

**Response to the Second Wave of COVID-19 in City of Toronto
Long-Term Care Homes
Seniors Services and Long-Term Care Division**

April 20, 2021

Dedication

This report is dedicated to those who have lost loved ones in long-term care homes due to COVID-19, and to our frontline staff who have worked tirelessly throughout the pandemic and whose efforts have not gone unseen. Seniors Services and Long-Term Care extends our deepest condolences to everyone impacted by the pandemic. All of us in healthcare are in this together and share in the deep sense of loss. The Second Wave of COVID-19 brought its own set of unique challenges but we continue to persevere. We hold steadfast in our commitment to doing everything possible to fight this virus and to improving outcomes for residents in long-term care homes now and into the future.

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Executive Summary

In January 2020, Seniors Services and Long-Term Care (SSLTC) began to provide leadership and support to the City's 10 directly-operated long-term care (LTC) homes in response to COVID-19. Over a year later, as of April 7, 2021, outbreaks in the City's LTC homes are contained, vaccination is well in hand and new technologies, such as rapid antigen testing, are complementing ongoing efforts to keep residents, staff members and essential caregivers safe. Nonetheless, COVID-19 has shown that fundamental changes are needed throughout the LTC sector to prevent this type of devastation from ever repeating.

This report builds on the June 2020 report, [COVID-19 Pandemic in the City of Toronto Long-Term Care Homes: Response of the Seniors Services and Long-Term Care Division](#). The focus is on the actions driven by SSLTC in response to the Second Wave of the COVID-19 pandemic, from September 14, 2020, continuing to April 7, 2021.

Before the global pandemic was declared, SSLTC was proactive in implementing early measures – such as infection prevention and control (IPAC) audits, staff training and a consistent communications strategy. The division learned significantly from early outbreaks, particularly between March and June 2020, and leveraged partnerships with Toronto Public Health (TPH), the Province, hospitals, other City divisions and labour unions, to implement and adjust an agile response to COVID-19.

<p>By the numbers (as of April 2021):</p> <ul style="list-style-type: none">• Over 95% of residents and over 80% of staff vaccinated• 97% of residents and 95% of family members satisfied with pandemic response• Over 80% of internal recommendations from First Wave report implemented• Over 130 donated tablets and hundreds of other donations received• \$32 million increase in operating expenses for SSLTC for 2020• 89% of staff selected SSLTC as Single Employer

As the pandemic's Second Wave emerged in September 2020, SSLTC continued to engage with experts and partners to follow changing provincial direction and build on learnings from the First Wave, to strengthen its COVID-19 response, including:

- Building IPAC capacity by hiring and training new IPAC practitioners and IPAC champions (representatives from each department) for each home, completing pandemic preparedness audits, and enrolling registered nursing staff into a certified IPAC training program
- Consulting with hospital partners to enhance IPAC education and perform independent IPAC audits
- Maintaining strict adherence to comprehensive screening protocols for any and all individuals entering the City's 10 LTC homes
- Adhering to changing provincial mandates to increase the frequency of COVID-19 testing [both polymerase chain reaction (PCR) and rapid antigen testing] of staff, residents, and essential caregivers
- Implementing a robust, multi-pronged staffing strategy, with 300+ new staff hired and 100+ redeployed City of Toronto employees deployed to SSLTC

- Using creative approaches to deal with the challenges faced by older homes with physical infrastructure constraints, such as narrow hallways, 4-bed rooms and reduced air flow, by converting common spaces and creating isolation spaces
- Ensuring daily onsite physician coverage during outbreaks
- Maximizing the use of Nurse Practitioners during outbreaks
- Improving HVAC systems
- Implementing electronic medication administration record (eMAR) to reduce the risk of medication errors and enable real-time accuracy in medication documentation, ordering and distribution
- Monitoring, evaluating and communicating performance indicators to management and staff.

Resident Quality of Life and Family Connection

During the Second Wave, SSLTC prioritized resident quality of life and family connection through the following initiatives:

- Distributing 130+ tablets received through donors, Corporate IT, Family Councils, and volunteers to enable virtual visiting
- Facilitating a regular and tailored family, resident and stakeholder communications strategy, including weekly update bulletins and 3/week communications during outbreaks
- Maintaining safe visiting procedures (as per provincial guidelines), including identifying and training up to two designated essential caregivers for each resident
- Providing essential caregivers with a range of educational resources on COVID-19, IPAC, and personal protective equipment (PPE), and hosting webinars with staff to provide caregivers with the opportunity to ask questions before they visited their loved ones
- Transforming traditional resident programming into creative forms in order to deliver them safely (e.g. mobile tuck shops, video messages from volunteers, one-on-one recreational programming)
- Sharing information regarding the vaccines with residents and families and facilitating access to vaccines for essential caregivers

With the rising prevalence of COVID-19 variants of concern (VOCs) in the community, since early 2021, SSLTC continues to implement and exceed provincial guidelines related to rapid antigen testing. The division maintains a strong collaboration with TPH to ensure all protocols are aligned with best practices and all efforts are made to mitigate VOCs and prepare for the new normal in LTC.

December 2020 marked the approval of the first COVID-19 vaccine in Canada. Due to the division's planning, preparedness, and strong partnerships, SSLTC was one of the first employers in Ontario to receive and distribute vaccines. As of April 7, 2021, 97% of residents, 81% of staff, and 77% of essential caregivers have received the vaccine. While every resident death is a tragic loss, and a single death is too many, the City's LTC homes have fared better in the Second Wave relative to the First Wave, with fewer cases and deaths.

The division's annual *Your Opinion Counts* survey was conducted between September and November 2020, with 1,389 respondents sharing feedback on care and services provided in the homes along with the division's pandemic response. When asked if their City LTC home's COVID-19 response met their expectations, 95% of family members and 97% of residents said yes. Many family members of residents also expressed their gratitude for the care and dedication of SSLTC staff.

Overall, as a result of these investments and initiatives, in 2020, the division's operating expenses were \$32 million higher than planned. The majority of these costs were offset by provincial funding but the COVID-19 response has had an impact on the division's operating budget. These investments were critical in enabling the City to meet legislative requirements and going above and beyond to protect residents and staff. Specifically, the increase in spending allowed for enhanced staffing levels, the ability to be the employer of choice when the single employer directive was issued, purchase of additional PPE, resources for screening and enhanced cleaning protocols. The City of Toronto has continued to demonstrate a steadfast commitment to its LTC residents and has allocated resources to ensure health, safety and quality of life.

As part of the City's long-term COVID-19 recovery efforts, SSLTC continues to review all areas of its pandemic response with a view to identify short and long-term recommendations for improvement. Fourteen of 16 (~90%) of the internally-focused recommendations, included in the June 2020 report, have been fully implemented. The remaining two are well underway. This report includes an update on the progress of internally-focused recommendations, made in the June 2020 report, as well as new recommendations to support divisional efforts.

Critically, the division has also identified a number of priorities for ongoing advocacy to the Provincial Government, including enhanced funding to expand hours of care per resident and for construction costs for LTC homes. The division, like other operators and experts across the sector, considers these essential for the safety and sustainability of all LTC homes and the sector's ability to manage future outbreaks or pandemics.

The COVID-19 pandemic has necessitated learning, agility, partnerships and resilience. SSLTC greatly appreciates the broad support of our colleagues across the City – the Mayor and Council, TPH, the Emergency Operations Centre, and the City Leadership Team and all of the City divisional partners. Their leadership and support have been instrumental to our COVID-19 response. By rapidly mobilizing all available resources to implement robust staffing supports, enhanced IPAC and testing measures, resident and family support, communications, and most recently, a smooth and efficient vaccine rollout, SSLTC has had success responding to the uncertain and evolving nature of the pandemic, while prioritizing the safety and wellbeing of staff and residents.

Introduction

Prior to the onset of the COVID-19 pandemic, Seniors Services and Long-Term Care (SSLTC) has been providing leadership and support to the City's 10 directly-operated long-term care (LTC) homes to promote the safety and wellbeing of residents and staff. By rapidly mobilizing all available resources to implement robust staffing and infection prevention and control (IPAC) strategies, the division has been able to successfully

respond to the uncertain and evolving nature of the pandemic. For an overview of the division's COVID-19 response in the Second Wave, refer to **Appendix A: COVID-19 Response Timeline**.

During the First Wave of the pandemic, SSLTC focused on leveraging partnerships with Toronto Public Health (TPH), health system partners including hospitals and other City divisions to respond in real-time, adopt all best practices (IPAC and other) and ensure resident care was not compromised. SSLTC also learned significantly from early outbreaks, in areas such as staffing, IPAC training and audits, personal protective equipment (PPE) and communication, allowing the division to proactively improve readiness for new cases and potential future outbreaks.

As the Second Wave emerged, SSLTC continued to follow the direction of TPH and health partners and worked with the Emergency Operations Centre, divisional partners, Corporate Leadership and the Mayor and City Council to build on learnings and strengthen its COVID-19 response. Their support, collaboration and partnership were paramount to SSLTC's success. For the purposes of this report, SSLTC considers the Second Wave of COVID-19 to be September 14, 2020, continuing to April 7, 2021. All data in this report uses this timeframe.

Lessons learned from the First Wave prepared SSLTC well for the Second Wave. While every death is a tragic loss, and a single death is one too many, SSLTC homes have fared well, as summarized in **Table 1: COVID-19 Resident Cases and Deaths as a Percentage of Total Numbers of Resident Beds**. The summary notes fewer resident cases and deaths, even though there was an increase in outbreak days in the Second Wave. Of note, the majority of the Second Wave indicators can be attributed to one large outbreak.

Table 1: COVID-19 Resident Cases and Deaths as a Percentage of Total Numbers of Resident Beds

Summary (Confirmed Outbreaks)	First Wave (March 13, 2020- September 13, 2020)	Second Wave (September 14, 2020- April 7, 2021)
Total # of Resident Beds	2,641	2,641
Total # of Outbreak Days	528	704
Total # of COVID-19+ Residents	255	175
% of COVID-19+ Residents (based on total # of beds)	9.7%	6.6%
Total # of Resident Deaths	75	19
% of Resident Deaths (based on total # of beds)	2.8%	0.7%
Total # of COVID-19+ Staff	126	270

Summary of SSLTC's COVID-19 First Wave Response

During the early days of the First Wave, three City LTC homes – Seven Oaks, Kipling Acres and Lakeshore Lodge – experienced significant outbreaks. Although these outbreaks placed extensive demands on divisional resources, an agile response allowed

for real-time adjustments to staffing, including co-horting¹, and outbreak protocols, ensuring that resident care standards and staff safety were maintained.

At one point or another, all City LTC homes reported residents and/or staff with the COVID-19, requiring outbreak protocols to be implemented as the division applied lessons learned from earlier outbreaks.

Robust internal and external collaborations with City divisions and TPH allowed SSLTC to develop proactive measures to reduce the spread of the virus, including:

- Swift and consistent internal communications, including a central divisional COVID-19 Command Centre, daily management situation reporting and daily staff Q&A reporting
- Early implementation of a 14-day self-isolation policy for staff returning from travel
- Early adoption of active screening of staff and essential visitors and a universal mandatory masking policy
- Hiring of over 600 new staff, including Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs) and Food Service Workers (FSWs), to enhance resident care
- Supporting residents in maintaining proper hand hygiene and wearing a mask (if tolerated) when leaving their rooms and for external appointments
- Rapid redeployment and training of 250+ City staff to support screening, enhanced cleaning, meal assistance and recreational assistance in the LTC homes
- Routine heating, ventilation, and air conditioning (HVAC) inspections completed in all Homes in the summer of 2020
- Introduction of an on-line screening tool to be completed by anyone entering one of the LTC homes.

Additional efforts were taken to:

- Keep residents connected and improve quality of life by implementing public Wi-Fi in the 10 LTC homes and accessing donated tablets to support and enable virtual visits
- Partner with community agencies, the private sector, other City divisions and the Toronto Office of Partnerships to receive donations to support residents and staff, including technology donations, financial donations, meals, and more
- Support frontline staff through frequent communication, provision of mental health and well-being resources and other information
- Strengthen communications with families, by distributing a *Weekly Bulletin*, and creating a divisional Family Contact Centre which supported family member enquiries and led to reliable, standardized call flows in all homes and prompt replies for callers.

SSLTC's leadership in these areas helped the division remain an employer of choice in the LTC sector in Toronto. When the provincial requirement for frontline workers to declare a single employer was issued (April 14, 2020), the City was overwhelmingly selected as the employer of choice by 89% of staff. The division's commitment to the wellbeing of existing

¹ Grouping residents based on their COVID-19 status or risk of COVID-19 during outbreak. Co-horting is a way to help prevent the spread of infection within the facility.

and new staff remains paramount. Details of First Wave challenges and learnings can be found in the division's June 2020 report, [COVID-19 Pandemic in the City of Toronto Long-Term Care Homes: Response of the Seniors Services and Long-Term Care Division](#). The report also included 16 recommendations as the division prepared for a potential Second Wave of COVID-19 (refer to p. 27 of this report for an update on progress towards implementation of these recommendations). SSLTC also prepared a submission to Ontario's Long-Term Care COVID-19 Commission on October 8, 2020, which included 12 additional recommendations for the broader LTC sector (refer to **Appendix B: Recommendations from SSLTC Submission to Ontario LTC Commission**). Reducing virus spread and mitigating risk from COVID-19, while prioritizing the health, safety and well-being of all residents, their loved ones, and staff members continue to be our core response, outlined in the following sections.



A Proactive Response to COVID-19 Second Wave

Second Wave: Context

In September 2020², health officials confirmed that Ontario was in the midst of a Second Wave of COVID-19 as new cases began to rise, following a summer slowdown.

In Toronto, testing capacity improved, barriers to accessing testing were addressed, PPE stockpiles grew, and knowledge of the virus and modes of transmission increased. However, the Second Wave has resulted in an increase in community transmission, which may be, in part, due to any of the following factors:

- Many people experiencing "COVID-19 fatigue"
- Colder fall and winter weather, resulting in people spending more time indoors where transmission is more likely
- Holiday gatherings, leading to people spending more time with individuals outside of their households
- An increase in asymptomatic cases
- The emergence of new strains of the virus known as COVID-19 variants of concern (VOCs).

The increase in community spread during the Second Wave posed challenges in all jurisdictions, including congregate living settings such as LTC homes.

As of April 7, 2021, 52 LTC homes in Ontario were in an active outbreak. Efforts to mitigate these outbreaks and manage their impacts have exposed significant gaps across the sector, including physical infrastructure, lack of sectoral emergency preparedness,

² DeClerq, K. (September 28, 2020). "Ontario is now in the second wave of the COVID-19 pandemic. How bad will it get?" CTV News. <https://toronto.ctvnews.ca/ontario-is-now-in-the-second-wave-of-the-covid-19-pandemic-how-bad-will-it-get-1.5122765>

outdated Incident Management System (IMS) protocols, insufficient supplies of PPE, and inadequate staffing levels, for some operators.

Preparing for the Second Wave

In anticipation of a Second Wave, SSLTC proactively implemented a number of measures during the summer, in addition to following provincial guidance related to resident and staff co-horting, testing requirements, use of face shields and more. Specific actions taken include:

- Enrolling 18 (RNs and RPNs) into a certified IPAC program at The Michener Institute of Education at the University Health Network
- Implementing a phased approach for new admissions, reserving 1-2 beds for isolation on each home area
- Ensuring a 3-week PPE supply in order to respond to a full home outbreak in each LTC home
- Maintaining twice a week leadership conference calls including all 10 homes to share updated information and best practices
- Continuing with enhanced communication to all stakeholders
- Initiating planning for the 2020-21 Flu Campaign and vaccination rollout.

On September 18, 2020, SSLTC assembled a COVID-19 Preparedness Team consisting of nursing, dietary, and environmental services staff members. Over a two-week period, this team visited each of the City's 10 LTC homes to assess pandemic preparedness, speaking with staff, reviewing IPAC signage, examining laundry, housekeeping and food and nutrition processes, and more. The team identified opportunities to enhance screening processes, ensured staff were correctly donning and doffing PPE and performing hand hygiene, confirmed staff awareness and implementation of the Point-of-Care Risk Assessment (PCRA) tool, and other critical IPAC components (refer to **Appendix C: COVID-19 Pandemic Preparedness IPAC Audit Tool**). SSLTC divisional IPAC leads completed a thorough audit of each of the 10 LTC homes and each Administrator received a full report with findings and worked with their respective leadership teams to address the findings.

Infection Prevention and Control Measures

Reducing the spread of COVID-19 and preventing outbreaks requires a multi-pronged approach. As in the First Wave, SSLTC continues to follow all TPH and hospital partner advice and implement all provincial directives related to visitor restrictions, adherence to the single employer directive, physical distancing, and staff and resident co-horting. The division also continues to build on the effective processes launched during the First Wave, and make continuous improvements to IPAC measures based on expert recommendations.

In the Second Wave, SSLTC further employed new IPAC strategies such as:

- Recruiting and training 15 full-time IPAC practitioners, one for each home with less than 200 beds and two for each home with more than 200 beds, to augment existing IPAC resources to drive, lead and ensure proper IPAC protocols were followed

- Identifying staff members, from each discipline and job function to become "IPAC Champions" to support IPAC implementation, training and audits for staff members on all three shifts
- Developing and implementing an *IPAC Purposeful Rounding Checklist* for physiotherapy assistants (PTAs) in LTC homes dealing with outbreaks to conduct hourly rounding on each floor to ensure IPAC compliance
- Providing extra training to registered nursing staff relevant to COVID-19 [e.g., hypodermoclysis competency training to ensure residents were adequately hydrated if they contracted COVID-19, and guidance on performing nasopharyngeal (NP) swabs]
- Redeploying Head Office management staff to outbreak sites to provide extra management and IPAC monitoring presence, 24 hours a day, 7 days a week
- Completing focused HVAC review at outbreak homes
- Purchasing ENVIRONIZE fogger machines to support disinfection
- Enhancing air quality with the purchase of NQ500 air purifier with negative pressure top, HEPA filter and UV lamps air purifier
- Updating signage and displays in all areas, including staff break room space, to ensure IPAC protocols in all places, at all times
- Creating and facilitating the *Double Down on the Double Threat* campaign to promote regular staff testing for COVID-19 and participation in the annual Influenza vaccination.

