A photograph of a modern, curved building with two prominent cylindrical towers. Each tower has a clock face. The building is set against a clear blue sky with some light clouds. The foreground is partially obscured by a blue and white graphic overlay.

PRESENTATION TO THE ONTARIO LONG-TERM CARE COVID-19 COMMISSION

DR. KARIM KURJI, MEDICAL OFFICER OF HEALTH
THE REGIONAL MUNICIPALITY OF YORK
PUBLIC HEALTH BRANCH

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The logo for York Region, featuring a stylized white starburst or 'Y' shape above the text 'York Region' in a white serif font.

York Region

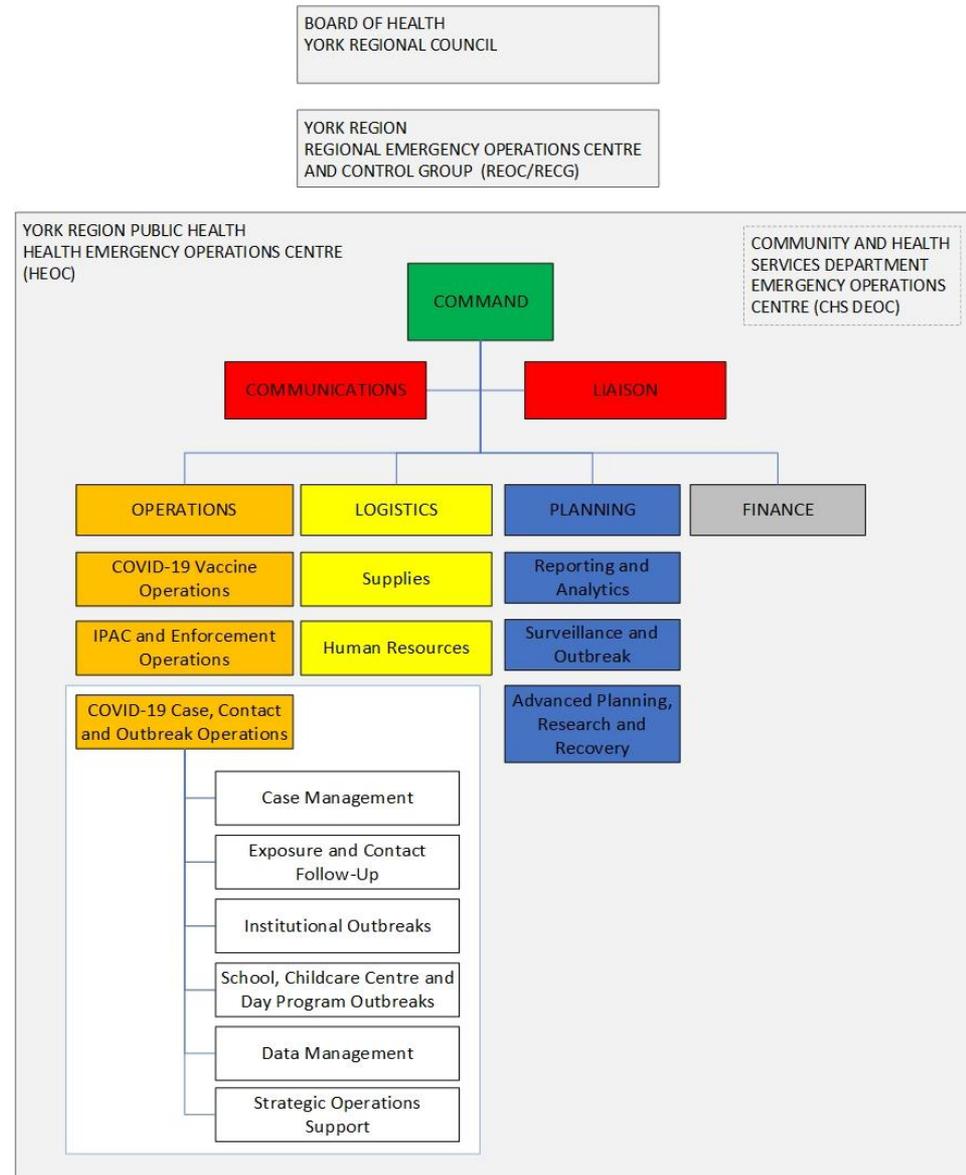
INTRODUCTIONS

INTRODUCTORY REMARKS

- York Region Public Health prior to COVID-19
- York Region's COVID-19 response, how and when we began our journey
 - Extensive pre-COVID-19 preparations
 - Supportive Regional Corporate partners
 - Stockpiles of personal protective equipment (PPE)
 - Strong partnerships and relationships
- Public Health Emergency Response Plan using the Incident Management System (IMS) – activated January 23, 2020

