

April 1, 2021

MEMO TO: Long-Term Care Home Licensees

FROM: Erin Hannah
Associate Deputy Minister

SUBJECT: Path to Recovery

Collectively, we hear each day from residents and families about the mental, emotional and physical toll of the pandemic, and the sense of renewed hope that vaccines have instilled.

The ministry is seized with advancing the sector along the path to recovery that started with the vaccination program and the prioritization of long-term care residents, caregivers, and staff.

Today I am writing to share the next steps we are taking in our recovery efforts, and to provide guidance to homes about safe practices that can benefit residents and their families, as well as the dedicated staff within homes. We have considered the approach within long-term care in the context of the provincial emergency brake shutdown, and for your reference we have attached an updated zone requirements chart.

Vaccination

Thanks to the committed efforts of our home partners and your teams, we have reached the point where all residents who wanted or were able to receive a vaccine have a first dose, and over 90% of these residents are fully immunized with two doses. We estimate that nearly 80% of staff and 91% of caregivers have also received at least a first dose. We know there is wide variation in the staff vaccination rate among homes, and we need to find ways to get these numbers up, and to make sure new residents can be vaccinated quickly.

We are asking all of you to work with the leadership in your homes to further amplify messages about the benefits of vaccination and to see whether there are additional actions that might help and make sense in your homes such as:

- Launching a concerted effort to have one to one conversations with every team member

- Tailoring messages to the unique staff characteristics and needs within your homes
- Working with local public health units to find onsite vaccine opportunities wherever possible to vaccinate new residents who have not been vaccinated pre-admission and remaining staff
- Giving staff the opportunity to go to an offsite vaccination clinic during paid work time and covering the transportation costs (where onsite options are not feasible), and
- Identifying *vaccine champions* in your communities including primary care physicians, seasoned staff, and faith/cultural leaders to talk to your staff directly (e.g., through a virtual event) and share their personal stories.

As a reminder, the [LTC COVID-19 Vaccine Promotion Toolkit](#) is available in 12 languages and we encourage you to share it with supervisors and administrators as a reminder to disseminate to the staff in each and every home.

On April 14th, we are hosting a Communities of Practice that will be focused entirely on vaccination. We encourage all homes to participate in the meeting – details are forthcoming and will be shared when available.

We will keep looking for more ways to help with increased staff uptake in partnership with the Ministry of Health and through our ongoing engagement with public health units.

Outbreak Definition

With over 90% of residents fully immunized, we are updating the definition of outbreak for long-term care and retirement homes.

As of April 7th, the definition of an outbreak will be two or more lab-confirmed cases (resident, staff and/or visitor) in a home, within a 14-day period, that have an epidemiological link and where at least one person could have reasonably acquired their infection in the home. At the same time, the definition of a suspect outbreak will include instances of a single resident case. Public health units will continue to be responsible for declaring an outbreak.

We all know the additional measures required when a home is in outbreak, such as program cancellations, limited social interactions, and the cessation of most (re)admissions to the homes are difficult for residents and families. With the large majority of outbreaks now most frequently involving a single case, and often a staff case acquired outside the home, we need to support the public health units' expert judgement in an outbreak to determine what measures need to be taken, potentially limited to an outbreak area as opposed to the entire home. This change will provide some relief and mean a better quality of life for residents and support continued efforts to move people into homes from both hospitals and communities while keeping people safe.

Homes currently in a declared outbreak will be reassessed using the updated definition. A revised Directive #3, as well as other updated materials and supports will be provided the week of April 5th.

Supporting Resident Wellness

This is a new phase of the pandemic, characterized by the increased presence of variants of concern and, simultaneously, growing numbers of vaccinated people. Long-term care homes are highly vaccinated settings. While strong infection prevention and control (IPAC) practices, adherence to public health measures and tools like testing remain important, it is equally critical that homes maximize opportunities for residents and families to engage in activities that bring them joy, comfort and dignity – that give residents back the sense of choice in their own homes and lives.

All homes are asked to expeditiously review and update their policies / practices to reflect these safe opportunities within the existing requirements, which notably do not prevent residents from going outside unless under isolation requirements. This includes specifically and at a minimum:

- Ensuring residents can go outdoors (with or without caregivers or staff as appropriate, including (as of April 7th) a walk in the immediate area)
- Creating opportunities for caregivers to be with loved ones outside of the resident's room, and
- Resuming small group social activities.