Throughout the Second Wave, SSLTC maintained strong relationships with hospital partners supporting enhanced IPAC practice and audits. This included working with hospital IPAC experts for City LTC homes to identify concerns and propose solutions. These partnerships were critical in supporting City LTC homes during the peak of and post outbreaks to ensure IPAC sustainability.

PCR Testing and Rapid Antigen Testing

Regular surveillance testing for COVID-19 is a critical tool in mitigating virus spread. During the Second Wave, and in adherence to changing Ministry directives, SSLTC updated testing standards and requirements for staff, essential visitors and residents.

Initially, this included:

- Mandatory polymerase chain reaction (PCR) testing every 7 days (using the NP swab testing method), for all staff, essential caregivers/visitors, volunteers, contract service providers, and agency staff. Testing was available onsite and/or individuals were required to provide proof of a negative PCR test prior to entering the LTC home
- Testing for residents in non-outbreak homes if they showed any signs or symptoms of COVID-19 or if they had potential exposure to someone with the virus
- More frequent testing (up to every 3 days) of staff, volunteers, essential caregivers and residents for homes in outbreak, as directed by TPH and hospital partners
- Requirement for newly redeployed staff and agency staff to receive a negative COVID-19 test before starting work in a LTC home.

As of February 2021, the Ministry introduced the expanded use of rapid antigen (Panbio™) testing in the LTC sector. As part of the enhanced screening process, rapid

antigen tests can detect COVID-19 in 15 minutes, making it simpler and faster to identify and stop the virus from entering the LTC home. The rapid antigen test is completed onsite with results known prior to any resident contact. If an individual fails to pass the rapid antigen test, a confirmatory PCR test swab is required, and the individual is sent home to isolate pending lab results.

Rapid antigen testing detects all forms of COVID-19, including VOCs. A PCR test is required to confirm a positive rapid antigen test and differentiate between the types of COVID-19 detected. As per Ministry direction, if the LTC home is in outbreak, the rapid antigen testing program will be suspended and will switch back to using solely (diagnostic) PCR testing, at a frequency determined by TPH.

SSLTC's Information Technology (IT) team developed an electronic tracking tool to monitor all rapid antigen test results, and the division's project lead supported each LTC home with education and communication to ensure consistency while tailoring the set-up to meet the unique physical configuration of each location.

Mitigating Physical Infrastructure Challenges

Some City-operated LTC homes are older than others, which poses unique challenges for managing outbreaks. Some of the challenges unique to LTC homes with older infrastructure include:

- Narrow hallways that make it difficult for:
 - Residents, staff and essential caregivers to physically distance
 - Staff to perform IPAC measures while maintaining physical distance from residents and colleagues
 - Transporting COVID-19 positive residents to dedicated COVID-19 home areas in order to maintain co-horting
- Smaller semi-private and ward rooms make it challenging for safe practices of physical distancing between residents and staff during the provision of care
- Shared washrooms that create unique IPAC challenges
- Lack of suitable space to co-hort COVID-19 residents
- Limited space to create staff change rooms and breaks rooms on each home area to ensure co-horting
- Reduced air flow.

Throughout the Second Wave, SSLTC worked closely with TPH, the Local Health Integration Networks (LHINs), hospitals and other partners on how to best mitigate the challenges posed by these physical infrastructure realities to ensure the safety of residents and staff. Based on this advice, the following actions were undertaken:

- Converting a large auditorium with privacy screens and portable call bells to create a COVID-19 care unit
- Repurposing communal resident showers (since residents were receiving bed baths) into staff change rooms to better support staff co-horting during outbreaks
- Establishing mask changing stations in each break room
- Revamping face shield cleaning process and storage during breaks
- Enhancing signage and IPAC key messaging throughout the LTC homes
- Dedicating single laundry hamper carts, with foot pedals, for all resident rooms under contact and droplet precautions

- Certifying all staff on their ability to adhere to donning and doffing IPAC practices by completing one on one return demonstrations
- Increasing regular cleaning on evening shifts as well as increasing the distribution of hand sanitizers throughout the homes
- Providing one-to-one support to residents with responsive behaviours (e.g. wandering) to stay in their rooms during outbreak
- Daily changing of face shields in homes with confirmed COVID-19 resident cases
- Enhancing environmental audits, including the introduction of glow pens and chemical test strips
- Improving staff communication, piloting all frontline staff having individual email access
- Installing high-efficiency Hepa air filters to improve air quality and flow.

Maintaining PPE Availability

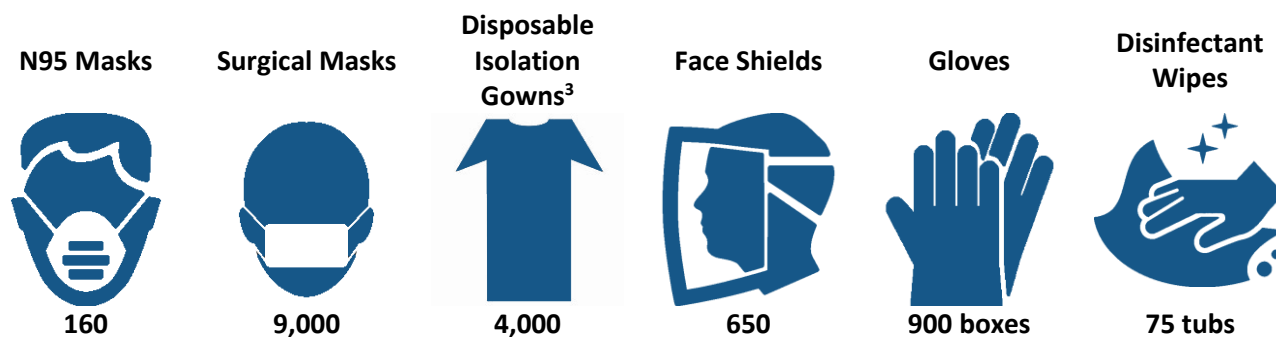
As was instituted in the First Wave, staff and essential caregivers are required to wear appropriate PPE at all times. Staff have access to all necessary PPE for contact and droplet precautions, including procedural/surgical masks, N95 respirators, isolation gowns, gloves, and eye protection. During the Second Wave, universal face shields were re-implemented for all staff working in resident home areas.

The daily PPE requirements for the 10 directly-operated LTC homes are shown in ***Figure 1: Daily Average PPE Requirement in City-Operated Long-Term Care Homes (Second Wave)***. The division continues to work closely with the Office of Emergency Management, Purchasing & Materials Management and Corporate Occupational Health and Safety leaders to ensure a sufficient supply of PPE.

Since June 2020, the division has used a specially created application to record inventory received and consumed, by location, to enable better supply forecasting, based on actual usage.

In an effort to reduce dependence on disposable products, SSLTC introduced reusable isolation gowns and developed standard operating procedures for these products, in consultation with Joint Health & Safety Committees and unions.

Figure 1: Daily Average PPE Requirement in City-Operated Long-Term Care Homes (Second Wave)



Resident Connection and Quality of Life

Resident quality of life continues to be central to the division’s COVID-19 response. In addition to the annual *Your Opinion Counts* survey, SSLTC invited residents to provide feedback regarding their experiences during the COVID-19 response (refer to **Appendix D: Your Opinion Counts 2020 Survey Result**). Residents expressed that the suspension of group activities and communal dining, restrictions to non-essential visitors, and communication barriers with staff wearing PPE were the most challenging and stressful aspects of their experience. However, residents consistently appreciated staff efforts to maintain regular routines, provide updates, and support continued connections to families through virtual visits.



Residents also highlighted the importance of creating alternatives to group physical activity classes, social programs, and communal dining, stating that they are necessary to ensure residents' physical, emotional, and mental well-being. To support resident wellbeing and quality of life, during the Second Wave, SSLTC has continued to work with the Toronto Office of Partnerships and organizations across Toronto to access donations. Since June 2020, additional donations have been received including:

- Radios for residents to listen to music
- Holiday (e.g., Thanksgiving, Christmas) decorations, placemats, napkins
- Additional tablets to support virtual visits
- Board games.

³ SSLTC began to implement reusable gowns in February 2020. This number represents disposable gowns only.

In homes not in outbreak, group activities have been modified to cater to smaller groups while ensuring physical distancing is maintained. Virtual visiting continues as a priority to support resident well-being. Staffing enhancements have also enabled more time for each resident, focusing specifically on the residents' social and emotional well-being.

To support residents' access to information, the weekly divisional *Update Bulletins* are released in a larger font (size 16) for ease of reading. These bulletins are posted in the homes and copies are distributed to all families via email.

LTC homes have also started using their Emergency Voice Communication Systems (EVCS) to provide residents with daily updates including outbreak status. The EVCS has also been used to provide motivational quotes, stories and music to support resident well-being.

The division developed training for staff on *Compassionate Connecting During the COVID-19 Pandemic*. Effective communication may be hindered by the use of PPE, and restrictions on social interactions have inhibited much needed comfort and support. *Compassionate Connecting* provided staff with strategies to creatively and compassionately connect with residents during the COVID-19 pandemic. All staff play a role in increasing the frequency and quality of daily interactions with each resident and this remains a priority.

"Prior to COVID-19 staff treated my relative and other residents with care, kindness and love. The pandemic has just amplified that and we are thankful"
– Fudger House Family Member

Volunteers continue to be an integral part of life in City-operated LTC homes. When volunteers were restricted during the First Wave, many volunteer-led programs and services were put on hold. However, many dedicated volunteers began to support residents' quality of life through a variety of remote activities, including but not limited to: shopping, letter writing, fundraising, donating items for residents, making videos for residents, outdoor gardening, sponsoring entertainment activities, and more.

Highlight: Your Opinion Counts Survey Results

The division's annual *Your Opinion Counts* survey was conducted between September and November 2020, with 1,389 respondents sharing feedback on care and services provided in the homes along with the division's pandemic response. **When asked if their City LTC home's COVID-19 response met their expectations, 95% of family members and 97% of residents said yes.** Many family members of residents also expressed their gratitude for the care and dedication of SSLTC staff.

In the summer, when provincial visiting restrictions loosened for a period of time, SSLTC began welcoming back volunteers to assist with resident and family visits. In September 2020, volunteer-supported activities were expanded to include assisting with resident mealtimes and resident engagement activities. Volunteers established mobile Tuck Shops to directly deliver residents their favorite items while stationary Tuck Shops remain closed. Volunteers continue to support the residents off-site with letter writing and video messages.

Visiting in Long-Term Care Homes

For many residents and family members, visiting is an important part of their daily routine. Traditionally, there are no set visiting hours in LTC homes, so family and friends come and go at their convenience. These visits contribute greatly to the quality of life, health and wellbeing of the residents and families, and the restrictions to visitors during COVID-19 have been very challenging for both parties.

The Ministry of Long-Term Care began to lift restrictions on visiting within LTC homes in June 2020. Visiting initially took place through scheduled outdoor visits; scheduled indoor visits and the designation of essential caregivers followed in July 2020. SSLTC management responded quickly to welcome the return of visitors, implementing organized and safe processes to support all types of visits and visitors. Essential caregivers were provided with extra training prior to returning, including education about COVID-19, the role of essential caregivers, what to expect when entering a LTC home (physical distancing, capacity signage), and IPAC (hand hygiene, cleaning, disinfecting, and PPE). Essential caregivers also completed pre-screening, were required to pass an active screening questionnaire and have their temperature checked by staff upon arrival and again at departure. Specific protocols were also developed and communicated to essential caregivers to enable gifts and food to be brought in for residents.

In response to the Second Wave, visiting privileges in LTC homes were further restricted as of October 2020. Each resident continues to have the option to designate up to two essential caregivers, who have visiting privileges while following a number of protocols outlined by the Province. These include the requirement to only one essential caregiver to visit a resident at one time, adhere to all screening and testing requirements, and participate in an educational webinar, which is offered weekly by SSLTC staff. Currently, there are over 1,400 designated essential caregivers registered with the City's 10 LTC homes.

Every resident that is receiving palliative care or who is very ill continues to have the right to have family and friends present 24 hours a day. SSLTC staff are committed to facilitating this to ensuring that residents and families are able to spend as much time as possible with their loved ones.

Robust Staffing Strategy

SSLTC employs over 3,500 staff who have been the backbone of the division's COVID-19 response. In the First Wave, similar to the rest of the sector, City-operated homes faced staffing shortages, particularly in the nursing and food services departments. Furthermore, the provincially mandated restriction on non-essential visitors (including over 2,100 volunteers and 145 student work placements) resulted in a considerable loss of daily support for residents and staff.

With support from People & Equity division, SSLTC was able to respond quickly and maintain reasonable staffing levels by rapidly redeploying non-essential City employees, expediting the hiring, onboarding and orientation processes for new staff, and putting supports in place to support the well-being of frontline staff.

Ensuring adequate staffing levels continues to be a priority in the Second Wave. Immediate conditions of employment have been simplified to support onboarding. New

staff are required to provide proof of applicable certification, registration or education, and sign declarations related to immunization and police record checks before hiring. They are then required to follow up to confirm adherence to police records check and immunization requirements no more than three months after the hiring process is completed. New employees continue to be required to confirm that SSLTC/City of Toronto will remain their single employer.

SSLTC also continues to welcome, orient and redeploy City of Toronto employees from other divisions into LTC homes requiring additional resources. Since the beginning of the pandemic, SSLTC has redeployed 300+ City employees into its LTC homes.

During major outbreaks, the division partnered with specialized health staffing agencies to increase the capacity of nursing staff (PSWs, RPNs and RNs) for resident care needs and to support outbreak management. The use of agency staff declined between January and February 2021 due to the containment of outbreaks within City LTC homes. As of March 1, 2021, SSLTC halted the use of nursing agency staff as outbreaks continued to be contained. The division also utilized contracted Physiotherapy Assistant (PTA) agency staff to support one-to-one resident engagement and IPAC monitoring for homes in outbreak, contract cleaners to achieve enhanced cleaning in the evenings and support high touch cleaning, and agency staff as screeners to allow redeployed City staff to focus on assisting with resident care. Similarly to nursing agency staff, the use of PTAs, contract cleaners, and contract screeners has declined as the number of outbreaks in the City's LTC homes have been contained.

SSLTC has continued to hire, orient and assign new staff throughout the Second Wave with a total of 322 new staff hired between September 14, 2020, and April 7, 2021 (refer to **Table 2: Number of New Staff Hired, Oriented and Assigned to City LTC Homes, First and Second Waves of COVID-19**). The increase in hiring has offset all routine turnover, employees who selected an alternate employer and enabled the division to have surge capacity during outbreaks.

Table 2: Number of New Staff Hired, Oriented and Assigned to City LTC Homes, First and Second Waves of COVID-19

Position	New Staff (First Wave)	New Staff (Second Wave)
Personal Support Worker	291	136
Registered Practical Nurse	70	32
Registered Nurse	47	51
Food Service Worker/Cook	88	64
Counsellor	5	0
Laundry Services Worker	14	10
Recreation Services Assistant	1	8
Cleaner Heavy Duty	80	21
Support Assistant C	5	1
Management	4	1
Other	1	1
TOTAL	606	325

Volunteers and Student Placements

When provincial visiting restrictions loosened, SSLTC began welcoming back volunteers to assist with various activities to improve the quality of life of residents. Although the return of volunteers has been slow due to the older age of SSLTC's volunteer base, and the division's focus on minimizing risk and exposure to COVID-19, there are approximately 120 active volunteers currently providing service. The division has strict policies in place to ensure the safety of residents and volunteers, and in-person volunteer activities are paused if a home has an active COVID-19 outbreak.

Student placements continue to be on hold through the Second Wave as a new omnibus agreement (contract) and associated documentation is required between the City of Toronto and any participating educational institutions.

Supporting Staff Wellbeing

Supporting the safety, wellbeing and mental health of staff, especially frontline staff has been a priority. In addition to City-wide emergency leave policies, the division also provided a variety of mental health and spiritual supports for staff.

From June to September 2020, the division facilitated *Staff Experience Debriefings* to gain insight from frontline staff on how they could be better supported as the pandemic stretches on. One hundred and eighty-three staff from all 10 homes participated in the debriefings.

Feedback showed that staff appreciated many of the support initiatives offered:

- Donations of food, beverages, care packages, and personal hygiene kits to staff on shift to help address physical and emotional fatigue
- Access to on-site testing
- Accelerated hiring of and access to contracted, redeployed, and newly hired staff to address decreased staffing levels
- Regular staff forums to receive updates on the virus, new IPAC protocols and answer any questions that staff may have
- Enhanced capacity for virtual visits (e.g., public Wi-Fi, donated tablets) to support continued connections between residents and their families
- Daily management update with staff on all shifts via WebEx during outbreak.

Staff made several recommendations during the debrief sessions, many of which SSLTC has implemented or is in the process of implementing. In particular, staff wanted ongoing education and training on COVID-19 and IPAC practices, clear and consistent in-person communication from leadership staff, and more access to leadership staff on the frontline.

Further, SSLTC has taken additional steps during the Second Wave to support staff, including:



- Hosting All Staff Town Halls with senior leadership regarding COVID-19 and the division's response
- Sharing additional mental health resources, including opportunities for free counselling with registered psychologists, rapid mental health text services, and frontline worker support groups through the Intranet, emails and posters
- Sending weekly emails to all staff and messages of encouragement from senior management
- Encouraging all staff to take vacation time, in line with Corporate direction
- Hosting home-specific events such as the provision of snacks and food, town halls and information sessions.

Refer to ***Appendix E: Timeline of SSLTC Efforts to Promote and Support Staff Mental Health During the COVID-19 Pandemic*** for more information.

Family Communications and Support

Communication during a crisis is essential, especially for family members who are unable to visit due to restrictions, or who have a loved one who cannot be engaged through virtual means, requiring proactive information sharing and anticipating relevant details of interest.

Strengthening communication with families has remained central throughout the pandemic response. Using a variety of Head Office and home-level communication strategies, SSLTC ensures family members have access to the information they need, in a timely manner, and are able to connect with their loved ones using technology.

The success of the division's overall communication strategy can be attributed to the regular frequency of communication, the personalized approach, and the transparency of the information provided.

