,000 hours of
volunteer service!*

**NO ACT OF
KINDNESS,
NO MATTER
HOW SMALL,
IS EVER
WASTED."**

-AESOP

Excellence in Volunteering

Every year, SSLTC presents awards to a volunteer or group of volunteers from each home and the division who have shown Excellence in Volunteering. The Mary Ellen Glover Award is also presented to a resident who has volunteered their time and efforts towards enhancing the quality of life for residents of the home, or for seniors in general. This year's recipients have been selected, however the formal ceremony in their honour is postponed until later in the year. Congratulations to the following 2020 Excellence in Volunteer award recipients:

- Elva Morin
Bendale Acres
- Joshephine Pun
Carefree Lodge
- Volunteer Executive
Committee
Castleview Wychwood Towers
- Raymond Brouillard
Cummer Lodge
- Janet Chan
Fudger House
- Mavis Clarke
Kipling Acres
- Alastair Scott
Lakeshore Lodge
- Fernando Crudo
Seven Oaks
- Shirley Cristina
True Davidson Acres
- Mary & Murray Skitt
Wesburn Manor
- Grace Guillaume
Divisional Recipient
- Doreen Bible
Mary Ellen Glover Award

An Update from the Homes

During this challenging time, the health and safety of the residents and clients, their families and the well-being of our staff members is our priority.

Directives from all levels of government and professional bodies are being updated regularly and SSLTC is following all guidance. Some of these include declaring full home outbreak with a single staff or resident case, universal masking, increased testing and long-term care staff only working in one facility.

To ensure a safe and secure environment for residents, SSLTC is taking the following measures to contain the spread of COVID-19, and to attempt to stop it from entering the long-term care setting:

- Working closely with Toronto Public Health on preparation and actions in the homes;
- Active screening of residents, visitors and staff
- Restricting visitors to the long-term care homes
- Cancelling gatherings, events and outings
- Enhancing Infection, Prevention & Control (IPAC) practices and cleaning measures in all departments
- Implementing outbreak leading practice on active surveillance and precautions, including isolation of residents, tray rather than dining service, use of personal protective equipment (PPE) – mask, isolation gown, gloves and eye protection and active screening of residents and staff on all shifts for symptoms
- Ensuring masks are worn at all times when in the long-term care home
- Enhanced active screening to take and record temperatures of everyone entering the home; anyone with a result over 38°Celsius will be asked to leave. Temperatures are retaken and recorded at end of shift
- Implementing all TPH and Ministry guidelines and directives.

Restrictions on visits is very challenging for residents and family members. In order to keep residents and their family connected, we are helping residents to connect with family through telephone, and also using technology like FaceTime or Skype to have virtual visits with their family. This strategy is going very well and many meaningful visits are taking place!

Many volunteers have reached out to the homes to let residents and staff know they are being thought of and to express good wishes and prayers. Thank you for your well wishes; they are truly appreciated.

THE HOMES ARE STILL UNABLE TO WELCOME VOLUNTEERS BACK AT THIS TIME. HOWEVER, IF YOU HAVE A CREATIVE IDEA ABOUT HOW YOU CAN HELP THE HOMES FROM A DISTANCE, PLEASE REACH OUT TO THE COORDINATOR, VOLUNTEER SERVICES.

Self-care for Superheroes—You are invited to a FREE online gathering hosted by Volunteer Toronto and guest facilitator, Katie Mead. Come together to meet other volunteers across the city, celebrate each other and tap into energizing strategies to stay healthy and motivated during this unprecedented time.

<https://www.eventbrite.com/e/self-care-for-volunteer-superheroes-tickets-102814384592>

Silver Linings

Even though things are far from normal right now, there are many good news stories—silver linings—taking place every day! We wanted to share a few of these with you!



Volunteers with the therapeutic dogs program recently left some supportive messages at Lakeshore Lodge. Pets and their owners regularly visit residents in long-term care, but with the COVID-19 pandemic they are unable to come into the homes. So they demonstrated their support in a very sweet way by leaving painted rocks outside of the home.

- **At Fudger House, the volunteers and staff have devised a method for residents to fill out an order sheet of things they would like from the Tuck Shop and the items then get delivered to the residents!**
- **Volunteers at Cummer Lodge are tending to the front garden one by one...they come individually to help with the clearing and cutting back, to get the garden ready for full bloom!**
- **A thoughtful nurse, employed with Sick Kids Hospital, reached out to Castleview Wychwood Towers asking if the home needed any iPads for residents to communicate with their loved ones during this time. The home recently received a brand new iPad and a height adjustable stand. The iPad was donated through the support of community members though a GoFundMe page the nurse set up. Another device is soon on its way.**

Samuel, a resident at Carefree Lodge, celebrated his 93rd birthday recently. His family asked staff if they could bring Samuel to the window so they could show him some physical distancing love while wishing him a happy birthday. They came bearing colourfully decorated signs and his son even serenaded him with a song played on the accordion!



Appendix I: Volunteer Appreciation During COVID-19

Volunteer Appreciation at SSLTC

Divisionally, an effort has been made to keep volunteers updated and engaged through the creation of a **volunteer newsletter, *Apart but Together***. The first issue was sent out on April 22, 2020 during National Volunteer Week, and included content specific to volunteer appreciation, in addition to updates from each City Home and good news stories. The newsletter has been well received by the division's volunteers and subsequent issues will be sent out every couple of weeks. The Division feels it is important to stay connected with its valuable volunteers, provide information updates so they are aware of the status of the residents and staff, and to keep them actively engaged so that they will be ready to return once the restriction on visiting is lifted.