IMS Structure

- Emergency Management is one of the Foundational Standards of Public Health
- All Health Units in Ontario are required to have an emergency response plan consistent with IMS concepts
- IMS is used to coordinate and structure the response
- Scalable and flexible as needs for resources and communication differ over the course of an event



TOPIC AREA ONE
PUBLIC HEALTH ROLES AND RESPONSIBILITIES

LEGISLATIVE RESPONSIBILITY

Public Health conducts mandated inspections

- Food safety inspections
- Personal service settings (salons, nails services) within a long-term care homes inspection
- Safe Water inspections - annual water sampling for homes on well water, ensuring regular monitoring of the water system

Public Health responds to

- Health hazard complaints
- Outbreaks of reportable infectious disease

LEGISLATIVE RESPONSIBILITY

Under the Health Protection and Promotion Act, the Minister of Health establishes standards for mandatory health program and services:

1. Ministry of Health and Long-Term Care: *Infectious and Communicable Diseases Prevention and Control Standard, 2018*
 - Public Health management of cases/contacts and outbreaks
 - Participate on committees, advisory bodies and networks to address infection prevention and control in long-term care homes
 - 24/7 on-call system to receive and respond to reportable infectious diseases of public health significance

2. Ministry of Health and Long-Term Care: *Institutional/Facility Outbreak Protocol 2018*
 - Assists long-term care homes with outbreak management preparation
 - Provides ongoing support to long-term care homes by providing infection prevention and control guidance and education as needed
 - Communication with long-term care homes
 - York Region Public Health provides timely Ministry updates to all long-term care homes through our electronic notification system

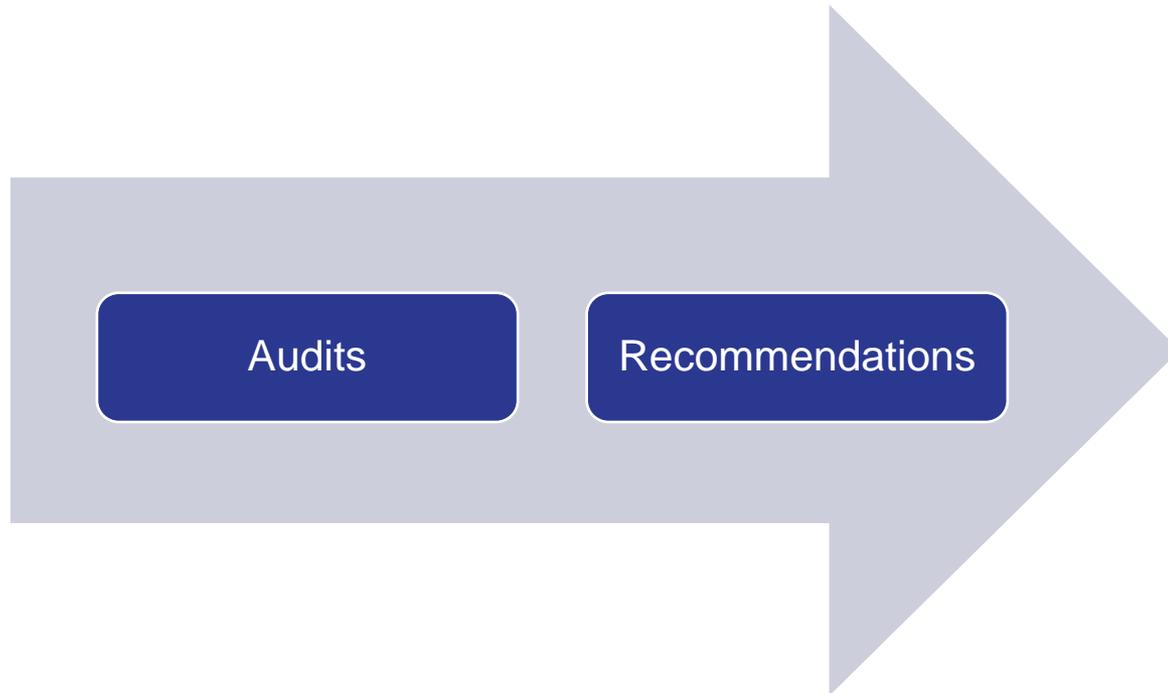
LEGISLATIVE RESPONSIBILITY

- To be a member of the outbreak management team meetings and attends the daily meetings
- Work collaboratively with the outbreak management team to declare an outbreak, recommend outbreak control measures, testing and surveillance and declares outbreak over in collaboration with the home
- Conduct onsite outbreak infection prevention and control/food safety inspections/re-inspections
- Debrief