SSLTC continues providing weekly *Update Bulletins* to all stakeholders. As the pandemic stretches on, new information is provided, including:

- Links to resources including the City of Toronto's COVID-19 webpage and TPH resources
- Changes in directives from the Ministries of Health and Long-Term Care (e.g. essential visitor policies, short-stay absences requirements, testing processes, etc.)
- COVID-19 vaccine information
- Variants of Concern (VOCs)
- Provincial lockdown restrictions and Emergency Orders
- Staff and essential caregiver screening and testing information and requirements
- Independent LTC Commission
- Processes for deliveries of gifts or food for holidays or special events
- Reminders on the importance of proper PPE and physical distancing measures
- Updates regarding SSLTC's Screening App
- Information regarding current research studies

- Influenza campaign (*Double Down on the Double Threat*)

"... Under the challenging circumstances, everyone has been working very hard and I appreciate what they do for residents and their families. Thank you"

*--Castleview Wychwood Towers
Family Member*

LTC homes experiencing more complex outbreaks receive more frequent communications (up to three times per week). Information regarding changes to outbreak status is confirmed, in collaboration with TPH and hospital partners, and shared as required.

Based on the experiences during the First Wave, all homes have now implemented a common call handler system, which helps direct external callers from the home's mainline to the appropriate home area and/or staff member, while also reducing the volume of misdirected calls. The introduction of this system

helped to off-set the need to re-introduce the Family Call Centre (which was not re-initiated in the Second Wave), as it reduced call volumes to the home areas, while also providing callers with more information and flexibility when they contacted the home's mainline.

Divisional COVID-19 Vaccination Plan

Resident and staff vaccinations are critical to stopping the spread of COVID-19 in LTC homes. Health authorities in Canada approved the first COVID-19 vaccine in December 2020. Due to the division's pre-planning and preparedness, SSLTC was one of the first Ontario employers to receive vaccines for staff.

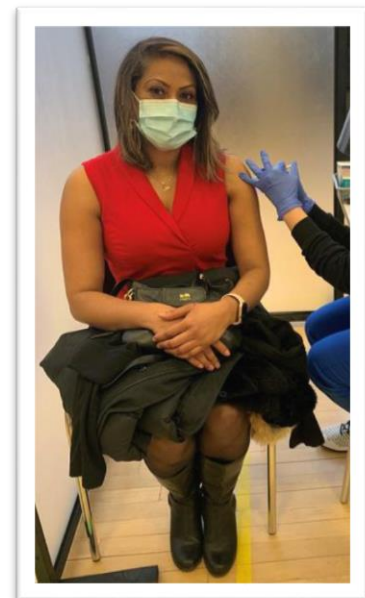
As of April 7, 2021:

- 97% of residents have received the vaccine
- 81% of active staff have received the vaccine and
- 77% of essential caregivers have received the vaccine.

Staff Vaccination

Beginning in December 2020, LTC home management teams began providing information about the forthcoming vaccines and rollout plans through written fact sheets and WebEx teleconferences with staff on all three shifts. Medical Directors and attending physicians promoted the vaccine to staff, and managers were provided with key messages to facilitate conversations with staff teams.

The Province⁴ prioritized people who are at a higher risk for COVID-19, including healthcare workers, to be among the first to be vaccinated. To promote the ease of the vaccination process, LTC home management teams supported staff to register for vaccinations online, ensured fair compensation for staff receiving the vaccine outside of scheduled shifts (during the initial pilot), supported staff in receiving the vaccine during work, and provided shuttle buses to the vaccination sites.



⁴ <https://covid-19.ontario.ca/covid-19-vaccines-ontario>

During the week of December 14, 2020, staff members from five City-operated LTC homes were among the first to be vaccinated with the Pfizer-BioNTech's COVID-19 vaccine. Staff travelled to a downtown University Health Network clinic for their first of two doses. Since then, additional hospital partners have offered COVID-19 vaccines, increasing availability and accessibility, and once the Moderna vaccine became available in Toronto, some hospital partners began providing onsite clinics in City LTC homes for staff and essential caregivers.

To support a smooth rollout, the division created a vaccination tracking tool to monitor the number of staff vaccinated and the number of sick days due to adverse reactions to vaccination, since some side effects may mimic COVID-19 symptoms. The division also distributed a letter to all staff regarding the potential side effects of vaccines to alleviate any fears and misconceptions.

On January 18, 2021, a Staff Vaccination Working Group was established to help drive vaccine rates across the division. This group is composed of front line staff, management and union representatives and has led the following initiatives to encourage staff to receive the vaccine:

- Setting a target COVID-19 vaccine rate (70% across the division by March 31, 2021) to create a sense of urgency
- Distributing vaccine rate reports across the division daily to track progress towards the target
- Formally recognizing staff who receive both doses of vaccine by providing retractable badge reels for staff use
- Posting attestations from vaccinated staff in the homes, describing their experience and what receiving the vaccine means to them
- Conducting a friendly competition among homes regarding vaccination rates and using 6ft syringe displays in each home to display current vaccination rates
- Creating and administering a survey to better understand staff perspectives on vaccinations
- Working with partners to increase vaccine availability for staff across all three shifts and if possible, providing vaccinations onsite or setting up a travelling clinic
- Having hospital partners speak to staff to reiterate evidence behind vaccines and answer questions
- Distributing education materials to staff via posting in the homes and on the intranet
- Hosting a virtual Town Hall and Q&A session for staff, essential caregivers and families, led by Dr. Elizabeth Rea, Associate Medical Officer of Health (TPH), Dr. Evelyn Williams, SSLTC Medical Coordinator and SSLTC management
- Distributing a letter of vaccine encouragement and support from the President of CUPE Local 79 union
- Management and physicians speaking personally to front line staff
- Creating a staff testimonial promotional video explaining the benefits and importance of receiving the vaccine
- Co-hosting a session for staff presented by the City of Toronto's Black Scientists Task Force on Vaccine Equity
- Hosting a special virtual Town Hall and Q&A session for staff, presented by SSLTC's Confronting Anti-Black Racism Steering Committee, which included a

panel of Black leaders from within SSLTC and the CUPE Local 79, Vice President, Equity

- Creating and sharing video explaining the benefits and importance of receiving the COVID-19 vaccine.

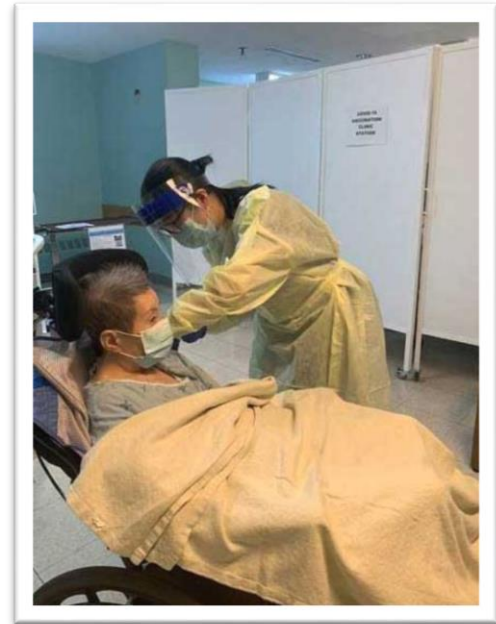
As of April 7, 2021, 81% of staff have received the vaccine. Registration was temporarily halted in January 2021 by the Province due to low inventory, however, vaccination rates are expected to increase moving forward as clinics have resumed.

Resident Vaccination

In December 2020, the division began preparing for resident vaccinations, possible as soon as the Moderna vaccine became available for transport to LTC homes and administered onsite. To prepare for roll-out, the division shared a letter with families and substitute decision makers (SDMs) regarding COVID-19 vaccination planning for residents, and committed to keeping families up-to-date as further vaccines became approved and logistics improved.

Other actions taken by the division to prepare for resident vaccinations included:

- Hosting a town hall information session for residents and families/SDMs on January 20 and 21, 2021
- Providing weekly COVID-19 vaccines communication to families
- Asking staff and attending physicians to promote the vaccine with residents and families/SDMs
- Providing key messages on the COVID-19 vaccine to registered nursing staff in order to assist them in obtaining consent from residents and families/SDMs
- Preparing a Medical Directive (refer to **Appendix F: Immunization Medical Directive- COVID-19 Vaccine Administration**) to support nurses in administering COVID-19 vaccine to residents and staff
- Providing training to nurses and certification on the management of anaphylaxis
- Collaborating with pharmacies to ensure epinephrine injections are available to address any allergic reactions
- Developing a *Home Vaccine Preparation Checklist* (refer to **Appendix G: Home Vaccine Preparation Checklist**) to support management teams in the logistics of vaccinating residents.



On December 31, 2021, the first City LTC home residents received the mRNA vaccination (Moderna) onsite. Rollout progressed quickly in early January through partnerships with key Toronto hospitals, including University Health Network, Sunnybrook Hospital, Scarborough Health Network, Humber River Hospital and Unity Health Toronto. Over 40 vaccine clinics were offered onsite by the hospital partners to support resident vaccination. Since this initial rollout, and with support from various hospital and health sector partners, SSLTC has achieved a strong vaccination rate for residents, with 97% of residents

vaccinated as of April 7, 2021. SSLTC has worked with TPH to arrange weekly vaccine delivery, allowing for vaccines to be administered onsite.

Essential Caregiver Vaccination

SSLTC has over 1,400 designated essential caregivers who provide critical supports to residents. Immediately following the identification by the Province of essential caregivers as a priority population for vaccinations, City LTC homes worked through their list of designated essential caregivers to communicate information regarding the vaccine, obtain consent, and support interested essential caregivers to access vaccine clinics through hospital partners. Although there was a pause in vaccinations for this population due to a change in provincial supply, hospital partners have since resumed immunization clinics and SSLTC continues to register interested essential caregivers for vaccination. In some cases, hospital partners have offered onsite clinics for staff and essential visitors to access the Moderna vaccine. 77% percent of essential caregivers have been vaccinated as of April 7, 2021.

Planning for Safe Re-opening of City Long-Term Care Homes

Given the successful rollout of the vaccination campaign and the implementation of rapid antigen testing, the division and staff have begun planning for a return to a 'new normal' and the future state of LTC homes. A *Re-opening Working Group* was established with staff representatives from all 10 City LTC homes. The committee meets weekly and works collaboratively to identify, discuss and develop procedures for safely re-initiating services for residents, including but not limited to, flexible dining, small group programming, vendor services (such as the hair salon), which are all critical to resident well-being. In line with all Ministry direction and TPH guidelines, SSLTC is developing a re-opening plan to balance the health and safety of all residents, staff, volunteers and visitors to address risk while supporting the emotional well-being and social needs of residents (refer to ***Appendix I: Re-opening Principles for Long-Term Care Homes***). In the interim, and as we plan for the 'new normal', SSLTC continues to be vigilant with practices implemented during the pandemic, including hand hygiene, physical distancing, screening, high-touch cleaning, surveillance testing and auditing IPAC practices. Many of these practices will continue to exist in City LTC homes far beyond COVID-19. The division also continues to consult and follow directions issued by the Provincial Government, TPH, and hospital partners on best practices for safe re-opening. City LTC homes will only re-open if it is safe to do so and if it is recommended and supported by TPH and the Province.

Preparing for Future Outbreaks

In response to the rising prevalence of COVID-19 VOCs in Ontario, SSLTC has doubled down on efforts to promote the safety and well-being of our residents, essential caregivers and staff members. As part of enhancing readiness to manage potential COVID-19 VOCs outbreaks, the following measures have been implemented:

- Continuing close consultation with TPH to ensure all plans and processes are in line with best practices, including co-horting of staff and residents, implementing rapid antigen testing, active screening, PPE usage (including N95 Pleats Plus) and limiting entrance as per the colour-coded system under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#)
- Continuing the use of rapid antigen testing

- Quarantining individuals identified as required
- Encouraging staff to postpone nonessential travel
- Continuing to enhance ventilation and cleaning
- Ongoing promotion to increase staff vaccination rates.

The division was successfully awarded funding of \$100,000 from the Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute to strengthen pandemic preparedness. Two working groups have been established with representations from each home to:

- Create an interactive training video for housekeeping staff on cleaning and disinfection
- Develop a toolkit of program activities for diverse resident care needs to enhance emotional support during isolation, and purchase of equipment to support communication and virtual visiting.

In partnership with TPH and the Province, the division continues to monitor the emerging situation with regards to VOCs. COVID-19 VOCs are known to be spreading. Variants of concern are believed to be more transmissible which increases the risk that the virus will spread, faster and wider, making more people ill. Fortunately, rapid antigen testing detects all forms of COVID-19, including VOCs. Additionally, IPAC measures and public health guidelines to reduce the spread of COVID-19 and VOCs are the same. The division will implement changes to policies and processes, as required and when recommended by TPH or the Ministry, including moving any and all LTC homes back into outbreak protocols if necessary to ensure the safety of residents, staff and caregivers.

Financial Impacts of COVID-19

Operating Impact

COVID-19 has had a significant financial impact on the City's LTC homes. At the end of 2020, the division's operating expenses were \$32 million higher than planned for 2020. In order to meet legislative requirements and protect vulnerable residents, SSLTC's increase in spending enhanced staffing levels, purchased additional PPE, introduced screening and implemented enhanced cleaning protocols. The division also had to compete to maintain and attract high quality staff due to the increased demand for healthcare workers and restrictions on working in multiple locations.

The majority of the incremental operating costs were offset by financial support from the Provincial Government. The Province has provided approximately \$17.2 million to fund COVID-19 prevention and containment and there is some indication that additional funding to cover 2020 expenses will arrive in 2021. The Province also flowed almost \$1 million for additional IPAC staff and training, and over \$9 million for pandemic pay to enhance wages of frontline workers and a temporary wage enhancement of \$3 per hour for PSWs.

Capital Impact

There has also been a pronounced impact on capital spending. Some capital projects were delayed as contractors were not permitted into LTC homes due to entrance restrictions, and SSLTC capital project managers were redeployed to the COVID-19

response. Capital spending is returning to normal levels, but the focus is on projects with minimal impact to LTC resident areas and consideration of the impact on the project in the event of COVID-19 resurgence.

The Province is funding almost \$1.6 million sector-wide for minor renovations to support physical distancing and replacement of furniture and equipment that cannot be fully cleaned. This funding can also be used to upgrade plumbing, HVAC and other systems to enhance a safe resident environment.

In addition, the Government of Canada is reviewing proposals for projects that will make Canada's infrastructure more resilient. SSLTC has submitted proposals costed at \$10 million, including HVAC upgrades, COVID-19 facility improvements and accessibility solutions, fire alarm replacement and generator upgrades.

Recommendations

Throughout the First and Second Waves of the COVID-19 pandemic, SSLTC has identified a number of actions – both internally focused on City LTC homes and more broadly focused on the LTC sector – to help reduce the spread of COVID-19, protect residents, staff, caregivers and volunteers, and better prepare for future pandemics.

Internal Recommendations

SSLTC has implemented 14 out of 16 (~90%) of the internal recommendations which were included in the June 2020 Report, [COVID-19 Pandemic in the City of Toronto Long-Term Care Homes: Response of the Seniors Services and Long-Term Care Division](#). The remaining two are well underway. These recommendations focus on areas such as partnerships, screening and COVID-19 testing, PPE, IPAC and physical distancing, staffing levels and enhanced screening. Since the release of the June 2020 report, significant action has been taken to implement the recommendations (refer to **Table 3: Recommendations from SSLTC's June 2020 Report**).

SSLTC continues to enact the recommendations included in the June report, and, based on ongoing learnings from the Second Wave, has identified subsequent recommendations to support internal efforts in City LTC homes:

1. Continue to strengthen partnerships with CUPE Local 79 to ensure staff feel safe and supported, and to enhance information-sharing
2. Expand the division's focus on technology, including purchasing temperature scanners, exploring the use of texting programs for staff scheduling, and acquiring additional laptops and iPhones for staff to support resident care, communication and engagement opportunities
3. Automate and integrate IPAC documentation and reporting in the LTC homes
4. Establish isolation rooms in all resident home areas with shared rooms
5. Maintain vigilance in surveillance and outbreak management including daily analysis and review of data recorded and actions taken
6. Continue to monitor IPAC measures (universal mask use, PPE, physical distancing, increasing testing, prompt isolation of exposed persons, hand hygiene, enhanced ventilation, environmental cleaning and disinfection), training, auditing and sharing performance results with all staff
7. Continue to promote staff vaccination and facilitate onsite vaccine clinics for residents, staff and essential caregivers

8. Implement safe resumption of admissions
9. Continue the SSLTC Capital Renewal program to permanently eliminate four-bed rooms (only one City home has 4-bed rooms although these rooms currently have only two occupants) to ensure no more than two residents ever occupy a room.

In addition to these recommendations, on December 18, 2019, City Council unanimously approved [\(EC10.8\)](#), a new made-in-Toronto approach to improve outcomes for residents and their families, and service delivery for residents living in City-operated LTC homes. The approach includes focusing on care relationships and emotional support, redesigning physical spaces to be less institutional and more home-like, addressing the significant diversity of Toronto's seniors, promoting flexibility, teamwork and sharing of best practices and increasing staffing levels to provide more direct hours of care (from 3.5 to 4 per resident per day). SSLTC is in the midst of implementing a 12-month pilot project at Lakeshore Lodge, with City funding, before expanding to all 10 City run homes. Together with the recommendations outlined in this report, and those included in the June 2020 report, SSLTC continues to make improving the health, safety and overall quality of life for approximately 2,600 residents, the priority in our work.

External Focused / Advocacy Recommendations

Over the past year, COVID-19 has exacerbated sector-wide issues that had previously been identified by the City of Toronto and other leaders, related to the need for enhancing staffing levels, IPAC and physical environments of LTC homes.

For example, in December 2019, Toronto City Council endorsed the following recommendations by SSLTC:

- Request the Provincial Government to invest additional funding, 80 per cent cost-shared, to increase the level of care hours from 3.5 to 4 hours per resident per day to adequately care for vulnerable individuals living in the City of Toronto's LTC homes
- Request the Provincial Government to fully fund the construction costs of building new long-term care beds, approved by City Council, in response to the recent provincial commitment to expand the number of long-term care beds across Ontario.

These recommendations were reinforced in October 2020, when SSLTC prepared a submission to [Ontario's Independent LTC COVID-19 Commission](#). This submission included 12 recommendations, focused on sector-wide improvements, and specifically echoed the need for increasing staffing levels in LTC homes to provide more direct care to residents and fully fund the construction costs of building new long-term care beds. Refer to ***Appendix B: Recommendations from SSLTC Submission to Ontario LTC Commission*** for the full list of recommendations made to the Independent LTC COVID-19 Commission.

