



## REPORT FOR ACTION

# Supplementary Report to City Council on Establishing a COVID-19 Isolation Site

**Date:** July 26, 2020

**To:** City Council

**From:** Medical Officer of Health

**Wards:** All

## SUMMARY

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Toronto Public Health continues to respond to the COVID-19 pandemic. While it is not possible to predict if and when a second wave might occur, Toronto Public Health is actively preparing for a potential surge in COVID-19 cases through implementing a variety of public health measures. One such measure is the provision of a safe isolation space for people with COVID-19 or those who are at risk of COVID-19 infection, who are not able to properly self-isolate at home.

On July 2, 2020, the Board of Health recommended to City Council that the City Manager to engage Public Health Agency of Canada, Public Health Ontario, and the Ontario Ministry of Health to support Toronto Public Health to establish a volunteer isolation/quarantine centre system. Since this time, the Medical Officer of Health has been in active discussions with provincial and federal partners on establishing such a site.

This report seeks approval to enter into an agreement with the federal government to establish a voluntary COVID-19 isolation site. The report outlines a proposed site program model, including eligibility criteria, anticipated costs, and evidence to support the establishment of an isolation site.

## RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. City Council authorize the Medical Officer of Health to enter into a Funding Agreement with the appropriate department(s) of the Government of Canada for the receipt and expenditure of funding to establish a voluntary isolation/quarantine site and to undertake appropriate measures as required to ensure full and effective use of available federal funds, on such terms and conditions as are satisfactory to the Medical Officer of Health and in a form approved by the City Solicitor.

2. City Council approve the receipt of the funds from the Government of Canada for the establishment of a voluntary isolation/quarantine site in accordance with the terms and conditions of the Funding Agreement.

3. City Council authorize the Medical Officer of Health to make the necessary budget adjustments to the 2020 Operating Budget for Toronto Public Health to utilize and spend (net \$0) voluntary isolation/quarantine site funding.

4. City Council authorize the Medical Officer of Health to enter into agreements or other suitable arrangements with other City divisions, federal or provincial agencies, community agencies, private entities and/or individuals to expend the funds from the Government of Canada for the establishment and operation of the voluntary isolation/quarantine site in accordance with the terms and conditions of the Funding Agreement.

## **FINANCIAL IMPACT**

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It is anticipated that the Government of Canada will provide 100 percent funding directly to the City of Toronto for the operation of a voluntary isolation/quarantine site for a period of twelve months to start in August 2020.

Toronto Public Health recommends operating the site for approximately one year due to the fact that the timing/length of a potential second wave is unknown and the timing for the development of a vaccine to prevent the spread of COVID-19 is also unknown.

Cost estimates, provided in Table A below, have been developed based on the direct experiences of partners, including Shelter, Support and Housing Administration (SSHA) and the Public Health Agency of Canada (PHAC), who have operated similar sites. The total estimated cost to operate the site is \$12.672 million to house 140 people for an isolation period of approximately 14 days each over a twelve month period.

It is anticipated that the 2020 Approved Operating Base Budget for Toronto Public Health will increase by \$4.224 million gross, \$0 million net, and 3 temporary positions to reflect 100 percent funding from the Government of Canada to operate the site from September-December 2020.

The additional \$8.448 million, to complete the full twelve month operation, will be included in the 2021 Budget Submission.

Upon approval of this report, the City of Toronto through Toronto Public Health will work to enter into an agreement with the Government of Canada and will seek flexibility within the agreement to potentially extend the site beyond the twelve months of anticipated operation, if needed.

The Chief Financial Officer and Treasurer has reviewed the report and agrees with the financial impact information.

**Table A: Costing Estimates**

COVID-19 Isolation Site	Gross (millions \$)		
	Sep-Dec '20	Jan-Aug '21	TOTAL
Lodging	1.848	3.696	5.544
Security	0.117	0.233	0.350
Food	1.142	2.285	3.427
Operational Staff Wages	0.173	0.346	0.518
Cleaning	0.202	0.403	0.605
Laundry	0.286	0.571	0.857
Transportation	0.073	0.146	0.219
Contingency Fund 10%	0.384	0.768	1.152
<b>Total</b>	<b>4.224</b>	<b>8.448</b>	<b>12.672</b>

## DECISION HISTORY

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On July 2, 2020, the Board of Health recommended to City Council that the City Manager to engage the Public Health Agency of Canada, Public Health Ontario, and the Ontario Ministry of Health to support Toronto Public Health's work on the establishment of a volunteer isolation/quarantine centre system as well as other methods to achieve effective isolation for individuals who are unable to safely and effectively isolate at home.

## COMMENTS

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### Background on COVID-19 Isolation Sites

A person who is infected with COVID-19 is required to self-isolate in order to prevent the transmission of COVID-19 in the community. An isolation site would assist individuals who live in housing that may be crowded or have insufficient space to allow for proper distance from household contacts to self-isolate. An isolation site would reduce the risks of spread of the virus to household contacts which is known to be one of the most common ways that the virus is spread in the community.

