

Response to COVID-19 - January 2021 Update

Date: January 5, 2021

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

This report provides an update on the COVID-19 pandemic locally and the City of Toronto's COVID-19 Immunization Task Force's (ITF) planning. It also outlines Toronto Public Health's (TPH) response to COVID-19 outbreaks in workplaces, provides an update on the launch of TPH equity indicators on the TPH COVID-19 Monitoring Dashboard, outlines supports intended to facilitate self-isolation for families due to COVID-19 infection in a household, and provides information on the importance of paid sick leave provisions, particularly for essential workers, in mitigating the spread of COVID-19.

On December 21, 2020, the Provincial Government announced that Ontario would be moving into the "Grey - Lockdown" level of the Province's [Keeping Ontario Safe and Open Framework](#) as of December 26, 2020. Toronto has been in the "Grey - Lockdown" level since November 24, 2020 and will remain at this level until at least January 23, 2021. These restrictions remain in place in response to the continuing significant rate of COVID-19 spread in Toronto.

The COVID-19 ITF continues to plan for the roll-out of the vaccine to all Toronto residents in order to protect everyone against COVID-19 infection and end the pandemic. As of the end of 2020, over 50,000 doses have been received in Toronto and these are being administered to residents, essential care providers and staff of long-term care homes and retirement homes. In early 2021, it is expected that another 50,000 doses of the Pfizer/BioNTech and Moderna COVID-19 vaccines will be available for administration in Toronto.

On September 21, 2020, the Board of Health (BOH) requested TPH to publicly share details of workplace outbreaks while respecting privacy requirements. TPH has developed a process to share anonymized outbreak information related to community and workplace settings on its website. These details are expected to become publicly available early in 2021.

On October 19, 2020, the BOH requested TPH to expand the TPH COVID-19 Monitoring Dashboard to include equity indicators. In consultation with key equity-

seeking stakeholders, TPH will be expanding the TPH COVID-19 Monitoring Dashboard in February 2021 to include three equity indicators on income, ethno-racial group and neighbourhoods. These indicators will provide insight into how well the response to the pandemic is contributing to a reduction in COVID-19 related socio-demographic inequities and will support TPH decision-making.

During the pandemic, it has become increasingly evident that paid sick leave provisions are essential to protect the health of individual workers, their workplaces, and the broader community. This report recommends that the Government of Ontario require employers in the province to provide no less than five paid sick days annually and provide necessary funding, fiscal relief and/or supports to employers so that all workers in Ontario have access to no less than 10 paid sick days annually during a declared infectious disease emergency such as the COVID-19 pandemic.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. City Council and the Board of Health request the Federal Government to provide funding to the City of Toronto to support the City of Toronto's COVID-19 Immunization Task Force's plan for a broad-based community engagement, education, and mobilization campaign to raise awareness and build support for the COVID-19 vaccine.
2. City Council and the Board of Health request the Ontario Ministry of Labour, Training and Skills Development to provide resources and funding to support workplaces that hire temporary workers to appropriately train staff in the use of Personal Protective Equipment and infection prevention and control measures.
3. The Board of Health request the Medical Officer of Health to engage Toronto's COVID-19 Community Cluster tables and other relevant stakeholders on the development of Toronto Public Health's equity indicators and include these indicators in the Toronto Public Health COVID-19 Monitoring Dashboard in February 2021.
4. City Council and the Board of Health request the Government of Ontario to:
 - a. require employers in Ontario to provide no less than five paid sick days annually to workers, after three months of employment, through amendments to the Employment Standards Act, 2000 or through a different mechanism; and
 - b. provide necessary funding, fiscal relief, and/or supports to employers so that all workers in Ontario have access to no less than 10 paid sick days annually in the event of a declared infectious disease emergency such as the COVID-19 pandemic.
5. The Board of Health direct that this report be forwarded for information to the Federal Government, the Federation of Canadian Municipalities, and the Association of Municipalities of Ontario, with a request that they review and consider Recommendation 4 above.