In November 2020, the Provincial Budget announced an increase to an average of 4 hours of dedicated nursing care per resident per day, with a target of achieving this by 2024-25⁵. SSLTC will continue to advocate – along with partners in the LTC sector – for the fulfilment of these and other recommendations to improve working conditions for staff and quality of care and environment for all LTC residents.

⁵ <https://news.ontario.ca/en/release/59030/province-increasing-direct-care-for-long-term-care-residents-to-four-hours-per-day>

Conclusion

Continuing and enhancing mitigation efforts from the First Wave of the pandemic such as increasing staffing capacity, IPAC training and PPE use and applying new learnings such as the creation of isolation rooms in all resident home areas, has helped SSLTC report significantly improved outcomes, for residents during the pandemic's Second Wave. With a year of experience, we know aggressive testing, enhanced screening, including rapid antigen testing, and vaccine prioritization for LTC have worked together to lower per cent positivity rates and result in fewer COVID-19 cases and deaths in the City's 10 LTC homes. Furthermore, residents and families are pleased with SSLTC's response to the pandemic, noted through the annual *Your Opinion Counts* survey where 97% of residents and 95% of family members rated their LTC home's response to COVID-19 as meeting their expectations.

As the more transmissible VOCs and a possibility of the current Third Wave to transpire into LTC homes threaten, full implementation of rapid antigen testing, which detects all forms of COVID-19, including VOCs, is the latest tool being used to prevent the virus from getting past the front door. Mostly recently, high resident vaccination rates have led to significantly lower COVID-19 cases in City LTC homes. As we progress under the colour-coded system, Ministry visiting and public health restrictions will change, allowing for more communal living environment experiences, such as congregate dining, programs and activities, reimagined and reintroduced to balance resident well-being and safety and improve quality of life with an emotion-centred care approach.

The COVID-19 pandemic has necessitated learning, agility, partnerships and resilience. SSLTC greatly appreciates the broad support of our colleagues across the City system partners– the Mayor and Council, TPH, the Emergency Operations Centre, and the City Leadership Team and all City divisional partners. Their leadership and support have been instrumental to our COVID-19 response. By rapidly mobilizing all available resources to implement robust staffing supports, enhanced IPAC and testing measures, resident and family support, communications, and most recently, a smooth and efficient vaccine rollout, SSLTC has had success responding to the uncertain and evolving nature of the pandemic.

SSLTC will continue to work closely with City, TPH and health systems partners to monitor the ongoing pandemic and emerging scientific knowledge to prioritize and make IPAC improvements in real-time while staying vigilant with current practices to prioritize the safety and well-being of all residents, staff members, essential caregivers and volunteers across our 10 LTC homes.

Table 3: Recommendations from SSLTC's June 2020 Report

Theme	Recommendation	Implementation Status & Next Steps
Partnerships	1. Maintain and strengthen partnership with Toronto Public Health.	SSLTC continues to maintain a strong partnership with Toronto Public Health, for example, through daily teleconferences for homes that are experiencing significant outbreaks.
Screening & COVID-19 Testing	2. Maintain active screening of all individuals entering LTC homes (<i>provincially mandated action</i>).	Active screening, using an electronic screening app (implemented October 26, 2020), continues for all individuals entering LTC homes. As of February 19, 2021, implemented third-party oversight of the screening process.
	3. Maintain twice daily monitoring of residents for signs and symptoms of COVID-19 (<i>provincially mandated action</i>).	All residents continue to be monitored twice daily for COVID-19 symptoms through an assessment in PointClickCare (PCC).
	4. Continue to test and re-test all residents and staff (<i>provincially mandated action</i>).	All staff now required to participate in mandatory COVID-19 testing every 7 days, or more frequently if advised by Toronto Public Health (for homes in outbreak). Residents receive testing every 3-5 days if the home is in outbreak, or if they show any signs or symptoms of COVID-19. As of March 8, 2021, implemented rapid antigen testing for all staff, essential visitors, volunteers and vendors entering all City LTC homes to increase testing frequency and provide timely access to results.
PPE, IPAC & Physical Distancing	5. Maintain mandatory masking and full access to PPE (<i>provincially mandated action</i>).	Mandatory masking continues for all staff, with the addition of face shields for staff of resident home areas on outbreak.
	6. Maintain strong IPAC practices and improve processes based on emerging scientific evidence and best practices.	Strong IPAC practices continue, with additional measures implemented, including IPAC audits, enhanced IPAC training for staff and essential visitors, hired IPAC practitioners for each home

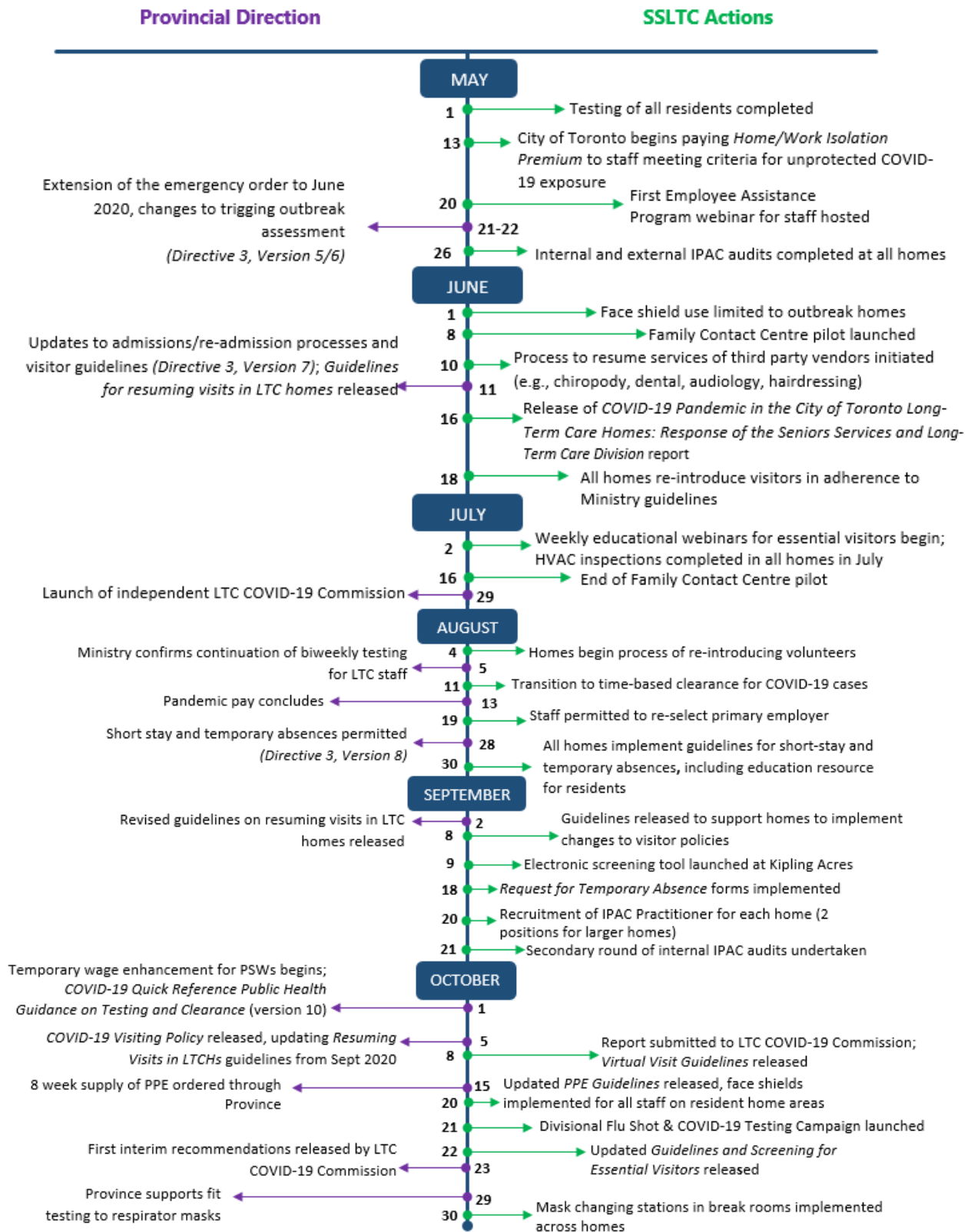
Theme	Recommendation	Implementation Status & Next Steps
		and identified IPAC Champions across home areas.
	7. Maintain physical distancing measures (<i>provincially mandated action</i>).	Physical distancing measures continue in the homes, with additional actions taken in older homes such as reallocating a large auditorium as COVID-19 care unit to enhance resident co-horting and enable distancing.
	8. Conduct full assessment of the physical environments of all existing LTC homes and planned redevelopments, including reviews of equipment, furnishing, and building layouts.	<p>COVID-19 Preparedness Audits conducted in all homes to identify challenges and implement solutions.</p> <p>High-efficiency air filters installed in some older homes improve air quality and flow.</p> <p>Reviews of planned redevelopments, including reviews of equipment, furnishing and building layouts are complete.</p>
Staffing	9. Continue to follow the Government of Ontario directive limiting staff to work for a single employer/location (<i>provincially mandated action</i>).	When the provincial requirement for frontline workers to declare a single employer was issued (April 14, 2020), the City was overwhelmingly the employer of choice; 89% selected SSLTC. New hires continue to have to confirm that SSLTC is their single employer.
	10. Continue to focus on full-time staffing complement to achieve 70:30 full-time and part-time target.	New staff have been hired and plans are underway to increase the division's full-time complement.
	11. Create an Occupational Health Nurse function as primary staff contact for COVID-19 concerns.	Initial discussions have been held to explore the possibility of creating this position and supports available.

Theme	Recommendation	Implementation Status & Next Steps
	12. Maintain expedited recruitment strategy for the hiring of new staff including modified onboarding process	Expedited recruitment and hiring process maintained until Feb 16, 2021, and immediate conditions of employment continue to be simplified to include proof of applicable certification, registration or education, and declarations to ensure adherence to police records check and immunization after hiring.
	13. Continue to redeploy non-essential City of Toronto staff as required.	300+ non-essential City of Toronto staff continue to be redeployed to homes as needed, with 100+ redeployed during the Second Wave (as of April 7, 2021)
Visitors & Families	14. Implement the Ministry of Health and Toronto Public Health guidance on the resumption of non-essential visitors (<i>provincially mandated action</i>).	In accordance with provincial direction, essential visitors are provided with the training and support needed to enter the LTC homes. Essential visitors receive a range of educational resources on COVID-19, IPAC, and PPE and participate in a webinar with staff where they have the opportunity to ask questions.
	15. Maintain virtual visits and expand the use of technology.	SSLTC continues to secure donations to support virtual visits and ensure staff are available to support this process. To date, 130+ tablets have been received through donors, Corporate IT, Family Councils, Volunteers and more.
	16. Maintain regular, home specific communications with family members.	Regular communications with families and residents are maintained through the weekly <i>Update Bulletin</i> , which has expanded to include information on new topics such as the vaccine, and the installation of the call handler system which simplifies the process for callers to the homes, and more frequent communication for homes on outbreak.

Appendices

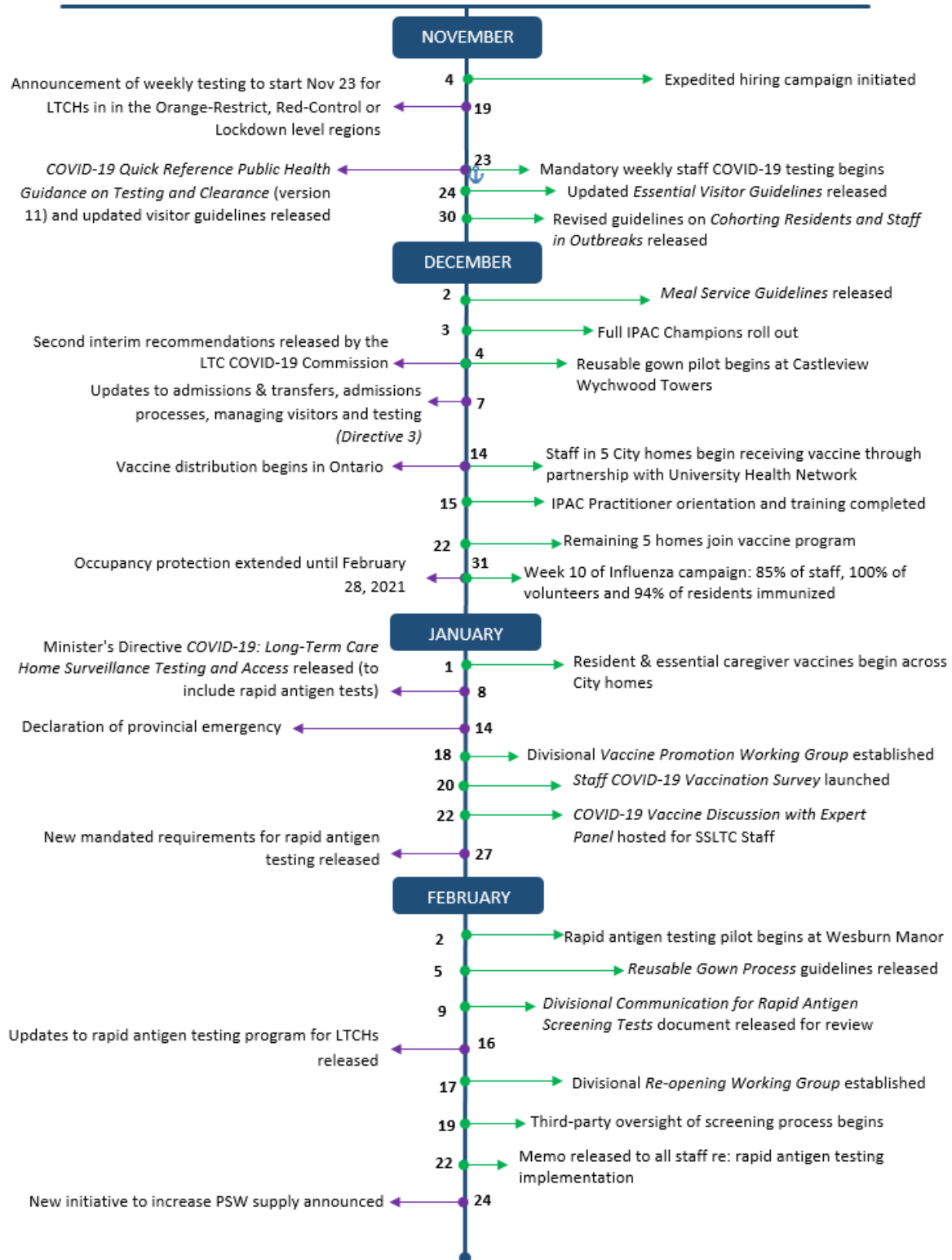
Appendix	Name
A	COVID-19 Response Timeline
B	Recommendations from SSLTC Submission to Ontario LTC Commission
C	COVID-19 Pandemic Preparedness IPAC Audit Tool
D	Your Opinion Counts 2020 Survey Results
E	Timeline of SSLTC Efforts to Promote and Support Staff Mental Health During the COVID-19 Pandemic
F	Immunization Medical Directive- COVID-19 Vaccine Administration
G	Home Vaccine Preparation Checklist
H	SSLTC COVID-19 Infographic
I	Re-opening Principles for Long-Term Care Homes

Appendix A: COVID-19 Response Timeline



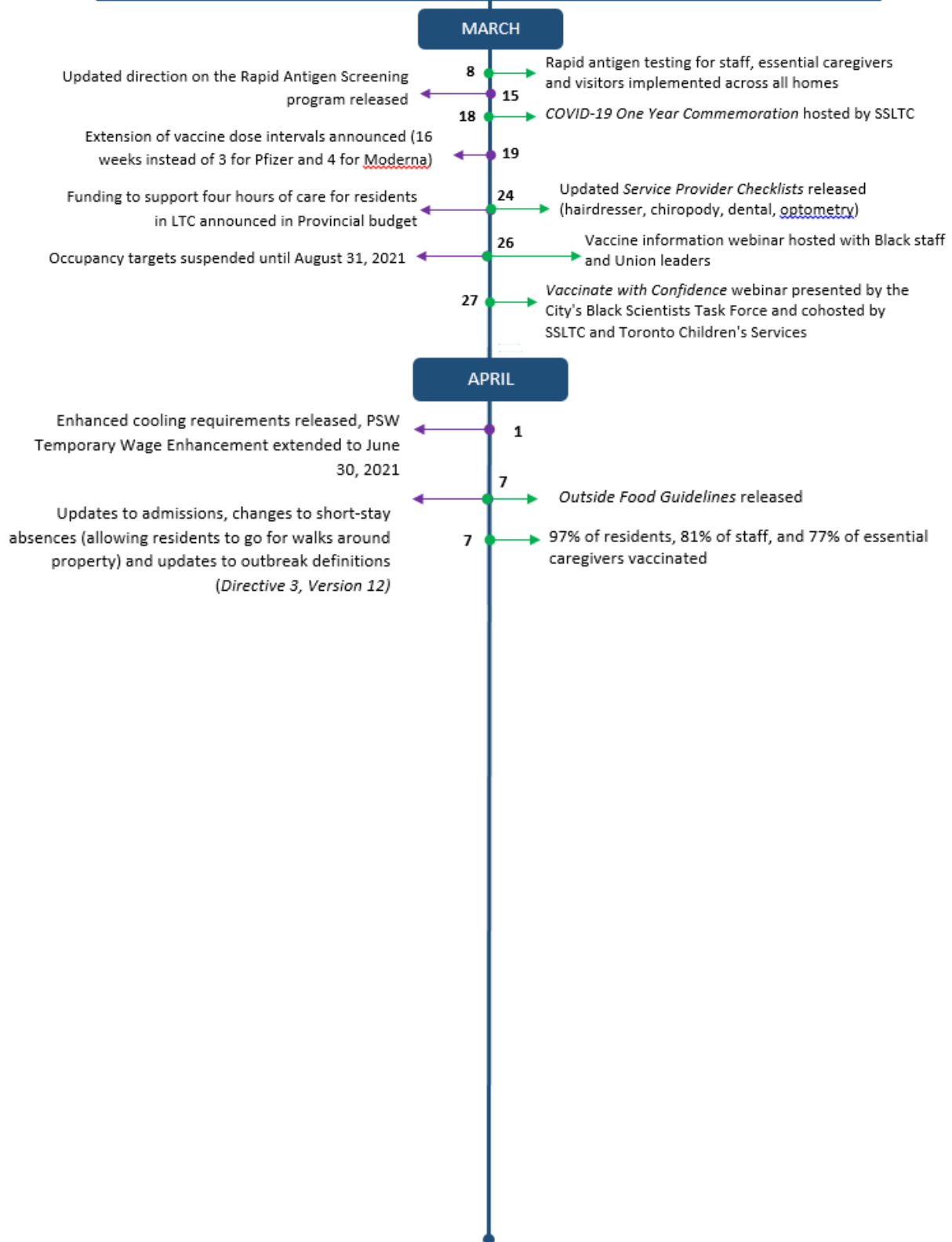
Provincial Direction

SSLTC Actions



Provincial Direction

SSLTC Actions



Appendix B: Recommendations from SSLTC Submission to Ontario LTC Commission

Theme	Recommendation
PPE	<p>1. Ensure PPE for LTC is prioritized in the supply chain with specific sector funding, access, and logistical support to source and secure necessary supplies for residents, clients, visitors, volunteers, and staff members.</p>
Staff Training and Education	<p>2. Increase staffing levels to provide more direct care to meet the increasingly complex health and social care needs of residents and support future outbreaks</p> <p>3. Establish and implement standards to ensure training and resources for infectious disease control and Incident Management System (IMS) including optimal use of personal protective equipment (PPE).</p> <p>4. Build and support a resilient long-term care workforce and establish surge capacity in the LTC sector to manage emergencies (such as COVID), with high standards for appropriate levels of regulated health workers.</p> <p>5. Holistically support LTC staff with incentives such as single employer consistency, pandemic pay, and offering mental health resources that recognize the complex and challenging role they provide to the healthcare system, encourage the career choice, and stabilize the workforce</p>
Communication	<p>6. Maintain Ministry, LHIN, Ontario Health, and sector collaborative tables and establish a single point of contact between provincial partners and LTC operators, support efficient communication, streamline information sharing, ensure consistent messaging and reduce confusion.</p> <p>7. Increase two-way communication and engagement so that operators have time to plan and prepare for new directives before they are publically announced, thereby reducing confusion and multiple revisions.</p> <p>8. Support the use of new technology and collaboration throughout the healthcare sector including sharing testing results between public health units for cases who may live/work in separate jurisdictions and sharing resources and expertise, such as IPAC, between hospitals and LTC homes.</p>

