Ontario's Long-Term Care COVID-19 Commission

Jennie Johnstone, MD, PhD, FRCPC

Dylan Kain, MD, FRCPC

January 8, 2021

Agenda

- Introductions
- Observations from long-term care experience as an IPAC Physician during wave 1 and wave 2
- Observations as Chair of Ontario's Expert Testing Strategy Panel as it relates to Long-term care
- Conclusions

Introductions: Jennie Johnstone

ID/IPAC Physician for >10 years, Current Positions Held:

- Infectious Diseases physician as UHN/Sinai Health (2018 – current)
- Infection Prevention and Control Physician (IPAC) Lead for Sinai Health (2018 – current)
- Associate Professor, Department of Laboratory Medicine and Pathobiology, University of Toronto
- Associate Professor, Dalla Lana School of Public Health, University of Toronto
- *Prior to March 2020, part-time at Public Health Ontario (2012 – March 2020)

Pre-pandemic IPAC Committee Membership:

- Vice-Chair of the National Advisory Committee Infection Prevention and Control for Public Health Agency of Canada (Member since 2016, Vice-Chair since 2019)
- Member of Provincial Infectious Diseases Advisory of Committee (PIDAC) on Infection Prevention and Control (Member, 2014 – current)

Pandemic IPAC Committee Membership:

- Toronto Region Infection Prevention and Control Representative (March 2020 – current)
- Chair, Ontario Expert Testing Strategy Panel (April 2020 – current)
- Chair, Toronto Region IPAC Hub Coordination Table for LTC / RH/Other Congregate Living Settings (October 2020 – current)

Introductions: Dylan Kain

- Infectious Diseases Physician
- COVID-19 Pandemic Fellow

Wave 1 Key Milestones

JAN/FEB 2020

January 3
- CMOH Memo re: circulating novel virus, Hospital IPAC programs began to prepare

January 21
- Sinai Table Top Exercise and hospital pandemic task force initiated

January 22
- First person under investigation seen at Sinai

January 25
- First case of COVID-19 confirmed in Canada (in Toronto)

February 1
- Diamond princess

February 27
- PHO laboratory surveillance for COVID-19 on non-COVID respiratory virus specimen initiative approved by CMOH

February 28
- King County, Washington LTC COVID-19 outbreak

MARCH 2020

March 2
- Integrated Toronto Region COVID-19 preparedness planning meeting

March 8
- Lynn Valley Care Centre in BC LTC resident death due to COVID
- Developed outline for PHAC NAC IPC LTC guidance document

March 9
- First meeting of Toronto Region LTC, RH and Congregate Care

March 18
- Pinecrest LTC (Bobcaygeon, ON)

March 23/24
- Implemented universal masking at Sinai Health and Toronto Region hospitals

March 29
- Universal masking for LTC recommended by Toronto Region

APRIL 2020

April 8
- PHAC interim IPAC guidance for LTC
- Directive #3
- Provincial testing guidance issued

April 15
- Hospitals in Toronto Region 'assigned' LTC and RH's – included many in outbreak

MAY 2020

May
Most initial large wave 1 outbreaks in LTC/RH ended

JUNE 2020

Toronto Region COVID-19 Hospital Operations Table

Recommended Guidelines –Masking in Hospitals

Version Date: March 24, 2020

Ontario Health Toronto

PURPOSE:

This document is meant to provide guidance and establish minimum standards for Toronto Region hospitals with respect to procedure mask use by staff, physicians, learners, and visitors. Individual hospitals may choose to adopt practices beyond those which are outlined here; however, they should be cognizant that the underlying principle of stewardship of personal protective equipment (PPE) applies across the region and the system, and the actions of one institution have implications for the supply available for all hospitals.

BACKGROUND:

Community spread of COVID-19 is well-established in Toronto. This means that the likelihood of any individual coming in contact with, or being infected with, COVID-19 is increasing. At the same time, without efforts to conserve PPE use, hospital supplies of PPE will soon become threatened, based on current rates of consumption, projected increases in COVID-19 patients, and the experience in other jurisdictions. Further, other sectors such as Long -term Care Homes are now experiencing outbreaks from Health care workers (HCW) working ill and are now being required to wear masks all day to protect patients. Therefore, preventing outbreaks in hospitals by minimizing patients getting infected from HCWs is important. We are also starting to see several hospitals in the Toronto Region with challenges related to HCW exposure either from other staff or patients. The universal application of surgical masks addresses all of these concerns including PPE conservation, HCW related outbreaks and minimizing HCW exposures.

