

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

Submission to the Independent LTC Commission

October 8, 2020



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

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Executive Summary

Since January 2020, Seniors Services and Long-Term Care (SSLTC) has been providing leadership and support to the City's 10 directly-operated long-term care homes and community-based programs in response to the COVID-19 pandemic. In partnership with Toronto Public Health (TPH), the City's Emergency Operations Centre (EOC), numerous City divisions, and provincial stakeholders, SSLTC has mobilized all available resources to rapidly respond to the uncertain and evolving nature of the pandemic. The health and safety of all residents and clients, their loved ones, and the well-being of staff members is the priority.

In response to emerging best policy and practice guidelines, the division executed a number of measures to reduce the spread of the virus, including:

- Early implementation of 14-day staff self-isolation following international travel or exposure to the virus
- Supportive follow-up to staff in self-isolation offering resources and instructions for testing
- Early adoption of active screening for all staff, visitors, and contract service providers
- Early adoption of a mandatory masking system
- Restrictions to non-essential visitors and prohibiting gifts and outside food to reduce possible community transmission into the LTC setting
- Cancellation of student placements and volunteers
- Suspension of group activities and promotion of physical distancing including eliminating cluster seating and communal dining service.

Despite these best efforts, the virus was extremely difficult to contain. All City long-term care homes, at one point or another, reported residents and/or staff with the virus, requiring outbreak protocols to be implemented in real time, as new recommendations became available, in the fight against COVID-19.

Leveraging the use of technology was a major factor supporting seamless resident care including virtual physician rounds and consultations with other medical services. The expansion of public Wi-Fi into our long-term care homes, along with generous donations of tablets and other technologies, made it possible to facilitate virtual visits and promote connections between 2,600+ residents and their families and to access on-line programs to reduce resident isolation and loneliness.

While the pandemic provoked a worldwide shortage of personal protective equipment (PPE), SSLTC worked closely with the City's EOC to ensure a sufficient supply of PPE to all City directly-operated long-term care homes, ensuring all staff and essential visitors were wearing appropriate PPE at all times. This included the daily need for 12,000 surgical masks, 5,000 gloves, 50 tubs (160 counts) of disinfectant wipes; and during peak outbreaks, we also used 500 N95 masks, 4,500 isolation gowns, and 2,000 face shields, each day.

SSLTC staff members demonstrated commitment and dedication to resident care. When frontline workers had to declare a single employer, the City was overwhelmingly the employer of choice; of the 3,100 declarations, 89% selected SSLTC. To support staff, we offered full-time hours to part-time staff with an 18 week posted schedule.

Capacity was further enhanced by 600+ workers, in all disciplines, including hiring nursing students to work as Personal Support Workers (PSWs); contract physiotherapy assistants, contract cleaners, redeployed City of Toronto staff, and other newly hired staff made available to support frontline operations. Redeployed staff from non-essential City services assisted with screening, cleaning, feeding, and social engagement. When some LTC operators struggled with staffing levels, we added resources. Liaison with the City's People & Equity Division and CUPE Local 79 enabled a quick revamp of staff orientation and on-boarding to ensure a smooth and efficient transition for new and redeployed staff.

However, volunteers, who in City LTC homes, provide on average, 400 hours of support per day, were restricted access and this informal care network has not been completely replaced through essential visitors as many residents do not have family or friends.

As this is a new virus, without know prevention and mitigation strategies, the experiences of early outbreaks (at Seven Oaks) allowed SSLTC to understand key trends with regards to staffing, equipment, PPE, and communication, thereby improving readiness for new cases and outbreaks in other locations. As the pandemic evolves, SSLTC continues to engage with experts and partners to respond in real time to ensure all best practices, including infection prevention and control (IPAC) mitigation practices are adopted, and resident care is not compromised.

Now six months in, SSLTC is actively involved in the City's COVID-19 Resurgence Plan, which outlines priority responses and associated actions that will be implemented in the event of a resurgence of COVID-19, including:

- Implement public health measures
- Support vulnerable populations
- Support City employees
- Mitigate the impact on Toronto's economy
- Ensure the resiliency of City services and a coordinated response.

Communication during a crisis is essential. Providing stakeholders, particularly family members who were unable to visit arising from restrictions, or have a non-communicative resident who cannot be engaged through virtual means requires proactive sharing of information and anticipating relevant details of interest. Expanding on the existing strong family connections between home administration and stakeholders required a nimble response for "as needed" information and a more planned schedule of "news you can use".

Recommendations

The long-term care sector has been hit hard by the COVID-19 pandemic. In City of Toronto LTC homes, the average age of a resident is 85 years, 91% are dependent or require extensive assistance with the activities of daily living, 82% use mobility devices, 69% have moderate to very severe cognitive impairment, 63% have dementia and 54% exhibit aggressive behaviour symptoms, adding further layers of complexity to isolation protocols and standard practices in addressing a pandemic.

A Focus on Safety

City of Toronto, Seniors Services and Long-Term Care recommends ways to improve the quality of care and life for residents in long-term care, enhance trust and accountability to residents, family members, and loved ones, and improve working conditions for members of the inter-professional team. We recommend an overarching focus on safety. When considering safety in long-term care, and the necessary investments to ensure resiliency, SSLTC identifies these priorities:

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.

Staff Training and Education

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.
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).
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.
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.

Communication

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.
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.

- 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.

Funding

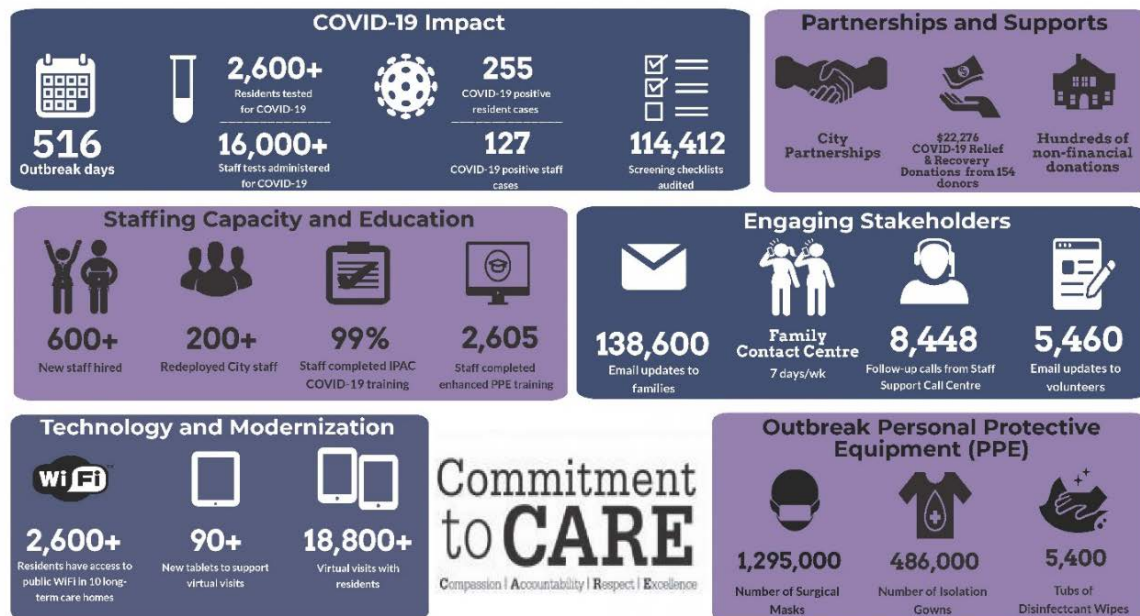
- Invest in an incident management system for the LTC sector and prepare surge capacity including space, supplies, and staff.
- Support redevelopment and retrofits for private accommodation at basic co-payment rates for vulnerable low-income seniors.

