

Confronting COVID-19

COVID-19: Lessons from long-term care

Thursday, May 14, 2020, 11:00 am

Overview of webinar

- We will review
 - directives for long-term care sector
 - practices in long-term care subject to orders and injunction
 - impact of COVID-19 on workers and residents in long-term care
 - significance for workers in other industries.

What are directives?

- Actions Chief Medical Officer of Health requires if immediate risk to people
- CMOH can direct any health care provider or entity under Health Protection and Promotion Act [77.7]
- Occupational Health and Safety Act trumps directives in conflict.



Dr. Barbara Yaffe, Ontario's Associate Medical Officer of Health, and Dr. David Williams, Chief Medical Officer of Health

Directive #1: Health care providers, entities – Mar 30

- Point of care risk assessment before every patient interaction
- Use droplet or airborne precautions.█

Activity	Type of PPE
Any interaction with suspected, presumed or confirmed patient	Surgical/procedure mask, isolation gown, gloves, eye protection (goggles or face shield)
Aerosol-generating medical procedures performed on suspected or confirmed patient	N95 respirator (fit-tested, seal-checked), isolation gown, gloves, eye protection (goggles or face shield), negative pressure room, if available.

Directive #5: Public hospitals and LTC homes – Apr 10

- Point-of-care risk assessment before every patient/resident interaction
- Worker access to appropriate PPE, including N95 required if
 - after assessment, in professional opinion, measures required
 - within 2 m of suspected, presumed or confirmed case
- For LTC, all staff wear surgical masks at all times.



Directive #5: Public hospitals and LTC – (cont'd)

- Continuously update organizational risk assessments and controls
- PPE
 - provide workers with information on use, including putting on, taking off
 - develop contingency plans in consultation with unions in case of shortage
 - explore all avenues to obtain.



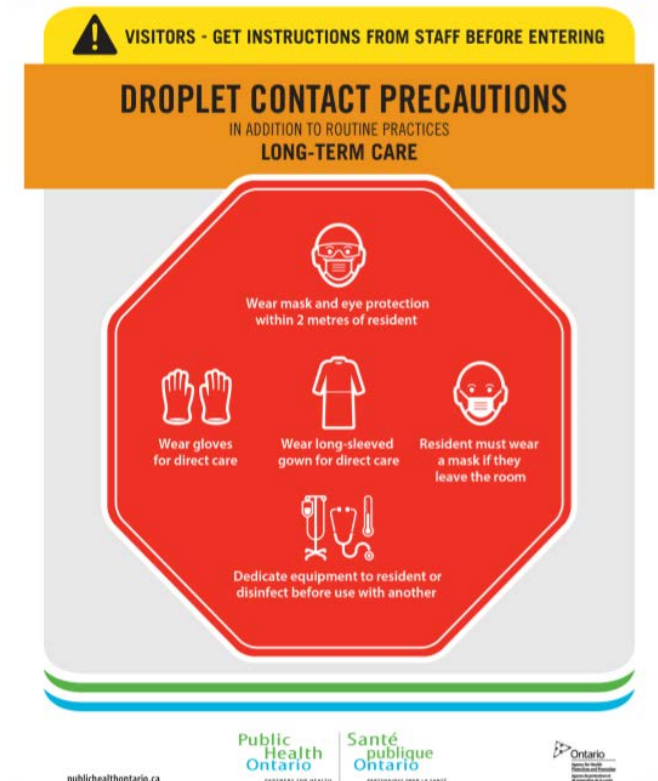
Directive #3: Long-term care – Apr 15

- Active screening
 - if symptoms, test and isolate, outbreak assessment
- Cohorting
 - move residents for 2 m distance or separate into sick and well cohorts
 - cohort staff to work with either sick or well – not both
 - where 2 m not possible, manage all as if potentially infected.



Directive #3: Long term care (cont'd)

- Manage suspected patient infection
 - isolate and take droplet precautions
 - staff exposed without PPE within 14 days to self-isolate
- Manage suspected staff infection
 - initiate outbreak controls
 - cannot attend work if positive with symptoms
- Limit staff work locations to one location.