Toronto Region COVID-19 LTC/CC Table

Recommended Guidelines

Pandemic Universal Masking in LTC/CC

Version Date: March 29, 2020

Ontario Health
Toronto

PURPOSE:

This document is meant to provide guidance and establish minimum standards for Toronto Region Long Term Care and Congregate Care Homes with respect to procedure mask use by staff, physicians, learners, and essential visitors in the COVID-19 pandemic. Individual homes may choose to adopt practices beyond those which are outlined here; however, they should be *very* cognizant that the underlying principle of conservation of personal protective equipment (PPE) applies across the region and the system and the actions of one institution have implications for the supply available for all providers.

BACKGROUND:

Community spread of COVID-19 is well-established in Toronto. This means that the likelihood of any individual coming in contact with, or being infected with, COVID-19 is increasing. At the same time, without efforts to conserve PPE use, supplies of PPE will soon become threatened, based on current rates of consumption, projected increases in COVID-19 residents, and the experience in other jurisdictions. Therefore, it is important to prevent outbreaks by minimizing transmission between health care workers and residents. We are also starting to see several homes in the Toronto Region with challenges related to HCW exposure. The pandemic universal masking policy is undertaken in an abundance of caution to reduce HCW related outbreaks, minimize HCW exposure and exercise appropriate PPE conservation.

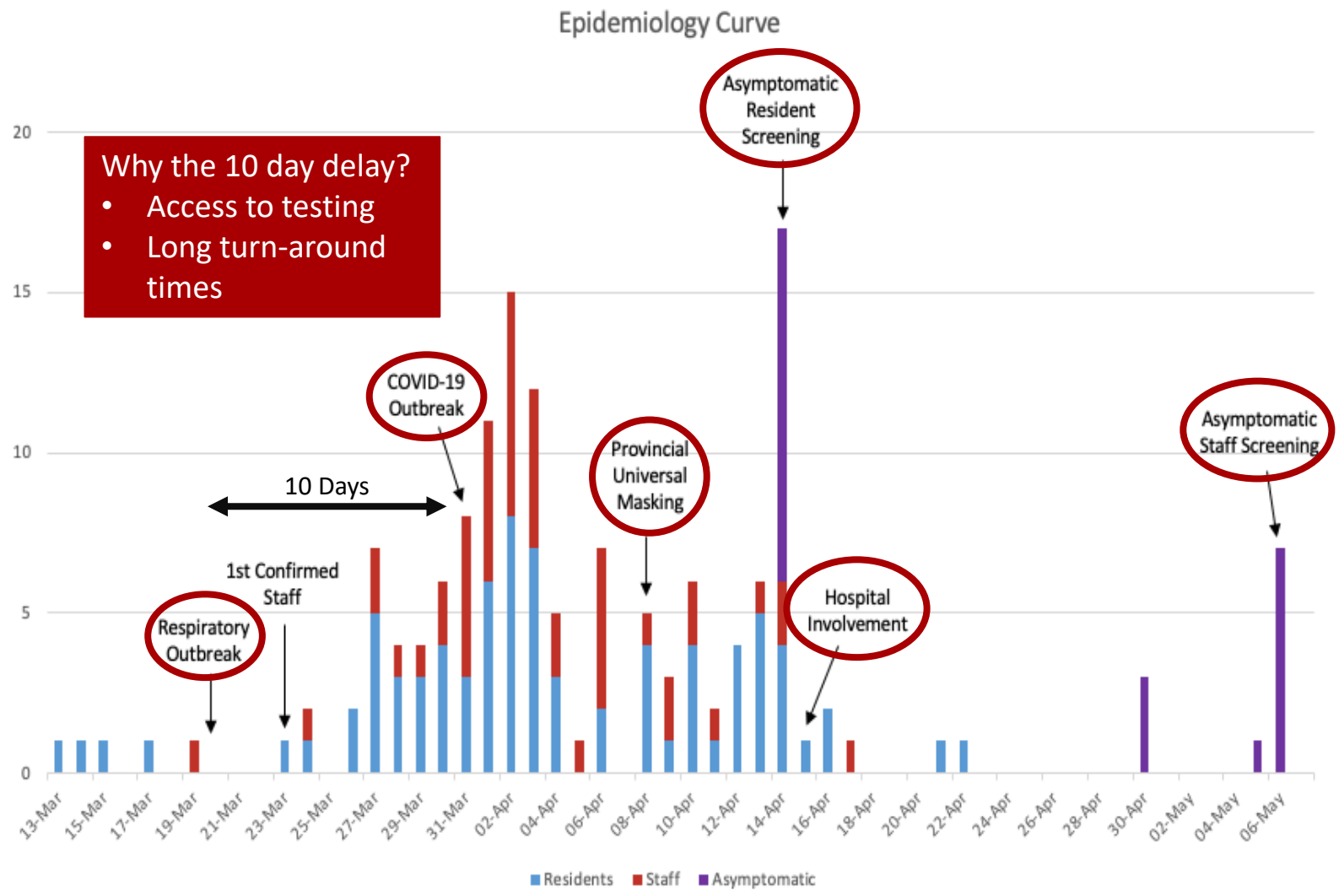
Case Study

A Hospital Partnership with a Long-term Care Home Experiencing a COVID-19 Outbreak: Lessons and Opportunities