Theme	Recommendation
<p>Funding</p>	<p>9. Invest in an incident management system for the LTC sector and prepare surge capacity including space, supplies, and staff.</p> <p>10. Support redevelopment and retrofits for private accommodation at basic co-payment rates for vulnerable low-income seniors</p>
<p>Physical Environment</p>	<p>11. Fully fund the construction costs of building new long-term care beds for operators with investments for IPAC standards including proper isolation space, outbreak supply storage, physically distanced dining and activities spaces, and options to better support residents with cognitive impairment and support emergency preparedness.</p> <p>12. Use technology and flexible approaches to support necessary isolation practices, including limiting new admissions (1 resident per room) and transfers to the hospital.</p>

HOME NAME COVID-19

PANDEMIC PREPAREDNESS IPAC AUDIT RESULTS

Audit Date:

This checklist is adopted from multiple leading infection prevention and control (IPAC) resources. It is a comprehensive COVID-19 IPAC assessment tool, designed for IPAC Leaders in the City's long-term care homes to conduct self-assessment in preparation for and management of COVID-19 pandemic.

This assessment checklist is to be used in addition to - and does not intend to replace- the advice, guidelines, recommendations, directives, or other direction of provincial Ministries and local public health authorities.

Audit Completed by:
Manager, Advanced Nursing Practice
Manager, Food & Dietetic Services
Manager, Environmental Services

1	Screening	Yes	No	Partial	Comments
1.1	Passive Screening and Signage: Signage is current with COVID-19 information and posted in an organized and visual manner <ul style="list-style-type: none"> Signage prompting individuals to self-identify if they have signs and symptoms of COVID-19 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Alcohol-based hand sanitizer available at entrance, after using pen, and at the screening table(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	The screener wears - at a minimum - a mask. If they are issuing masks, they must wear full PPE (eye protection is required and gloves is required if point of care risk assessment warrants it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Signage/floor stickers to support active screening process, including physical distancing measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Staff demonstrate safe physical distancing during incoming/outgoing shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	There are instructions/posters for essential visitors to receive donning and doffing mask support, appropriate hand hygiene, physical distancing, and respiratory etiquette instructions from staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Floor is clean and free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	Staff/visitors are donning mask before having their temperature taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Screening station is free of clutter, clean and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	No-touch waste receptacle are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Screeners are recording temperatures correctly as per manufacturer instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	There is a process in place to record who has entered and exited the home (contact tracing purposes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2	Hand Hygiene	Yes	No	Partial	Comments
2.1	Staff, volunteers, contractors, and essential visitors have received education and training on how and when to perform hand hygiene, on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Alcohol based hand rubs is available and accessible at point-of-care and in other resident and common areas (e.g. nursing station, dining room, break rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	There is a process to indicate when wall-mounted hand sanitizers need to be replenished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2 Hand Hygiene		Yes	No	Partial	Comments		
2.4	Observation #1:				Yes	No	N/A
	<i>Home Area/Department:</i>	Moment 1					
	<i>Role Designation</i>	Moment 2					
	<i>Comment Any Gaps</i>	Moment 3					
		Moment 4					
		15 second rub					
2.5	Observation #2:				Yes	No	N/A
	<i>Home Area/Department</i>	Moment 1					
	<i>Role Designation</i>	Moment 2					
	<i>Comment Any Gaps:</i>	Moment 3					
		Moment 4					
		15 second rub					
2.6	Observation #3:				Yes	No	N/A
	<i>Home Area/Department 3rd floor</i>	Moment 1					
	<i>Role Designation PSW</i>	Moment 2					
	<i>Comment Any Gaps:</i>	Moment 3					
		Moment 4					
		15 second rub					
2.7	Hand hygiene compliance are audited, monitored and reviewed with staff for feedback and improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

3 Personal Protective Equipment		Yes	No	Partial	Comments
3.1	Staff, volunteers, contractors, and essential visitors have received education and training on how to perform a point-of-care risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Staff, volunteers, contractors, and essential visitors have received education and training on how to safely don and doff PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Staff, volunteers, contractors, and essential visitors are changing PPE before and after resident care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	There is readily available access to personal protective equipment (PPE) for staff to use when deemed necessary (e.g. precautions, point-of-care, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Med room, cupboards
3.5	There is a plan in place to maintain an adequate supply of PPE (disposable or reusable gowns, gloves, surgical masks, eye protection, N95) for resident care (e.g. estimated number of days of supply, PPE burn rate calculator) (P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clarified the home has enough for

3	Personal Protective Equipment	Yes	No	Partial	Comments																																																				
	<ul style="list-style-type: none"> There is three (3) week supply of PPE at the home level 				essential visitors																																																				
3.6	Staff understand what is an aerosol generating medical procedure and what is not an aerosol generating medical procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSW on 3rd floor stated she will N95 if there are COVID-19 cases																																																				
3.7	PPE (except mask and face shield) are removed and discarded prior to exiting the resident's room in a no-touch waste receptacle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSW seen with dirty gloves in hallway, and touching keypad to the laundry chute.																																																				
3.8	<p>Observation #1:</p> <table border="1" data-bbox="456 1436 959 1730"> <thead> <tr> <th>Donning</th> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>1. Mask Kept On</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Hand Hygiene</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Gown On</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Eye Protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Gloves On</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" data-bbox="1008 1415 1528 1709"> <thead> <tr> <th>Doffing</th> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>1. Mask Kept On</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Remove Gloves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Remove Gown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Hand Hygiene</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Remove Eye Pr.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Hand Hygiene</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Home Area/Department: Role Designation: Identify Any Gaps:</p>					Donning	Yes	No	N/A	1. Mask Kept On				2. Hand Hygiene				3. Gown On				4. Eye Protection				5. Gloves On				Doffing	Yes	No	N/A	1. Mask Kept On				2. Remove Gloves				3. Remove Gown				4. Hand Hygiene				5. Remove Eye Pr.				6. Hand Hygiene			
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4 Medical Equipment		Yes	No	Partial	Comments
4.1	Medical equipment is disinfected between each resident use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4	Medical Equipment	Yes	No	Partial	Comments
4.2	Disinfectant wipes are conveniently available near or on vital sign machines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Dedicated medical and personal care equipment are designated when caring for a resident with a suspected or confirmed COVID-19 (e.g. use of tagging, labels, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	There is accountability for cleaning and disinfection of medical equipments (e.g. auditing record)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Staff discard single-use items in a 'no-touch lid' waste receptacle after use, which includes garbage and hampers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Care carts are not found in resident rooms or shower rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Care carts are not left unattended, and if they are, it is covered by a protective sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5	Isolation Practice	Yes	No	Partial	Comments
5.1	<p>There is a designated vacant room(s) for COVID-19 isolation on each home area.</p> <ul style="list-style-type: none"> Total number of vacant isolation rooms per home area: Total number of isolation rooms in the entire home: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	There are adequate supply of signages indicating the type of precautions needed at the entry to the resident's room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Waste receptacles are foot operated and appropriate in size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Staff understand what to do when a resident screens positive for COVID-19 regarding isolation practices (e.g. notifying IPAC lead, isolating resident, new room, cohorting practice, etc .)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Garbage and/or laundry bins are positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, and prior to exiting the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Staff are not transferring soiled items with hands when discarding into the hamper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	Staff is able to explain the appropriate isolation protocols for newly admitted, readmitted, and resident returning from temporarily leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5	Isolation Practice	Yes	No	Partial	Comments
5.8	When there is a suspect or positive case in the outbreak area, all resident meals are eaten in the residents' room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.9	There are sufficient garbage bags to transfer soiled items in hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.10	Home has criteria for cohorting or grouping residents: <ul style="list-style-type: none"> • Ill residents are cohorted or grouped together • Well residents are cohorted together • HCWs are assigned to care for only the ill residents OR only the well residents, if possible. OR <ul style="list-style-type: none"> ○ Care for the well residents first and then the ill residents OR ○ Change to new PPE including cleaning the face shield/goggles before entering the ill resident's room 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6	Surveillance	Yes	No	Partial	Comments
6.1	Daily surveillance record is updated and accessible to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	A line-listing of suspected or known cases is kept updated as new cases develop and shared with local Public Health Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Staff are aware that that a line-listing of suspected or known cases is kept updated (at nursing station) as new cases develop, and shared with the rest of the interprofessional team, IPAC lead, and the local public health unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6	Surveillance	Yes	No	Partial	Comments
6.4	There is a process to ensure staff know which residents are COVID-19, symptomatic, and which are asymptomatic (e.g. color-coding system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	All residents are actively screened twice daily for symptoms and signs of COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	There is adequate supply of COVID-19 test kits and/or plan in place to ensure adequate supply of COVID-19 test kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7	Environmental - Resident Room	Yes	No	Partial	Comments
7.1	Staff cleaning progresses from top to bottom, from clean to soiled and inwards from the walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Staff are cleaning resident room in an orderly and safe fashion (e.g. dusting, cleaning, washroom and then garbage last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Daily cleaning and disinfection of resident rooms are monitored and documented for auditing purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Resident room is free of clutter and debris, including the ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	Resident personal items and call bell is not found on the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7	Environmental - Resident Room	Yes	No	Partial	Comments
7.6	Cleaning and disinfecting of suspected or known COVID-19 cases are completed last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Dining trays are disposed of after resident meals and not left in resident room or resting on surfaces outside room (no later than 30min after meal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	Cleaning supplies should be kept in and only used in the isolation room for residents who are positive with COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.9	Staff are wearing the appropriate PPE when cleaning resident room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.10	The room is exhausted to exterior, the exhaust fan is operational and air exhaust grill is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.11	Terminal cleaning protocol of resident room after discharge, transfer, or discontinuation of droplet and contact precautions are done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.12	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 No double-dipping, do not use same side of cloth when moving on to next surface 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.13	Physical distancing is maintained in shared resident rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8	Environmental - Common Area	Yes	No	Partial	Comments
8.1	There are no-touch lid waste receptacles (if applicable, all touch waste receptacles should be removed or disinfected frequently)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	Common furniture items are spread out to maintain 2 meter physical distancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	High touch surfaces are being cleaned and disinfected as per risk matrix stratification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Daily cleaning and disinfection of common areas are monitored and documented for auditing purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8	Environmental - Common Area	Yes	No	Partial	Comments
	<ul style="list-style-type: none"> High touch surfaces are being cleaned and disinfected as per risk matrix stratification 				
8.5	Hallways and corridors appear clean, tidy, and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Physical distancing measures are implemented in common areas (e.g. dining room, lobby, lounges, break rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.7	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 No double-dipping, do not use same side of cloth when moving on to next surface 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9	Housekeeping Supply Room/Cart	Yes	No	Partial	Comments
9.1	The room is exhausted to exterior, the exhaust fan is operational and air exhaust grill is clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.2	The room is appropriately sized to accommodate the materials, equipment/machinery and chemicals stored within the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.3	The room is large enough to store at least one housekeeping cart, if it is not large enough it is stored in a locked space in the service area. (not to be stored in any clean room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.4	The room is maintained in accordance with good hygiene practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.5	The room and/or cleaning cart(s) does not contain personal clothing, grooming supplies, food or beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.6	Containers that hold disinfectant solutions are clearly labelled according to WHMIS standards <ul style="list-style-type: none"> No double-dipping Rags should not be staying in bucket for multi-use 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.7	Food is not consumed in the housekeeping supply room/closet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9	Housekeeping Supply Room/Cart	Yes	No	Partial	Comments
9.8	There is a service (floor) sink in the housekeeping room for emptying dirty water from buckets. It is kept in good and kempt condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.9	Personal items are not stored in the housekeeping supply room/cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10	Laundry	Yes	No	Partial	Comments
10.1	There is a one-way work flow from dirty to clean to prevent cross-contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.2	There is a safe process to return clean linens and clothes to resident home areas from the laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.3	There are accessible hand washing sinks or hand sanitizer stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.4	Staff are not consuming food or beverages in laundry service areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.5	There are separate carts used for soiled and clean linen/laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.6	There are posted instructions on washing and drying laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.7	Laundry chutes are cleaned on a scheduled basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.8	Personal clothing carts are covered with protective coverings when delivering to the floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11	Main Kitchen	Yes	No	Partial	Comments
11.1	There is restricted access to the kitchen, limited to essential staff only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.2	The storage room is appropriately sized to accommodate the materials, equipment/machinery and chemicals stored within the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.3	Daily cleaning of the kitchen is documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.4	There is a designated person responsible for regular cleaning of kitchen area and appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.5	Containers that hold disinfectant solutions are clearly labelled according to WHMIS standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11	Main Kitchen	Yes	No	Partial	Comments
	<ul style="list-style-type: none"> No double-dipping Rags should not be staying in bucket for multi-use 				
11.6	Food Service Worker/ Cook is provided with appropriate PPE and hairnets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.7	There are hand washing signs posted at all hand washing sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.8	Alcohol-based hand rubs and hand sinks are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.9	Workspaces and preparation areas are clean, and if possible, physical distancing is maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.10	Countertops, serving areas, tables and chairs are cleaned after each meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.11	Difficult to access areas (edges, corners, and high height appliances) are free of dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.12	Coolers and freezers fan guards, shelves and interior are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.13	Staff do not store personal items in kitchen area or in fridge/freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.14	Fridge and freezer logs are complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.15	Food (raw/cooked/other foods) is stored in ways that prevent cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.16	No apparent evidence of cross contamination/transmission in kitchen workflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.17	There is record (log) of dishwasher water temperatures that meets public health requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.18	Dish machines, water temperature and soap/chemical dispensing equipment functioning appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.19	Test strips are available on units for staff to test concentration of sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.20	No live pest activity found	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.21	Staff have knowledge if they sight pests to report and fill in the pest control binder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11	Main Kitchen	Yes	No	Partial	Comments
11.22	All opened food is covered or stored in containers and labelled with a preparation date or expiry date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.23	There is a safe process for cleaning dish machines after each meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.24	Waste bins are foot operated and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.25	Receiving and storage areas are clean and organized (e.g. food storage areas are clean and food items are not found within 6 inches from floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12	Serveries/Dining	Yes	No	Partial	Comments
12.1	There is restricted access to the servery, limited to essential staff only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.2	All personnel wash hands upon entering food handling areas and adhere to food handling policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.3	Food Service Worker/ Cook is provided with appropriate PPE and hairnets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.4	There is a designated person responsible for regular cleaning of servery area and appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.5	Daily cleaning of the servery is documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.6	Cleaning and disinfecting products are used according to the manufacturers' instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.7	Containers that hold disinfectant solutions are clearly labelled according to WHMIS standards <ul style="list-style-type: none"> • No double-dipping • Rags should not be staying in bucket for multi-use 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.8	The floor is free of dirt, water or other liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.9	The drains, walls and ceilings are clean and free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.10	All equipment are clean and well maintained, and functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.11	Ceilings and vents are clean and not blocking air flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12	Serveries/Dining	Yes	No	Partial	Comments
12.12	Carts are being designated for clean and dirty items separately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.13	Meal tray carts are clean and disinfected and in a good state of repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.14	Countertops, serving areas, tables and chairs are cleaned after each meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.15	Waste bins are foot operated and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.16	There are hand washing signs posted at all hand washing sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.17	Alcohol-based hand rubs and hand sinks are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.18	Staff do not store personal items in servery area or in fridge/freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.19	Fridge and freezer logs are complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.20	There is a clear, safe and coordinated process for removing dirty reusable trays, dishes, and utensils back to the servery to prevent cross contamination (e.g. one-way work flow from dirty to clean)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.21	There is a clear, safe and coordinated process for removing food wastes, cleaning and disinfecting utensils, plates to prevent cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.22	There is record (log) of dishwasher water temperatures that meets public health requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.23	There is record of dishwasher water temperatures that meets public health requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.24	Test strips are available on units for staff to test concentration of sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.25	Difficult to access areas (edges, corners, around furniture, and high height appliances) are free of dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.26	Shelves, cupboards and drawers are clean inside and out and are in a good state of repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.27	All opened food is covered or stored in containers and labelled with a preparation date or expiry date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.28	Required equipment/ supplies for tray service are available. These include over bed tables, feeding stools,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12	Serveries/Dining	Yes	No	Partial	Comments
	utility carts or tray racks, trays, tray rack covers, insulated dome and base, plastic bowls, mugs, plates and tumblers and lids				
12.29	Trays are covered for delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.30	Staff do not come to work with their uniform on but change at the work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.31	No live pest activity found	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.32	Staff have knowledge if they sight pests to report and fill in the pest control binder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.33	Hallway dining maintains physical distancing and residents are able to perform hand hygiene before eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.34	Meal tray carts are covered with protective covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13	Hand Hygiene (Building Services and Food & Nutrition)	Yes	No	Partial	Comments	
13.1	Observation #1: Home Area/Department Laundry Role Designation LSW Comment Any Gaps			Yes	No	N/A
		Moment 1				
		Moment 2				
		Moment 3				
		Moment 4				
		15 second rub				
13.2	Observation #2: Home Area/Department 3 rd floor Role Designation CHD Comment Any Gaps			Yes	No	N/A
		Moment 1				
		Moment 2				
		Moment 3				
		Moment 4				
		15 second rub				
13.1	Observation #3: Home Area/Department Role Designation Comment Any Gaps			Yes	No	N/A
		Moment 1				
		Moment 2				
		Moment 3				
		Moment 4				
		15 second rub				

