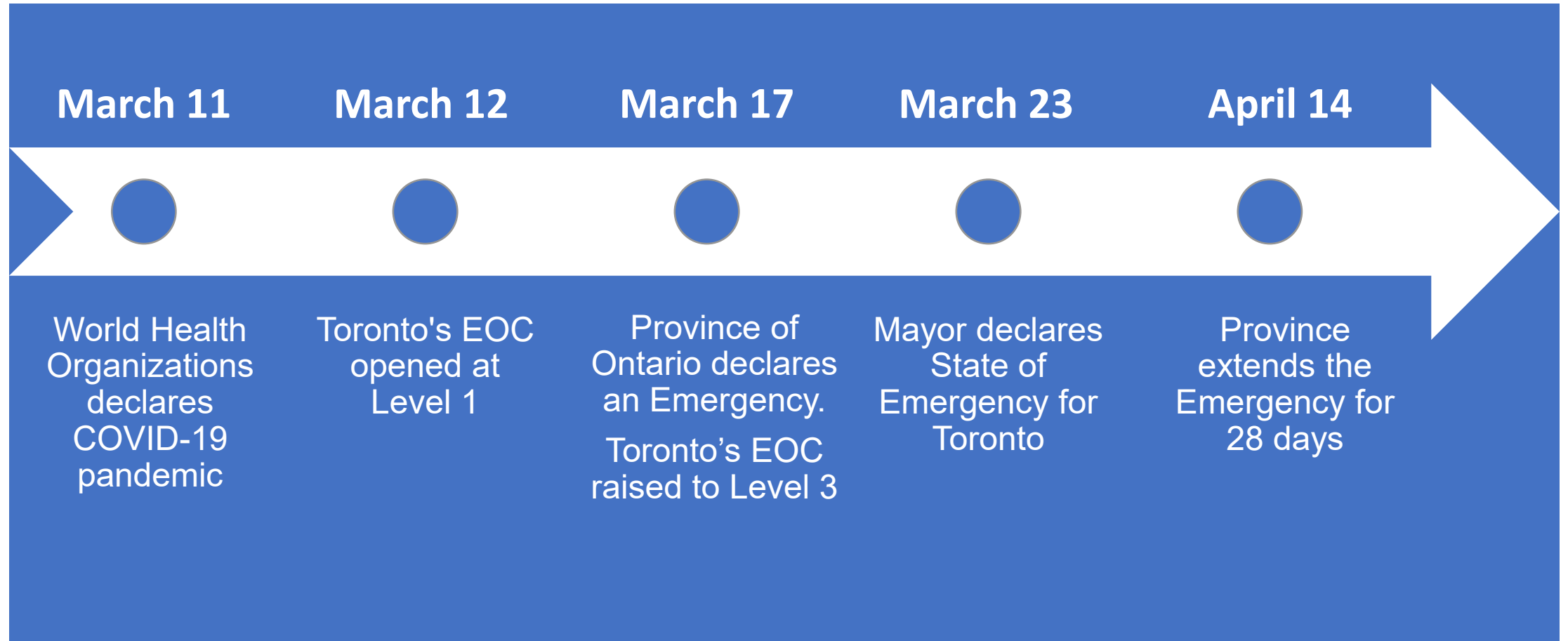


# **City of Toronto Response and Ongoing Management of Emergency City Business during the COVID-19 Pandemic**

**City Manager's Presentation  
Toronto City Council  
April 30, 2020**

# Timeline of COVID-19 Emergency Declaration

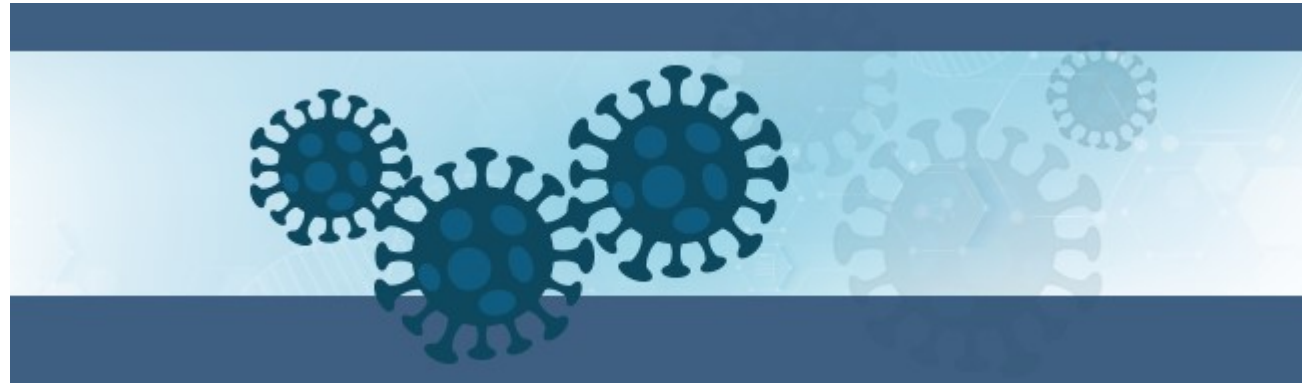


# **A. COVID-19 Evolution in Toronto and Public Health Measures Taken**

**Dr. Eileen de Villa**

# **COVID-19**

## **An Update to Toronto City Council**



**Dr. Eileen de Villa**

**Medical Officer of Health  
Toronto Public Health**

**April 30, 2020**

1. What is COVID-19
2. COVID-19 Evolution in Toronto
3. Measures We are Taking to Flatten the Curve
4. Where We Are Now and Easing Public Health Measures
5. Toronto Office of Recovery and Rebuild