Physical Environment

- 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.
- Use technology and flexible approaches to support necessary isolation practices, including limiting new admissions (1 resident per room) and transfers to the hospital.

6-Month Snapshot of the SSLTC COVID-19 Experience

Seniors Services and Long-Term Care



* Statistics reflect data from March 14, 2020 - September 14, 2020

Timeline of COVID-19 in City Operations

The City of Toronto directly operates 10 long-term care homes with oversight and management from Seniors Services and Long-Term Care (SSLTC). Since January, SSLTC has followed a 3-tier rapid response to COVID-19. Initially, this was coordinated by a SSLTC Coronavirus Working Group which began contingency planning. Then a Head Office Command Centre was established to collaborate on key issues, including daily briefing with home management, staff redeployment, PPE, staff absence reporting, and to ensure that as situations are identified, responses are developed and implemented promptly, consistent with Ministry, City, and Toronto Public Health guidelines.

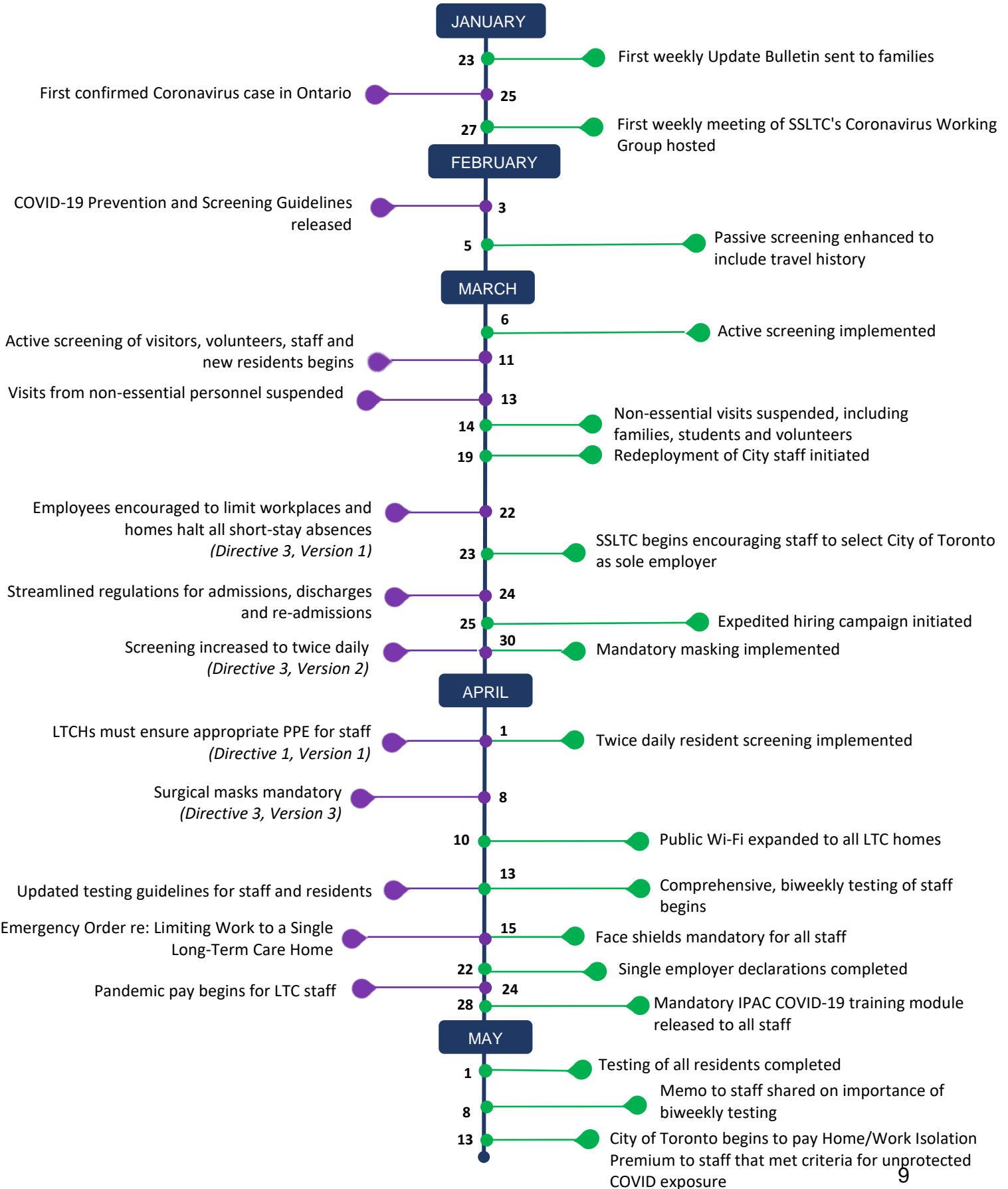


The pandemic has highlighted the existing vulnerabilities of the long-term care sector. LTC homes are an intimate, congregate environment prone to the frequent close interaction between people where infection can easily spread. A significant percentage of staff members hold multiple part-time positions in other institutions or in the community, which can facilitate virus transmission from one setting to another. In long-term care, residents have complex care needs with inter-professional team members working together to provide care, increasing the possibility of exposure.

The COVID-19 pandemic exposed prevalent deficiencies and gaps in the long-term care sector's emergency preparedness, including lack of Incident Management System (IMS) protocols, access to personal protective equipment (PPE), other isolation supplies and equipment, and resources required to respond to the initial outbreak and sustain operations. For example, most LTC homes struggled with basic staffing levels on a regular basis and do not have surge capacity.

