What efforts are in place to address staffing shortages during COVID-19?

Significant effort has been made within and without the LTC sector to provide access to additional staff members during the COVID-19 crisis. The emergency order dated March 27th, 2020 was designed to 'soften' the legislation to provide flexibility to homes so that they could access a larger pool of people who have relevant skill sets for the necessary vacant positions in the home, and decrease the amount of documentation required (therefore releasing more time to direct care). Specifics of this Emergency Order include:

- Homes are not required to document information unless it involves something critical or essential to the care and safety of residents
- Homes are not required to carry out any surveys, care conferences, physical examinations, extensive training/orientation programs (they must provide the essentials that ensure resident safety, security and excellent care, but not the secondary, more administrative training)
- Homes can fill any staff position with the person who, in their reasonable opinion, has the adequate skill, training and knowledge to perform the duties required of that position i.e. a line cook from a local restaurant may have sufficient skills to work in a LTC kitchen, or an educational assistant may have sufficient and relevant skills to perform as a PSW.

The Ontario CLRI (Centres for Learning Research and Innovation) have outlined various staffing 'portals' available. These are available here: https://clri-ltc.ca/hhr/
The information points to avenues available to find suitable team members for the roles of PSWs (Personal Support Workers), RPNs (Registered Practical Nurses), NPs (Nurse Practitioners), and RSA (Resident Support Aides).

a) Ministry of Health: https://healthcloudtrialmaster-15a4d-17117fe91a8.force.com/matchingportal/s/?language=en_US
The Government of Ontario is seeking health-care providers who may be working part-time and are prepared to increase their work hours or former health-care providers who are retired or on inactive status with their regulatory college.

b) Ontario LTC Association (OLTCA): http://ltc.tazwiz.com/register
The Ontario Long Term Care Association launched a new job board, **Link2LTC**, powered by Tazwiz, to connect health students to paid openings for critical roles in LTC homes, such as resident support aides.

c) The **Ontario Personal Support Workers Association (OPSWA)** has created a provincial database of PSWs who have expressed an interest in returning to assist in both community and LTC settings. PSW students are also available to work. If homes are in need of PSWs, please email OPSWA at **info@opswa.com** and include the subject line "EMERGENCY PSWS NEEDED".

d) Registered Nurses Association of Ontario (RNAO): https://rnao.ca/covid19/vianurse **RNAO** can now help homes find RNs and NPs. They have launched a **web form** for employers to fill out to get RNs/NPs to augment their nursing human resources. This is in addition to RNAO's web page to connect students and employers to **fill PSW roles**.

e) WeRPN: https://www.werpn.com/news/covid-19/urgent-staff-needed/
To help connect available RPNs with employers, **WeRPN (formerly RPNAO)** has launched a **COVID-19 Staff Needed section** where urgent jobs are posted. If you are an employer in need of RPNs, you are asked to fill out the form on the webpage which will allow WeRPN to list your organization as a job posting on the site.

Are small group activities/programs still being offered in LTC homes?

This varies from home to home, circumstance by circumstance. As long as the basic principles of physical distancing (keeping 2 metres apart) and hand hygiene are followed, very small limited programs could be offered. Safety first.

Why are admissions still permitted?

On April 16th, the government issued a directive that places a 'temporary pause' on transfers from hospital to LTC homes. So, for the time being, unless there are extreme circumstances, admissions from hospital to LTC are paused. If such an admission is necessary, the person being admitted to LTC must be tested for COVID-19, and results received, prior to transfer.

Admissions from community to LTC homes: At this time, any new admissions or re-admissions to LTC are screened for symptoms and potential exposure to COVID-19. They are placed in isolation and tested for COVID-19 within 14 days of admission. Risk of bringing COVID-19 into LTC homes via this type of admission are exceedingly low. Homes with COVID-19 are declared in outbreak and admissions do not occur for homes that are in outbreak. Therefore, admissions occur only in COVID-19 free homes.

There is a balance that needs to be established in an LTC home that may wish to reserve a few beds in case people need to be isolated (in the event COVID-19 is in the home at some point and isolation or cohorting of residents is necessary). This is especially relevant for older homes that lack 'extra' space for isolation purposes if needed.

What would prompt an LTC home to send a resident to hospital? Are there specific signs and symptoms?