Two legal actions filed against care homes

➤ SEIU applies to OLRB for orders

Health-care workers' union goes to Ontario labour relations board over care home outbreaks

BY [LISA POLEWSKI](#) 900 CHML

Posted April 22, 2020 10:55 am



A PSW who worked at Altamont Care Community in Scarborough died last week.

➤ ONA asks Superior Court for injunction

Management at three nursing homes failed to protect vulnerable residents and staff, alleges nurses' association in court filing

By [Jesse McLean](#) Staff Reporter

[Molra Welsh](#) Staff Reporter

Fri., April 17, 2020



Application for court injunction – Apr 18

- ONA asks Ontario Superior Court for emergency injunction to require employers “to refrain from ongoing breaches of directives”
- ONA asks for injunction requiring employers to
 - ensure nurses receive protections as directed by Directives #3 and #5
 - provide nurses with appropriate access to the PPE
 - allow nurses to make PPE decisions at point of care
 - follow isolating and cohorting practices.

Application for OLRB orders – Apr 20

- SEIU files emergency Ontario Labour Relations Board (OLRB) submission
 - “unlawfully inadequate” response to COVID-19 pandemic at three homes
 - lack of transparency about infections
 - critical shortages of PPE
 - severe understaffing.



Testimony about denial of PPE access

- N95s only given to staff interacting with confirmed cases, not suspected but unconfirmed cases
- Denying access to N95s despite confirmed diagnosis
- Blocking N95s access despite point-of-care risk assessment
- Staff told not enough N95s, and that they were unnecessary
- N95 only provided when swabbing a patient.

Providing PPE

- Management controlling PPE access with lock and key or lengthy request process
- Nurses told to use surgical masks with confirmed cases
- Staff performing aerosol-generating procedures without adequate protective gear. **█**



Staff and resident cohorting

- No effort to cohort
- Rooms of four residents, some sick, some well
- Staff not grouped to help either sick or well, not both
- No isolation of residents suspected of infection
- Symptomatic residents allowed to be anywhere in the building. ■

Ontario Superior Court decision – April 23

- Judge grants injunction
 - provide nurses with access to fitted N95s and other PPE as a result of nurse assessment [Directive #5]
 - isolate and cohort residents and staff [Directive #3 and #5].



Ontario Labour Board orders – Apr 24

- Inspector to conduct weekly on-site inspections, produce report to SEIU within 24 hours
- Inspector to attend every JHSC meeting
- Employer to implement administrative controls
- Employer to provide weekly report on staffing levels
- Requirement for visitors and staff to wear appropriate PPE



The damage done – Apr 27

	Beds	Resident cases	Staff cases	Resident deaths	Deaths per 100 beds
LTC homes subject to legal action	928	301	151	92	9.9%
All LTC homes with an outbreak	23,896	2,457	1,078	597	2.5%
All LTC homes	78,000 (approx.)			597	0.8%

Note: Data collected from Ministry of Health and Long-Term Care, as of April 27, 2020.

What does that mean?

- Industry average = 1 death per 100 beds
- Five LTC homes in the court cases = almost 10 deaths per 100 beds
- Of 626 homes in Ontario, ten homes account for almost 50% of deaths. **|**

10X

3rd personal support worker dies of COVID-19 in Ontario in as many weeks, union says

SEIU Healthcare identifies deceased worker as Sharon Roberts, 59

CBC News • Posted: May 02, 2020 6:13 PM ET | Last Updated: May 2

These are the GTA long-term care homes suffering the deadliest coronavirus outbreaks

Ontario has reported 223 outbreaks at long-term care facilities since the crisis began

[Nick Boisvert](#) • CBC News • Posted: May 06, 2020 12:27 PM ET | Last Updated: May 6



Toronto's Seven Oaks long-term care home is just one of 43 GTA facilities to record five or more COVID-19 deaths as of May 6. (Evan Tsuyoshi Mitsui/CBC)



SEIU Healthcare says workers at Downsview Long-Term Care facility in Toronto have for more personal protective equipment, which is currently being rationed. (CBC)

Long-term care connected to 79 per cent of COVID-19 deaths in Canada

[MARIEKE WALSH](#)