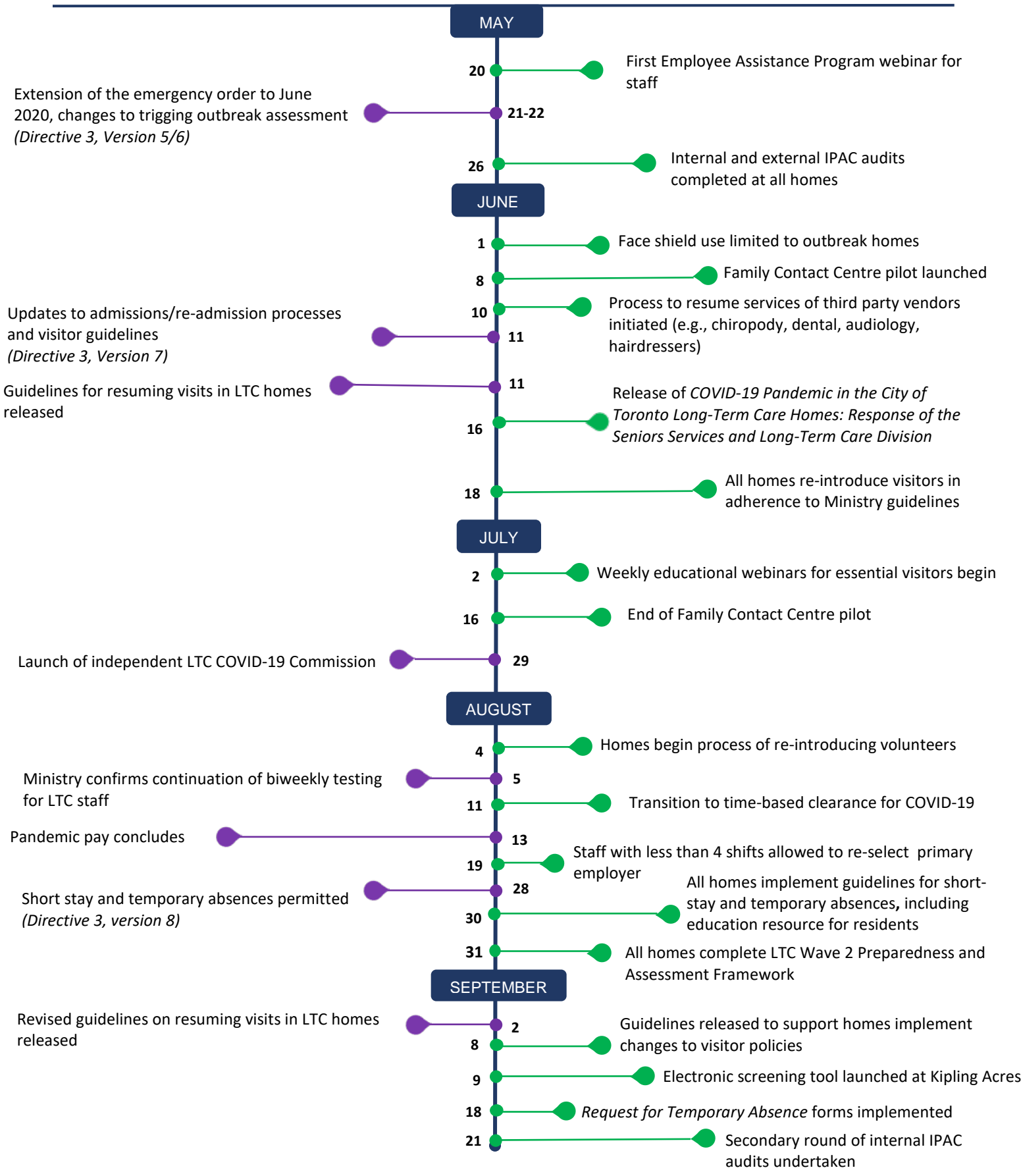
PROVINCIAL DIRECTION

SSLTC ACTIONS



PROVINCIAL DIRECTION

SSLTC ACTIONS



COVID-19 in City Operated Long-Term Care Homes

There are many factors that affect a LTC homes' outbreak status and rates of infection with COVID-19 including:

- Resident population and acuity
- Timely response to outbreak measures
- Staffing levels
- Co-horting residents and staff
- Rigorous screening of residents and staff
- Access to PPE and supplies
- Physical space such as the size and layout of the home areas.

Seven Oaks

The first resident case of COVID-19 in a City directly-operated long-term care home was confirmed on March 19, 2020, at Seven Oaks, located in Scarborough. After the resident case was confirmed, Toronto Public Health declared an outbreak on the resident's home floor. Staff immediately instituted the recommended protocols for active surveillance and outbreak containment: isolation of residents, co-horting staff, in-room tray rather than dining room service for resident meals, use of PPE, active screening of all residents and staff, and enhanced cleaning and disinfection throughout the entire building.

Staff absences due to self-quarantine from exposure, child/elder care, and fear were intensified following the outbreak declaration, immediate actions were taken to deploy additional management and nursing staff to support the team at Seven Oaks. Contract cleaners were placed in the home, and additional staffing resources were provided including physiotherapy assistants, personal support workers, and other redeployed City of Toronto staff to carry out high touch cleaning, screening, and assisting residents with meals.

The learnings from this early COVID-19 outbreak were promptly disseminated to the other City operated long-term care homes; when cases were next confirmed at Kipling Acres and then Lakeshore Lodge, those homes were able to make early adjustments to further mitigate the progression of the outbreak. Furthermore, SSLTC had a better understanding of the staffing supports and supplies these homes would require to maintain resident care.

Kipling Acres

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

staffing gaps associated with the outbreak, the division secured additional staffing through new hires and redeployed staff. Additional PPE supplies were secured. Initially, Kipling Acres struggled to secure adequate swabs for testing from Toronto Public Health, received false positive/negative, had missing results, and experienced long delays waiting for results. A further challenge for this outbreak was that residents in a secure unit with wandering behaviours requiring individualized and flexible approaches to maintain safe infection prevention and control measures such as physical distancing, masking, and hand hygiene, strategies which may work for one resident, but not another.

Lakeshore Lodge

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

COVID-19 Outbreak History in City of Toronto LTC Homes

There are 2,641 residents living in the City's long-term care homes. During the first 6 months of the pandemic (March 14 to September 14) 255 residents have tested positive (9.7% of the total population) and unfortunately, there have been 75 deaths (2.8% of total). These numbers are significant but they could have been much worse had we not applied lessons learned from early outbreaks and quickly mobilized our response.

Active Screening

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

An on-line screening application has been developed with Corporate Technology Services, for staff and visitors, to access up to 2 hours before the start of shift or visit, to complement the screener's assessment and temperature checks upon arrival and departure. To facilitate active screening, 24/7, entry to all LTC homes is restricted to one entrance.

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

To ensure the screening process is consistent in all City-operated homes, all staff fulfilling the screening role receive training and regular updates on screening protocols. The screening area is centralized to the main entrance of the home and is organized to ensure physical distancing and IPAC practices are maintained. Screeners also play a critical role in monitoring and distributing PPE (masks) and educating staff and essential visitors on the correct donning and doffing protocols.

Outbreak Planning and Management

An additional full-time registered staff member was added to support the regular practice of a Nurse Manager in each City directly-operating long-term care home providing oversight and support on IPAC practices under the guidance and support of a divisional lead and these staff form a divisional IPAC committee that meets monthly. This committee began preparations for the pandemic before the first case appeared in Canada and was instrumental in facilitating the implementation of outbreak protocols in all 10 long-term care homes.

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

In consultation with family members, LTC physicians work closely with local hospitals to be able to provide timely treatment for residents who become acutely ill. Based on what we know from doctors who have experience treating seniors for COVID-19, intensive care does not always help the ill resident recover from the infection, and that the ambulance trips and transfer to the hospital can do more harm than good.

Communication

In line with divisional operating policies, LTC Incident Management System (ISM), and Pandemic ISM, communication was ramped up to ensure all divisional and frontline staff had timely information regarding Ministry and TPH direction.

Leads were identified to collaborate on key issues (PPE) and work on specific projects (staff redeployment) and report back on progress and identify challenges which were then communicated out and discussed on daily teleconferences with representatives at all locations.

At the home level, daily communication on all shifts was prioritized to not only share information but discuss frontline experiences.

Dashboard data – clinical, operating, and financial indicators – were used to monitor programs, drive decision-making, and advance quality improvement in real-time at specific sites and division-wide.

Identification of Infections and Surveillance

Despite systematic challenges to COVID-19 testing, City directly-operated long-term care homes facilitate resident swab testing and coordinate with provincial mobile testing teams to ensure all residents were swabbed as quickly as possible.

All residents and staff are actively screened twice daily for fever and other symptoms of COVID-19; if a resident presents with symptoms, outbreak precautions for contact and droplet transmission are implemented immediately, and a nasopharyngeal (NP) swab is taken. A line-listing of suspected or known cases is maintained and updated as new cases develop and subsequently shared with TPH.