# What is COVID-19

- In January 2020, a new coronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified as the cause of an outbreak originating in Wuhan, China. The disease caused by this virus is named COVID-19
- Since January 2020, the new coronavirus has spread globally
- COVID-19 was first detected in Toronto on January 25, 2020 in a person who travelled from Wuhan, China
- The World Health Organization classified COVID-19 as a pandemic on March 11, 2020
- The spread of coronavirus quickly became a local, provincial, and national emergency due to the health, social and economic impacts
- As of April 29, there are currently **5,360 laboratory-confirmed cases** of COVID-19 in Toronto
- Toronto Public Health's role in supporting the City of Toronto, the Toronto Board of Health, institutions, and the public includes monitoring, preventing and controlling the spread of infectious disease in the City

# COVID-19: Exposure and Symptoms

## Coronaviruses are generally spread through:

- Respiratory droplets from coughing, sneezing or talking
- Touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands
- Close, prolonged personal contact such as living in the same household

**Majority (over 80%) of reported cases are relatively mild; however, the risk of a severe outcome requiring health care support and hospital admission is significant for those individuals:**

- Over 70 years old
- With a chronic medical condition
- Who have a weakened immune system
- Living in a setting such as a long-term care home



## Common Symptoms



Cough

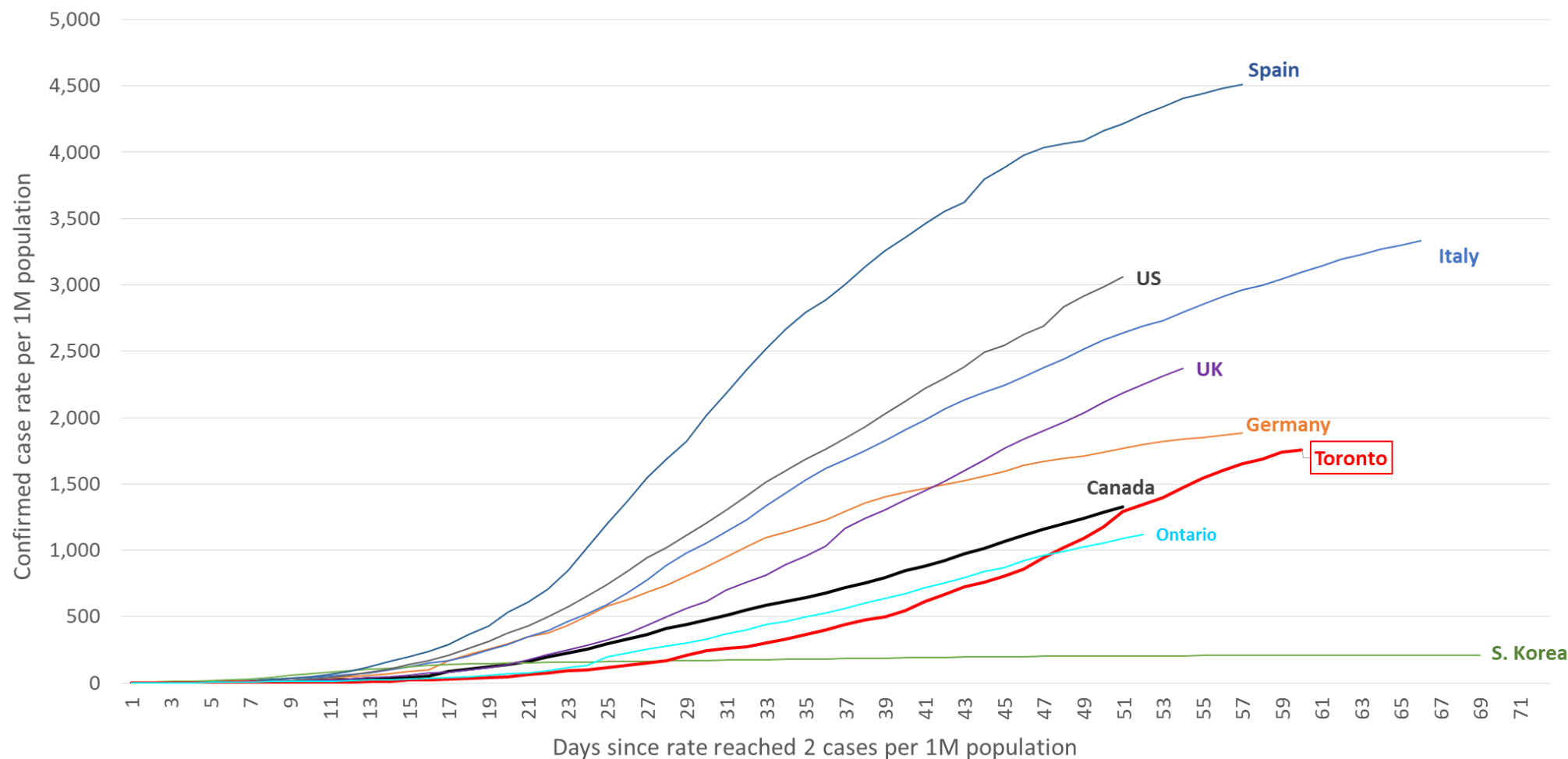


Shortness of Breath



Fever

# Cumulative Rates of COVID-19 per Million Population: Toronto Compared to Select Countries/Regions



Data sources are preliminary and subject to change:

Toronto: Integrated Public Health Information System (IPHIS) and Coronavirus Rapid Entry System (CORES) as of April 29, 2020 @ 11:00 am