This is a clinical decision made at the home, weighing the resident's wishes, clinical best judgement and made with the resident and or family (POA for Personal Care), if the resident is not capable. This is a clinical decision that would be made regardless of COVID-19. If a resident's condition cannot be cared for appropriately at the LTC home, the person would be sent to hospital. Suspicion or confirmation of COVID-19 is not enough grounds to be sent to hospital.

Please clarify the types of tests available that account for the different turnaround times for results.

In Ontario, there is only one type of COVID-19 test being used. It is a 'swab' test known as PCR, which stands for polymerase chain reaction. Depending on the LTC home's location in the province, and distance to a lab that processes the samples, there seems to be great variation in timing for turnaround. The test process itself takes 6 hours from being placed in the testing machine to yielding a result. Public Health is striving for 24-hour turnaround time. Sometimes there is delay related to who gives the information back to the LTC home, i.e. attending physician, nurse practitioner, etc. If the tests seem to be taking too long, homes can contact their local Public Health Unit and the physician who made the orders to ascertain reasons for any delay. In some cases, improper specimen handling has resulted in delays, e.g. specimens arriving to labs in garbage bags and information incorrectly filled out or missing in the documentation.

When will all residents and all team members (staff) in LTC homes be tested?

This currently is not a directive. Increased testing is occurring in LTC homes. If a resident has tested positive with COVID-19, all team members (staff) on the resident's unit are

tested, all essential visitors that entered that unit are tested, all residents living in adjacent rooms are tested and anyone else that Public Health feels could have come into contact with the resident are tested. For example, residents who share tables during mealtimes, or who live in areas of the home where residents walk around.

Public Health has said that there are 'active discussions' occurring now with regards to the strategy of having all residents and all team members tested. Public Health has said that there may be further direction with regards to this, but currently, this strategy is not part of the directive for testing.

If a family decides to discharge a resident from their LTC home during outbreak, what is the process of doing so?

The resident is discharged as of the day they leave the home. Personal belongings need to leave the room, as the room is intended to be used for a subsequent resident (either new admission or a current resident if the home needs to isolate or cohort residents). The resident cannot come back to their LTC home for the duration of the pandemic (likely a few months), at which time the resident will be placed as high priority for admission to the home. They likely will not be admitted to the same room, but internal transfers would be possible once the person has moved back into the home and the home can accommodate preferences in location within the home.

Discharging a resident from their LTC home is a very complex and emotional decision. There are two tools, known as 'checklists' available to assist family members in thinking through all aspects of caring for a loved one at home until they can be re-admitted into LTC. Those checklists look into issues such as necessary equipment, availability of medication, access to physician/medical expertise, access to therapeutic diet, caregiver burnout, etc.

The checklists can be found here: "To Stay or To Go: Moving Family from Institutional Care to your Home During the COVID-19 Pandemic, Ontario" (April 2020, NICE) http://www.nicenet.ca/files/U_of_T_Nice_403053_COVID_19_Family_Care_Tool_Ontario[2].pdf.pdf ; "During the COVID-19 pandemic, should I or my family member go to live with family or stay in the long-term care or nursing home? Decision Guide" (April 2020) Ottawa Hospital Research Institute, University of Ottawa, and the National Institute on Aging https://decisionaid.ohri.ca/docs/das/COVID-MoveFromLongTermCare.pdf

During the day, how are team members (staff) protecting residents when they are wearing the same PPE (Personal Protective Equipment) all day?

There are two types of equipment being used. One type is called source control equipment and the other is called PPE. Source control equipment is typically a surgical/procedure mask or cloth mask that limits/prevents the wearer from transmitting/shedding virus to others via droplets from their nose and mouth. The other type, PPE, is used when the receiver of care has COVID-19; protection is given to the care provider.

Source control masks can be used continuously. They must be replaced if they become soiled, moist, or if secretions/bodily fluids come into contact with them. As per a Ministry of Health Guidance Document issued on April 15th, healthcare workers who interact with residents should be provided with a minimum of 2 surgical/procedure masks per day. All other workers whose functions do not put them in contact with residents or resident areas, should be provided 1 mask per day.

PPE should be changed between residents unless cohorting of residents with positive COVID-19 results has occurred. When cohorting has happened, there is potential to care for multiple residents who are positive (extended use of PPE). Where cohorting is not occurring, and team members are interacting with residents with COVID-19, the PPE should be changed between resident care activities/contact.