LEGISLATIVE RESPONSIBILITY

- Provide additional supports to long-term care homes in outbreak through:
 - Onsite outbreak infection prevention and control inspections/re-inspections and recommends targeted Public Health measures in order to control the outbreak
 - Just in time infection prevention and control education and training to staff

PROACTIVE PRE-COVID



York Region Public Health conducts onsite *Long-Term Care Home/Retirement Home audits* and recommends infection prevention and control measures

PUBLIC HEALTH SUPPORT — WAVE 1

- Supports for long-term care homes
 - Provided on-going communication regarding Ministry directives – beginning March 2020
 - Contacted all homes in March 2020 to complete preliminary COVID assessments to assess if they received Ministry directives and provided support in interpretation
 - Completed daily Ministry tracker on each home to determine risk rating
 - Through this process identified staffing, PPE and IPAC needs
- Provided emergency supplies while supply chain was being developed through Ontario Health

PUBLIC HEALTH SUPPORT — WAVE 1

- Initially utilized *York Region Outbreak Inspection Report for Long-Term Care Homes/Retirement Homes* to conduct onsite COVID-19 outbreak inspections
 - Moved to the *Public Health Ontario COVID-19; Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes* tool once released
- Completed onsite Public Health Ontario COVID-19: *Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes* for all York Region long-term care homes that were **not** in outbreak and provided infection prevention and control recommendations

PUBLIC HEALTH SUPPORT — WAVE 1

- Collaborated with Local Integrated Health Network IPAC Extenders to provide IPAC support to long-term care homes
- Issued **one** HPPA 29.2 Order

PUBLIC HEALTH SUPPORT — WAVE 2

- Participated in Ontario Health Preparedness Assessment checks lead by the Local Integrated Health Network
- Provided Ministry directives/guidance documents to all homes through the York Region Public Health Urgent Public Health Notification System
- Provided ongoing infection prevention and control support including onsite inspections using the Public Health Infection Prevention and Control Checklist and provided onsite education visits
- Developed targeted COVID-19 infection prevention and control resources
- Worked with Infection Prevention and Control HUB partners in providing on-going infection prevention and control preparedness education and auditing support
- Issued three HPPA 29.2 Orders

YORK REGION HPPA ORDERS

- Issued four Section 29.2 Orders to long-term care homes under the Health Protection and Promotion Act
- Intent is to work with long-term care home and other partners to gain compliance and stabilize the home
- Common areas of continued non-compliance:
 - Lack of knowledge of point of care risk assessment and proper donning and doffing of personal protective equipment by staff and essential caregivers
 - Lack of staffing resources to respond to a COVID-19 outbreak
 - Lack of equipment, supplies, services or associated tools required to monitor, respond and control the outbreak
 - Lack of timely and accurate information released to Public Health

IPAC RECOMMENDATIONS

- All long-term care homes should have an onsite qualified IPAC staff dedicated to addressing IPAC in the home
- Implement an accountability framework whereby:
 - Long-term care homes are mandated to conduct annual IPAC organizational assessments which are reported and publicly disclosed
 - Should be tied to the licensing process
- A systems approach should be applied to ensure IPAC core competency for staffing
- Emergency response planning including emergency exercise involving large scale outbreaks

TOPIC AREA TWO

OUTBREAK MANAGEMENT

ROLES AND RESPONSIBILITIES

Public Health

- Provides guidance to homes in the management of infectious disease outbreaks
- Confirms the existence of an outbreak
- Declares an outbreak over

Long-Term Care Home

- Responsible for meeting regulatory requirements of the Ministry of Long-Term Care
- Responsible for managing outbreaks
- Responsible to follow IPAC recommendations of Public Health