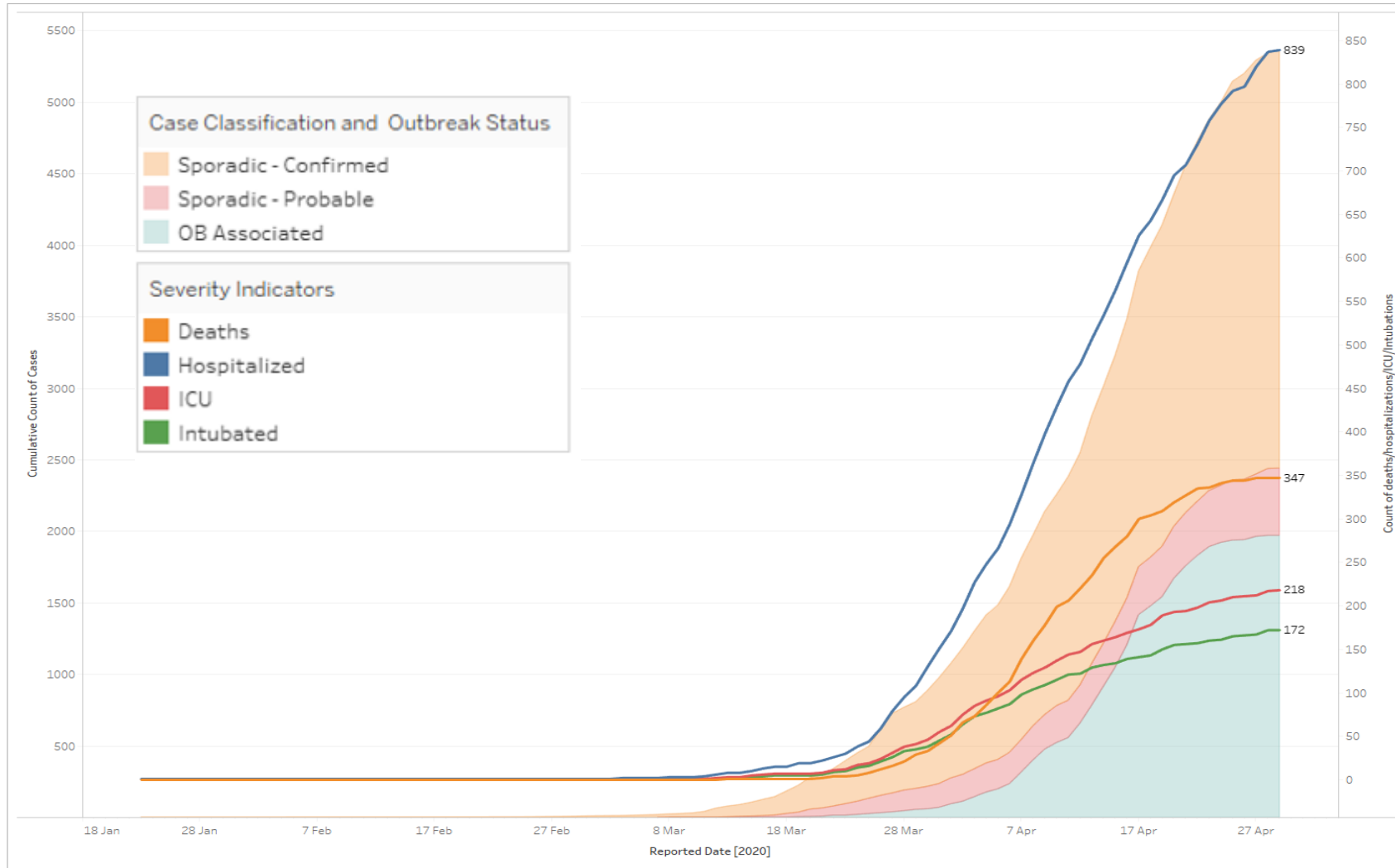
Ontario: COVID\_19 Canada Open Data Working Group <https://github.com/ishaberry/Covid19Canada>, data as of April 29, 2020 @ 8:00 am

Global: Max Roser, Hannah Ritchie and Esteban Ortiz-Ospina (2020) - "Coronavirus Disease (COVID-19) – Statistics and Research". Published online at OurWorldInData.org. Retrieved from: '<https://ourworldindata.org/coronavirus>' [Online Resource] on April 29, 2020 at 8:00 am



Toronto: Integrated Public Health Information System (iPHIS) and Coronavirus Rapid Entry System (CORES) as of April 29, 2020 @ 11:00 am

# Cumulative Number of COVID-19 Cases, Hospitalizations, Intensive Care Unit (ICU) Admissions, and Deaths, Toronto

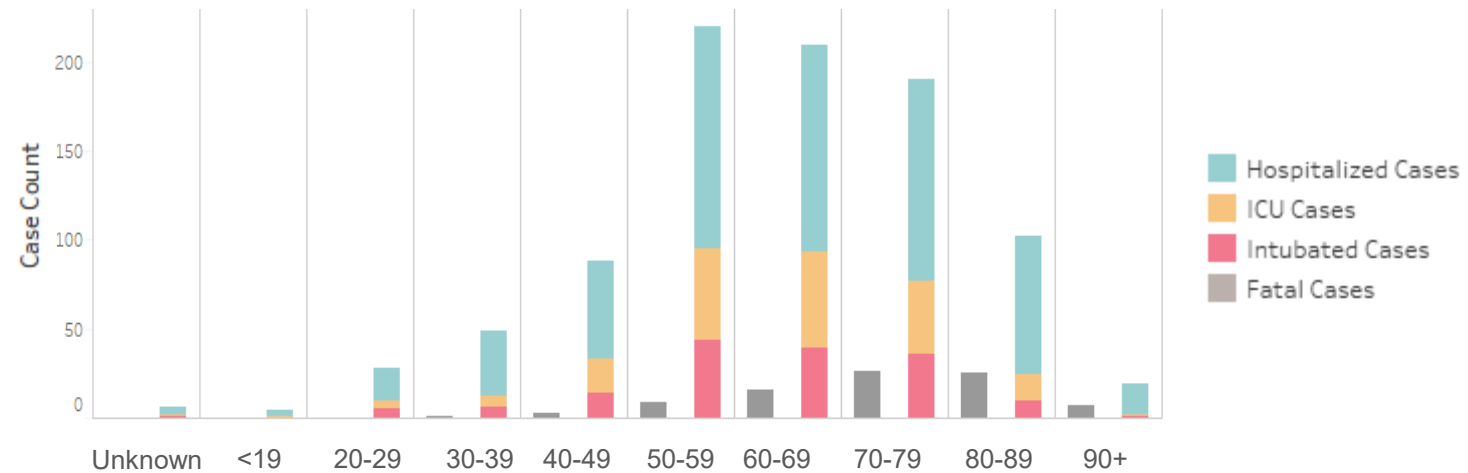


Data sources are preliminary and subject to change:

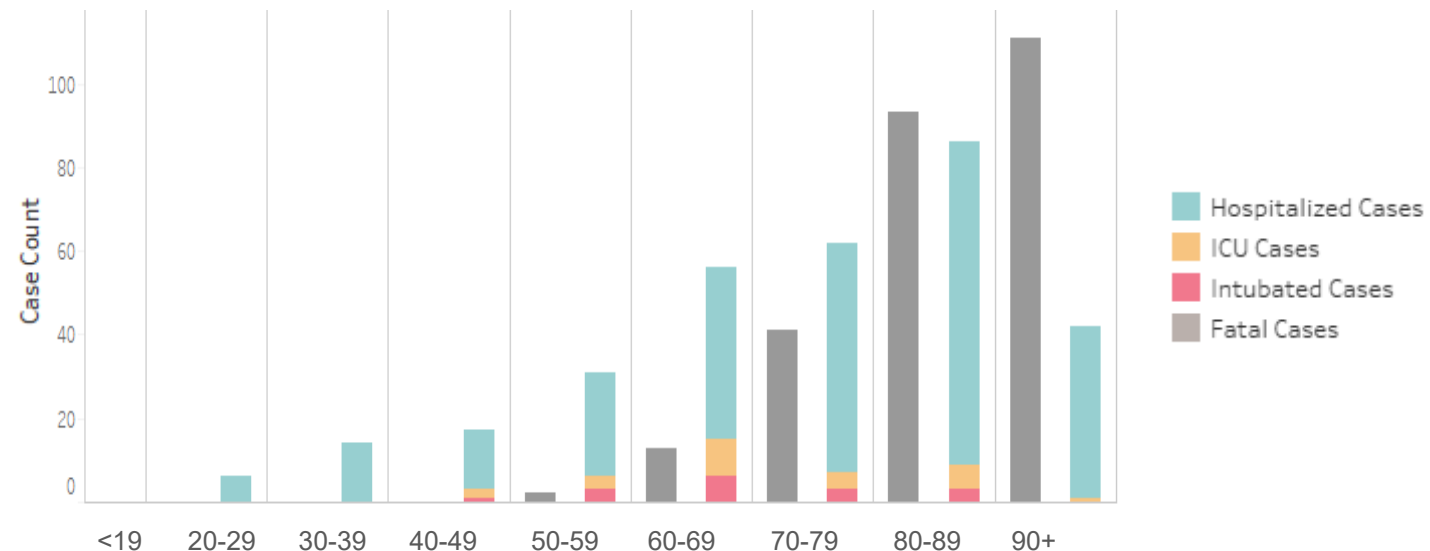
Toronto: Integrated Public Health Information System (iPHIS) and Coronavirus Rapid Entry System (CORES) as of April 29, 2020 @ 11:00 am

# Number of COVID-19 Cases Resulting in Hospitalization, ICU Admission, Intubation or Death (Cumulative), by Age Group

## Community Cases:



## Outbreak-Associated Cases:



# Summary of COVID-19 Cases in Toronto

## SUMMARY OF COVID-19 CASES IN TORONTO



### All Cases

Case Count	5,360
Recovered Cases	3,153
City incidence rate	196
Fatal Cases	347
Ever Hospitalized	839
Ever in ICU	218



Currently Hospitalized	354
Currently in ICU	111

As of April 29, 2020

\*Includes confirmed and probable cases

\*\*Institutions include long term care homes, retirements homes, chronic care & hospitals

<sup>1</sup>Gender was unknown or other for some cases



### CASES IN THE COMMUNITY\*\*

64%

Recovered Cases	2,245
Median Age At Time of Illness	51
Percent Female	52%
Percent Male	47%
Fatal Cases	88
Median Age of Deaths	79



### CASES IN INSTITUTIONS

36%

Recovered Cases	931
Median Age At Time of Illness	86
Percent Female	59%
Percent Male	36%
Fatal Cases	259
Median Age of Deaths	89

TORONTO.CA/COVID19

 **TORONTO** Public Health

# Measures Toronto Public Health is Taking to Flatten the Curve

Toronto Public Health response to COVID-19:

- ✓ Issuing a **class Order** under the *Health Protection and Promotion Act* to emphasize the significance of self-isolation for those diagnosed with COVID-19 or those at high-risk of COVID-19 infection
- ✓ Implementing intense **case and contact tracing** of COVID-19 cases, including launching a new system (CORES) to support more timely follow-up of cases
- ✓ Managing **COVID-19 outbreaks in institutions**, such as long-term care homes and shelters
- ✓ Putting a strong **education and compliance** campaign in place to enforce public health measures and implementing a **hotline** to answer COVID-19 inquiries from the public

Investigated  
Approximately  
5,000 COVID-19  
Cases

Answered Over  
26,000 Hotline  
Calls From  
Residents

Investigated  
1,400  
Complaints

These measures have been guided by the principles of establishing the greatest protections for the most vulnerable residents and maintaining critical, life-saving health care resources

# Examples of Measures Taken by All Levels of Government Over Time

**March 16**

Medical Officer of Health strongly recommends all bars, dine-in restaurants, nightclubs, and theatres close as of March 17. Food takeout and delivery options are encouraged

**March 24**

Ontario Government orders the closure of non-essential businesses, in effect at 11:59 p.m.