FINANCIAL IMPACT

There is no financial impact resulting from the adoption of the recommendations in this report.

DECISION HISTORY

On December 14, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on COVID-19: Update.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL24.2>

On December 14, 2020, the Deputy City Manager delivered a report and presentation to the Board of Health on TO Supports: COVID-19 Equity Action Plan.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL24.1>

On November 16, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Persevering through Resurgence. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL23.1>

On October 19, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Response to Resurgence.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL22.1>

On September 21, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Reopening and Preparations for a Potential Resurgence.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL20.1>

On July 26, 2020, the Medical Officer of Health delivered a Supplementary Report to City Council on Establishing a COVID-19 Isolation Site.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL18.1>

On July 2, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on an update regarding COVID-19.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL18.1>

On June 8, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health regarding the City of Toronto's COVID-19 Response and Recovery.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL17.1>

On May 7, 2020, the Medical Officer of Health delivered a presentation at a special meeting of the Board of Health.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL16.2>

COMMENTS

Status of the COVID-19 Epidemic in Toronto

Toronto continues to be in the "Grey - Lockdown" level of the Province's [Keeping Ontario Safe and Open Framework](#) until at least January 23, 2021. COVID-19 infection remains a high risk to residents of Toronto as the virus continues to circulate to a significant extent in the city.

Ontario's first COVID-19 vaccines were given in mid-December 2020 to high-priority recipients including long-term care staff and residents, and front-line health care workers in Toronto. Eligibility for COVID-19 vaccination is expected to expand to broader public access in the spring months of 2021.

Update on the City's COVID-19 Vaccination Plan

Roles and Responsibilities

The City of Toronto's COVID-19 Immunization Task Force (ITF) continues to work to ensure that Toronto residents get vaccinated. The ITF is working closely with the provincial and federal governments to coordinate and collaborate on the plan for COVID-19 vaccination in Toronto. Toronto's ITF leaders, which includes Toronto Public Health (TPH) representation, meet often with the Province's Ministers' COVID-19 Vaccine Distribution Task Force leaders to ensure planning is aligned and the City's actions are coordinated with provincial direction.

The ITF is primarily responsible for organizing the planning and logistics of the City's COVID-19 vaccination campaign, including:

- Supporting the documentation of the COVID-19 vaccination campaign's Phase Two planning for the highest risk groups;
- Assisting TPH with the drafting of a broader City vaccination plan (e.g. a mass immunization clinic plan) and ensuring this broader plan is prepared for presentation to the Province when requested;
- The TPH-led mass immunization clinics that will be operational when a sufficiently large supply of vaccine is available in Phases Two and Three of the Province's COVID-19 vaccination campaign;
- Activating City resources such as human resources and logistics support for vaccination administration, storage and handling requirements; and,
- Collaborating with the City of Toronto's strategic communications team to ensure general messages about the vaccine and the campaign are aligned with the Province and supports broader community understanding of the vaccine.

Toronto Public Health is primarily responsible for strategically utilizing and disseminating its vaccine program expertise with key local stakeholders, including:

- Leading collaboration efforts with Ontario Health/Local Health Integration Network colleagues to vaccinate local long-term care home (LTCH) residents in partnership with Toronto's hospitals;

- Collaborating with Toronto's hospitals to ensure LTCH and retirement home staff and essential caregivers are among the first to receive the COVID-19 vaccine;
- Supporting ITF work including mass immunization clinic planning and IT planning;
- Drafting key documents such as training materials, consent forms and fact sheets for the COVID-19 vaccines; and,
- Collaborating with the City of Toronto's strategic communications team to ensure general messages regarding the local COVID-19 vaccination plan and answering media questions about the vaccine and its use.

Vaccination Progress to Date

On December 11, 2020, the provincial government released a three-phase implementation plan to receive, store and administer COVID-19 vaccines. On December 14, 2020, the first Health Canada-approved Pfizer-BioNTech COVID-19 vaccine was administered in Toronto to a long-term care support worker from The Reikai Centres at Sherbourne Place. This was part of the provincial government's COVID-19 vaccination pilot in Toronto and Ottawa which included the vaccination of over 2,500 health care workers in long-term care homes.