Especially during National Volunteer Week, April 19-25, 2020, when volunteers would normally be recognized through both divisional and home-specific events, unique and creative ways were found to express appreciation to volunteers. As an example, at Carefree Lodge, a series of signs were made, which when put together formed a statement of thanks to the home's volunteers (see **photo below**). The message touched many volunteers, who appreciated that the home took the time to remember them even during this challenging time.



Appendix J: Cost Breakdown for Report Recommendations

Report Recommendations & Associated Costs

#	Report Recommendation	Currently implemented?	Estimated Costs
Partnerships			
1.	Maintain and strengthen partnership with Toronto Public Health	Yes	No significant additional costs anticipated for SSLTC May have TPH implications
Screening & COVID-19 Testing			
2.	Maintain active screening of all individuals entering LTC homes <i>[provincially mandated action]</i>	Yes	Approximately: <ul style="list-style-type: none"> • \$3.5M/year
3.	Maintain twice daily monitoring of residents for signs and symptoms of COVID-19 <i>[provincially mandated action]</i>	Yes	No significant additional costs anticipated
4.	Continue to test and re-test all residents and staff <i>[provincially mandated action]</i>	Yes	Provincial cost, may have TPH implications
PPE, IPAC & Physical Distancing			
5.	Maintain mandatory masking and full access to PPE <i>[provincially mandated action]</i>	Yes	Approximately: <ul style="list-style-type: none"> • \$7.5M/year
6.	Maintain strong IPAC practices and improve processes based on emerging scientific evidence and best practices	Yes	Approximately: <ul style="list-style-type: none"> • \$2.0M/year for staff and cleaning supplies

#	Report Recommendation	Currently implemented?	Estimated Costs
7.	Maintain physical distancing measures <i>[provincially mandated action]</i>	Yes	No significant additional costs anticipated
8.	Conduct full assessment of physical environments of all existing LTC homes and planned redevelopments, including reviews of equipment, furnishing and building layouts	No	No significant additional costs anticipated
Staffing			
9.	Continue to follow Ministry directive limiting staff to work for a single employer/location <i>[provincially mandated action]</i>	Yes	No significant additional costs anticipated
10.	Continue to focus on full-time staffing complement to achieve 70:30 FT:PT target	No	Approximately: <ul style="list-style-type: none"> • \$1.2M/year
11.	Create Occupational Health Nurse function as primary staff contact for COVID-19 concerns	No	Approximately: <ul style="list-style-type: none"> • \$125,000/year
12.	Maintain expedited recruitment strategy for hiring of new staff including modified on-boarding process	Yes	No significant additional costs anticipated
13.	Continue to redeploy non-essential City of Toronto staff as required	Yes	No significant additional costs anticipated

#	Report Recommendation	Currently implemented?	Estimated Costs
Visitors and Families			
14.	Implement Ministry and Toronto Public Health guidance on resumption of non-essential visitors <i>[provincially mandated action]</i>	No	No significant additional costs anticipated
15.	Maintain virtual visits and expand use of technology	Yes	No significant additional costs anticipated
16.	Maintain regular, home specific communications with family members	Yes	No significant additional costs anticipated
ESTIMATED COSTS FOR 2020:			\$14.3M

Appendix K: Supplemental Materials including Ministry of Health Directives and Guidance documents

Issuing Body	Link to Document	Release Date
<u>Government of Ontario – Executive Council</u>	Emergency Order - Limiting Work to a Single Long-Term Care Home	April 16, 2020
<u>Chief Medical Officer of Health/ Ministry of Health</u> <u>Directives</u>	Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Version 1	March 22, 2020
	Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Version 2	March 30, 2020
	Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Version 3	April 8, 2020
	Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Version 4	April 15, 2020
	Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007	April 10, 2020 (replaces Directive #5 issued on March 12, 2020)
	Directive #1 for Health Care Providers and Health Care Entities	March 30, 2020 (replaces Directive #1 issued on March 12, 2020)
	Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)	March 19, 2020
<u>Ministry of Health (MOH) / Ministry of Long-Term Care (MTLC)</u> <u>Guidance Documents & Memorandums</u>	Screening Tool for Long-Term Care Homes and Retirement Homes	May 6, 2020
	COVID-19 Provincial Testing Guidance Update	May 2, 2020
	COVID-19 Quick Reference Public Health Guidance on Testing and Clearance	May 2, 2020
	Guidance for Long-Term Care Homes	April 15, 2020
	Outbreak Guidance for Long-Term Care Homes (LTCH)	April 15, 2020

Issuing Body	Link to Document	Release Date
	Guidance for mask use in long- term care homes and retirement homes	April 15, 2020
	COVID-19 action plan: long-term care homes	April 15, 2020 (version 1)
	Memo – Transfer of Hospital Patients and Community Clients to Long – Term Care Homes	April 29, 2020
	Memo – Temporary Pause on Transitioning Hospital Patients to Long – Term Care and Retirement Homes	April 15, 2020
<u>Ontario Health</u>	Optimizing the Supply of Personal Protective Equipment During the COVID-19 Pandemic	May 10, 2020
	Personal Protective Equipment (PPE) Use During the COVID-19 Pandemic	May 10, 2020
<u>Toronto Region COVID-19 Long-Term Care / Congregate Care (LTC/CC) Table</u>	Recommended Guidelines – Pandemic Universal Masking in LTC/CC	March 29, 2020