**March 31**

City-led events and programs are cancelled, and City permits for third-party events are cancelled through June 30

**April 2**

Mayor Tory signs emergency order regulating physical distancing in parks and public squares

**April 15**

Ontario Government publishes the *COVID-19 Action Plan for Protecting Long-Term Care Homes*

**March 13**

City announces that City-operated March Break camps are cancelled and all licensed child care centres, community/rec. centres, pools, fitness centres, arenas, libraries, museums and galleries are closed as of March 14

**March 23**

Mayor Tory declares a State of Emergency in the City of Toronto

**March 25**

City-owned park amenities are closed. Federal government announces Emergency Order under the *Quarantine Act* requiring anyone entering Canada to self-isolate for 14 days

**April 1**

Medical Officer of Health issues a class Order under the *Health Protection and Promotion Act* - that residents infected with COVID-19 and their close contacts must stay home for 14 days. Anyone who is not ill or has not travelled is strongly encouraged to stay home except for essential reasons

**April 4**

Ontario Government reduces the list of businesses classified as essential, in effect at 11:59 p.m.



# Education and Compliance

Since the City's emergency declaration on March 23, Toronto Public Health's education and compliance efforts have dramatically increased to promote physical distancing and compliance with the City and Provincial Emergency Orders

Enforcement has been a collaborative effort among Toronto Public Health, Municipal Licensing and Standards, and Toronto Police Services and has focused on:

- Essential Businesses
  - Ensuring businesses are operating in accordance with the terms of the provincial emergency Order, and implementing appropriate measures to decrease the spread of COVID-19
- Non-Essential Businesses
  - Ensure the closure of non-essential businesses
- Individuals
  - Ensuring COVID-19 cases self-isolate and their close contacts are in quarantine as directed by the Medical Officer of Health's class Order



# Where We Are Now

- Data suggests we have reached the peak period of the COVID-19 outbreak in our community; however, with emerging provincial direction on COVID-19 testing in congregate settings such as long-term care, retirement homes, and shelter settings we should expect to see more cases of COVID-19
- To date, there is no available vaccine. While there have been approximately 5,000 laboratory-confirmed cases of COVID-19 in Toronto, it has yet to be determined whether the infection leads to the development of short-term or long-term immunity
- The role of Toronto Public Health is to continue to decrease the spread and manage the outbreak of COVID-19 by:
  - Monitoring COVID-19 activity and emerging science
  - Identifying and isolating COVID-19 cases, and managing their close contacts
  - Supporting health care institutions and other congregate settings
  - Recommending public health measures
- We are working with the City to develop a strategy that would enable the gradual easing of public health measures



# Where We Are Now: Easing Measures

In order to ease public health measures, we would need to observe the following in Toronto:

- ✓ Sustained reduction in daily COVID-19 cases
- ✓ Strategies to manage outbreaks in congregate settings such as hospitals and shelters are in place
- ✓ Provincial government to continue to make testing available and expand testing measures, as necessary
- ✓ The ability for hospitals to treat all patients requiring hospitalization and for there to be sufficient personal protective equipment (PPE) available to protect all health care workers
- ✓ Timely identification and appropriate management of COVID-19 cases and their close contacts
- ✓ Capacity for implementing effective physical distancing and other public health measures



# Future: Phased Approach to Easing Measures

- The easing of public health measures will be phased in over time and will vary by sector. It will be important to balance the need to support the economy while protecting the health of the public
- Decisions will be based on evidence and the experience in other jurisdictions, such as:
  - Re-opening of some businesses while continuing to maintain physical distancing and rigorous disinfection protocols
  - Gradual and staged re-opening of City facilities and programs
- As we ease public health measures, Toronto Public Health would continue intensive case and contact tracing and ensure protections remain in place for vulnerable groups, such as those over 70 years of age
- Overall, Toronto Public Health will continue to evaluate the science and evidence on COVID-19, work with provincial and federal partners, and adjust our approach to respond to our own unique circumstances in Toronto



# Toronto Office of Recovery and Rebuild

- The City of Toronto has launched the Toronto Office of Recovery and Rebuild, under the guidance and leadership of Mr. Saäd Rafi and Dr. David Mowat
- Dr. David Mowat is a former Chief Medical Officer of Health for the province of Ontario, former Deputy Chief Public Health Officer of Canada, and former Medical Officer of Health in a number of local jurisdictions
- Dr. David Mowat will provide public health expertise to support decision-making for when and how to re-open City services and the City in general, and will develop locally-based strategies to protect the public's health

# **B. Emergency Operations Centre (EOC) COVID-19 Response Overview**

**Chief Matthew Pegg**

# EOC Activation

Work and proactive planning in Toronto began before the first reported case of COVID-19 in Canada.