Presented by Dylan Kain

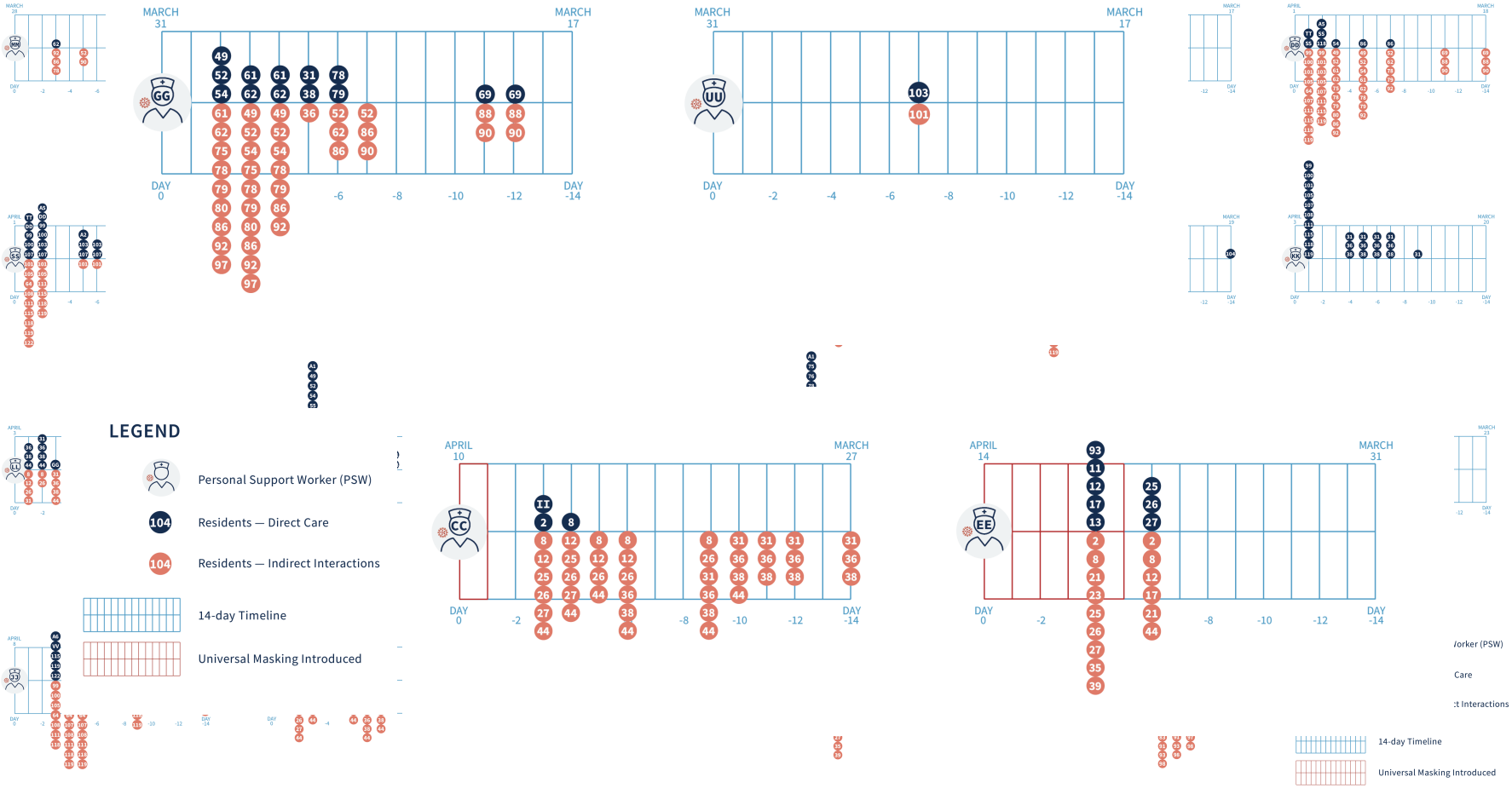
Acknowledgment

- Throughout this process we were continually impressed with the heroic efforts of all those working in these Homes. They worked tirelessly, around the clock, many living in the Home for the duration of the outbreak, placing their own lives at risk, to try and alleviate the suffering of the residents of their Home.
- It was truly an honor to have had the opportunity to be involved in this process.