Should a partnership with LTC homes and hospitals be created to help support each other during the COVID-19 pandemic? There are professionals and experts with vast knowledge working in hospitals, i.e. infection control, environmental services. This could set a precedence for future outbreaks.

On April 19, the Ministry of Health released a 3-point action plan for LTC homes. One of the pieces of the action plan targets the management of outbreaks and spread of COVID-19 by creating and deploying "action teams." These teams involve experts in infection prevention and control from across the health sector (including hospitals). These teams were sent to highest risk homes, starting within 48 hours of the release of the order (April 19). A second arm of the 3-point action plan involves "growing our heroic LTC workforce". LTC home capacity is supplemented by redeploying health care workers from areas in the health sector experiencing fewer patient volumes, including hospital and home care resources, into LTC homes.

What mental health supports are available for LTC team members/staff? If they are not feeling emotionally safe, they won't be able to provide good care to residents.

There are a number of mental health supports available to LTC staff. The Ontario CLRI (Centres for Learning Research and Innovation) have outlined some key resources here: https://clri-ltc.ca/covid19/ ; Advantage Ontario has gathered links to various supports that are available for team members. They can be found by going to: http://www.advantageontario.ca/AAO/Content/Resources/Advantage_Ontario/Novel-Coronavirus.aspx

Please clarify direction for visiting a loved one at end of life.

a) **<u>If a home is experiencing an outbreak and /or loved one has COVID-19</u>**
   Any essential visitor must wear full PPE (Personal Protective Equipment) and must be trained as to how to put the equipment on and remove appropriately and safely.

b) **<u>If a home is not in outbreak i.e. does not have COVID-19 cases</u>**
   All essential visitors must wear a surgical/procedure mask.

Public Health has advised that discussions are occurring now to provide standardized guidance documents concerning end of life practices, i.e. how many people would be permitted to sit vigil at the bedside etc. This information will be available as soon as possible.

The Ontario CLRI (Centre for Learning Research and Innovation) at Bruyère in collaboration with Algonquin College is offering a series of mini webinars to support LTC homes facilitating communication at end-of-life: *Ripples of Thoughtful Words*. Ripples are short, will give comfort, calmness, and strength to support team members as they communicate with each other, with residents and their family members https://clri-ltc.ca/events/ripples/

What is the process in place for residents to receive care packages, toiletries, small gifts etc. from family members? How are items disinfected?

Public Health is working on standardized guidance documents concerning this issue, but in the absence of those, wiping down the packages with disinfectant wipes is a reasonable infection control practice. COVID-19 survives on hard and non-organic surfaces for a minimal length of time, so some homes are leaving gifts and packages, letters etc., in a room for 3-4 days after receipt from family members before delivering to residents.

How does cohorting and isolating work? How are homes managing residents who walk around (aka wander)?

LTC homes must use staff and resident cohorting to prevent the spread of COVID-19. Resident cohorting may include alternative accommodation in the home to maintain physical distancing of 2 metres, resident cohorting of the well and unwell, utilizing respite and palliative care beds and rooms, or other rooms as appropriate. In smaller homes where it is not possible to maintain physical distancing, all residents should be managed/worked with as if they are potentially infected, and staff should use appropriate PPE (Personal Protective Equipment) when in an area affected by COVID-19.

When considering residents with dementia who may walk around (aka wander) or outbreaks in 'secure' units, Environmental Services practices and policies should allow for surge capacity, i.e. additional staff to clean, additional supplies and efforts used to clean surfaces.

Cohorting of residents is considered a temporary re-location of residents, therefore the regular consent requirements are not needed. It is paramount that homes implement cohorting so that well residents are kept away from and cared for separately from residents who have COVID-19.

Homes should do their best to move residents with the upmost of care and concern, i.e. moving them with as many of their personal belongings as possible so that the effects of isolation are minimized. For example, if a television can move with the resident to their new room for the duration of the cohorting process, homes should make all efforts to accommodate. The negative outcomes from isolation, boredom and loneliness cannot be underestimated.