This pilot helped inform the Province's preparedness plan to receive larger vaccine quantities as it moved forward into Phase One of its vaccine roll-out. It was an opportunity to test the logistics of delivery, reconstitution of the vaccine, clinic management, and post-vaccine surveillance. The pilot also provided the opportunity to learn from the experiences of those being immunized and those lessons were then shared with hospital sites that received their first doses of vaccine shortly after the pilot concluded, during the weeks of December 21, 2020 to January 4, 2021. During that time period, over 23,000 doses were received for administration.

As identified by the provincial government, the first populations to be vaccinated included: residents, essential care providers and workers in long-term care homes and identified high-risk retirement homes and other congregate settings caring for seniors. Distribution of the vaccine is expected to be available for the general public in the spring months of 2021.

On December 23, 2020, Moderna's mRNA COVID-19 vaccine was approved by Health Canada, the regulator of vaccines being considered for use in Canada. This vaccine has different properties from the Pfizer-BioNTech vaccine as it can be more easily transported at between 2 and 8°C, the temperature of a common refrigerator, and is stored at -20°C, the temperature of a common freezer. This makes this vaccine available for distribution to points such as LTCHs who have experience with administering vaccines, such as the annual influenza vaccine, to their residents.

Social Development, Finance and Administration (S DFA) is implementing a grassroots strategy to address vaccine misinformation in communities most impacted by COVID-19. This is an extension of the COVID-19 Equity Action Plan that was presented at the December 14, 2020 Board of Health (BOH) meeting. This strategy will focus on mitigating vaccine hesitation in these populations and neighbourhoods caused by historical concerns related to vaccination. Neighbourhood leaders, including faith-based leaders and community elders with scientific expertise, will be mobilized to engage with

their communities. The goal of this engagement will be to understand their concerns and address them to ensure racialized and low-income communities have the information that they need in order to participate in the vaccination campaign with confidence.

In combination with a grassroots media strategy, SDFA is creating a Subject Matter Expert Taskforce with Black community members who are specialists in the development, regulation and distribution of vaccines as well as specialists in knowledge translation, who will convey scientific concepts into informative materials. These experts have worked extensively in this field for decades and can engage networks to reach various communities within the city. TPH will support these individuals with materials, messages and logistics requirements in order to facilitate an impactful connection with these communities.

The ITF is also beginning its work with Toronto's health care sector. Each year health care providers and pharmacies deliver hundreds of thousands of doses of influenza vaccine to Toronto residents. TPH is beginning to work with representatives across the health care sector to prepare them to receive the COVID-19 vaccine and deliver it to their clients/patients. Work includes ensuring that space requirements are identified, roles and responsibilities are confirmed, and information sharing supports alignment with the overall provincial plan.

As well, the ITF is continuing to prepare for the City's role in the vaccine roll-out. City divisions are being mobilized and space is being secured to ensure that the resources and plans are ready for mass vaccination clinics. The shortage of health professionals caused by the pandemic has led to planning for the possible use of a variety of employees for roles in these clinics. As additional direction is received from the Province, further planning for the clinics will be undertaken.

Toronto Public Health's Response to COVID-19 Outbreaks in Workplaces

On September 21, 2020, the BOH requested TPH to publicly share details of workplace outbreaks while respecting privacy requirements. TPH has developed a process to share outbreak information related to community and workplace settings on its website. These details are expected to become publicly available early in 2021.

Since the start of the COVID-19 pandemic, TPH has been working proactively to respond to outbreaks in a variety of workplaces. Where there is an established health risk to the public, TPH will share specific information about the workplace outbreak in order to manage the risk.