Epidemiology Curve
Why the 10 day delay?
• Access to testing
• Long turn-around times
Asymptomatic Resident Screening
COVID-19 Outbreak
Provincial Universal Masking
Asymptomatic Staff Screening
10 Days
1st Confirmed Staff
Respiratory Outbreak
Hospital Involvement
20
15
10
5
0
13-Mar
15-Mar
17-Mar
19-Mar
21-Mar
23-Mar
25-Mar
27-Mar
29-Mar
31-Mar
02-Apr
04-Apr
06-Apr
08-Apr
10-Apr
12-Apr
14-Apr
16-Apr
18-Apr
20-Apr
22-Apr
24-Apr
26-Apr
28-Apr
30-Apr
02-May
04-May
06-May
Residents
Staff
Asymptomatic

LONG-TERM CARE STAFF EXPOSURES CHART

Tracing Possible Direct Connections of Personal Support Workers



BED

RESIDENT

PRE-SYMPTOMATIC

SYMPTOMATIC

SYMPTOMATIC
- TESTED NEGATIVE

ASYMPTOMATIC
POSITIVE

RESOLVED INFECTION

REFUSED TESTING

PRE-SYMPTOMATIC
STAFF

NOTES:

2nd FLOOR
MARCH 20, 2020

BED

RESIDENT

PRE-SYMPTOMATIC

SYMPTOMATIC

SYMPTOMATIC
- TESTED NEGATIVE

ASYMPTOMATIC
POSITIVE

RESOLVED INFECTION

REFUSED TESTING

PRE-SYMPTOMATIC
STAFF

NOTES:

2nd FLOOR
MARCH 25, 2020

BED

RESIDENT

PRE-SYMPTOMATIC

SYMPTOMATIC

SYMPTOMATIC
- TESTED NEGATIVE

ASYMPTOMATIC
POSITIVE

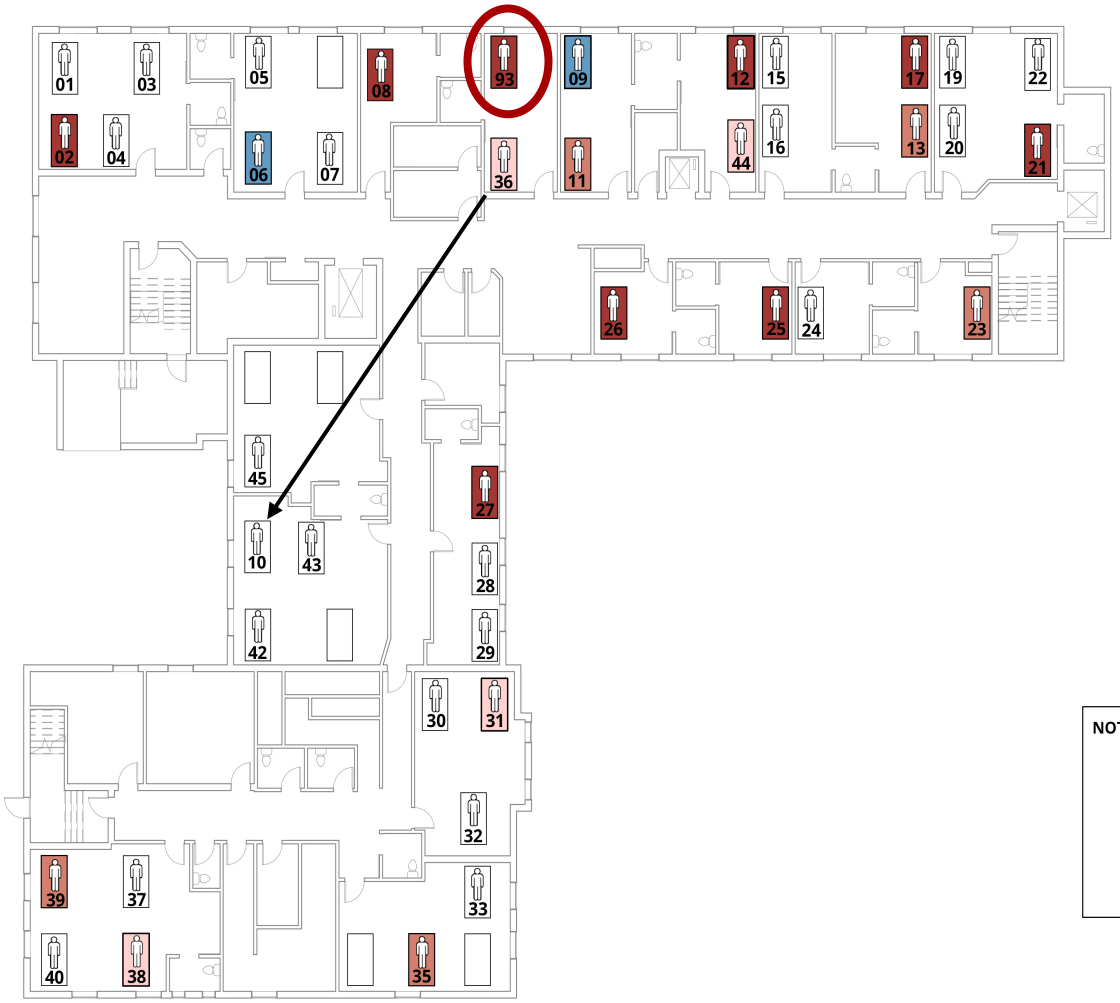
RESOLVED INFECTION

REFUSED TESTING

PRE-SYMPTOMATIC
STAFF

NOTES:

2nd FLOOR
APRIL 06, 2020



BED

RESIDENT

PRE-SYMPTOMATIC

SYMPTOMATIC

SYMPTOMATIC - TESTED NEGATIVE

ASYMPTOMATIC POSITIVE

RESOLVED INFECTION

REFUSED TESTING

PRE-SYMPTOMATIC STAFF

NOTES:

1st FLOOR
APRIL 10, 2020

BED
RESIDENT
PRE-SYMPTOMATIC
SYMPTOMATIC
SYMPTOMATIC - TESTED NEGATIVE
ASYMPTOMATIC POSITIVE
RESOLVED INFECTION
REFUSED TESTING
PRE-SYMPTOMATIC STAFF

NOTES:

1st FLOOR
APRIL 14, 2020

Case Study Conclusion

- Early lack of access to testing meant that many facilities did not recognize they had a COVID-19 outbreak until the outbreak had become very wide spread
- Given the care needs of the residents, and interconnectivity of the homes infection can spread quickly and widely
- Limited access resulting in reuse of personal protective equipment and lack of universal masking until April 8th led to significant spread of infection
- Crowding and in particular 4-bedded rooms with shared washrooms posed a substantial risk, especially given that homes had no training on how residents should be moved or cohorted safely

Wave 1: Additional Observations

- Lack of pandemic preparedness for COVID-19
- Limited IPAC fundamentals and knowledge in place
- Limited or absence of occupational health
- Absence of MLTC inspectors
- Overwhelmed Public Health
- No clear escalation path and no consistent approach for hospital support to Homes
- Lack of system support
- Structural challenges – infrastructure and crowding

Wave 2: Key Milestones

September 14
- Meeting with Toronto Region to discuss hospital IPAC Hub model

October 5
- First Toronto Region IPAC Hub Coordination Table meeting

November 10
- Ministry IPAC Hub model announced

November 12
- Released Toronto Region IPAC Hub Coordination Table memo summarizing roles and responsibilities

COVID-19 Wave 2: IPAC Roles and Accountabilities Framework for support of Long Term Care and Retirement Homes in the Toronto Region

October 20, 2020

Planning Assumptions

- The proposed IPAC Roles and Accountabilities Framework will apply to the IPAC support to Long Term Care and Retirement Homes during Wave 2 and subsequent phases of the COVID-19 Pandemic, in the Toronto Region.

- This is an *interim* accountability framework which will support minimizing morbidity/mortality related to healthcare associated infections in residents and staff in Long Term Care and Retirement Homes in the Toronto Region during the COVID-19 pandemic.

- The Framework takes into account the funding that will be provided to Toronto Region Hospitals by MOH/OH to augment IPAC capacity in the Homes, and is aligned with *the Minister's Directive: COVID-19: Supporting Long-Term Care Homes (issued on April 24, 2020):* http://health.gov.on.ca/en/pro/programs/ltc/directive_supporting_ltch_20200424.aspx

- The Framework may be adapted to apply in management agreement circumstances.

Overview of Framework going forward

- The Framework identifies the key stakeholders and maps them to level of involvement and accountability.

- The Homes will retain **responsibility and accountability for implementing the appropriate IPAC program measures** to prevent and control COVID-19 outbreaks and other healthcare associated infections.

- Working collaboratively with Toronto Public Health and the Homes, and in alignment with the CDLU (Communicable Diseases Liaison Unit) model already in place for several Toronto area hospital/Homes prior to the pandemic, **the Hospital Resource Partners (HRPs) will be the point of first escalation and the primary IPAC support** to Long-term Care Homes and Retirement Homes.

- Toronto Public Health will **continue to maintain all existing legislative accountabilities** under the Health Promotion and Protection Act (HPPA). These include, being notified of suspected and confirmed COVID-19 cases and other diseases of public health significance, declaring and ending outbreaks, enforcing implementation of key outbreak mitigation strategies and issuing orders when homes are not compliant.