These policy/practice updates can be made in the context of important, ongoing IPAC practices such as physical distancing, adherence to PPE standards, and limiting between-unit contact of residents and staff.

Furthering the Path to Recovery

My March 23rd memo noted that more details were coming about the important recovery work ahead of us. I am pleased to share that a LTC Response and Recovery Advisory Committee has been created to bring together a diverse set of voices and expertise to provide input to the ministry on the ongoing pandemic response and the development of an action-oriented recovery framework. Time-limited “task teams” will be used to focus in on different topics (e.g., infection prevention and control, near term staffing, sector communications, etc.) and possible solutions (see the appendix for additional information about membership and focus).

The Committee met for the first time yesterday and agreed to provide monthly updates to keep everyone aware of the focus of work underway. Over the next few weeks, the Committee will be looking at where further changes to or easing of requirements might be possible and working to develop additional guidance for homes. I am truly excited about the collaboration ahead of us as we look to build on the hope the vaccination roll-out has inspired and move long-term care to a “new normal”.

We continue to be grateful to all of you for your ongoing support of residents, their families, and staff. As always, we are available to support homes directly should they have any questions related to the pandemic, including regarding vaccination in long-term care. The team can be reached by emailing MLTCPandemicResponse@ontario.ca.

Sincerely,

Original signed by

Erin Hannah

Attachments (1): COVID-19 Framework Zone Requirements for LTC Homes (Updated)

c: Richard Steele, Deputy Minister, Ministry of Long-Term Care (MLTC)
Helen Angus, Deputy Minister, Ministry of Health (MOH)
Dr. David Williams, Chief Medical Officer of Health
Dr. Barbara Yaffe, Associate Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery Division, MOH
Michael Hillmer, Assistant Deputy Minister, Capacity Planning and Analytics Division, MOH/MLTC
Lisa Levin, Chief Executive Officer, AdvantAge Ontario
Donna Duncan, Chief Executive Officer, Ontario Long Term Care Association
Monika Turner, Association of Municipalities of Ontario
Michael Jacek, Association of Municipalities of Ontario
Colleen Geiger, President and CEO (Acting), Public Health Ontario
Jeff Butler, Assistant Deputy Minister, LTC Pandemic Response, MLTC

Appendix: LTC Response and Recovery Advisory Committee Membership

To ensure an effective committee, expertise and experience from key seniors' care and the broader health care system sector are represented as follows:

- Co-chairs (Associate Deputy Minister, LTC Pandemic Response, Ministry of Long-Term Care and Executive Vice President, Clinical Programs, Baycrest)
- Ministry of Long-Term Care (Assistant Deputy Minister, Policy, Assistant Deputy Minister, Operations and Assistant Deputy Minister, LTC Pandemic Response)
- Ministry of Health (Associate CMOH, Associate Deputy Minister, Pandemic Response and Recovery, Associate Deputy Minister, Health Services, A/Director, Hospitals and Capital Division, and A/Executive Lead, Ontario Health Teams Division)
- Ministry of Health / Ministry of Long-Term Care (Assistant Deputy Minister, Capacity Planning and Analytics Division)
- Ontario Health (Interim Executive Lead, and Interim Regional Lead, East Region)
- Public Health Ontario (Medical Director, Health Protection)
- LTC Homes
 - Municipal (Director Long Term Care Homes, City of Toronto and Administrator Pioneer Ridge)
 - Not for Profit (CEO Yee Hong, CEO Finlandia Village)
 - For Profit (President/CEO, Schlegel Health Care and Chief Operating Officer, PrimaCare)
- Hospital Sector (CEO, The Ottawa Hospital and CEO, Thunder Bay Regional Health Sciences Centre)
- AdvantAge Ontario (CEO)
- Ontario Long Term Care Association (CEO)
- Family Councils Ontario (Executive Director)
- Ontario Association of Residents' Councils (Executive Director)
- Ontario Long Term Care Clinicians (President)
- Ex-officio: Ministry for Seniors and Accessibility (ADM, Policy, Programs and Strategic Partnerships)

The focus of the committee will be:

- Identifying areas of potential concern and developing data and evidence informed options;
- Identifying and assessing risks and potential mitigation strategies;
- Drawing linkages to the recommendations of other parties where relevant;
- Identifying timing and linkages between initiatives and removing barriers to action;
- Identifying resource and capacity needs and approaches to address them;
- Developing approaches that acknowledge the diversity of the sector, and the broader continuum of seniors supports within which long-term care is situated; and
- Improving communications, public reporting and data sharing.