Advocacy with the Ministry of Labour, Training and Skills Development

Toronto Public Health has been in frequent meetings with the Ministry of Labour, Training and Skills Development (MLTSD) to advocate for numerous changes in practice and policy that would support healthier workplaces in the COVID-19 response and beyond. This work includes advocating for: Better supports for temporary workers to follow public health measures (e.g., hand hygiene, masking, distancing, screening, and sick leave policy); strengthening recently implemented proactive inspections by

working with operators to ensure high-quality infection control and prevention measures; and facilitating vaccination for workers who contribute to essential systems.

Direct TPH action in workplaces

When there are workplace outbreaks, TPH inspectors take the following actions:

- Work directly with workplaces to ensure infection prevention and control measures are in place and declare an outbreak as necessary;
- Launch investigations and provide supports to the workplace to prevent further spread of COVID-19;
- Conduct joint inspections with the MLTSD where there are complex circumstances that require ongoing occupational health and safety support.

Where these efforts are not successful, TPH has enforcement mechanisms that can be utilized, including Section 22 Orders under the Health Protection and Promotion Act (HPPA). Infractions have included employees working while ill, private gatherings where people are not physically distanced or not complying with requirements under the Reopening Ontario Act and its regulations.

TPH guidance and support for workplaces

Throughout the COVID-19 pandemic, TPH has developed and circulated extensive guidance documents on how to prevent and manage COVID-19 in the workplace, along with tailored guidance documents and infographics for numerous workplaces across 35 settings and sectors (e.g., retail). TPH has increased messaging to workplaces to ensure:

- Staff are supported to stay home if sick;
- Staff complete screening so that they do not enter the workplace with COVID-19 symptoms;
- Infection, prevention, and control guidance related to cleaning and hand hygiene practices;
- Breakrooms, lunchrooms and lounges in workplaces are as safe as possible.

Finally, the TPH Liaison and COVID-19 hotline teams respond to inquiries from employers, employees, and patrons on an ongoing basis.

Toronto Public Health Equity Indicators

On October 19, 2020, the BOH requested TPH to expand the TPH COVID-19 Monitoring Dashboard to include equity indicators that inform decision-making on reopening or enhancing public health measures.

Our data show that people who are living with a lower income, living in certain neighbourhoods and those who are racialized are over-represented in reported COVID-19 infection rates. Some of the factors contributing to these inequities likely include pre-existing health, social and economic disparities; stress caused by racism and other discrimination; higher likelihood of being an essential worker, or living in housing or using transportation where physical distancing is difficult; and lack of access to health care and social services.

Toronto Public Health will be expanding the TPH COVID-19 Monitoring Dashboard in February 2021 to include equity indicators. The indicators are intended to provide information on how well the response to COVID-19 is contributing to a reduction in COVID-19 related socio-demographic inequities, and will support TPH decision-making.

In January 2021, TPH will work with Toronto's Community Cluster tables and other community stakeholders to engage the community in order to develop and refine the equity indicators. Based on identified inequities, these indicators could focus on income, ethno-racial groups and neighbourhoods. This engagement is critical to ensure that the equity indicators are supportive and reflect community experiences, can inform constructive action, and do not stigmatize or cause harm. The final equity indicators are expected to be launched online in February 2021.

Isolation Supports for Families

Residents who have tested positive for COVID-19 are required to isolate under a Section 22 Order from the Medical Officer of Health under the HPPA. As part of the TO Supports: COVID-19 Equity Action Plan, City staff were directed to identify options to support vulnerable families to facilitate compliance with isolation orders.

Community-based partners continue to note that for vulnerable and low-income residents, the primary barriers to getting tested for COVID-19 and isolating are related to the risk of income loss or job loss if a worker stays home from work due to illness. Confidence in job protection and immediate access to paid sick leave are needed to encourage people to get tested and to isolate if they test positive.

For people who need a separate place to isolate because their living space is shared with others, the City of Toronto and TPH operate the Toronto Voluntary Isolation Centre (TVIC), which includes free, short-term and safe hotel rooms for residents with COVID-19 to isolate. There are eligibility criteria for these programs, related to the applicant's living situation and health status. Proof of immigration status is not required.