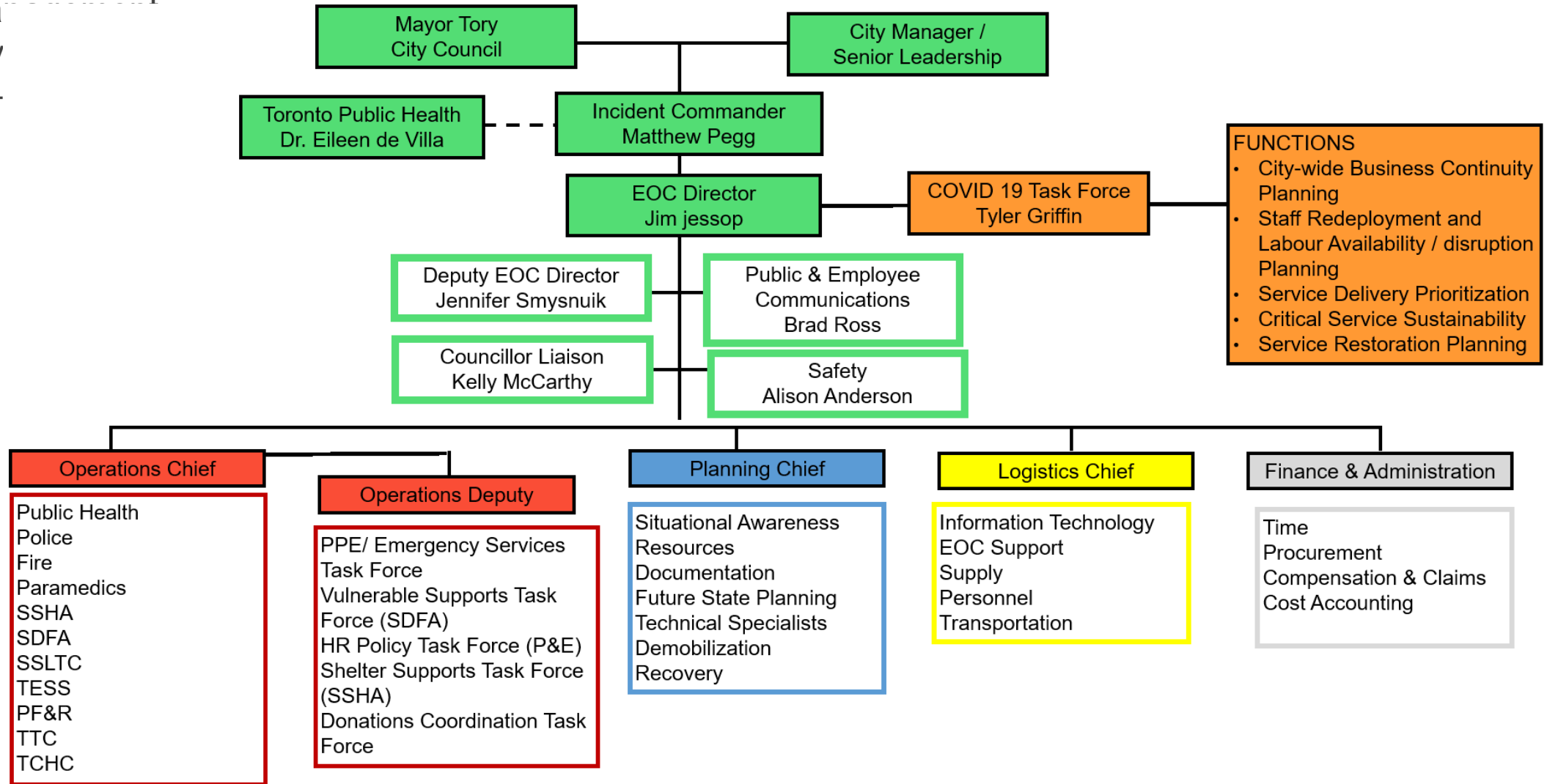
- January 2020 - the City commenced coordination meetings across each division and agency.
- March 17 - EOC operations were elevated to a full level 3 activation, the highest level of activation. This is the longest continuous activation of the EOC in Toronto's history.

From the outset of EOC activation, the following strategic priorities have been in place, which guide all aspects of decision making within the EOC:

- Priority One: Save lives;
- Priority Two: Prevent overwhelming Toronto's healthcare systems;
- Priority Three: Protect the Social and Financial economies.

# Emergency Operations Centre Structure

Incident Ma  
System Lev  
Activation –



# **C. Community and Social Services: COVID-19 Response**

**Supporting Vulnerable Torontonians during COVID-19**

**Giuliana Carbone**

City of Toronto

Provincial  
Government

Federal  
Government

Community  
Sector

- Shelters
- Drop Ins
- Street Outreach
- Supervised Injection
- Rapid Rehousing
- Eviction Support
- Rent Support

HOUSING &  
HOMELESSNESS

- OW & ODSP
- Provincial Supports
- Federal Supports
- Youth Employment
- Credit Counselling

INCOME  
SUPPORT

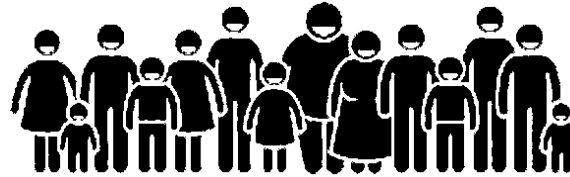
- Emergency Child Care Centres
- Parental Support
- Learning Activities
- Support for Seniors
- Prescription Delivery
- Medical Appointments

FAMILY  
SUPPORT

- Food Banks
- Hamper Delivery
- Grocery Delivery
- Grocery Gift Cards
- Prepared Meal Delivery

FOOD  
ACCESS

## TO Supports



MENTAL  
HEALTH

- Free Phones
- Free Counselling
- Online Group Workshops
- Bereavement

SAFETY &  
WELLBEING

- Escalated Situations
- Critical Incidents
- Domestic Violence
- Child Abuse
- Funeral Planning
- Know Your Rights

SOCIAL  
CONNECTION

- Volunteerism
- Donations
- Digital Access
- Online Activities

COMMUNITY  
SECTOR  
SUPPORT

- City-Sector Coordination
- Networking
- Emergency Funding
- Workplace Safety
- Funding Sustainability
- Research

# Community & Social Services: Rapid Response



## Long-Term Care Homes:

- Proactive **infection prevention & control (IPAC)** practices in City-operated Homes early on (before Prov. Directives)
- **Positive** independent **audit** of our IPAC practices
- **Leading** Prevention & Outbreak Management **practices** in all 10 homes
- As of April 27<sup>th</sup> , 4 of the 10 City-operated homes in outbreak. Stringent outbreak protocols in place
- Continued focus on **staffing continuity & increased testing**