Wave 2 Observations

- Less chaotic
  - Outbreaks still occur, *most* are small; large outbreaks still occur
- Infrastructure upgrades needed
- Crowding an ongoing challenge
- Despite delay in starting, Hospital IPAC Hub model working well in the Toronto Region
- Need for far more IPAC capacity embedded within the Homes, need to build IPAC fundamentals
- Continued lack of Occupational Health

Potential Recommendations

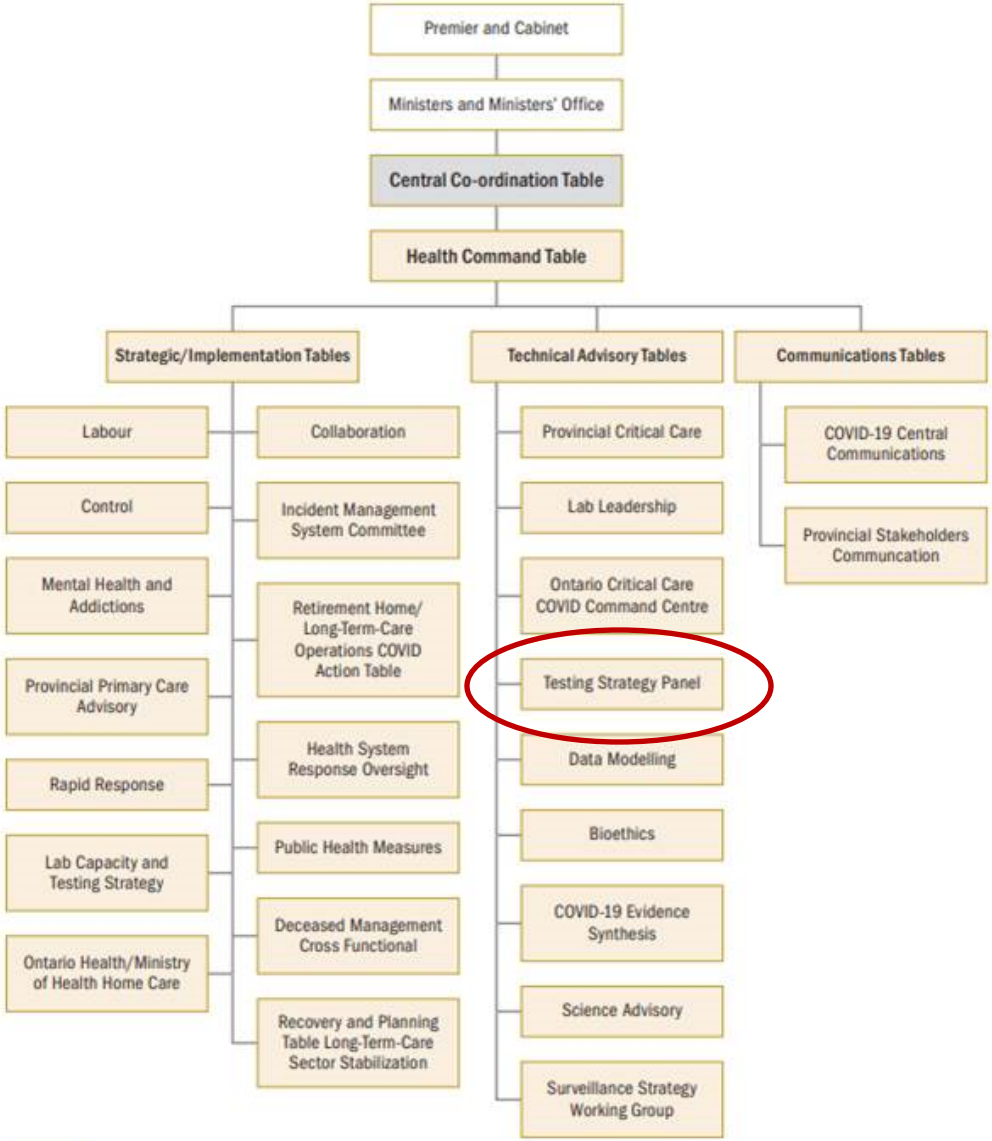
- Need for concrete pandemic planning guidance and PPE stockpile requirements (legislate)
- Need to integrate long-term care within the health system
  - Develop structures for additional support, contingency and escalation
  - Better define the IPAC role of MLTC inspectors within this structure
- Need to improve IPAC knowledge, capacity, support
  - Legislate funding for dedicated IPAC resources embedded within the Homes
  - Continued role for Hospital IPAC Hub support
- Establish Occupational Health program expectations, dedicated role
- Improved infrastructure
  - Eliminate 3-4 bedded rooms and increase the number of bathrooms per resident (ideally have all single rooms with dedicated bathrooms)
  - De-crowd and widen hallways
  - Improved HVAC
- More comprehensive respiratory surveillance and testing supplies and access to labs as well as appropriate turn around times for results
- Staffing – better pay and increase numbers of full time staff to reduce ongoing risk attributed to part time roles at multiple homes and risk of staff working sick due to lack of benefits

