Emergency Order O.Reg. 74/20 made under the *Emergency Management and Civil Protection Act*: April 24, 2020 Amendments
Questions and Answers for Hospital Sector Stakeholders

On April 24, 2020, amendments to Emergency Order O.Reg 74/20 were made (the "Emergency Order") in order to allow defined health service providers, including hospitals, to temporarily deploy staff to assist long-term care (LTC) homes. The Emergency Order will help to quickly provide much-needed staffing support to LTC homes while they continue to fight outbreaks. The following information is being provided to health sector stakeholders to clarify matters related to the Emergency Order.

1) **What are the early return to work protocols for health care workers? Can an asymptomatic health care worker who tests positive return to work 72 hours after a positive test?**

   This is addressed in the Ministry of Health's (MOH) Quick Reference Guide: "in the case of a positive asymptomatic health care worker, there should be a minimum of 72 hours from positive specimen collection date to ensure symptoms have not developed over that time."
   - This protocol also provides guidance for exceptional circumstances where staff are critically required. If staff are not critically required, the Quick Reference Guide provides guidance based on different scenarios of symptoms and test results.
   - Staff should be practicing 'work self-isolation' recognizing that they may be infectious. This means adhering to universal masking, maintaining physical distancing (except for patient care), and meticulous hand hygiene.
   - If symptoms develop in the 72 hours (or after), they need to stay home and self-isolate.

2) **Are hospital staff who are redeployed to a LTC home permitted to go back and forth to work at their 'home' hospital?**

   This is addressed in a letter dated April 17th, which indicates that hospital staff "can work in multiple locations", and that they can "return to their home facility and self-monitor for symptoms if asymptomatic and appropriate IPAC was followed with no breaches in PPE use."

   If staff are symptomatic/being tested or had any PPE breaches, they should self-isolate at home.

3) **Will hospital staff be permitted to work at more than one LTC home? Would there be different advice for an IPAC team or a physician?**

   Some circumstances may require hospital workers, including an IPAC team or physician, to work in multiple locations. For example, some areas in the province may have more than one LTC home and only one local hospital to service the

region. These decisions should be considered carefully and where possible to avoid workers moving to more than one LTC home. These decisions should be made in partnership with the Ontario Health (OH) Region, Ministry of Long-Term Care (MLTC), hospital and LTC homes.

The restriction on working at one LTC home applies to the employees of that home as per Emergency Order O.Reg. 146/20.

4) Are there assurances that PPE will be available?

An initial allocation of 6.5M surgical and procedural masks was provided through the OH Regions the week of April 13th and included hospitals, long-term care and retirement homes and ambulance services. A second allocation is in the process of being sent out and includes more surgical/procedural masks, N95 respirators, gloves and wipes (1.6M masks, 5900 N95s, 3.7M gloves and 800K wipes).

OH Regions have been asked to organize local governance to oversee allocations and ensure adherence to a risk-based, ethical, local distribution. If health system organizations and providers have a supply shortage despite stewardship and conservation efforts, we ask that they do the following:

- Work with their regular supplier to determine when they will get regular shipments of PPE and equipment.
- Work within their regional table COVID-19 response teams and with other local health care providers to determine if others in their local area have supplies they can provide.

5) How will health human resource needs and plans be developed and who will participate in that process?

OH will continue to provide leadership in working with LTC homes, hospitals, home care service providers and others to develop both immediate and proactive plans as the state of homes in relation to COVID-19 will continue to fluctuate. OH will be developing plans that leverage all health human resource opportunities from several organizations, in addition to hospitals. Please refer to the attached memo shared with the sector on April 26, 2020.

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6) Can hospitals ask for volunteers instead of redeploying staff?

Yes. Many hospitals have already deployed volunteers into LTC homes and other health partners, such as OH, LHINs and home care providers, have stepped up to help their local homes as well.

The Ontario Government has also been working to provide job matches for LTC homes through the province's Health Workforce Matching Portal, with over half of Ontario's LTC homes now using the portal. These workers are being deployed as quickly as possible.

The severity of the situation in the LTC sector and corresponding need for a significant number of staff at LTC homes also necessitated amendments to the Emergency Order.

7) Will there be any changes to the employment status for deployed staff?

Hospital workers will continue to be employees of the hospital and not the LTC home.

8) How will hospital and long-term care staff work together during the redeployments? How will the hospital oversee the workplace activities and ensure a positive working relationship?

Hospital staff are being redeployed on an urgent basis to support homes in need of assistance, including by providing assessments in relation to IPAC programs and nursing and personal support services. Their assistance will help to contain the spread of COVID-19, protect residents, and help return the LTC home to normal operations. Hospital and LTC staff will work as a team - together in partnership - toward this common goal.

To provide additional clarity around the redeployment process and roles and responsibilities, the MOH is developing guidelines that will be provided to the health sector in May to assist in implementing these deployments.

9) Will employees of a hospital in one area be asked to travel to work in a different area of the province in higher need? If so, how will travel and other expenses be covered?

The determination of when and how many staff will be deployed to meet the needs of an identified home, will be a decision that is made in partnership with the OH Region, MLTC, the hospitals and LTC homes. A variety of health service providers will be supporting LTC homes. While all efforts will be made to identify local

resources, travel to other parts of the province may be a possible scenario. In these situations, expenses would be covered for the hospital staff.

10) If a hospital does an IPAC assessment, is the LTC home accountable for implementing the plan.

Yes, the LTC home is accountable for implementing the IPAC plan. The Minister of Long-Term Care issued a directive requiring all LTC homes in outbreak to cooperate with, and provide access for, any resources being made available from OH, the provincial government, public hospitals, or federal government.

11) If an Infectious Disease (ID) physician who is on staff with a hospital commences IPAC work in a LTC home, how would the ID physician be compensated for the work?

The Medical Director at the LTC home is typically responsible for ensuring that appropriate infection surveillance and control procedures are in place. If additional assistance is required from a hospital's ID physician, this would be covered by the hospital funding for the ID physician. LTC staff have been reorganized to allow them to be dedicated to one location, thereby reducing the risk of contamination. Direct patient care by physicians is ideally delivered by staff already dedicated to a facility.

12) If a physician goes into a LTC home and completes an assessment or other clinical service for a patient in the home, how is the physician compensated?

Virtual care codes (K-codes) enable a patient's attending physician to render services by telephone or video that would ordinarily require an in-person encounter, and these codes apply to services rendered to patients in LTC homes.

Medical Directors are working to arrange coverage rosters that allow for only a small number of physicians to access LTC homes. If the LTC home does not have the capacity to cover its patients, a hospital physician could assume the care of patients. The physician would bill the applicable Fee for Service (FFS) code under the Schedule of Benefits for any in-person clinical service provided to a patient in a LTC home.

13) If the hospital sends its Assessment Centre team into a LTC home to perform testing of patients in the home, would a physician(s) on the team continue to

receive the Assessment Centre sessional for the testing completed in the home?

Yes, a physician(s) on the mobile Assessment Centre team would be eligible to receive the Assessment Centre sessional for the time/work completed in the LTC home.