The Ontario CLRI (Centres for Learning Research and Innovation) has a few pieces of information designed to help homes think through various issues related to the isolation of residents who walk around. Their staff orientation program helps to orient new team members, and includes some pieces of information relevant to working with residents with dementia https://clri-ltc.ca/orientation/

Additionally, this resource has been developed to guide homes in managing residents who must me isolated and who walk around: https://clri-ltc.ca/files/2020/04/FINAL-COVID-19-BSO-RGP-Wandering-Guidelines-2020-04-14.pdf

Wherever possible some homes are accessing High Intensity Needs Funding, emergency funding and essential visitors to provide 1:1 companionship for residents who are living with dementia and who like to walk around, despite social distancing restrictions.

Virtual Visiting barriers: multiple siblings/ children but the home accommodates visits with only one family member. Also, no WIFI in the home.

Virtual Visiting Programs are a great way to maintain social connection during a time of physical distancing. We acknowledge that patience is needed during the scheduling process as many residents and families want to take advantage of this program. Connect with your LTC home to see if it would be possible to engage in group calls and work with team members to identify and solve barriers together. Try to be patient and try to work with the home to see if additional team members could be available to provide support for this essential psychosocial and emotional program.

Regarding the issue of limited or no WIFI in the home, perhaps a solution might lay in the Residents' and/or Family Councils' hands. Is it possible for either or both together to fund a WIFI 'hotspot?" This portable device provides internet service and can be physically brought to various locations within the LTC home. Sharing in a project that links residents and families together is a perfect example of how Residents' Councils and Family Councils can partner. Please contact FCO, OARC or Tech Coaches for more information and view the Virtual Visits Toolkit here: http://www.ontarc.com/covid-19/virtual-visits-toolkit.html or https://fco.ngo/covid-19/virtual-visits-toolkit

How will part-time employees be compensated (topped up to the full-time salary to bridge the gap/loss of other employment income?)

The Ontario government has announced additional funding that is available to homes for this exact purpose. Homes can offer team members full time hours, utilizing the emergency funds available. The exact clause found in the COVID-19 action plan: long-term care homes reads as follows:

"Supplement LTC home capacity by providing emergency funding for infection prevention and containment to homes. This funding can be used for hiring additional or replacement staff, or for topping up part-time workers to full-time hours, along with other options."

Can EMS (Emergency Medical Service) workers still enter multiple homes and how are they being screened?

These health care professionals are screened at the beginning of each of their shifts. They are permitted to enter multiple sites. The expectation is that they follow appropriate precautions during their entire shift and if there are concerns that arise, they are to notify their supervisor and co-workers so that arrangements can be made to ensure continued safety during their shift.

Can you provide clarity on the emergency order for health care workers to work in just one site? How will this be enforced?

On April 15, the government issued an emergency order that restricts LTC staff from working in more than one LTC home or health care setting. The order comes into effect on Wednesday April 22 which gave employees enough time to notify their employers of relevant decisions. This restriction applies to team members (staff) employed by the LTC home; agency or contracted positions, physicians, volunteers, and hospital workers who are deployed to LTC are exempt from this order.

Some homes are asking team members (staff) to sign letters agreeing to work in only one location and where they can, they are offering full-time hours as an incentive. Also, some homes have been working with agencies who have agreed to only contract out their staff to one home to avoid having them work in multiple locations. All homes are being encouraged to do this.

We encourage you to visit our respective websites to view the bulletins we've been writing to communicate to residents, families and team members during the COVID-19 pandemic. **WEBSITES:** Family Councils Ontario https://fco.ngo/ ; Ontario Association of Residents' Councils http://www.ontarc.com/

Questions we're still working on:

1) How will ADP devices for residents be handled. Will the government expedite the process for quicker return of equipment and monies refunded?
2) Why were annual inspections cancelled? What is the plan for inspections of all kinds during COVID-19?
3) What kind of inquiry will be held when this is all over to critically look at the longstanding issues of understaffing, under paid staffing, etc.? Will there be any investigations to identify and correct systemic problems in LTC homes that had significant outbreaks?
4) For residents who are room bound/isolated, are they still given a choice for meals etc.? What is being done to make mealtime enjoyable and to ensure residents meet nutritional goals?
5) Is there a directive for team members/staff to NOT mix publicly or go into stores etc. when they are off shift? How are they ensuring they are not going to pick up COVID-19 when they are not working, and bring it back to the home?