Shared Role

- An outbreak can be declared by the institution/facility or by Public Health

PUBLIC HEALTH ACTIONS

Pre COVID-19 Preparation for Outbreak Season

- Education Sessions: Outbreak 101
- Pre-outbreak season visits to all long-term care and retirement homes
- Checklist to ensure the LTCH have written policies and procedures in place for responding to outbreaks
- Provision of swabs and resources

OUTBREAK MANAGEMENT ACTIONS

Routine Outbreak Management Actions	Additional COVID-19 Outbreak Management Actions
Assist facility to confirm existence of an outbreak (based on Ministry of Health case definitions)	COVID-19 outbreak definition: one confirmed case of COVID-19 in a resident or staff member in the home
Determine population at risk and advise on testing (pre-COVID-19 3-4 specimens max per outbreak)	In depth risk assessment, individual case management and contact tracing for all identified cases and contacts associated with the outbreak. Arrange for expanded testing
Participate in Outbreak Management Team meetings with the facility	Outbreak management meetings include the facility and additional stakeholders such as the Local Health Integrated Network and Ministry of Long-Term Care
Assist in active case finding through consultation	Assist in daily active case finding with the facility by in depth review of all newly reported cases and contacts
Assess the status of the outbreak daily, review line lists	Review of extensive line lists, of facility layout for cohorting, movement of residents
Ensure that IPAC measures were being adhered to	Daily review of facility wide IPAC measures, de-escalation where possible
Conduct onsite IPAC investigations and IPAC/PPE education	Conduct onsite IPAC investigations and IPAC/PPE education – provision of PPE
Declare outbreak over, review measures, provide recommendations	Declare outbreak over, review measures, provide recommendations

COVID-19 OUTBREAK CHALLENGES AND PUBLIC HEALTH ACTIONS

- Complex Outbreak Management
- Staffing
- Personal Protective Equipment
- Infection Prevention and Control
- Cohorting
- Testing

COVID-19 CHALLENGES AND PUBLIC HEALTH RESPONSE

Complex Outbreak Management

- In depth risk assessments and complex contact tracing together required increased epidemiological support
- Testing challenges
- Complex lengthy line lists often 10 plus pages long
- Increased hospitalizations and deaths
- Family concerns and complaints
- On-going questions with updated to Ministry guidance documents
- Consulted with Public Health Ontario and the Ministry of Health on the more challenging outbreaks

COVID-19 CHALLENGES AND PUBLIC HEALTH RESPONSE

Staffing Challenges in long-term care home

- Staffing shortages
- Staffing knowledge
- Staff working in multiple locations
- The use of agency staff
- Essential visitors

COVID-19 CHALLENGES AND PUBLIC HEALTH RESPONSE

PPE Challenges

- Supply
 - Collaboration with Local Health Integrated Network for supplies
 - Provision of Emergency PPE supply kits public health stockpile to homes in need to last them until their PPE order arrived
- Lack of IPAC knowledge in staff
- Incorrect use of PPE
- Daily checks on PPE Supply

COVID-19 CHALLENGES AND PUBLIC HEALTH RESPONSE

Infection Prevention and Control

- Lack of on-site dedicated infection prevention control expertise
- IPAC duties were often assigned as part of someone's work
- Public Health Response:
 - IPAC specialists, Public Health Inspectors and Nurses added to the Outbreak team
 - On site IPAC support:
 - Education session on PPE Donning and Doffing
 - IPAC inspections and audit

COVID-19 CHALLENGES AND PUBLIC HEALTH RESPONSE

Cohorting

- Staff cohorting
- Resident cohorting
 - Affected versus unaffected areas of the unit
- Physical infrastructure

MENTAL HEALTH IMPACTS

RESIDENTS

- Isolated to their rooms for long periods of time
- Lack of social interaction or regular activities
- Lack of outdoor time, time with loved one

FAMILIES

- Calling public health expressing the mental health impacts of the pandemic
- Requests to lessen the IPAC measures – consistent theme

LONG-TERM CARE STAFF

- Long hours worked
- Fear of the virus
- Fear of bringing virus home
- Living in alternate settings for weeks without any days off

PUBLIC HEALTH STAFF

- Initially staff worked around the clock
- MH impacts due to the number of hospitalizations and deaths
- Increased staff sick time
- Activated the PH emergency support group