As part of the TO Supports: COVID-19 Equity Action Plan, the City has consulted with TPH and community-based agencies to identify appropriate supports to enable vulnerable families to quarantine together. These supports are especially important for families where an adult cannot leave a dependent, including a child. Three levels of support have been identified:

1. Voluntary quarantine of other members and/or close contacts of the household:
 - One or more individuals (over the age of 18) from the same household (or close contacts) may move temporarily to the TVIC, or to other temporary locations in the home neighbourhood, while the person(s) infected with COVID-19 and their close contacts remain in the home.
2. Delivery of food and other supports to the affected home, to reduce the need for family members to leave the home during the quarantine period:
 - Services and supports are identified in confidential consultation with a trusted caseworker so that all of the family's immediate needs can be met appropriately during the period of the quarantine.

- Providing appropriate supports to the family, including:
 - Safe and secure laundry services;
 - Regular delivery of good quality and culturally appropriate food, including perishable foods (e.g., meats, produce);
 - Personal items including personal hygiene items, medicines and pharmacy items and diapers;
 - Household cleaning products and advice for infection prevention and control in the home;
 - Technology supports to ensure the family's ability to access information, resources and contacts during the quarantine;
 - Activities and toys for children;
 - Remote counselling supports and advice to help families cope with staying indoors in a confined space for the quarantine period, in appropriate languages.
3. Providing voluntary isolation suites
- A small number of voluntary isolation suites for families (and support services) may be appropriate in some instances, such as a housing situation where multiple households share a dwelling.

Through the TO Supports: COVID-19 Equity Action Plan (Targeted and Enhanced Measures), the City is working with community-based agencies, including settlement services and Black-mandated agencies, to plan and implement service delivery models that are appropriate for city-wide implementation (such as laundry service); local, community-based implementation (such as food and pharmacy delivery for local populations, or securing temporary housing for other members of the household); and the provision of a small number of isolation suites for families, based on service models implemented by Shelter, Support, and Housing Administration, in consultation with TPH. The Deputy City Manager has been directed by City Council to provide an update on the implementation of these and related TO Supports services within the first quarter of 2021.

Importance of Paid Sick Leave for Stopping the Spread of COVID-19

During the pandemic it has become increasingly evident that paid sick leave provisions are essential to protect the health of individual workers, their workplaces, and the broader community. Many employers provide paid sick leave to their employees, through collective agreements or otherwise, commonly in the form of several paid days followed by the provision of short-term illness or disability insurance benefits. However, only 42 per cent of working adult Canadians have access to paid sick leave.¹ Among low-wage workers who are a major part of the workforce deemed by governments to be essential throughout the pandemic, that figure is closer to 10 per cent.² Workers without paid sick leave, particularly low-wage, precariously employed essential workers, experience financial pressure to work even when ill. Not only do they face an immediate loss of much needed income if they do not work, but the tenuousness of their employment status also sometimes means that taking time off work when ill could jeopardize their "standing" with their employer or future earnings, through either a cut-

¹ <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html>; <https://www150.statcan.gc.ca/n1/pub/11f0019m/11f0019m2018412-eng.htm>

² <https://www.thestar.com/opinion/editorials/2020/11/23/paid-sick-days-are-essential-to-keep-workers-safe-and-fight-covid-19.html>

back in their hours or job loss.

As the brief summary below highlights, the current approach to sick pay across Canada would benefit from a review to create a more coordinated system that supports workers to refrain from working when they are ill.

Federal

There is no federal legislation that provides paid sick days for all Canadian workers and, as a result, access to paid sick leave varies widely across the country. Entitlements to paid sick days vary across provinces and territories, by workers' employment status, according to collective agreements, and depending on whether provincial or federal legislation regulates an industry. For example, the Canada Labour Code mandates that federally regulated industries – including banks, telecommunication providers, as well as marine, rail and air transportation companies – provide up to five days of sick leave a year. If a worker has been with the same employer for more than three months, three of those five days can be paid. The federal labour code also entitles a worker to three days of paid personal leave per year that can be used for sickness.