## Shelter Enhancements:

- Creating **physical distancing** across the shelter system
  - **11 temporary facilities** (7 community centres; 4 other facilities): all **492 spaces** occupied
  - 11 hotels (1,020 rooms) secured: 863 people moved as of April 27<sup>th</sup>
  - **1,355 clients moved** in total (as of April 27<sup>th</sup>). Balance to move over next two weeks
- 213 confirmed COVID cases in 14 shelter locations (as of April 27<sup>th</sup>)
- 200 bed **Recovery Site for COVID-positive clients** opened April 16. **2<sup>nd</sup> site** (up to 285 additional beds) **by May 1<sup>st</sup>**



## Rapid Re-Housing:

- **275 apartments secured** to date
  - **73 clients moved** into new permanent housing and more in process
  - Working to identify availability of additional apartments / buildings
- **Modular Housing**
- Rent Bank (no-interest loans for rent arrears) **increased by \$2M** (helping **800 households** stay housed)

# Community & Social Services: Rapid Response



## Emergency Child Care for Essential, Critical Workers (7 days/week)

- No charge to parents; funded by Province
- Online application launched March 28 (same day as Provincial announcement)
- **7 centres** opened by April 29 in City-operated child cares. **1 more** will open in next 2 weeks
- 993 families applied; 648 families contacted; **310 children placed** to date
  - 73% of families in care are front-line health workers & first responders
- Screening, cleaning, and infection control designed with Toronto Public Health



## Food Access:

- **996 food hampers** delivered to seniors/persons isolation (two week supply of food) with Red Cross in April
- **11 Food banks** opened in Toronto Public Library locations: **2,259** households and **5,685** individuals served
- **42,000** student families received \$50 **grocery cards** (repurposing student nutrition grants)
- **3,000** prepared meals delivered and working with community partners to scale up



## Mental Health Support:

- Residents call 211 to get connected to one of **8 mental health service providers** (direct phone support)
  - Support is free to all residents
  - Complements & does not replace any existing mental health support models
- Counselling support for frontline workers



## Supporting Local Community Response & Planning:

- **City-Community Response Table** (75+ agencies) meet virtually 3 times per week to problem-solve
- **Partnership with United Way** to coordinate service provision to vulnerable residents at a neighbourhood level

# **D. Overview of City Staffing Strategies in response of COVID-19**

**Omo Akintan**

# Staffing Strategies

## Phase 1

- Focus on emergency response
- Paid all scheduled employees

March 16 to April 05

## Phase 2

- Stopped paying unscheduled part-time & recreation workers
- Continued to pay all full-time employees

April 06 to 26

## Phase 3

- Continue to pay all employees working
- Place all other employees on Emergency Leave

April 27 onward

*Enabled more employees to remote work  
& developed COVID staffing policies*

*3 framework union agreements  
& new redeployment process.*

# **E. Response, Recovery, Rebuild: Phased, collaborative approach**

**Chris Murray**

# Toronto's Recovery and Rebuild Considerations

Primary Objective Remains Public Health – Recovery will start when the necessary public health conditions are met and direction is provided by the Medical Officer of Health

- There is **no distinct point** at which activities transition from one phase to the next
- The **virus will dictate the timeline**; scenarios fed by continuous data inform decision-making and planning
- Recovery and rebuilding continues until all systems return to normal or better
- The City's **partners, residents and businesses** will play increasingly greater roles in restoring communities and social and economic infrastructures
- **Members of Council** will be consulted throughout and staff will report on recovery strategies regularly for Council approval
- The experience, and definition of success will be **unique for each community**
- We continue to **share data and solutions** within the GTHA and among Canada's large cities

# **F. City of Toronto COVID-19 Communications**

**Brad Ross**

# Public and Employee Communications

## Public Information

- Daily media briefings
- Media relations
- Continuous website updates
- Multiple, daily social media posts
- Advertising and public information – English, French and 10 other languages
- Public signage
- Councillor information packages

## Employee Information

- Daily all staff messages
- Dedicated Intranet resources
- Creation of COVID-19-specific portal on ELI
- City Manager virtual town hall
- Communications tools for managers
- Online shout-outs and gratitude to essential and critical workers
- Health and safety posters created and erected across all City facilities

# **G. Brief overview of the financial picture**

**Heather Taylor**

# COVID-19 Financial Impacts – Experience to Date

## \$260 million in Financial Impacts as of April 19, 2020

- \$64.4 million in potential additional trailing costs
  - Driven by estimated delayed impact on MLTT revenue
- Excludes secured Federal / Provincial funding and experienced cost savings