Observations as Chair of Ontario's Expert Testing Strategy Panel

- Formed on April 5, 2020 at the request of the Health Command Table
- The Testing Strategy Expert Panel is one source of input into the development of testing guidance and ministry policy
- We provide recommendations regarding testing to the Chief Medical Officer of Health via Public Health Ontario for consideration in making policy
- Members include experts from public health, microbiology, ethics, infection control, epidemiology and analytics
- The initial mandate for the Testing Strategy Expert Panel was to provide evidence-based, pragmatic recommendations to update testing guidance as provincial testing capacity increased

Figure 7: Overview of Ontario's COVID-19 Health Response Structure

Prepared by the Office of the Auditor General of Ontario



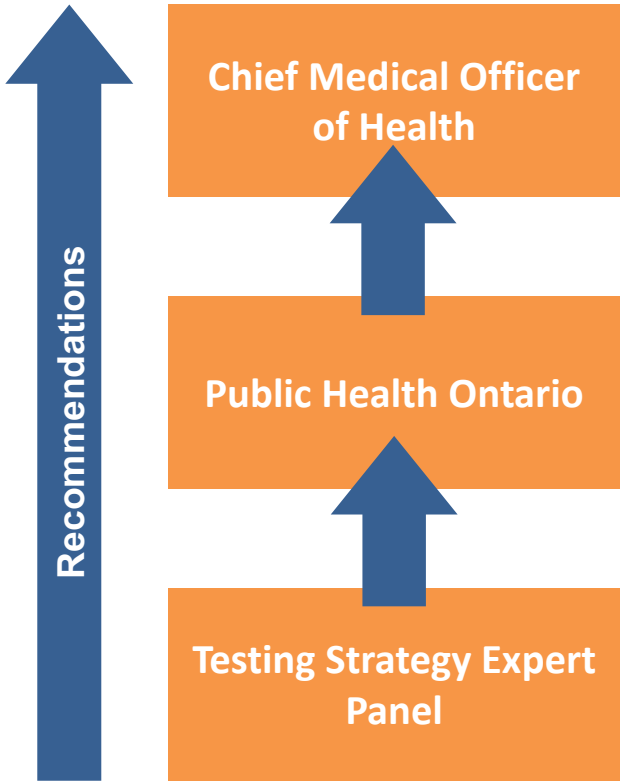
Highest levels of authority.

Central Co-ordination Table (chaired by the Secretary of Cabinet and the Chief of Staff to the Premier). **Appendix 10** provides a listing of members of the Central Co-ordination Table.

Health Command Table and its sub-tables. **Appendix 8** provides a listing of members and the dates they were added to the Health Command Table. **Appendix 9** provides a listing of sub-tables and the dates they were formed.

Note: The Central Co-ordination Table does not directly report to Ministers and Ministers' Offices. The structure is shown as it is to indicate the authority hierarchy.

Governance



- The Testing Strategy Expert Panel is hosted by Public Health Ontario in line with the role it traditionally plays in being the designated scientific advisory body to the Chief Medical Officer of Health
- Validation of recommendations and subsequent distribution of recommendations is led by Public Health Ontario, through the Chief Executive
- Dr Vanessa Allen is the PHO Executive Sponsor, with Dr Jennie Johnstone as the chair, for the Testing Strategy Expert Panel

Membership

The Testing Strategy Expert Panel membership is as follows:

- Executive Sponsor, Dr Vanessa Allen (Public Health Ontario)
- Chair, Dr Jennie Johnstone (Sinai Health System)
- Dr Samir Sinha (Sinai Health System)
- Dr Kevin Katz (Shared Hospital Laboratory)
- Dr Derek McFadden (The Ottawa Hospital)
- Dr Ken Farion (Children's Hospital of Eastern Ontario)
- Dr Michael Schull (Institute for Clinical Evaluative Sciences)
- Dr Laura Rosella (University of Toronto)
- Dr Lianne Catton (Porcupine Health Unit)
- Dr Daniel Warshafsky (Office of the Chief Medical Officer of Health)
- Dr Michelle Murti (Public Health Ontario)
- Dr Shelley Deeks (Public Health Ontario)
- Elizabeth Walker (Office of the Chief Medical Officer of Health)
- Dr Jennifer Gibson (University of Toronto)

Testing Strategy Expert Panel: *Timeline*

April 5
- Testing Strategy Expert Panel struck

April 7
- Proposed symptoms list for symptomatic testing
- Recommendation on symptomatic testing of hospital inpatients, long-term care and retirement home residents; healthcare workers, caregivers, and care providers