In recognition of the public health risks resulting from workers continuing to work while displaying symptoms of COVID-19, the federal government introduced a range of emergency income support measures during the pandemic. Notably, the Canada Recovery Sickness Benefit (CRSB) gives income support to employed and self-employed individuals who are unable to work because they are sick or need to self-isolate due to COVID-19, or have an underlying health condition that puts them at greater risk of getting COVID-19. The CRSB provides 500 dollars per week, for up to two weeks (available in two one-week periods). It has been in place since September 27, 2020 and will be available until at least September 25, 2021.

The CRSB is intended to remove the financial need to work when experiencing COVID-19 symptoms in order to promote the health and safety of Canadians and workplaces during the pandemic. However, the benefit falls short of providing workers with mandated and immediately accessible paid sick days. In addition, it pays less than a full-time minimum wage job in most provinces. Therefore, some low-wage workers still experience a financial loss if they access this support rather than continuing to work while ill.

The federal government has also indicated its intention to negotiate a new paid sick day regime in concert with the provinces which would likely be delivered through the Employment Insurance (EI) system. The government has stated that it intends to pursue a system that provides workers with 10 paid sick days per year.³ While the current EI Sickness Benefit is an important form of income support, millions of employed workers cannot qualify for EI benefits at all (including sickness benefits) due to stringent requirements on the number of hours that must have been worked in the preceding qualifying period. Most workers in non-standard jobs (including contractors, self-employed, and “gig” workers) are also excluded from accessing regular EI-based income maintenance benefits at this time.

³ https://centreforfuturework.ca/wp-content/uploads/2020/06/10Ways_work_must_change.pdf

Provincial

Employees who are not working in federally-regulated industries are covered by provincial legislation. Most provinces extended unpaid leave provisions on an emergency basis after the pandemic started in order to protect workers from being penalized for missing work due to self-isolation or other consequences related to the pandemic.

In 2019, the Ontario government replaced the provision of two paid sick days with three unpaid days for personal illness. In 2020, the Ontario government extended its policy during the pandemic to an unspecified number of days to allow workers to isolate without pay.⁴ This temporary measure is in effect until July 3, 2021.

Attachment 1 outlines current sick leave provisions in each province. It highlights that most provinces' sick leave provisions begin after 90 days of employment and that most jurisdictions do not have adequate provisions in place to support workers in order to prevent them from going to work while ill during a pandemic.

Finally, as many collective agreements already illustrate, a shared responsibility model for apportioning the costs associated with taking time off from work when ill typically sees employers providing a certain number of days of paid sick leave annually to employees, with costs shifting to workers in cases of extended or repeated illness after certain thresholds are exceeded. What the pandemic has demonstrated, however, is that there is a very strong public policy rationale, in both public health and economic terms, for the provincial and/or federal governments to underwrite the costs of providing adequate paid sick day coverage when there is a declared infectious disease emergency such as the COVID-19 pandemic.

In view of the above considerations, as well as data on the average number of days workers typically miss for illness across Canada, and the federal government's expressed intention to work with provinces to improve paid sick day coverage, there is now an opportunity - and urgency - for the Government of Ontario to demonstrate leadership and further mitigate the spread of COVID-19 by providing access to paid sick days to all workers in the province. Specifically, it is recommended that City Council and the BOH request the Government of Ontario to immediately (a) require employers in Ontario to provide no less than five paid sick days annually to workers, after three months of employment through amendments to the Employment Standards Act, 2000 or through another mechanism; and (b) provide necessary funding, fiscal relief and/or supports to employers so that all workers in Ontario have access to no less than 10 paid sick days annually in the event of a declared infectious disease emergency such as the COVID-19 pandemic.

⁴ <https://www.ontario.ca/document/your-guide-employment-standards-act-0/sick-leave>

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SIGNATURE

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ATTACHMENTS

Attachment 1: Sick Leave Provisions by Province