Residents with COVID-19 are isolated from the rest of the home, are monitored closely, and assessed for respiratory symptoms, vital signs, oxygen saturation via pulse oximetry. To support isolation, space was identified on each home area/floor. Respiratory exams are conducted at least two times daily to identify and quickly manage infections. Asymptomatic residents are also monitored to ensure the rapid detection of any new symptoms.

Reducing Virus Spread

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

- Cancelling all group activities
- Single point of entry to the home
- Providing in-room tray service to avoid communal dining
- Providing frequent hand hygiene for residents
- Installation of additional hand sanitizers in common areas
- Moving or removing chairs to eliminate cluster seating in common areas
- Positioning furniture in common areas according to visible demarcations on floor or ceiling to ensure two-meter distancing
- Removal of discretionary furniture in residents' rooms to reduce modes of transmission and facilitate cleaning and disinfection of contact surfaces
- Implementing a single linen hamper in the resident's room in lieu of communal hampers in hallways
- Positioning a trash can near the exit of resident rooms to facilitate staff doffing and disposal of PPE prior to exiting the room or before providing care for another resident in the same room
- Whenever possible designating an isolation location for residents who are suspected or confirmed positive for COVID-19 to minimize modes of transmission between residents
- Posting numeric marker communication on the doors of resident rooms for coordination of care and prevention of cross-contamination
- Assigning staff (recreation, PT, PTA, OT & RA) to a designated home area/floor to limit potential spread between home area/floor
- Adjusting resident assignments and coordination of care to ensure designated staff are working with either ill residents or well residents

- Batch resident encounters (for treatment tasks, medication administration) to help reduce the risk of self-contamination by reducing the number of PPE changes and minimize multiple entries and exits from the resident room
- Initiate medical directive related to the reduction in non-essential medications for residents on an outbreak area
- Evaluate and streamline medication administration frequency
- Implementing frequent cleaning of high-touch surfaces (every two hours) using a low level disinfectant
- Use Electrostatic Spray Disinfection Systems fog machine to disinfect room and surfaces
- Staggering staff breaks and lunches to help ensure physical distancing in staff common areas
- Dedicated resident care equipment (over bed tables, hampers, mechanical lift, thermometers, blood pressure cuffs, IV poles, etc.) are cleaned before use with another resident
- Encourage and remind residents to wear a mask when leaving the room, if tolerated
- Weekly hand hygiene, donning and doffing PPE audits
- Identified area for food and product deliveries
- Co-horting staff throughout the LTC home
- Closing off access to common staff and locker rooms.

Infection Control Audits

Comprehensive audits are regularly conducted to help reduce care-associated infections by providing focused just-in-time education. In addition to comprehensive IPAC audits in each home, the IPAC team also conducts monthly audits of:

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

A pandemic preparedness IPAC audit tool has been created to assist staff to ensure they are prepared for and can manage in a pandemic. There are 147 indicators across these 12 categories:

- Screening
- Hand hygiene
- PPE
- Medical equipment
- Isolation practice
- Surveillance
- Environmental – resident rooms
- Environmental – common areas
- Housekeeping supply room/cart
- Laundry

- Main kitchen
- Serveries/dining rooms

Physical Environments

SSLTC's 10 LTC homes vary in age with the last major renovation/build ranging from 2017 (Kipling Acres) to 1975 (Castleview Wychwood Towers). Only Fudger House contains ward rooms (more than 2 residents per room), Kipling Acres was designed to a single resident per room standard.

Within our experience, the physical infrastructure does not appear to be a contributing factor in preventing COVID-19 from entering the LTC home, but it does contribute to preventing virus spread. Observations around these contributing factors include:

- Number of residents per room (single resident optimal)
- Size of resident room (space to accommodate PPE, soiled item disposal, linen hampers, etc.)
- IPAC lens on all operations (entry/exit points, clean to soiled, contact surfaces, etc.)
- Dining experience (clustering of residents in dining rooms)
- Resident activity spaces (clustering of residents for activities)
- Management of residents with cognitive impairments (controlled wandering)
- Impact of physical distancing on home operations.

In responding to COVID-19 outbreaks, SSLTC implemented a variety of operational changes associated with the physical environment including enhanced controlled single building entry, application of physical distancing measures for residents and staff, a variety of dining experiences for residents, additional cleaning systems, and restricting access to areas and furniture.

Through this experience, SSLTC will be reviewing the home design of both existing and future builds. Recommendations for design considerations include:

- Larger main entrance with a vestibule to support:
 - screening, including temperature monitoring
 - controlled access
 - Admin/Security office
- Integrate IPAC into design
 - PPE storage/disposal at the resident room entrance
 - Hands-free operated sinks in resident rooms
 - Hands-free operated doors on soiled utility rooms
 - Spare rooms (addition to bed complement) including isolation/reverse isolation rooms
 - Smaller "pods" within the resident unit, especially for cognitively impaired residents
 - Smaller and more resident activity spaces supporting both small group activities and/or independent resident activities
- Increased access to outdoors/visitors and home-like environment
 - In room mock balconies

- Larger windows in resident rooms for increased natural lighting
- Use of technology to maintain resident interactions with family/friends
- Separate visitor spaces both indoors and outdoors to support resident visits while in an outbreak
- Speakers throughout resident units for soft ambient music
- Smart TVs in all resident rooms to support video calling and resident activities
- Alternative dining options
 - In-room dining supported by "home-like" over-bed or breakfast nook tables
 - On-demand individual wrapped meals/snacks/on-unit kitchen
 - Combination of small private dining rooms, in-room dining, and group dining
- Enhanced resident care options
 - Resident room door with window and enclosed blind to facilitate non-intrusive resident checks
 - Remote controlled "Do not disturb" signs for all resident rooms
 - Enhanced "GPS" type tracking for residents prone to wander
 - Snoezelen areas/activities for cognitively impaired residents
- Staff spaces
 - On-unit break areas to minimize staff travel/interaction between units
 - Staff shower areas.

Establish and Maintain Reliable PPE Supplies

Expectations are for all staff and essential visitors and caregivers to wear appropriate PPE, at all times, when inside any City directly-operated long-term care home. Staff are required to have all the necessary PPE for contact droplet precautions, including procedural/surgical masks, isolation gowns, gloves, and eye protection. While the pandemic provoked a worldwide shortage of PPE supplies and equipment, the division worked closely with the City's Office of Emergency Management and Corporate Occupational Health and Safety leaders to ensure a sufficient supply of PPE to all City operated homes.

At the height of the PPE scarcity in Toronto, a worst-case scenario was postulated by the division, and a PPE calculator was created to help each long-term care home determine, based on the size of their home, the level of in-house PPE inventory required to sustain staff for two days of the entire home in full outbreak protocol. As other PPE supply became available, and as homes developed confirmed cases of COVID-19, the on-site supply was quickly expanded to a seven day inventory.

The Challenge of a global PPE shortage: On April 6, 2020 the City learned that a recently-purchased order of more than \$200,000 worth of surgical masks did not meet the City's standards and specifications. Four-thousand boxes containing 50 masks per box were received, and 1,252 boxes (62,600 masks), were distributed to City long-term care homes on or after March 28, 2020. SSLTC staff reported ripping and tearing, the City took immediate action and recalled the masks. In addition to an all staff memo, which was reviewed during daily rounds, all inferior masks were gathered up, double-bagged and returned to City Stores for proper disposal. The masks were returned to the vendor for a full refund. SSLTC staff received new masks that meet the City's standards.