April 10
- Recommendation on testing of asymptomatic persons prior to transfer from a hospital to a LTCH
- Clearance of patients clarification in guidance
- Standardization of clinical definition for COVID-19
- Definition of caregiver

April 11
- Recommendation on symptomatic testing of persons living in same household of healthcare workers, care providers, first responders; specific Priority Patient Populations; residents in Other Congregate Settings and institutions; testing of persons working in Congregate Living Settings and Institutions

April 13
- Symptomatic testing of Other Essential Workers and of Cross-border Workers

April 29
- Revised role of the Panel; evolving the testing strategy through each stage of the pandemic; developing the uses for additional testing modalities

April 30
- Specific Priority Patient Populations Guidance (cancer, dialysis, labour/delivery/new born care)
- Addition of conjunctivitis as symptom

May 20
- Guidance regarding negative test results in symptomatic and asymptomatic individuals
- Updated guidance related to inter-facility transfers to and from hospitals
- Asymptomatic testing guidance for hospital workers
- Asymptomatic testing guidance prior to surgical procedures

May 23
- Enhanced contact-based asymptomatic testing guidance
- Revised hospital transfer guidance
- Asymptomatic testing guidance prior to surgical procedures requiring general anesthetic
- Enhanced contact-based testing (LTC and Retirement Homes, Congregate Living Settings and Emergency Child Care Centres, Acute Care, Workplaces and Community Settings)

No meetings held.

July 6
Recommendations to evolve the Ontario testing approach:
1. 1. Update the Testing Narrative and Reemphasize the Importance of Testing Symptomatic Persons, Contacts of Persons with COVID-19, and Outbreaks
2. 2. Limit Asymptomatic Testing in Low Prevalence, Low Risk Populations
3. 3. Increase Test Access & Emphasize Primary Role of Prevention
4. 4. Implications for Testing Capacity

August 17
- Renal and Cancer update based on findings from previous targeted testing campaigns

August 19
- Feedback to Ministry of Health regarding: current testing policy; risk-based targeted testing assessment framework; prioritizing "higher value" testing; point of care testing and cross-border travelers

August 20
- Recommendations for testing in the workplace setting, consistent with the recommendations for testing overall in Ontario as well as those released from British Columbia
- Recommendations for testing in Colleges and Universities, as well as updates to asymptomatic testing in cancer patients and hemodialysis patients

September 18
- Prioritization and Eligibility recommendations for testing in the event of capacity constraints

September 24
- Guidance regarding the evolution of asymptomatic LTC staff in higher prevalence and endorsement of PIDAC testing prioritization recommendations

October 2
- Refocus testing on symptomatic and asymptomatic direct contacts
- Recommendation to cease low value asymptomatic testing
- Enforcing adherence to testing guidance

November 19
- Appropriate use of rapid testing modalities

November 30
- Addressing barriers to testing for those who need it in line with testing guidance
- Feedback on revised LTC staff and essential visitor guidance

December 3
- Guidance on mass testing using PanBio in areas of high prevalence
- Guidance on lowering symptom threshold for testing school-aged children with PanBio in Toronto and Peel regions

December 22
- Guidance on Testing in Northern and Remote (fly-in) communities
- Guidance no the usage of ID Now vs. GeneXpert in fly-in communities

December 30
- Guidance on testing in schools beginning in January 2021

FEB 2020 | MARCH 2020 | APRIL 2020 | MAY 2020 | JUNE 2020 | JULY 2020 | AUG 2020 | SEPT 2020 | OCT 2020 | NOV 2020 | DEC 2020

Testing Strategy: Content

- **Residents:**
  - Continue with current testing guidance which focuses on low threshold testing of symptomatic resident and broad testing of asymptomatic residents if a nosocomial resident is identified

- **Staff:**
  - Continued emphasis on testing symptomatic staff and broad testing in the setting of an outbreak
  - Low prevalence surveillance testing with PCR is low value
  - High prevalence surveillance testing with PCR is recommended

- **Role of antigen testing:**
  - No role in symptomatic residents or staff or outbreaks
  - Could be considered for surveillance testing of staff in low prevalence regions
  - Concern regarding risks introduced with lower sensitivity as well as operational concerns, in high prevalence regions

Testing Strategy: Structural

- Lack of clarity over process for testing initiative decisions
- Apparent lack of coordination between Ministries
- Lack of centralized location for guidance
- In general, with respect to LTC, over-reliance on testing
  - No testing strategy can overcome the existing LTC deficits
  - Often became a distraction

Conclusions

- Long-term care as a sector in Ontario was not prepared to prevent or manage the spread of a novel virus or a pandemic
- Long-term care needs to build infection control programs with infection control practitioners embedded within the Homes, as well as improving infrastructure and staffing
  - Continued role for Hospital IPAC Hubs to access expertise and mentoring
- Long-term care would benefit from better integration into the healthcare system