13	Hand Hygiene (Building Services and Food & Nutrition)	Yes	No	Partial	Comments		
13.2	Observation #4: Home Area/Department Role Designation Comment Any Gaps				Yes	No	N/A
		Moment 1					
		Moment 2					
		Moment 3					
		Moment 4					
		15 second rub					

14	Personal Protective Equipment (Building Services and Food & Nutrition)	Yes	No	Partial	Comments		
14.1	Observation #1: Home 3 rd floor Role Designation: Nutrition Manager Identify Any Gaps:	Donning			Yes	No	N/A
		1. Mask Kept On					
		2. Hand Hygiene					
		3. Gown On					
		4. Eye Protection					
		5. Gloves On					
		Doffing			Yes	No	N/A
1. Mask Kept On							
2. Remove Gloves							
3. Remove Gown							
4. Hand Hygiene							
5. Remove Eye Pr.							
6. Hand Hygiene							
Area/Department:							
14.2	Observation #2: Home Role Designation: Identify Any Gaps:	Donning			Yes	No	N/A
		1. Mask Kept On					
		2. Hand Hygiene					
		3. Gown On					
		4. Eye Protection					
		5. Gloves On					
		Doffing			Yes	No	N/A
1. Mask Kept On							
2. Remove Gloves							
3. Remove Gown							
4. Hand Hygiene							
5. Remove Eye Pr.							
6. Hand Hygiene							
Area/Department::							
14.3				Yes	No	N/A	
	Doffing						
	1. Mask Kept On						
	2. Remove Gloves						
3. Remove Gown							

14	Personal Protective Equipment (Building Services and Food & Nutrition)				Yes	No	Partial	Comments																													
	Observation #3: Home Role Designation: Identify Any Gaps:	<table border="1"> <thead> <tr> <th>Donning</th> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>1. Mask Kept On</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Hand Hygiene</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Gown On</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Eye Protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Gloves On</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Donning	Yes	No	N/A	1. Mask Kept On				2. Hand Hygiene				3. Gown On				4. Eye Protection				5. Gloves On														
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Ensuring Food Safety in your Facility from <https://spice.unc.edu/wp-content/uploads/2017/05/09-Infection-Control-Kitchen.pdf>

Appendix D: Your Opinion Counts 2020 Survey Result

Your Opinion Counts 2020 - Family/Resident Results Comparison Analysis of Strongly Agree/Agree Responses by Percentage (Excluding Neutrals and No Responses)

Theme	Question	Resident	Family	Combined
Homelike & Welcoming	The home provides a homelike environment, which is clean.	95%	97%	96%
	The home provides a welcoming atmosphere where I/my family member feel(s) safe and accepted.	95%	97%	96%
Communication & Feedback	I am able to communicate openly and freely regarding care and service needs.	92%	96%	94%
	I am able to address my issues, concerns or requests for information.	91%	96%	94%
Civility	Staff treat me/my family member with respect.	94%	98%	96%
Dining Experience & Food	The home provides an enjoyable dining experience.	86%	89%	87%
	The variety and quality of food meets my/my family member's needs.	75%	84%	80%
Personal Belongings & Laundry	My/My family member's personal belongings are treated with respect.	91%	90%	90%
	Personal laundry service meets my/my family member's needs.	86%	91%	89%
Activities	The variety and quality of activities meets my/my family member's needs.	86%	82%	84%
Overall Satisfaction	I am satisfied with the quality of the care and service.	95%	94%	94%
	I would recommend this home to others.	90%	96%	93%
IPAC	Staff use hand sanitizer or wash their hands before and after providing care.	97%	97%	97%
	The home's response to COVID-19 is meeting my expectations.	97%	95%	96%

Appendix E: Timeline of SSLTC Efforts to Promote and Support Staff Mental Health During the COVID-19 Pandemic

Supporting our Staff

A timeline of SSLTC efforts to promote and support staff mental health during the COVID-19 pandemic

Supporting the safety, wellbeing and mental health of staff, especially frontline staff, has been a priority for SSLTC since the start of the first wave. In addition to City-wide emergency leave policies, the division also provided a variety of mental health and spiritual supports to staff during the first wave, which have continued into the winter. The main types of mental health supports included:


- Promotion of and access to direct mental health supports such as free counselling, text crisis services, spiritual support and more
- Frequent and open communication with all staff, and messages of thanks and encouragement
- Donations of food, gifts, drinks, meals and more for frontline staff and various appreciation events at each of the homes
- Alleviating pressure on existing frontline staff through a robust staffing strategy as well as managing call volumes in the homes

Date(s)	Actions/Initiative
March 12, 2020 to June 2020	Telephone support for staff in self-isolation initiated Head office provided telephone support to staff members who were off work, including those who had travelled out country and were self-isolating at home, staff who had called in sick or were experiencing respiratory symptoms, as well as staff who had tested positive for COVID-19
March 19, 2020	Redeployment of City staff initiated to reducing staffing pressures and shortages in homes
March 2020 and ongoing	Weekly messages from Paul Raftis, General Manager to all SSLTC staff Various content including Videos and written messages of thanks and encouragement Providing information and links to corporate mental health and wellness resources Latest updates on COVID situation
April 17, 2020	Launch of SSLTC COVID-19 Intranet Sub-page http://insideto.toronto.ca/ltc/covid-19/index.htm Primary resource for staff to find all COVID-19 related information and Updates Dedicated space for sharing mental health and wellness links (internal and external)
April 2020 and ongoing	Promotion of free counselling sessions provided by partners, the City's Employee Assistance Program, and other mental health resources for staff (e.g. see April 22 one-pager)
April 2020 and ongoing	Regular staff forums begin in the homes, to promote open communication and keep staff up to date on the virus and new IPAC protocols; Some homes create physical tables with resource handouts for staff without email
April 2020 and ongoing	Donations supporting frontline staff begin – typically City staff would not be eligible to accept these types of donations but exemptions were made due unprecedented circumstances. Support from Toronto Office of Partnerships (TOP) to facilitate some donations. Over 100 discrete donations were made, including many items per donation (e.g. 300 meals, desserts and drinks) and some spanning multiple months (e.g. meals 3x per week for all staff until the end of June). Donations included:

Date(s)	Actions/Initiative
	<ul style="list-style-type: none"> • Personal Hygiene Kits, cosmetic bags, body wash • Cloth masks, reusable ear savers, hand sanitizer • Thousands of hot meals from many different local restaurants • Chocolates, care packs, snacks, chips and treats • Cases of water • Fresh coffee and teas, tea bags to take home • Pizzas for all staff • Fresh fruit • Lunch boxes • Music CDs • Multiple Gift cards, iPad for a draw • Hats • Umbrellas
May 4, 2020	Created "Heroes in Action" photo gallery in ELI to celebrate work of staff during the pandemic https://toronto.csod.com/catalog/CustomPage.aspx?id=221000382
May/June 2020	Series of 4 webinars to introduce staff to the City's free Employee Assistance Program (EAP): <ul style="list-style-type: none"> • May 20 • May 27 • June 3 • June 10
May/June 2020	Community minister went to Seven Oaks and Lakeshore Lodge to offer on-site support for staff. This included being available in a private space where staff could come and (safely) meet with him to talk about how they were coping. <ul style="list-style-type: none"> • The discussions did not necessarily have to include faith, the minister is also trained in counselling. • These were as-required arrangements, responding to immediate need.
June 8, 2020	Family contact centre pilot launched to alleviate call volume pressures on staff in homes
July and August 2020	SSLTC facilitated <i>Staff Experience Debriefings</i> in order to gain insight into how front-line staff could be better supported as the pandemic stretched on; 183 staff from all 10 homes participated in the debriefings
August 26, 2020	General Staff Meeting and All Staff Town Hall <ul style="list-style-type: none"> • Provided updates, general encouragement and information about resources • Recorded and posted on intranet for staff not able to participate live
October 28, 2020 & December 24, 2020	Uploaded AdvantAge Ontario mindfulness webinar series and shared with staff <ul style="list-style-type: none"> • Session 1: Mindfulness: The Basics • Session 2: Mindfulness: The Cheapest and Easiest Way to Manage Stress • Session 3: Managing Anxiety • Session 4: Boosting Positivity • Session 5: Mindfulness and Workplace Safety • Session 6: Avoiding Burnout • Session 7: Mindfulness & Anxiety: More Tools • Session 8: Boosting Resilience • Session 9: Compassion • Session 10: Beat Negativity • Session 11: Mindfulness for the Busy • Session 12: Remaining Calm in the Storm
Fall 2020	Fudger House Coordinator of Spiritual & Religious Care offered on-site support for staff at designated times during home's outbreak


Date(s)	Actions/Initiative
November 2020	Renewed promotion of free counselling sessions, new crisis counselling SMS (text) services, and other mental health supports for staff (e.g. see November 18 one-pager)
November 4, 2020	Expedited hiring campaign for second wave initiated to bring new/redeployed staff into LTC homes
December 2020	Home-specific holiday celebrations with staff throughout December
Winter 2021	Regular all-staff meetings including all senior management, with open Q&A for staff and discussion of mental health supports for staff at each meeting
January 2021	Promotion of all corporate initiatives to support staff mental health including <i>HOPE: A Path to Wellness</i>
January 28, 2021	Engaging staff in the <i>Show Some TLC for LTC - #TLCforLTC</i> campaign, which raises awareness of the importance of mental health and well-being of LTC team members during the pandemic, helping them to cope during difficult times; Includes mental health and well-being resources for staff
February 2021	Promotion of all corporate initiatives to support staff mental health including the <i>Stronger Together</i> Wellness event and supports for staff who are also parenting during the pandemic
February 2021 and Ongoing	SSLTC will continue to prioritize the safety and wellbeing of staff, and continue with a variety of Mental Health support initiatives, as the COVID-19 pandemic stretches on and into the post-pandemic future too.

MENTAL HEALTH SUPPORT FOR LTC FRONTLINE STAFF



Ontario Psychological Association – free counselling sessions

- For those with little or no mental health insurance coverage
- Up to 6 free sessions (potentially more if needed) with a psychologist via phone or video.
 - Have culturally appropriate and racially diverse counsellors
 - Have counsellors trained in trauma
- **To Access:** Call 2-1-1, say you are a frontline service provider with limited or low benefits and need MH support. Will be connected to OPA. Should receive a follow-up with counsellor information within 24-48hrs



Gerstein Crisis Centre – support group

- Virtual Frontline Workers Group
- Only runs until December 16th
- **To Access:** <http://gersteincentre.org/stay-connected/>


FOR THE FRONTLINES

For the Frontlines – free crisis counselling

- Crisis text service for healthcare workers, essential works, frontline workers
- **To Access:** Text FRONTLINE to 741741 for immediate, confidential, text based crisis counselling

Other Mental Health Supports for Staff

- [Employee Assistance Program \(EAP\)](#) for City staff: Professional counsellors available by phone 24 hours a day, seven days a week, including statutory holidays. To contact the EAP – call 416-392-6633.
- [Tip-Sheet](#) for City staff with links and resources.
- www.toronto.ca/workplacemantalhealth: Resources and tools for City staff and managers on the Mental Health in the Workplace website.





COVID-19 Update Bulletin

COVID-19 Update #57 January 13, 2021

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

Toronto remains in the Grey LOCKDOWN Category
 Protect yourself, and those around you including all residents, family members, volunteers and staff:

- Practice good hand hygiene
- Wear a mask and required PPE properly
- Maintain a safe physical distance
- Stay home if you are sick or are experiencing any COVID-19 related symptoms
- Follow mandatory testing requirements
- Be diligent and limit contact with others
- Get vaccinated

Outbreak or Suspect Outbreak?
 Toronto Public Health (TPH) declare a suspect outbreak when, for example, someone who has no direct contact with residents, a laundry or food service worker, tests positive for COVID-19. The criteria varies depending on the situation, but typically a suspect outbreak is a lower level of risk with actions such as heightened surveillance and contact and droplet precautions implemented. During the pandemic, TPH and the Ministry changed reporting requirements for suspect outbreaks, including posting this information at the entrance.

When Toronto Public Health declares an outbreak, we immediately begin leading practice active surveillance and precautions, including:

- isolation of residents, if necessary
- tray rather than dining room service for residents
- use personal protective equipment (PPE) – mask, isolation gown, gloves and eye protection when directed by TPH
- enhanced active screening of residents and staff on all shifts for symptoms
- enhanced cleaning and disinfection throughout the long-term care home.

We will continue to provide email updates on suspect outbreaks and outbreaks so that you are aware of any COVID-19 activity within the long-term care home.



EAP YOUR EMPLOYEE ASSISTANCE PROGRAM

EAP (Employee Assistance Program) will be holding WebEx sessions for SSLTC Staff to discuss what services and supports are available to them.

Staff can join by following the link from their computer or can call in using the details provided below for the corresponding session they wish to join.

Sessions will be held on:
 Wednesday May 20, 2020 at 10:00 am
 Wednesday May 27, 2020 at 10:00 am
 Wednesday June 3, 2020 at 10:00 am
 Wednesday June 10, 2020 at 10:00 am

<p>Wednesday, May 20, 2020 at 10:00 am Call-In Number: 416-915-6530 Event number: 286 561 103 https://toronto.webex.com/toronto/onstage/g.php?MTID=e5d4d4a511c79be1764871a9f005b1c09</p>	<p>Wednesday, May 27, 2020 at 10:00 am Call-In Number: 416-915-6530 Event number: TBA</p>
<p>Wednesday, June 3, 2020 at 10:00 am Call-In Number: 416-915-6530 Event number: TBA</p>	<p>Wednesday, June 10, 2020 at 10:00 am Call-In Number: 416-915-6530 Event number: TBA</p>

Please send any questions that you would like to be answered by EAP to:
Chris.Rodrigues@toronto.ca or Vanessa.Lucchetta@toronto.ca





Immunization Medical Directive

COVID-19 Vaccine Administration

As part of the pandemic response

Authorized mRNA vaccines for use in Canada

- Pfizer BioNTech COVID-19 vaccine, Dec 9, 2020
- Moderna COVID-19 vaccine, Dec 23, 2020

Version: 2.0

Date Approved: January 18, 2021

GENERAL INFORMATION

Content Summary

Covers	Seniors Services and Long-Term Care (SSLTC) nurses (RN, RPN and Nurse Practitioner) are certified to administer a COVID-19 mRNA vaccine to residents and staff to prevent COVID-19 disease caused by SARS-CoV-2 virus on the terms and conditions set out in this Medical Directive.
Purpose	Medical directive to administer COVID-19 Pfizer BioNTech and Moderna vaccines.
Addendum	Information is continually evolving. Medical directives may change in response to new data and as additional COVID-19 vaccines are approved for use by Health Canada.

Dates

Effective Date	January 18, 2021
Reviewed Date	
Next Review Date	December 31, 2021

People

Issued by	Resident Care and Services, Seniors Services and Long-Term Care (SSLTC)
Owner	Soo Ching Kikuta, Director, Resident Care & Services
Main Contact	Michael Nguyen, Manager, Advanced Nursing Practice April Huang, Manager, Advanced Nursing Practice

Revision History

Version #	Version Date	Issued by	Changes in Document
V1.0	December 30, 2020	Soo Ching Kikuta	Original
V2.0	January, 18, 2021	Soo Ching Kikuta	Original

Approvals

Dept./ Role	Name	Signature	Approval Date
General Manager	Paul Raftis	<i>Paul Raftis</i>	2021/02/01
Director, Resident Care & Services	Soo Ching Kikuta	<i>Soo Ching Kikuta</i>	2021/01/18
Medical Coordinator	Evelyn Williams	<i>Evelyn Williams</i>	2021/01/18

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Medical Directive for COVID-19 Vaccine Administration

Purpose: To authorize nurses* to administer COVID-19 vaccine under Seniors Services and Long-Term Care (SSLTC) as part of the pandemic response.

* In this document, nurses refers to registered nurses, registered practical nurses, and/or nurse practitioners who are licensed to practice and are in good standing with the College of Nurses of Ontario.

Medical Directive:

The authorizing physicians of SSLTC authorize certified SSLTC nurses to administer COVID-19 vaccines to SSLTC residents and staff, under the conditions outlined in this Medical Directive, and in accordance with SSLTC COVID-19 policies and procedures.

Authorized Implementers:

Nurses* employed by SSLTC who:

- hold a current Certificate of Registration with the College of Nurses of Ontario;
- have a valid CPR certification & management of anaphylaxis training;
- have demonstrated an understanding of, and proficiency in, the administration of COVID-19 vaccine; including resident assessment for contraindications and potential adverse events as outlined in this medical directive;
- have reviewed the training materials and passed the quiz; and
- have received training on IPAC and proper use of PPE

The injectable mRNA vaccines to be administered through the COVID-19 programs at SSLTC are the Pfizer Bio-NTech and Moderna vaccines, for individuals 18 years of age and older, including seniors.

