



Committee Report

COVID-19 Summary April 9, 2020

The three long term care homes started to prepare for the possibility of COVID-19 reaching our area in January 2020. As news coverage increased and health officials stated that hand hygiene was one of our best defenses our homes implemented hand hygiene audits to be completed on a regular basis.

The first week of February we reminded our staff of the importance of hand hygiene and the steps that were involved to prevent the spread of infection. Influenza cases were in the community so we enhanced our cleaning and also created additional educational posters for staff and visitors addressing the importance of staying at home when you are unwell.

Screening tools for visitors to the homes have always been in place and on March 12, 2020 when we were instructed to implement Active Screening for staff and visitors which was communicated through MailChimp. Homes quickly arranged for a 24 hour screening station and staff and visitors were asked a series of questions based on their health and travel history in the last 14 days. Entrance was only permitted through one door; residents were discouraged from leaving and all large group activities were cancelled. Additional education was provided to staff to refresh their PPE techniques and infection prevention and control.

On March 13 regular Leadership Team, Long Term Care Committee, Public Health and Advantage Ontario meetings begin and by the end of that day, direction is received to restrict all visitors. This measure was quickly implemented, and communicated to families and the community through MailChimp.

To prepare for future needs of the homes, our department prepared a training booklet that meets ministry training regulations. Departmental meetings with HR and Economic Development are held to discuss redeployed staff. Immediately Economic Development provided 15 staff members and they were trained and began working in all three homes. Redeployed staff are now working as screeners and are also helping with other tasks in the homes.

On March 19th implement new COVID-19 policies, and we began planning isolation areas, take inventory of supplies, and think about social distancing measures and how

our residents can stay connected. Colour It Connect Program is initiated and is well received at all homes.

On March 23 another provincial directive is received, and residents are instructed to remain in the home and our screening tool is updated to ask if staff member work in multiple locations and to identify the last date worked. On March 26 we reach out to the RNAO site and register our homes for nursing students, work with EMS on ordering supplies and we receive temporary licenses for our 5 unfunded beds; our homes have since moved residents into the additional beds.

March 27th, homes are instructed to have social/physical distancing plans in place, all three homes are either providing room service or have spread out their dining areas so only two residents sit at a table. Directives change continuously and to stay ahead I have asked homes to also implement a process that allows staff to change into and out of their uniforms at work to reduce the risk. On March 31st the homes are now taking temperatures of staff at the beginning and the end of their shift and residents are also being actively screened with temperatures. Each home's Medical Director has sent out a letter that addresses end of life medical directives. There has been a lot of discussion regarding wearing surgical masks and as of last week all staff are donning masks at all times, this is an effort to protect our residents. PPE supplies are tracked on a daily basis and submitted to the Ministry.

Additional COVID and End of Life education has been uploaded on our eLearning platform and virtual staff and family meetings were held last week and again this week with a question and answer section. These meetings will be arranged each week to keep the lines of communication open and address any concerns they may have.

This week I have asked the homes to start the process of cohorting staff and to create isolation areas as preparation of positive cases. The homes also have created a 2 team leadership schedule and have assigned back ups for each of their positions. The leadership teams are in the home leading and working along side front line staff 7 days a week.

I am fortunate to sit on a number of committees, South Bruce Grey, Long Term Care Committee, Southwest Regional Non Hospital Pandemic Planning Group, the South West Regional Long Term Care/Hospice Planning Committee and the Grey Bruce Integrated Health Coalition. The active involvement I have with these committees and with Public Health allows our homes to be fully of aware and up to date with the ever changing directives and initiatives.

Additionally, the Long Term Care Department has been very well supported by the CAO, Corporate Services, the Senior Management Team and Emergency Control

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Group. The Leadership Teams have very capably received, distributed and facilitated directives, strategies and plans within their homes. Staff quickly adapt to changes while continuing to look after the care and emotional needs of the residents, doing their best to colour it for them every day. The residents and families regularly express their gratitude and appreciation for the daily efforts in keeping them safe. In looking ahead, we are actively working on staffing strategies, planning and implementing outbreak protocols, managing and monitoring PPE supplies and ensuring ongoing communication with residents, families, staff and the community.