To accurately determine the homes' ongoing PPE supply needs, the division also created and implemented inventory tracking sheets to track the current level of inventory within each home, delivered items received in the past 24-hour period, and items consumed in the 24-hour period. The inventory tracking information from all long-term care homes is then consolidated division-wide into a report submitted to the EOC and to the province on a daily basis. Through these systems and supports, the division has a well-established understanding of what PPE is needed and has ensured there is sufficient access to and provision of PPE for all 10 homes. PPE allocations from the Province have been coordinated centrally to augment supplies to the City-operated long-term care homes.

Ensure Robust Staffing

The division employs over 3,300 staff in multiple departments, including administration, building services, food and nutrition, nursing, and resident services. Over two-thirds of the staff are part-time, and one-third have multiple employers. Similar throughout the LTC sector, City directly-operated homes faced staff shortages, particularly for nursing (i.e., registered nurses, registered practical nurses, and personal support workers), food services, housekeeping, and laundry. However, unlike extreme staffing shortages reported by other operators, the City was able to respond and maintain reasonable staffing levels.

The restriction of all non-essential visitors included discontinuing the services of 2,100+ volunteers and suspending work placements for 145 students. Volunteers, students, and privately hired companions provide significant support to residents on a daily basis, including mealtime assistance, resident programming, portering, emotional support, and social connection. Their absence represented a considerable loss of support for residents, which had to be shouldered by staff members.

To respond to staffing challenges, a robust strategy focused on creating surge capacity to ensure satisfactory staffing for the pandemic and during outbreaks. Focus areas included:

- Streamlined hiring processes for new staff
- Redeployed City of Toronto staff
- Revamped orientation, education, and on-boarding.

Expedite Hiring Processes

Permanent part-time candidates were solicited through different means, including:

- Nursing students (completed first year or higher) recruited into Personal Support Worker (PSW) positions
- Food & Nutrition Management and Culinary students recruited into Food Services Worker (FSW) positions
- Candidate pools from past job postings
- Retired staff returned to provide support.

During the pandemic, immediate conditions of employment were simplified to include proof of applicable certification, registration or education, and declarations to ensure adherence to police records checks and immunization after hiring. Offer letters including this declaration: *I confirm that I am not COVID-19 positive, have not had close contacts with COVID-19 positive people, am not experiencing flu-like symptoms, including new or worsening cough, fever, vomiting, and/or diarrhea, have not travelled abroad within the past 30 days and have no pre-existing or underlying health conditions that would put me at an increased risk should I contract COVID-19. I agree that upon experiencing any symptoms of a virus, upper respiratory system infection, or enteric illness, I will not attend any City worksite.* In addition, all new employees were required to confirm SSLTC/City of Toronto would remain their single employer.

As of September 14, 2020, over 600 staff have been hired, oriented, and assigned to one of the 10 long-term care homes, summarized here by position:

Position	New Staff Hired
Personal Support Worker	290
Registered Practical Nurse	69
Registered Nurse	49
Food Service Worker	85
Counsellor	5
Laundry Services Worker	14
Recreation Services Assistant	1
Cleaner Heavy Duty	79
Support Assistant C	5
Management	5
TOTAL	602

Contract Physiotherapy Assistants

SSLTC, through an existing partnership with its contract service provider, assigned Physiotherapy Assistants (PTAs), trained in restorative care and familiarity working with older adults, to tasks including mealtime assistance, distributing snacks, conducting movement exercises with residents, facilitating resident/family virtual visits, and high touch cleaning in resident home areas.

Contract Cleaners

Through a partnership with the City’s Corporate Real Estate Management division, SSLTC was able to contract 50 additional vendor cleaning staff to work in LTC homes. After receiving training in IPAC cleaning practices, they focused on disinfecting high touch surfaces such as door access keypads, corridor handrails, elevator call buttons, light switches, door handles, PPE door caddies, laundry linen hamper covers, public area washroom plumbing fixtures, and hand sanitizer push levers.

Onboard Redeployed Staff

Redeployed City staff were made available through the EOC in mid-March. The initial SSLTC request was for redeployed staff to fulfill key general support roles:

- Enhanced cleaning – apply a disinfectant solution to all high-contact surfaces in the homes (e.g., elevator buttons, handrails, door handles) every 2 hours
- Screeners – screen individuals (staff and essential visitors) entering LTC homes to identify the presence of respiratory and/or enteric symptoms, and distribute PPE
- Mealtime Assistance – assist in resident home areas with mealtime and feeding
- Food Service Workers – assist with food preparation, plating, and meal service for staff with Food Handler Certificates

Additional requests to support operations, especially for homes experiencing an outbreak, grew to include those with caseworkers or counsellor qualifications to support residents and families address the anxiety, fear, and feelings of isolation and loneliness.

As of September 14, 2020, over 200 City of Toronto staff have been redeployed to support SSLTC operations, providing surge capacity that many other operators did not have access to. Assigned roles are summarized here:

Position	Redeployed Staff
General Staff	143
Food Service Workers	28
Resident / Family Support	35
TOTAL	206

Orientation, Education, and Onboarding

Existing orientation materials were reviewed, priority topics identified and a streamlined process was created for new and redeployed staff. By March 24, 2020, a 2-hour orientation began at Head Office with a focus on addressing infection prevention and control (IPAC), emergency codes, cognitive impairment, and responsive behaviours. By March 30, 2020, online modules had been created for assignment through the City's online e-learning management system, ELI (Enterprise Learning Initiative) platform, allowing staff to complete orientation remotely.

During the first two weeks of redeployment, SSLTC received feedback from redeployed staff seeking further preparation for work in the LTC environment and details on City pay processes. In response, additional training and resources were provided including a 30-minute Introductory Webinar on what to expect when working in LTC and Frequently Asked Questions (FAQ) documents. By April 28, Mealtime Assistance Training was offered via video conference for relevant redeployed staff.

Single Employer

As of April 22, 2020, the *Emergency Order Regulation re: Limiting Work to a Single Long-Term Care Home* restricting long-term care (LTC) staff from working in more than one long-term care home, retirement home, or health care setting was in place.

By May 8, 2020, 3,099 declarations (94% of employees) have been received:

- 2,149 are only employed by SSLTC (69%)
- 950 have one or more alternate employers (31%)
 - 577 are selecting SSLTC (61%)
 - 373 are selecting other employer (39%)
- 6% of employees without declarations placed on a leave of absence
- The nursing department had the highest number of staff with one or more alternate employer with 751 (36% of all nursing staff who submitted declarations)
 - 288 are selecting their alternate employer:

- PSWs, 104 are selecting an alternate employer
- RPNs, 105 are selecting an alternate employer
- RNs, 79 are selecting an alternate employer.