Dose, Route and Interval:

Both vaccines are to be administered intramuscularly in the deltoid muscle

COVID-19 Vaccine	Dose	Route	Series	Authorized interval	Minimal / alternative schedule
Pfizer Bio-NTech	0.3 mL	IM	2 doses	21 days	19 to 28 days apart
Moderna	0.5 mL	IM	2 doses	28 days	21 days apart

Every effort should be made to keep to the authorized schedule. However, nurses are authorized under this directive to administer the second dose using the minimal or alternative schedule, as needed. If a resident/staff is late receiving their second dose, the vaccine should be given as soon as possible. It is not necessary to restart the series.

National Advisory Committee on Immunization (NACI) recommends that the vaccine series be completed with the same COVID-19 vaccine product. If the vaccine product used for the first dose is unknown, or not available, the other mRNA vaccine may be used to complete the series.

Infection Prevention and Control (IPAC)

Hand hygiene must be performed before vaccine preparation, between individuals, and whenever the hands are soiled. Use of 70 to 90% alcohol-based hand sanitizers is an acceptable alternative to hand washing if hands are not visibly soiled.

Gloves should not be used unless there is risk of exposure to broken skin or body fluids. If gloves are worn, they should be changed between residents/clients and hand hygiene is performed after removing gloves.

Vaccine Storage and Handling

Nurses will store and handle the vaccine according to the instructions provided in the manufacture's product monograph. Refer to **Appendix C** for vaccine storage and handling summary requirements.

Pre-loading of vaccines

If the vaccine is administered by different people, ensure both professional names are documented. Review the specific time period for vaccine stability of pre-loaded product and how it should be labelled and stored. All doses should be used as soon as possible and cold chain should be maintained at all times.

Adhere to strict aseptic technique when diluting (reconstituting) and drawing vaccine into the syringe. Use an isopropyl alcohol wipe to disinfect the vial stopper after removing cap and allow the time to dry. Refer to procedure/training materials on reconstitution.

Visual inspection prior to administration

- Visually inspect each dosing syringe prior to administration.
- Confirm there are no particulates or discolouration in the vaccine.

RESIDENT/CLIENT ELIGIBILITY

1. Indications for use
 - (a) for whom the vaccine is indicated based on NACI statement / product monograph
 - (b) for residents/clients who have no contraindications; and
 - (c) for residents/clients with authorized consent [must be 14 years or older to sign own consent]
2. Priority populations based on [provincial COVID-19 vaccine roll out](#).

CONSENT

All residents or their substitute decision maker and staff must give informed consent prior to immunization. Written or verbal consent is required. If a verbal consent is obtained, it must be documented in the electronic system prior to administration.

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The resident/staff should have the opportunity to ask questions about the vaccine and understand the:

- benefits of vaccination (personal, community)
- risk of not getting vaccinated (possibility of getting the disease)
- eligibility for the vaccine
- common and expected adverse events
- possible serious or severe adverse events and their frequency
- contraindications

Staff receiving the Pfizer-BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine shall review the COVID-19 Vaccine Screening and Consent Form prior to immunization.

RISK OF DISEASE

[COVID-19](#) is a viral infection that primarily affects the lungs. Some people may have a mild illness. Others may get very sick and some die. Seniors and people with pre-existing health conditions are at greater risk. Very rarely, some children can get a serious inflammatory condition. The long-term effects of COVID-19 are not fully known. Some people are at greater risk of getting COVID-19 due to their work or living conditions.

VACCINE BENEFITS

In clinical trials, the mRNA vaccine was 95% effective against symptomatic COVID-19, a week after completing the two-dose series. At this time, there is no information on the long-term protection with this vaccine. Refer to TPH [COVID-19 vaccine fact sheet](#). COVID-19 mRNA vaccine is not a live vaccine and cannot cause infection to the recipient.

There is a small chance that resident may still get sick from COVID-19 after being vaccinated. It is important to continue with public health measures such as physical distancing, wearing a mask, and staying home when sick. Health care workers and staff must continue to wear PPE even after vaccination. It is hoped the vaccine will provide herd immunity to provide broader community protection.

Pre-vaccination Counselling

Ensure the individual (resident/staff) or substitute decision maker receives the following information:

- The risk of COVID-19 & any concerns or misconceptions are discussed.
- The outcome of the vaccine, its common side effects, risks and benefits.
- Avoid trying to get pregnant for 1 month after the second dose of vaccine.
- Counsel on the benefits & risks for individuals with a bleeding disorder
- Individuals should be instructed to report any adverse reactions to the nurse or Nurse Manager/Supervisor.

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Screening for Contraindications and Precautions

Defer vaccination if resident/staff has:

- a fever or COVID-19 symptoms
- received a vaccine in the past 14 days

Do not administer vaccine to individual (resident/staff):

- under 18 years of age
- with allergies to any vaccine ingredients, including polyethylene glycol (PEG)
- who are pregnant, breastfeeding or trying to get pregnant
- with a previous severe reactions to this vaccine
- with known current SARS-CoV-2 infection; they should be deferred until the person has recovered from the acute illness (if the person had symptoms) and criteria have been met for them to discontinue isolation.¹

These individuals should discuss the benefits and risks of vaccination for their unique situation with their healthcare provider.

Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection.

Autoimmune Conditions & Immunocompromised persons (due to disease or treatment)²

Individuals (residents/staff) in the authorized age group with autoimmune conditions, immunodeficiency conditions or those immunosuppressed due to disease or treatment may choose to receive the COVID-19 vaccine after informed counselling and consent that includes:

- 1) a review of the risks and benefits of the vaccine,
- 2) a review of the potential risks /consequences of a COVID infection,
- 3) a review of the risk of acquiring a COVID infection, and
- 4) an acknowledgment of the insufficiency of the evidence for the use of currently available COVID-19 vaccines in these populations and of possible decreased vaccine effectiveness with the use of immunosuppressive therapy.

If any residents/staff have been excluded from vaccination because of previous caution regarding autoimmune conditions, they should be offered this COVID-19 vaccine.

Residents/staff on anticoagulant therapy (blood thinner medication)

For residents/staff on blood thinner medication, use a small gauge needle and apply pressure on injection site for 3 to 5 minutes after vaccination to reduce bruising. There is no need to measure the blood thinning level (INR test) prior to vaccination. Continue INR testing according to the schedule recommended by the attending physician.

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VACCINE ADMINISTRATION

Only administer vaccine when appropriate emergency equipment and medication is available on site and there are at least two staff on location with a valid CPR certification.

Route, site and technique

Pfizer-BioNTech and Moderna mRNA COVID-19 vaccine are given as intramuscular (IM) injection to the deltoid muscle. Use clinical judgment in selecting needle length. Use 25 gauge needle for IM injection. Average needle length is 1 inch, but can be 1.5 inches for individuals over 200 pounds.

Special considerations

- For residents/staff with a history of fainting during procedures, consider having the resident/staff lie down during vaccination.

1 The CDC bulletin "Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 vaccine" states that for persons with a current or prior history of SARS-CoV-2 infection:

2 The MOH update January 7th "COVID-19 Vaccination Recommendations for Special Populations"

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccination_recommendations_special_populations.pdf

Verify the 6 rights:

- right resident/staff, at the right age
- right vaccine
- right reason
- right dose & interval
- right route, and site
- right documentation

No Concurrent Administration with other Vaccines

COVID-19 mRNA vaccines should not be given concurrently with other vaccines, monoclonal antibodies or plasma. Wait 28 days after completion of 2-doses of COVID-19 vaccine before administering another vaccine, unless it is required for post-exposure prophylaxis. If another vaccine was given, wait 14 days before administering a COVID-19 vaccine.

MANAGEMENT OF ADVERSE EVENTS

Common side effects include pain, redness & swelling at the injection site; feeling tired, muscle or joint pain, fever or chills. In approximately 1 in 100 doses, individuals may have enlarged lymph nodes.

Very rarely, individuals may have hypersensitivity to vaccine components. Monitor for signs of serious allergic reactions (anaphylaxis) such as difficulty breathing, wheezing (bronchospasm), hives, rash, swelling to the face, tongue or throat. All severe adverse events will be managed immediately as per policy NU-0608-00 **Management of Anaphylaxis**.

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If individuals exhibit signs of anaphylaxis or severe allergic reactions post vaccination, the authorized implementers shall administer the following medications and call 911:

	Dose	Route
Aqueous Epinephrine 1:1000	Resident weight: <u>25-50 kg</u> : 0.3 mL of epinephrine <u>Over 50 kg</u> : 0.5 mL of epinephrine	Intramuscular (IM) *Anterolateral aspect of the thigh, if not possible, the deltoid

A second dose of Epinephrine 1:1000 (1mg/mL) of the same previous dose by IM may be administered as early as 5 to 15 minutes after the first dose if no improvement of symptoms or symptoms recurrence. Any additional doses must be given under direct medical supervision.

Note: Administer epinephrine IM at least 2.5cm away from original injection site.

DOCUMENTATION

Document the resident’s consent, immunization information (vaccine name, lot number, expiry date, dose and site of injection), and the occurrence and management of any adverse event to the vaccine on the resident’s PointClickCare (PCC) and eMAR records.

Staff receiving the Pfizer-BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine, shall review and sign the COVID-19 Vaccine Screening and Consent Form. After the vaccine administration, the nurse completes the immunization information (vaccine name, lot number, expiry date, dose and site of injection), and the occurrence and management of any adverse event to the vaccine on the staff’s consent form.

Pan-Canadian Vaccine Injury Support Program

Vaccines are one of the safest and most effective ways to prevent against serious illnesses such as polio and tetanus. Similar to any medication, vaccines can have side effects, and in rare cases, serious adverse events. The Government of Canada just announced a no-fault vaccine injury program for all vaccines approved by Health Canada.

QUALITY MONITORING GUIDELINES

The Director of Care/Nursing or designate will ensure that:

- The medical directive is reviewed and updated as needed.
- Nurses are provided training modules & orientation to this Medical Directive
- All nurses are provided training or review of all relevant resources, policies and procedures, and are updated as new information becomes available
- A current list of nurses who have received directive training and quiz is maintained.
- All medication errors are reviewed as per divisional policy.
- Continuous quality improvement mechanisms are implemented for quality assurance.

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All nurses are required to complete the following:

- Review the vaccine resources on obtaining a valid informed consent, vaccine administration, documentation, and policy NU-0608-00 *Management of Anaphylaxis*
- Review IPAC and PPE policies and procedures.
- Demonstrate a proficiency in the administration of vaccines and the management of related potential adverse events.

RELATED DOCUMENTS:

- Medical Directive for [Treatment of Anaphylaxis and Severe Adverse Events, Dec 2017](#)
- [Policy on Storage, Handling & Transport of Vaccines & TB Purified Protein Derivative, Jan 2020](#)
- Procedure for [Community Immunization Clinics, Jan 2019](#)
- Procedure for [Consent to Immunization, Oct 2017](#)
- Procedure for [Administering Vaccines, Jan 2019](#)
- Training Guideline for [Personal Protective Equipment for COVID-19, Mar 2020](#)
- Consent Form for Pfizer-BioNTech [COVID-19 mRNA Vaccine, Dec 2020](#)
- Public Health Ontario. [COVID-19 Vaccines, Dec 2020](#)
- Public Health Ontario. [AEFI Reporting for Health Care Providers, Nov 2018](#)

REFERENCES

National Advisory Committee on Immunization Recommendations on the use of COVID-19 Vaccine. Updated December 23, 2020. Available at <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

Pfizer-BioNTech COVID-19 Vaccine [Product Monograph](#), Mainz, Germany. December 9, 2020. Available at <https://covid-vaccine.canada.ca/info/pdf/pfizer-biontech-covid-19-vaccine-pm1-en.pdf>

Moderna COVID-19 Vaccine Product Monograph. Cambridge, MA, USA. December 23, 2020. Available at <https://covid-vaccine.canada.ca/info/pdf/moderna-covid-19-vaccine-pm1.pdf>

Canadian Immunization Guide, Evergreen Edition. Available at <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>

BC Centre for Disease Control. (2019). Communicable Disease Control Manual. Chapter 2: Immunization. Appendix A – Informed Consent for Immunization. Vancouver, BC. Available at [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%20%20-%20Imms/Appendix A InformedConsent.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%20%20-%20Imms/Appendix%20A%20InformedConsent.pdf)

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BC Centre for Disease Control. June 2017. Communicable Disease Control Manual – Chapter 2: Immunization. Part 2 – Immunization of Special Populations. Referral Form for MMR Vaccination. Available at <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/ReferralFormMMR.pdf>

Thrombosis Canada. Encourages Patients on Anticoagulation to Get the COVID-19 Vaccine. Toronto, ON. December 22, 2020. Advance copy.

AUTHORIZATION AND APPROVAL

Include signature and date of signature for the authorization for Medical Directives and for the Performance of Controlled Acts:

Dr. Evelyn Williams
Medical Coordinator SSLTC

Evelyn Williams
Signature
January 18, 2021
Date

Soo Ching Kikuta
Director, Resident Care & Services, SSLTC

Soo Ching Kikuta
Signature
January 18, 2021
Date

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APPENDIX A: Characteristics of Pfizer and Moderna mRNA COVID-19 Vaccine

Manufacturer	Pfizer-BioNTech mRNA COVID-19 vaccine	Moderna mRNA COVID-19 vaccine
Authorized for use in Canada	December 9, 2020	December 23, 2020
Indications for use	16 years and older	18 years and older
Dosage	0.3mL after dilution = 30 mcg of mRNA	0.5 mL = 100 mcg of mRNA
Route	IM injection into the deltoid muscle	IM
Schedule	2 doses, 21 days apart (alternative 19 to 28 day interval)	2 doses, 28 days apart (minimum 21 days)
Vaccine storage	-80°C to -60°C, <i>avoid exposure to light</i> use within 6 hours after dilution, at 2°C to 25°C	-25°C to -15°C use within 6 hours, at 2°C to 25°C
Diluent	0.9% sterile sodium chloride without preservative. Diluent is single use & can be stored at room temperature	No dilution is required
Packaging	Multi-dose vial contains 5 doses Preservative-free	Multi-dose vial contains 10 doses Preservative-free
Effectiveness	95% efficacy against symptomatic laboratory-confirmed COVID-19 disease, with 2 doses, across diverse subgroups.	95% efficacy after 2 doses
Precautions	In persons with bleeding disorders, or receiving blood thinner medication	In persons with bleeding disorders, such as haemophilia, or on blood thinner medication
Contraindications	<ul style="list-style-type: none"> ○ hypersensitivity to any vaccine ingredients ○ previous severe reaction to this COVID-19 vaccine 	<ul style="list-style-type: none"> ○ same
Not recommended routinely	<p>May be considered based on benefits & risks, with informed consent:</p> <ul style="list-style-type: none"> ○ immunocompromised individuals ○ pregnant or breastfeeding, <i>avoid pregnancy for 2 months after second dose</i> ○ children aged 12 to 15 	<p>Similar:</p> <ul style="list-style-type: none"> ○ Immunocompromised individuals may have diminished immune response to the vaccine. ○ Pregnant, breastfeeding, planning to get pregnant ○ Children under 18 years of age
Delay vaccination	with acute febrile illness, COVID-19 symptoms or have received a vaccine in the past 14 days	Defer with febrile illness, severe infection or COVID-19 symptoms
Concomitant administration	Not recommended to provide with another vaccine.	Do not administer with other vaccines
Potential side effects	<ul style="list-style-type: none"> ○ Pain, redness & swelling at injection site ○ Fatigue, headache, muscle ache, fever chills, Joint pain, ○ Enlarged lymph nodes (axillary swelling/tenderness) 	<ul style="list-style-type: none"> ○ Similar ○ nausea, vomiting,

APPENDIX B: mRNA Vaccine ingredients

Both Pfizer Bio-NTech and Moderna vaccines do not contain preservatives, formaldehyde, thimerosal, aluminum salt, latex, antibiotics, attenuated or inactivated virus.

Pfizer Bio-NTech COVID-19 Vaccine

- mRNA (medicinal ingredient)
- ALC-0315 = (4-hydroxybutyl)azanediylbis(hexane-6,1-diyl)bis(2-hexyldecanoate)
- ALC-0159 = 2-[(**polyethylene glycol**)-2000]-N,N-ditetradecylacetamide
- 1,2-distearoyl-sn-glycero-3-phosphocholine
- Cholesterol
- dibasic sodium phosphate dihydrate
- monobasic potassium phosphate
- potassium chloride, sodium chloride
- sucrose
- water for injection

Moderna COVID-19 Vaccine

- mRNA (medicinal ingredient)
- 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)
- acetic acid
- cholesterol
- lipid SM-102
- PEG2000 DMG (1,2-dimyristoyl-racglycerol, methoxy-**polyethyleneglycol**)
- sodium acetate
- sucrose
- tromethamine
- tromethamine hydrochloride
- water for injection

Potential allergen: polyethylene glycol (PEG)

PEG is a hydrophilic molecule used to stabilize or preserve products. It is often used as laxatives or bowel prep products for colonoscopy. Other products containing PEG include:

- cosmetics, skin creams,
- personal care products, shampoos, toothpastes and hair products
- contact lenses, medications such as cough syrup
- some fast foods, baked goods & drinks

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APPENDIX C: Vaccine Storage and Handling Requirements

Vaccine Storage and Handling

Nurses will store and handle the vaccine according to the instructions provided in the manufacture's product monograph.

Pfizer vaccine [product monograph](#), page 6+ on handling and diluting the vaccine.