[IVAN SEMENIUK](#) SCIENCE REPORTER

OTTAWA AND TORONTO

PUBLISHED APRIL 28, 2020

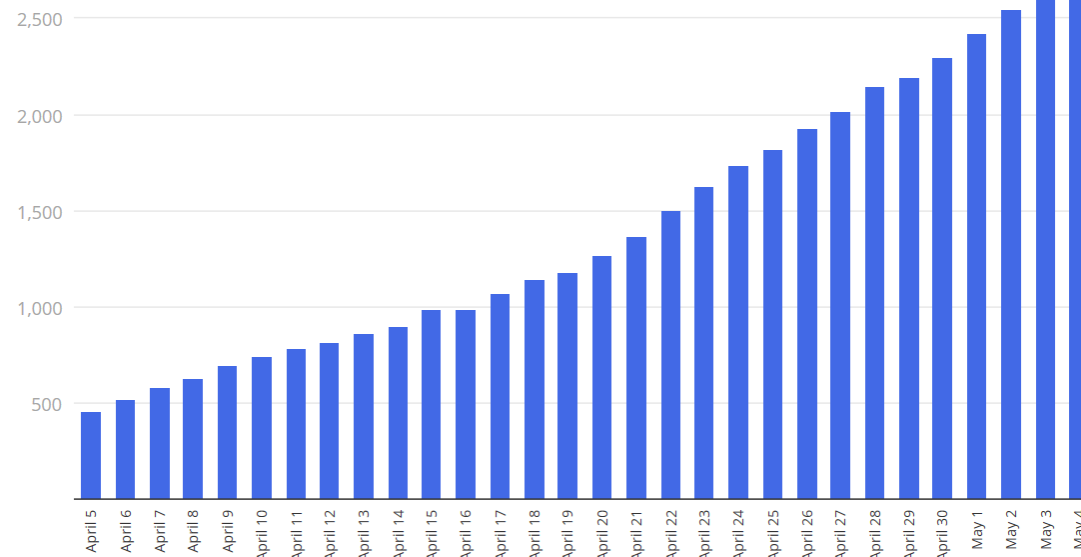


Flowers sit on a bench in front of Orchard Villa long-term care home in Pickering, Ont. on April 27, 2020.

Growing number of healthcare workers infected



Confirmed COVID-19 cases among Ontario healthcare workers



Source: Province of Ontario

CBCNEWS



Workplace outbreaks continue

Windsor

40 workers at Kent Bridge, Ont. greenhouse test positive for COVID-19

Kitchener-Waterloo

44 positive cases of COVID-19 confirmed at Conestoga Meats: public health

GTA

Longo's in Vaughan closes for second time after eight employees test positive for COVID-19

By Star staff

GTA

10 Pearson taxi and limo drivers have died in COVID-19 pandemic, union says

By Kevin McGran Staff Reporter
Tue., May 5, 2020

Sectoral guidance to employers

Newsroom

News Release

Ontario Providing Employers with Workplace Safety Guidelines

Province Takes Critical Steps to Help Businesses Adapt to New Environment

- About 60 guidance documents developed by employer community
- Sets out precautions
- Various industries and occupations.

Employer duties

- Unclear exactly how guidance will be used in enforcement
- Inspectors can use standards and guidance to assess compliance, make orders using general duty clause
 - “take every precaution reasonable in the circumstances for the protection of a worker” [OHSA, 25(2)(h)]
- Worker rep involvement in their development?
- If guidance is too weak, do they undermine enforcement?

Joint committees can play a role

- Is guidance being followed? Is guidance reasonable in the circumstances?
- JHSC can recommend improved precautions [9(18)]
- Monthly workplace inspection by workers [9(23)-(27)]
- Workers may investigate fatality [9(31)]
- Employer must report all positive test results to MOL, JHSC and union within four days [52(2)].

WHSC training

Now offering virtual classroom, including:

- Hazards of COVID-19 (3 hour)
- GHS-WHMIS (2 hour)
- JHSC Certification I (3 days)
- JHSC Certification II – Generic (2 days)
- JHSC Refresher (1 day).



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