Staff Experience De-Briefings

SSLTC engaged frontline staff in a series of debriefing sessions regarding their experience related to the COVID-19 response. Feedback from 183 staff members noted these positive measures implemented during the outbreak:

- Variety of meeting forums to communicate updates and answer questions directly from front line staff
- Accelerated hiring and access to contracted, redeployed, and new staff
- On-site COVID-19 swabbing for staff
- Donations of food, beverages, and care packages to staff on shift
- Dedicated telephone support to manage increased family calls
- Virtual visits to support a continued connection between residents and their families

Identified challenges, many related to the initial phase of the outbreak, were noted, including:

- Rapidly evolving information about the virus and related IPAC protocols
- Perceived decrease in staffing levels
- Heightened levels of physical and emotional fatigue and stress
- Increased call volumes from families following the implementation of visitation restrictions
- Difficulty communicating with residents when wearing PPE

Staff offered recommendations in preparation for a future outbreak:

- Provide early and ongoing education and training on COVID-19, IPAC observational audits performed at the point of care are helpful
- Maintain clear, consistent, and timely communication in-person and/or verbal messaging
- Ensure robust staffing levels to best support quality resident care
- Enable access to PPE of consistent product quality and fit
- Establish visible leadership presence on the frontline

Supporting Staff

The COVID-19 pandemic has been especially difficult for all health and community care workers. Weekly emails to staff members from the General Manager and communication from management focused on important tools and resources available to SSLTC employees, such as:

- Employee information line
- Mental Health support and resources for staff including Green Shield Canada (benefits carrier)

- Employee Assistance Program (EAP) with professional counsellors available by phone 24/7
- EAP online sessions specific for SSLTC staff
- Psychological First Aid Guide
- AdvantAge Ontario Mindfulness Sessions
- 5-minute on-line training with tips to:
 - Be engaged while working remotely
 - Building Resilience
 - Developing Healthy Habits
- On-site spiritual supports were made available to staff members
- Leveraging existing contracts to implement a staff meal and snack program, at no charge. This supported staff working double shifts and protected the home from the introduction and spread of the virus as staff no longer needed to exit and reenter mid-shift for refreshments.

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Emergency Leave Policies

All staff members were given opportunities to access emergency leave as necessary, aligning with broader City corporate policies:

- **Pregnant Staff:** On April 1, 2020, Health Canada released new guidelines regarding pregnancy and COVID-19, which the division (and the City more widely) adopted. Out of an abundance of caution, the *Division recommended pregnant employees should not be in the workplace*. These employees were accommodated with alternative work arrangements where possible, or other leave options were facilitated.
- **Accommodations:** Requests from staff with medical conditions making them susceptible to contracting COVID-19 were directed to SSLTC's Manager, People Services, and the City's *Accommodation Policy* was applied.
- **Childcare Requirements:** Staff who had childcare requirements were able to use vacation/lieu time as available. If this was unavailable, staff were eligible to apply

for the Canada Emergency Response Benefit. Staff was also eligible to apply for spaces in the City-operated Child Care Centres for Essential Workers.

Testing Staff Members

Early in the pandemic, testing was problematic for staff as guidelines at the Assessment Centres were unclear and some staff with symptoms were refused testing. Since May, and in accordance with Ministry directives, on-site active testing of staff members, twice monthly, at all of our long-term care homes, is being promoted as an additional tool to detect asymptomatic COVID-19 cases.

Between, May 31 and September 14, 2020, we have successfully identified 28 positive staff cases in 9 long-term care homes, which did not lead to any positive resident cases.

Working closely with the union representing staff members, CUPE Local 79, the importance and value of staff testing, was communicated, messaging highlights the importance of protecting self, co-workers, family, and residents. On-site staff testing has been made available and we report aggregate staff testing rates. This emphasis will continue as we head into the annual staff influenza campaign with a focus on the double threat and the double call to action to get the flu shot and be tested for COVID-19.

Additional Staffing Hours

SSLTC has historically averaged approximately 3.5 hours per resident for direct care. With the onset of COVID-19, volunteer and family supports were reduced, while staff illness and absences threatened, we took swift action to respond, creating surge capacity and increasing staffing levels by approximately 17%. Additional staffing hours helped our teams respond, with hours needed in all areas including clinical assessment, monitoring, documentation, screening, in-room dining, one-on-one programming, etc.

The following table summarizes the additional staffing impact for direct care and all other staffing levels, pre-pandemic and during COVID-19 activity:

Category	2018	2019	2020 YTD	COVID Period (Mar 25 to Sept 8)
Direct Care	3.53	3.63	3.91	4.04
Other	1.56	1.57	1.91	2.06
Total	5.09	5.20	5.82	6.10

City of Toronto SSLTC Division increased staffing hours, allowing surge capacity, at a time when the sector was facing extreme staffing pressures.

Stakeholder Communication

Update Bulletins have been issued to stakeholders since January 23 with focus on:

- City's planning and readiness
- Changes in Ministry direction (suspension of visitors)
- Changes in programming (physical distancing)
- Enhanced cleaning and disinfection procedures
- Expansion of Wi-Fi to enable more virtual visits
- Links to City resources (TPH, Media Briefing, service adjustments).

All homes receive frequent updates. For homes with outbreaks, emails are sent 3 times per week to stakeholders and provide detailed information related to positive cases and deaths. 311, the City of Toronto's information hub, are given knowledge base solutions to respond to questions related to COVID-19 and long-term care. Web content and ChatBot, an Artificial Intelligence (AI) tool are also providing real time information. And, the City uses a Council Emergency function to respond to inquiries from the Mayor and City Councillors, and their constituents and operates a Media Relations service to provide regular updates to the media and respond to inquiries.

Connecting with Families

Individual and personal phone calls have been used to support families through challenging times and heightened media attention.

- Any change in resident health status prompts as a personal phone call to the main family contact person
- All affected families are contacted personally by Counsellors or designate before any information is released publically
- Staff explain care plan changes for COVID-19 positive residents (room isolation, use of PPE, tray rather than dining service)
- Resident photos are taken and shared with the family member
- Resident Services are being assisted by redeployed staff to arrange more virtual visits with families and to support outdoor visits
- Medical discussion regarding the end of life and palliative care.

Strengthening Communication with Families

Each of the City's directly-operated long-term care homes has a specific email address and phone line that are monitored and responded to daily, however, as soon as the restrictions to visiting were imposed, call volumes rose. And, if a home went into an outbreak, a spike in inquiries soon followed. Home administration implemented a variety of communication methods to keep families informed including signage, phone, and email auto-replies. The most common information requested by family members includes:

- If the home is in an outbreak, and if so, which areas/floors are affected

- What actions the home is taking to keep residents safe
- Testing of residents and staff
- Options for moving their resident into the home of a family member
- Updates on their resident's condition
- Other services taking place at the home (i.e. rehab, activities).

Family Contact Centre

As a customer service enhancement for families who want to speak directly with a trained member of the team, we piloted a Family Contact Centre meant to alleviate added pressure on frontline staff members when they are on the floors providing care and service to residents.

- Redeployed divisional staff respond in person, 7 days per week, between the hours of 11:30 am and 7:30 pm
- Training was provided to answer general questions related to COVID-19, provide home specific updates and for next of kin and power of attorneys, answer resident related inquiries
- Staff in the Family Contact Centre have access to PointClickCare, the electronic healthcare record
- For families requiring more complex discussions, scheduling a callback time with a particular home contact.

Quality of Life

During the COVID-19 pandemic, individuals living and working in the City's long-term care homes have experienced many changes due to strict infection control precautions. Practices to promote resident and staff safety, such as the universal masking policy, physical distancing, suspension of group activities and communal dining, and bundling of care tasks to minimize interactions with residents in isolation have impacted the care experience. Effective communication has been hindered by the use of PPE, and restrictions on social interactions have inhibited much needed comfort and support.

During an outbreak, it is important to take steps to contain the illness and to ensure maximum support for residents' many needs – physical, intellectual, emotional, environmental, social, and spiritual.

The following are examples of practical resources provided to staff members encouraging them to be creative and compassionate when connecting, increasing the frequency and quality of daily interactions with each resident.

Interpersonal Interaction

- Conduct routine comfort care rounding – to address pain, positioning, and additional comfort needs (e.g., provide a blanket for warmth, a favourite beverage/snack, a familiar object)
- Greet each resident using their preferred name each time you engage with them or pass by
- Be present in conversational exchanges – move to within the resident's visual field, pause to actively listen and respond
- Use non-verbal communication to convey expression – nod your head, make eye contact (remember to smile with your eyes!)
- Use personalized music and song to stimulate memories for the resident – e.g., spiritual hymns.