Moderna vaccine [product monograph](#), page 5 & 14

	Pfizer-BioNTech vaccine	Moderna COVID-19 vaccine
Store vaccine in original package	-80°C to -60°C	-25°C to -15°C Do not store below -40°C or on dry ice
Thawing time	Prior to dilution, not punctured: <ul style="list-style-type: none"> • 3 to 5 hours at 2°C to 8°C or • 30 minutes at room temperature 	Thaw each vial before use: <ul style="list-style-type: none"> • 2.5 hours at 2°C to 8°C or • 1 hour at room temperature
Thawed vaccine storage	Undiluted: <ul style="list-style-type: none"> • up to 5 days at 2°C to 8°C or • up to 2 hours at room temperature ($\leq 25^{\circ}\text{C}$) 	Not punctured: <ul style="list-style-type: none"> • up to 30 days at 2°C to 8°C or • up to 12 hours at 8°C to 25°C

Handling vaccine after thawing or dilution:

- do not refreeze
- avoid exposure to sunlight or ultraviolet light
- swirl the vial gently after thawing and between each withdrawal
- do not shake
- use within 6 hours after dilution or from the time of first puncture

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APPENDIX D: Certification Record for Delegated Controlled Acts and Medical Directives – COVID-19 Vaccine Administration

Name:

PN

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Certification Requirements for the Provision of mRNA COVID-19 Vaccines		
My registration to College of Nurses of Ontario registration is current	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nurse Signature
I have completed the required reading for COVID-19 vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nurse Signature
I have a current CPR certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nurse Signature
I have read and understand the SSLTC COVID-19 vaccine procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nurse Signature
I have read and understand the SSLTC COVID-19 vaccine's Medical Directive and procedure on Management of Anaphylaxis and Administration of Epinephrine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nurse Signature

Observation by Designated Nurse in Infectious Disease Program		
Delegated Act	Authorization Signature	Date (YYYY/MM/DD)
Provision of immunization as per Medical Directive		
Provision of immunization as per Medical Directive		

Print Name of Nurse Observer:	
Signature of Nurse Being Evaluated:	<input type="checkbox"/> RPN <input type="checkbox"/> RN
Reviewed by DOC/N:	Date (YYYY/MM/DD)

Completed form to be scanned and placed in the COVID-19 Vaccine folder and the original to be placed in the employee personnel file.

January 1, 2021

Appendix G: Home Vaccine Preparation Checklist

 **TORONTO** Seniors Services and Long-Term Care

Home Vaccine Preparation Checklist

For City of Toronto Long-Term Care Homes

COVID-19 Vaccine Administration

As part of the pandemic response

COVID-19 Vaccine Readiness Checklist

PREPARATION REQUIREMENTS	
LHIN VACCINE READINESS CHECKLIST	
1. Complete the Vaccine Readiness Checklist by January 3 and submit to Antoni.Seloterio@tc.lhins.on.ca and copy Lindsay.WinghamSmith@tc.lhins.on.ca and your TPH key contact (on the last page of the Checklist)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Complete and submit the CLIENTS_LOAD_TEMPLATE_v6 with the information of consented residents to PublicHealthSolutions@ontario.ca and copy Sanjay.Thuraisamy@toronto.ca and Ameeta.Mathur@toronto.ca via secure email	<input type="checkbox"/> Yes <input type="checkbox"/> No
RESIDENT CONSENT	
3. Coordinate with Home Medical Director to set up a WebEx information session with families – see attached power point presentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Review and obtain informed consent with all residents, families and PGT (MOH Screening and Divisional Consent form), verbal consent will be sufficient until signed forms are received.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Create a master list of residents that have consented to receive the COVID-19 vaccine for each home area/floor	<input type="checkbox"/> Yes <input type="checkbox"/> No
COORDINATION WITH HOSPITAL AND SUPPORT	
6. Confirm with hospital the vaccine doses (number of consents obtained)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Engage with hospital partners for support related to: <ul style="list-style-type: none"> • Number of external hospital staff (RN and physician) arriving and the time of arrival • Define hospital staff role in the immunization process (e.g. performing vaccination only or vaccination and post care monitoring) • Determine whether the hospital will be bringing vaccine carts (how many), supplies (needles, syringes – see #19 below) and epinephrine 	<input type="checkbox"/> Yes <input type="checkbox"/> No
VACCINE DELIVERY, STORAGE, TRANSPORTATION AND PREPARATION REQUIREMENTS	
8. Confirm with hospital the vaccine delivery time and location <ul style="list-style-type: none"> • Deliver to the front door screening table addressing to _____ (primary contact) & _____ (secondary contact) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Ensure vaccine refrigerator is in working order (2°C to 8°C) and meets vaccine storage and stability requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Ensure there is sufficient space (e.g. medication room) to prepare the vaccines into the syringes <ul style="list-style-type: none"> • Obtain a larger tray/container to transport the pre-filled syringes to the vaccine cart 	<input type="checkbox"/> Yes <input type="checkbox"/> No
STAFF EDUCATION AND PREPARATION	
11. Review Job Aid – Moderna Vaccine Preparation and Administration with registered nursing staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Nurse Manager Clinical/IPAC Practitioner to ensure registered nursing staff complete Anaphylaxis Education Package	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVID-19 Vaccine Readiness Checklist

PREPARATION REQUIREMENTS	
13. Ensure all registered nursing staff review the <i>Quick Reference Sheet for entering COVID-19 Moderna Vaccine</i> onto PointClickCare.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Identify trainer for the COVax-ON system	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Identify Nurse Manager/DOC/N to familiarize with the Adverse Reaction form and to complete it when required – see attachment	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Provide Medical Directive to attending physicians and review Medical Directive with RN/RPN	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOME AREA/FLOOR PREPARATION	
17. Provide a list of residents that have consented to COVID-19 vaccine for the <i>Unit Captain (RN/RPN)</i> on each home area/floor	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Determine whether vaccination will occur in a larger common area on the floor or in the resident's room – see preparation for each area below	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Ensure the following equipment/items are available in each home area/floor: <ul style="list-style-type: none"> • Several epinephrine • Vital Sign Machine • Oxygen Concentrator • Ambu-bag 	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. If hospital is bringing their own vaccine cart, prepare ONE vaccine cart (as backup) equipped with the following: <ul style="list-style-type: none"> • Sharps container • Cotton balls/gauze • Band-aids • Alcohol swabs • Hand sanitizer • Waste baskets or bag attached to cart • Syringes and needles (1", 1.5" & 22-25G) • Disinfectant wipes for preparation surfaces 	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVID-19 Vaccine Readiness Checklist

PREPARATION REQUIREMENTS

<p>21. Designate personnel for the following roles and responsibilities:</p> <ul style="list-style-type: none"> Obtains COVID-19 vaccine consents from residents and families/SDMs. Verbal consent initially is sufficient and a temporary consent form will need to be completed for each resident indicating verbal consent received Prepares and loads the CLIENTS_LOAD_TEMPLATE_v6 with the information of consented residents. This information will be uploaded to the COVax-ON system by the home's identified user (see attachment) Enters all vaccine orders in the PCC order sheet - "Moderna COVID-19 vaccine 100 mcg (0.5 mL) IM today. Second dose of the same amount due 28 days later" <u>AND print medication labels</u> for eMAR Coordinates to have a physician onsite on vaccination day <p>On Vaccination Day</p> <ul style="list-style-type: none"> Assigns a dedicated home area/floor Captain (RN/RPN) on each home area to lead and coordinate resident vaccination Enters vaccination information in the PCC immunization form Porters residents between waiting area, immunization area, and monitoring area, if vaccination is occurring in large common area Assigns one RN/RPN to "buddy" with hospital staff with vaccination (e.g. <i>comforting resident, rolling up sleeve</i>) and document in the PCC immunization form Assigns dedicated RN/RPN (1-2) in the monitoring area to assess resident every 15 minutes for an hour and document resident's response in progress note Assigns 1-2 runners to obtain supplies and to assist with coordination/communication 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>22. On vaccination day:</p> <ul style="list-style-type: none"> ensure all residents are wearing loose-fitting top or a T-shirt so that the nurse can easily access the upper arm for the vaccination ensure consented residents have no symptoms of COVID-19 	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMON AREA VACCINE CLINIC

WAITING AREA

<p>23. Ensure residents are wearing a face mask (if possible) and practicing physical distancing from other residents when waiting for their vaccine</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>24. Confirm resident in waiting area has consented to the COVID-19 vaccine via resident list from Unit Captain</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>25. Ensure there is a porter to transfer residents from waiting area to immunization area</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMMUNIZATION AREA

<p>26. Ensure registered nursing staff is tracking and documenting vaccine administration time, dosage, and site location</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>27. Ensure there is a porter to transfer residents from immunization area to monitoring area</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

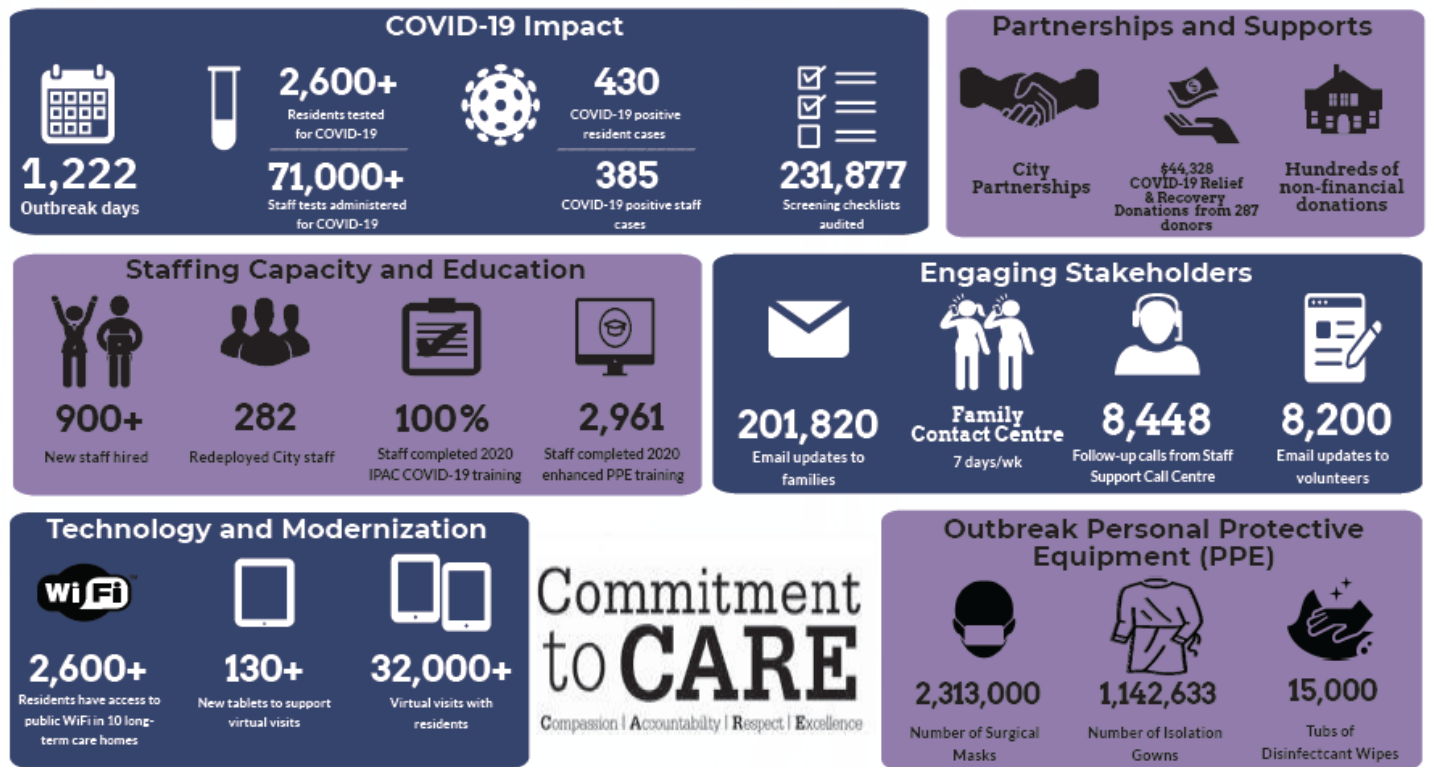
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MONITORING AREA	
28. Ensure oxygen supplies, epinephrine, and vital sign machine are readily available and accessible in the area	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Dedicate work area to enable registered nursing staff to use iPad or Computer-On-Wheel to document monitoring of adverse reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Ensure there is a porter to transfer residents from monitoring area to exit vaccine clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Carry a mobile phone in order to call 9-1-1	<input type="checkbox"/> Yes <input type="checkbox"/> No

VACCINATION IN RESIDENT ROOMS	
32. Implement buddy system with hospital staff when vaccinating residents	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Bring iPad or Computer-On-Wheel to document vaccine administration on eMAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Confirm resident in waiting area has consented to the COVID-19 vaccine via resident list from Unit Captain	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Ensure there is a porter to transfer residents from waiting area to immunization area	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Designate one to two registered nursing staff to monitor/check residents for 15 minutes for the first hour.	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Ensure oxygen supplies, epinephrine, and vital sign machine are readily available and accessible on the home area/floor	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix H: SSLTC COVID-19 Infographic

Toronto Seniors Services and Long-Term Care



* Statistics reflect data from March 14, 2020 - March 1, 2021

Appendix I: Re-opening Principles for Long-Term Care Homes

In line with all Ministry direction and Toronto Public Health (TPH) guidelines, Seniors Services and Long-Term Care (SSLTC) is developing a re-opening plan to balance the health and safety of all residents, staff, volunteers and visitors to address risk while supporting the emotional well-being and social needs of residents. To date, SSLTC has successfully participated in vaccinations with over 93% of residents fully vaccinated and 80% of staff received or registered to receive the vaccine. With more supply available, these rates will continue to rise. Enhanced surveillance, including the implementation of Rapid Antigen Testing for anyone entering the LTC home, is in place.

Best practices and procedures to support re-opening and re-integration of programs are in process. Each LTC home should exercise discretion and welcome innovation to meet standards such as physical distancing, cohorting, demand and resources.

Meal Service:

- LTC homes are offering a flexible, social and engaging meal service that allows dining rooms and/or common areas to operate at a reduced capacity, in conjunction with tray service.
- Residents will be seated at their own table and spaced 2 metres apart from other tables.
- In-room tray service resumes if the LTC home area is deemed in outbreak, suspect outbreak or at the direction of TPH or hospital partners.

Discretionary:

- Meal vouchers will be made available for essential caregivers/visitors at the LTC home's discretion, conditional upon ensuring that physical distancing of 2 metres and IPAC practices can be maintained at all times.
- Essential caregivers will be permitted in the dining areas, to provide support to residents if required, conditional upon ability to adhere to capacity limits and physical distancing.

Recreational Programs:

- Group programs are offered within the home-area; group size is dependent upon the size of the physical space available and the type of program. Residents on each home area are cohorted based on programming interests and needs, when possible.
- All communal spaces are cleaned in between use.
- Residents are provided with hand sanitizer before and after the program, and where possible are provided with their own individualized equipment to avoid sharing materials, all of which are sanitized at the end of the program. If individual equipment is not available, equipment will be thoroughly sanitized between participants.
- Resident 1:1 visits, and virtual programs to connect residents with non-essential visitors continue to be offered. The focus is to support residents with no essential caregivers or those unable to maintain connections with other families and friends.
- Pet visits, clergy and musical entertainers will resume, visiting one home-area per day and will be required to participate in daily symptom screening and rapid antigen testing. A list of residents who were visited will be provided to the home prior to leaving the home. LTC homes will ensure that providers are not visiting more than one healthcare facility per day.
- High risk group programs such as singing and karaoke will only be permitted within the green colour zone of the COVID-19 Response Framework. A musical entertainer must strictly adhere to 2 metre physical distancing and wear a mask if singing for residents.

COVID-19 Vaccine Readiness Checklist

Discretionary:

- Group programming within the designated home area is encouraged, if outdoor or terrace space is not available, off-unit space may be used, if resources permit, and IPAC procedures are followed. Strict adherence to physical distancing of 2 metres is required if residents from more than one home area are attending an off-unit program. Residents will be encouraged to wear a mask, if tolerated.

Contract Services (i.e. music and art therapy, spiritual and religious care, physio and occupational therapy):

- Providers will be permitted to work in up to two City of Toronto long-term care locations, if vaccinated and where operationally required.
- Contracted staff are required to participate in enhanced daily surveillance screening including rapid antigen testing and follow all IPAC procedures.

Vendor Services (i.e. hair salon, chiropody, optometry, dental, etc.):

- Divisional service resumption checklist will be reviewed and updated, as needed, and completed by vendors prior to service resumption, and will include re-education on all mandatory training.
- Hair care services will resume, when permitted, following TPH's Hair Salons and Barber Shops COVID-19 Prevention Checklist.
- All service vendors are provided with a designated area to operate within the LTC home on scheduled days. The space is cleaned and disinfected before and after use and in between each resident service.
- Contracted service providers who attend the home on a predictable schedule can be considered support workers and are eligible to register for the vaccine through the LTC home. All service providers will be strongly encouraged to get vaccinated prior to commencing services.
- Service vendors will be required to wear a mask, follow room capacity restrictions and only provide service to one resident at a time. Service vendors are to provide, in advance of the appointment, a resident list, and will aim to schedule one home area at a time.
- Residents are encouraged to wear masks when feasible, especially when travelling off the home area.

Discretionary:

- Vendor service could be provided to residents from different home areas, if required.

Independent Activities and Resident Autonomy:

- If the home or home area is not in outbreak, residents are permitted to go outdoors, walk in the immediate area and access essential services (with or without essential caregivers or staff) while adhering to current Ministry Directive #3, IPAC and COVID-19 protocols, including those identified in the corresponding colour-coded COVID-19 Response Framework.
- Residents will be strongly encouraged to wear a mask and will not be required to participate in Rapid Antigen Testing upon return.

Visiting:

- Essential caregivers will be permitted to visit indoors with the resident outside of the resident's room in designated visiting areas.

COVID-19 Vaccine Readiness Checklist

Volunteer Services:

- Resumption of recruitment for new volunteers.
- Resumption and/or expansion of volunteer based services including but not limited to, tuck shops, 1:1 programming, assistance with portering for vendor services, pet visits and meal-time assistance.
- Only vaccinated volunteers will be permitted to volunteer within the LTC home. Volunteers will be required to wait three weeks after receiving the first dose of the vaccine prior to volunteering. SSLTC will assist volunteers to register for the vaccine and vaccinate on-site where possible.
- Volunteers who are medically exempt from receiving the vaccine, will assist in virtual/remote capacity.
- Volunteers will be cohorted, with the exception of assisting with essential services, such as chiropody or dental appointments.
- Volunteers are required to participate in enhanced screening and receive IPAC education training.

Discretionary:

- Tuck shops will reopen with strict adherence to occupancy limits, physical distancing of 2 metres for patrons, and enhanced cleaning procedures. Mobile or personalized window shopping options will be available as an alternative when a full reopening is not possible.

Screening:

- Only vaccinated staff will be permitted to work as screeners which includes Rapid Antigen Testing. Staff will be afforded the opportunity to be vaccinated and remain in the screening role.

Resources:

[COVID-19: visiting long-term care homes](#)

[Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) Colour Coded Framework