OUTBREAK MANAGEMENT RECOMMENDATIONS

- Improved wages, access to sick leave and benefits for staff may help with securing full time staffing complements
- Mandatory IPAC education and hands on PPE training for all staff that work in LTC homes
- IPAC staff available 24/7 to assist with afterhours outbreak management
- An enhanced of the public health workforce to meet the need of outbreak response in long-term care homes
- Improvements to current long-term care home physical infrastructure
- Enhanced provision of information and education for family members and residents
- A dedicated phone line for family members of loved one to speak directly to someone about concerns and questions when a facility is in outbreak

TOPIC AREA THREE

COVID-19 TESTING

COVID-19 TESTING

- Integrated response, with COVID-19 testing as key component
- Typically, the physician of a long-term care home is the requisitioner of the test – the specimen is collected on site and sent to lab for processing
- The physician on the requisition form will receive the results, all positive results are also reported to public health

Testing Sites

- Assessment Centres
- Pharmacies
- On site at facilities under an ordering physician

Laboratories

- Public Health Ontario Laboratory (PHOL)
- Laboratory network (e.g. hospital labs, private labs)

Public Health Unit

- Physicians, labs and hospitals have duty to report
- Health unit follows up on positive results

COVID-19 TESTING

Results notification

1. Directly to the home (ordering physician)
2. To Public Health through the Provincial Case Contact Management System (CCM)
3. To the Medical Officer of Health (fax)

Rapid testing

- Rolling out – to be fully implemented by all homes on March 15, 2021
- Positive results will be reported to Public Health by a notification form

COVID-19 TESTING

Testing Challenges

- Manual processes
- Lack of specimen prioritization
- Changes in volume with broadening of case definition and implementation of surveillance testing
- Incomplete requisition forms
- Specimens not properly labelled
- Negative results

Improvements Over Time

- Automation through OLIS—CCM *updates every 30 minutes
- Prioritization criteria
- Lab capacity expanded through the network
- Form templates and instructions provided by Public Health Ontario Laboratory

TOPIC AREA FOUR

COLLABORATIONS AND PARTNERSHIP

YORK REGION PARTNERSHIPS

- Well-established foundation of collaboration and partnerships with our local health sectors has been integral in supporting the COVID-19 response
- Partnerships and collaborations have strengthened during the response for example:
 - Collaborating with IPAC HUBS and extenders in supporting homes
 - Participating on outbreak management calls with local partners (e.g., the Local Health Integrated Network)

YORK REGION PARTNERSHIPS

- Recognized early the need for a York Region dedicated role to coordinate the support and response with homes
- Meet with Local Integrated Health Network and Ontario Health partners weekly to review homes in outbreak and identify needs
 - PPE and staffing challenges
 - Coordinate IPAC assessments and education
- Participate in Local Integrated Health Network led long-term care administrator calls as requested
- Mobilize on-site testing for homes that required additional support

YORK REGION PARTNERSHIPS

- Provincial partners (e.g., Public Health Ontario, Chief Medical Officer of Health office, Ministry Emergency Operation Centre)
 - Consultation on complex outbreaks
- Informal and formal communities of practice with health units across Ontario and in other provinces
 - Interpretation and further specification of guidance
- Hospital partners (three York Region hospitals)
- Community based physicians

RECOMMENDATIONS

RECOMMENDATIONS

Infection prevention and control

- Long-term care homes to have on-site IPAC resource
- IPAC staff available 24/7 to assist with afterhours outbreak management
- Accountability framework

Emergency preparedness

- Long-term care partners to engage in emergency planning; including tabletops or other exercises involving communicable disease outbreaks

RECOMMENDATIONS

Workforce development across the health system

- Need for more of the health workforce across the system (acute care, long-term care, public health) to have basic expertise in outbreak management and IPAC principles
- Need for improved full time staffing compliments in long-term care homes

Information technology systems

- Provincial system to continue to integrate outbreak modules to support e viewing and collection of line lists; epi curves, etc.

RECOMMENDATIONS

Social determinants of health

- Need to constantly be aware of how these factors shape health behaviour including in outbreaks; tailor advice/interventions; explore policy supports (e.g., paid sick leave, improved wages)

Partnerships & collaboration

- Continue to work across agencies to support long-term care but be clear on roles and responsibilities; ultimate accountability for home rests with home itself; primary advisor for IPAC and outbreak management should be Public Health unit

Public health resourcing and structure

- Funding for public health units vital; strength of public health in a Regional structure

THANK YOU