Professional Interaction

- Communicate directly with residents about their care and changes to care routines – identify appropriate ways to provide updates and reassurance
- Involve residents in their own care – encourage their participation even if it takes more time
- Engage the full inter-professional team in shift huddles to ensure all staff members can provide a consistent level of care, comfort, and support.

Virtual Visits

At the onset of visitor restrictions, many long-term care homes were not well positioned to offer virtual visits due to lack of infrastructure, including public Wi-Fi and equipment. City directly-operated homes struggled at the beginning of the pandemic to connect

family members with their loved ones, making use of existing Computers on Wheels connected to the City network and City-issued iPhones on data plans to conduct the visits, which were not sufficient to meet the considerable need.

The need to offer virtual visits was identified as a priority and in partnership with Technology Services public Wi-Fi in all City directly-operated long-term care homes was expanded in time for the Easter/Passover long weekend in April. Further, a number of tablets have been secured through the City and generous donations from the community.

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

Virtual visits are also proving to be a successful means of keeping family updated as being able to see their resident reduces uncertainty and anxiety. Many inquiries can be addressed during the virtual visit, resulting in reduced phone inquiries and improved customer satisfaction for family members.

Dining Service

City LTC homes prepare and serve more than 48,000 resident meals per week. Meal service and healthy dining experience are an important part of the emotion-centred approach to care, addressing both physical and social needs. The challenge of maintaining physical distancing in the dining rooms is being addressed in a number of ways:

- Identifying additional dining locations that meet the 2 metres (6 feet) physical distancing, including common areas like corridors and lounges
- Moving residents on tray service to eat at the doorframe of their room, looking out into the hallway
- Developing new seating plans for those coming into the dining room and grouping residents based on their cognitive and social functions, self-performance, and support requirements.

Regular meal time enhancements include music, mealtime activities, and staff roles have continued throughout the pandemic, such as:

- Food and Nutrition checking and documenting food and fluid temperatures
- Personal Support Workers offering meal selection and documenting food and fluid intake
- Registered Nursing monitoring residents to ensure they are eating and drinking adequately and safely
- Occupational Therapist conducting assessments and observing residents with attention to chewing, swallowing, and safe positioning.

End of Life

Essential end of life and palliative visits for all residents, including those with COVID-19, have been possible throughout the pandemic, even if the home is in an outbreak. Staff work on a case by case request/basis with family members. Discussions include a review of possible risks for those visiting based on their age and health condition, necessary precautions for themselves and those they live with, PPE requirements, etc. Virtual visits are another option to allow for a final goodbye without posing an added risk to family members.

Resident Experience De-Briefing

SSLTC invited residents to provide feedback regarding how they experienced the response to COVID-19. Feedback noted:

- Residents appreciated staff efforts to maintain consistent routines, provide communication updates, and support continued connections to their families through virtual visits
- Residents identified that 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.

Residents offered recommendations in preparation for a future outbreak:

- Creative alternatives to group physical activity classes, social programs, and communal dining, are necessary to ensure residents' physical, emotional, and mental well-being
- Residents rely on family support to maintain their social, emotional, and psychological well-being in long-term care, and need to stay connected to their families – telephone and virtual visits are very helpful
- Clear and ongoing communication with residents is respectful – adjusting your communication when wearing PPE helps improve resident understanding.

Resuming Services

Outdoor Visits

As per Ministry directive and guidelines, City LTC homes have re-introduced visitors, balancing safety with the need for in-person connection. Guidelines, requirements, and precautions to keep residents, visitors and staff members safe have been shared with all families.

Scheduling and coordinating visits and portering residents to and from the resident home area to the garden space is adding resource pressure so gradually volunteers are being asked to return to support this important connection. As the fall weather approaches, further changes are anticipated.

Indoor Visits

Similar to outdoor visits, indoor visits have the added screening and verbal attestation for a negative COVID-19 test and proper donning of a provided surgical mask and are somewhat more labour intensive to establish. To assist, we have requested that visits not overlap with the afternoon shift change to enable a smoother transition and reduce crowding at the main entrance.

Essential Caregivers

Indoor visits for up to two essential caregivers per resident began July 22 as per Ministry direction. Essential caregivers have been provided with extra training as they come back into the homes. Training includes the basics of COVID-19, the role of essential visitors, what to expect when entering a LTC home – traveling throughout the home (physical distancing, capacity signage), and IPAC – hand hygiene, cleaning, disinfecting, and PPE. In addition to pre-screening, essential visitors are required to pass an active screening questionnaire and have temperature checked by home staff upon arrival and again at departure.

Short-Stay and Temporary Absences

The August 28 release from the Ministry allows residents to leave long-term care homes for short-stay and temporary absences such as day trips or overnight visits. While these new measures were met with relief for residents and their families, operationalizing the logistics – determining if residents can tolerate wearing a mask while out in the community, does the home have space to isolate the resident for 14 days upon return, how risky is attending a family function such as a wedding – and responding to requests has required home administration to make risk-based decisions and sometimes to deny a temporary absence request as a result of the risk matrix assessment.

Contract Services

All contracted services, including external environmental (pest control, HVAC, elevator technicians) and food and nutrition contractors were provided with IPAC education and notified of guidelines to adhere to prior to resuming services in the home. All City homes implemented mandatory masking for all contract service providers. Environmental contractors providing services in resident rooms are supervised. Where possible, the resident is removed from the room and equipment or the room must be disinfected upon completion of services/repairs.

Prior to the resumption of external service provision, working directly with residents, each external service provider (e.g., chiropody, physical therapy, hair salon, dental) was asked to develop and submit a plan for how they will resume service provision, demonstrating adherence to all necessary IPAC, testing and physical distancing requirements, designated locations to complete service and designated service dates where only one LTC home was being serviced per day, where possible. Submitted

plans were reviewed at the divisional level to ensure compliance and services did not resume until plans received approval. Some of the challenges faced prior to resuming contract services included:

- Vendors charging residents additional IPAC cleaning fees
- Resistance by vendor staff to receive COVID-19 testing
- Contact service providers working in multiple LTC locations.

Lessons Learned

Modernization and Innovation

Introduction of new and expansion of existing technology has enabled a rapid and sustained response to the COVID-19 pandemic:

- Secured new devices and expanded public Wi-Fi access to support 2,600+ residents being connected to the internet have virtual visits with loved ones and access to on-line programs including card games, music, and therapy dogs
- Utilized secure electronic healthcare record PointClickCare (PCC) email contacts to ensure seamless and transparent communication with designated family members/next of kin/powers of attorney
- Created home-specific generic email accounts for families to use when scheduling virtual visits/video calls
- Implemented Finesse call centre software to support Family Contact Centre
- Created online respiratory and enteric screening application for all long-term care home staff and visitors to complete before on-site check in
- Furthered adoption of the electronic PointClickCare healthcare record with physicians allowing them to remotely access records and conduct reviews online and in discussion with the nursing staff
- Enabled consultant pharmacists to provide services such as quarterly medication reviews virtually
- Supported seamless resident care by facilitating virtual physician rounds and consultations with other medical services using the Ontario Telemedicine Network (OTN) and WebEx video capabilities, which can be brought to the bedside, to allow medical professionals (wound care, behaviour support) to view residents as needed and provide clinical advice and recommendations
- Continued to implement electronic Medication Administration Record (eMAR), a module within PCC where Nursing document medication administered to residents, the next step in modernizing the way we document and manage resident information
- Utilized the menu management module within PCC to support tray service creating meal tray cards to ensure accuracy of diet information and resident's dietary profiles including their allergies, preferences, likes, and dislikes.
- Created e-cards as a social engagement program for residents in long-term care homes and for seniors in the community
- Introduced on-line donation options for people to support the quality of life enhancements for residents in the City's long-term care homes, including Toronto Challenge donations
- Launched Stay, Play & Learn at Home website content showcasing online virtual activities for all ages, including activities specifically for seniors, to help them stay engaged, active, and connected while isolating
- Added ChatBot artificial intelligence (AI) customer service tool to facilitate enhanced web experience when accessing COVID-19 content on City's website