During the COVID-19 pandemic, jurisdictions such as Wuhan, China and Chicago and New York in the United States have established isolation sites. In addition, Canada and other countries around the world have employed quarantine/isolation sites for travellers who are returning from abroad. The COVID-19 isolation facility in Chicago has been set up in a hotel setting and is overseen by the Chicago Department of Public Health. Private isolation rooms are intended for Chicago residents experiencing a relatively mild case of COVID-19, who lack an appropriate setting to isolate and recover from their COVID-19 illness, and are not in need of additional medical and/or behavioural health support. Those admitted to the isolation facility receive a private single occupancy room

and bathroom, along with television, WiFi, and daily meals delivered to their door at no cost. Toronto Public Health intends to follow a similar model.

## **Evidence to Support a COVID-19 Isolation Site in Toronto**

Given that COVID-19 is a new virus and evidence on effective public measures continues to be studied and evaluated, there are few high-quality studies examining the impacts of quarantine/isolation sites. However, there is a general consensus that where individuals with COVID-19 are unable to effectively isolate in their current living situation, the use of Centralized Voluntary Isolation/Quarantine Centres (CVICs) should be considered.

Preliminary socio-economic data from Toronto Public Health and Public Health Ontario have revealed that lower-income neighbourhoods have been disproportionately affected by COVID-19, including its most severe outcomes.<sup>i</sup> Individuals from these neighbourhoods may have more difficulty properly isolating themselves due to their household circumstances, leading to the potential for greater disease transmission.

A study of COVID-19 found a 30% household transmission rate, which is a much higher rate than SARS or MERS.<sup>ii</sup> A study using modelling found that institutional isolation led to a 57% reduction in COVID-19 cases, in comparison to a 20% reduction through home-based isolation.<sup>iii</sup> This evidence supports the need for this type of service and its potential to impact community transmission.

At the height of the COVID-19 pandemic in April 2020 when daily COVID-19 cases counts in Toronto were around 200 per day, it is estimated that approximately 10-15 individuals would have been eligible to use a Toronto-based CVIC site on a daily basis.

## **Proposed Model**

Toronto Public Health, through its case and contact management process, would identify an individual to be immediately offered to be transferred to the isolation site on a voluntary basis, following set eligibility criteria recommended by the Medical Officer of Health. An individual would be eligible if they share a home with one or more individuals who tests positive for COVID-19 or is awaiting a COVID-19 test and must either: lack the ability to safely isolate at home away from cohabitants for the recovery period; or, require a place outside of their home to self-isolate, for personal safety considerations, such as being isolated in the household (e.g., risk of domestic violence); or, be sharing a household with, or self-identify as, an individual who is at higher risk of severe COVID-19 disease.

At the isolation site, individuals would be required to self-isolate for up to 14 days (the time period may be longer if the individual continues to be symptomatic). Their date of departure from the site would be determined by the Toronto Public Health staff managing their case and their overall health status. Individuals would be offered transportation to the site, and the transportation service would follow all current and recommended infection prevention and control (IPAC) procedures.

While at the site, an individual would be provided with lodging, including bedding and other necessities, daily meals and incidentals, and daily check-ins by phone from Toronto Public Health Communicable Disease Investigator. Toronto Public Health would provide onsite coordination, and would engage appropriate security and cleaning services to ensure the site promotes overall safety and includes all recommended IPAC measures.

Given that the use of the site would be voluntarily, should an individual decide to no longer use the facilities, they would be required to inform Toronto Public Health and on site staff. The individual would be informed that self-isolation is mandatory either at the CVIC or at this person's normal place of residence under the *Health Protection and Promotion Act*.

## **Evaluation**

Public Health Ontario has agreed to partner with Toronto Public Health to evaluate the efficacy of a COVID-19 isolation site. As Toronto Public Health works to enter into an agreement with the Government of Canada, Toronto Public Health will continue to develop evaluation details with Public Health Ontario in order to measure the public health benefits of the site.

## **CONTACT**

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## **SIGNATURE**

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Dr. Eileen de Villa  
Medical Officer of Health

## **ATTACHMENTS**

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### **References**

<sup>i</sup> <https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/06/covid-19-epi-diversity.pdf?la=en>

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ii Wang et al. *Household transmission of SARS-CoV-2*. Journal of Infection. March 2020. [https://www.journalofinfection.com/article/S0163-4453\(20\)30169-9/pdf](https://www.journalofinfection.com/article/S0163-4453(20)30169-9/pdf)

iii Dickens et al. *Institutional, not home-based, isolation could contain the COVID-19 outbreak*. The Lancet. April 28, 2020. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31016-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31016-3/fulltext)