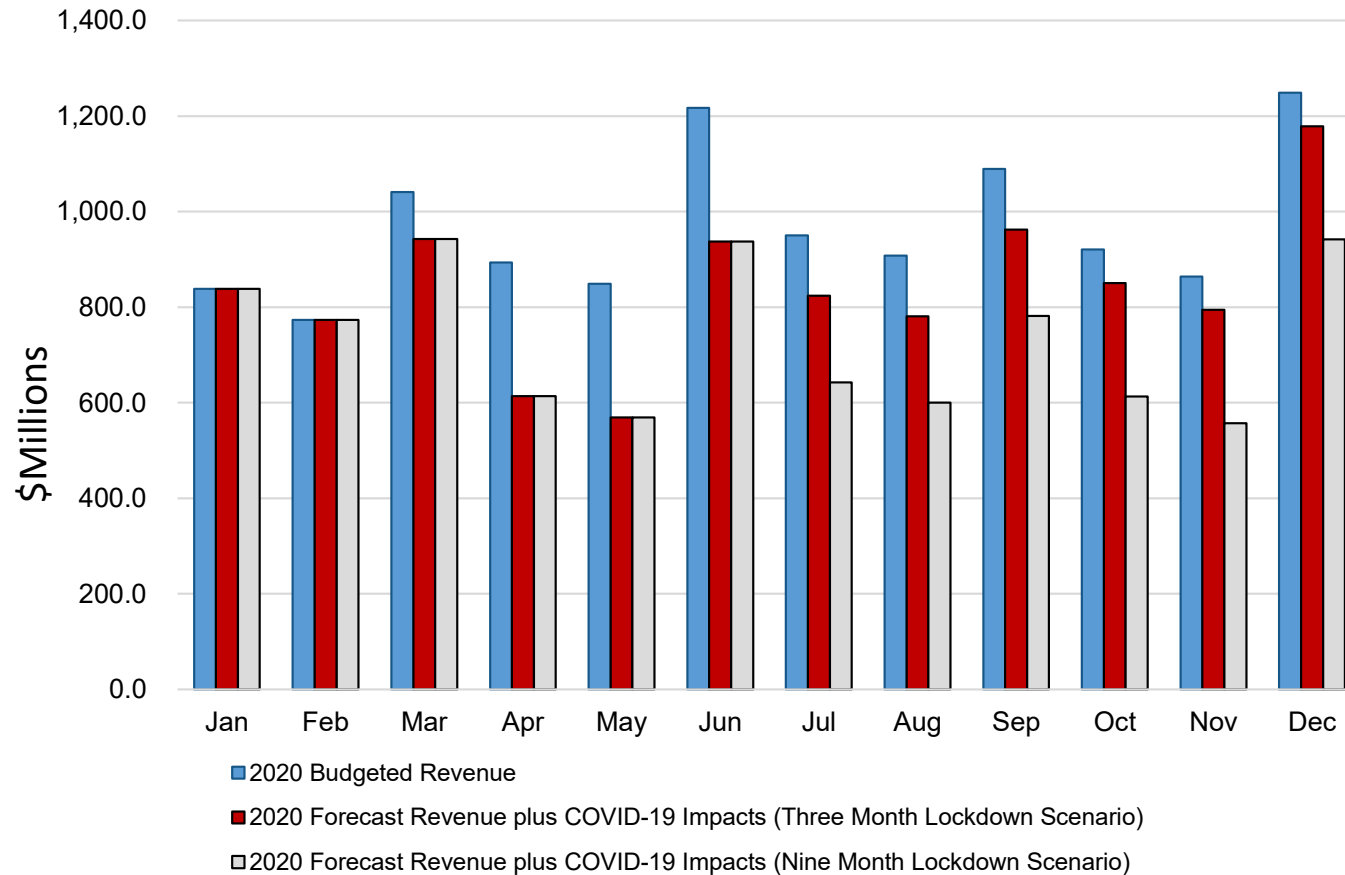
Weekly Burn Rate Estimate	
Description	\$ Millions
<b>Revenue Centric Impacts</b>	<b>45.4</b>
TTC - Predominantly fare revenue	23.5
TPA On-street/Off-street	3.9
TCHC - Mainly reduced revenue	3.0
Corporate Revenue (i.e. Investments, Parking Tag)	3.7
Permit / License Fees	3.1
MLTT - Current Experience	2.9
Cancellation of Public Events	1.6
User Fee Revenue	1.0
Toronto Zoo – Admission and fees	0.5
Other Revenue Loss	2.2
<b>Increased Costs</b>	<b>19.6</b>
Child Care Costs	7.7
Overtime Costs	3.8
Cleaning Supplies	2.0
Shelter Related Costs	1.1
Other Costs	5.0
<b>Total Weekly Estimate</b>	<b>65.0</b>

Week 1 Actuals	Week 2 Actuals	Week 3 Actuals	Week 4 Actuals	Week 5 Actuals	5 Week Total
\$ Millions					
<b>32.6</b>	<b>34.0</b>	<b>38.9</b>	<b>42.0</b>	<b>39.3</b>	<b>186.9</b>
16.2	16.4	21.4	19.4	21.5	94.8
2.0	3.1	3.1	3.6	3.3	15.0
3.0	3.1	3.1	2.8	2.8	14.7
3.6	4.6	4.9	5.0	5.3	23.3
2.1	2.7	2.5	1.0	1.7	10.0
<b>0.2</b>	<b>0.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.4</b>
2.6	0.8	0.9	1.0	0.4	5.7
0.8	0.7	1.2	6.9	1.8	11.4
0.9	0.3	0.3	0.4	0.4	2.3
1.2	2.3	1.7	2.0	2.2	9.3
<b>17.8</b>	<b>13.7</b>	<b>17.1</b>	<b>11.4</b>	<b>13.3</b>	<b>73.3</b>
7.7	7.7	7.7	7.7	7.7	38.5
0.8	1.0	1.2	1.0	1.6	5.5
0.7	0.7	0.7	0.6	0.5	3.1
2.2	4.3	6.7	2.0	2.5	17.7
6.4	0.1	0.8	0.2	0.9	8.4
<b>50.3</b>	<b>47.8</b>	<b>56.0</b>	<b>53.5</b>	<b>52.6</b>	<b>260.2</b>

Does not include any experienced COVID-19 related budget savings  
Does not include potential further saving initiatives

# COVID-19 Financial Impacts – 2020 Forecast

## COVID-19 - 2020 Forecasted Financial Impacts



## Forecast 2020 Impacts

- \$11.6 billion in budgeted revenues (Tax Supported Budget)
- \$1.5 - \$2.8 billion in forecasted impacts to year end
  - \$1.0 - \$2.0 billion in revenue loss
  - \$520 - \$760 million in added costs
- Depend on when/how physical distancing regulations are ultimately lifted
  - 30% impact on monthly budget during physical distancing regulations
  - 10% - 15% impact on monthly budget during recovery period