- Introduced efficiencies to on-board employees including online orientation for new staff and City of Toronto redeployed staff
- Converted mandatory education modules into Storyline format for contract service providers to access on the intranet
- Expanded work from home technology capacity for relevant staff, ensuring they are productive and engaged while working remotely
- Enhanced Quatro Time & Attendance system to include new COVID-19 related pay codes and created new scheduling units to track additional pandemic staff
- Developing a texting initiative to contact staff to fill 'call-in' shifts and quickly schedule staff members into available shifts
- Utilized technology (WebEx) to support regular general staff meetings
- Utilized intranet to ensure staff have access to the most recent COVID-19 information and resources.

Moving to Online Platforms

Toronto Challenge

Shifted focus of the annual 5k run and walk normally held in June in support of Toronto seniors to an online social media campaign to raise awareness and funds. The Mayor and Councillors were provided with prepared messages to share through their social media platforms and e-newsletters.

DonateTO (www.toronto.ca/donateto) platform was developed by the Toronto Office of Partnerships (TOP) to facilitate online donations to support the City of Toronto programs. As the pandemic progressed, the system was utilized to help facilitate COVID-19 Relief and Recovery donations.

SSLTC identified the need for donations to purchase technology (i.e. tablets) to support communication, virtual visits, and engagement as well as other initiatives that enhance the quality of life for residents during the COVID-19 pandemic.

SSLTC worked with TOP to include each of the homes as options for donors to give to online. To date, over \$22,000 has been donated.

Adult Day Programs

The City's 3 Adult Day Programs at Bendale Acres, Cummer Lodge, and Kipling Acres have been suspended since mid-March. While phone check-ins have supported clients throughout the pandemic, with the frequency determined based on risk, exercise videos, accessible via YouTube ([Fitness Program ADP](#), [Stretch Program ADP](#)) were created by staff to keep clients engaged.

Role of Volunteers

Volunteers are an integral part of life in City directly-operated long-term care homes enhancing care and services provided by staff. The restriction to volunteers entering the homes has made an impact on the quality of life for residents and staff. Many volunteer-led programs and services have been put on hold, introducing creative ways to remain engaged with residents:

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

New Normal in LTC

Similar to the phased re-opening of businesses and communities around the world, we are looking ahead and planning for the new normal in long-term care. We know some changes will be welcome and easily understood, while others will be more challenging for residents, families, volunteers, and staff members to understand and appreciate.

The new normal in LTC must ensure sufficient access to PPE; a robust, well-trained, prepared, and supported staff complement; clean and timely communication and collaboration among partners; enhanced and sustainable funding; and safe spaces live, work and visit.

In City long-term care homes, we are planning extra health and safety measures, based on guidance from Toronto Public Health, Ministry of Health, and Ontario Health. For example:

- Maintaining screening of staff, essential visitors, and residents
- Ensuring physical distancing throughout the home
- Maintaining Infection Prevention and Control (IPAC) leading practices
- Resuming communal dining for residents and while maintaining physical distance
- Resuming resident programs with smaller groups
- Resuming medical and other service appointments while continuing to focus on virtual consults where appropriate
- Admitting returning residents and new residents that test negative 24 hours prior to admission
- Resuming meetings with a focus on virtual meetings.

City homes have a long-established commitment and openness to working with stakeholders to promote public accountability. As we go forward, each home's Home Advisory Committee, Family Council, and Residents' Council will be engaged in the discussion and implementation related to new and additional measures.

Estimated Costs of the New Normal in LTC

Seniors Services and Long-Term Care estimate the costs associated with the new normal in LTC, for the operation of 10 sites, home to 2,600+ residents to be an additional \$26.0 million/year:

- \$12.0 million/year for additional staff to support one-on-one resident care related to physical distancing requirements and loss of community/volunteer programming and support
- \$3.5 million/year to maintain active screening of staff, essential visitors, and residents
- \$7.5 million/year to maintain mandatory masking and PPE supplies
- \$2.0 million/year for additional supplies and staff to maintain strong infection prevention and control practices and improving processes based on emerging scientific evidence and best practices

- \$1.2 million/year to continue focus on staffing levels needed to achieve a ratio of 70 per cent full-time to 30 per cent part-time staff.

Reconciling actual LTC expenses to the available additional emergency funding has been challenging as we must ensure resident and staff safety while containing costs in light of the unprecedented fiscal challenges facing the City of Toronto.

Resurgence Plan

SSLTC has implemented enhanced staffing strategies and introduced Wi-Fi access for residents in anticipation of future long-term care home outbreaks. In partnership with Toronto Public Health and Ministry partners, SSLTC will proactively manage outbreaks in the City's long-term care homes and has prepared these resurgence strategies:

Key Preparedness Actions

- Implementation and continuation of staffing strategies to ensure sufficient human resources in event of a resurgence and lockdown of homes.
- Continuation of best practices in infection prevention and control in all homes including onsite infection prevention and control audits and certified in-home infection prevention and control leads.
- Continuation of technology solutions to support the screening of staff and visitors.

Resurgence Response Actions

- Following the direction of MOH and the Province of Ontario, SSLTC is prepared to return to lockdown measures as needed.
- In the event of further outbreaks, SSLTC will re-launch the Family Contact Centre and implement an expanded virtual visits program.
- All infection prevention & control and occupational health & safety best practices will remain in place throughout the pandemic.

Risk Assessment

- SSLTC supports provincial changes that enable designated "essential visitors" to continue to be able to visit homes under outbreaks; however, increasing visitors into homes comes with an inherent risk in terms of infection control, infection prevention and control compliance, and PPE supply.
- Strategic Communications support will be critical to maintaining public confidence in the ability of City-run long term care homes to control the spread of the virus.
- SSLTC is heavily dependent on the ability of the City and other response stakeholders to ensure a reliable supply of both PPE and equipment (i.e., isolation equipment). Community agencies involved in the City response struggled in accessing adequate PPE and faced staffing shortages during the initial outbreak response.

COVID-19 Response Thus Far

SSLTC has been proactive and nimble in responding to the COVID-19 pandemic. Through strong collaboration with municipal and provincial partners, the division has implemented leading best practices with regards to IPAC, PPE, staffing, stakeholder communication, technology, and other key areas of operations. Thanks to the dedication of front-line staff, SSLTC has demonstrated its CARE values in action - Compassion | Accountability | Respect | Excellence.

As COVID-19 continues to spread in the community, the division continues to learn from the outbreaks while demonstrating an ongoing commitment to resident and staff safety. Going forward, the division is committed to identifying opportunities to conduct in-depth reviews of key policies and practices to formally identify lessons learned, enabling improved preparedness for a potential second wave of COVID-19.