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Toronto Public Health

COMMENTS ON BILL 37, PROVIDING MORE CARE, PROTECTING SENIORS, AND BUILDING MORE BEDS ACT, 2021

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Standing Committee on the Legislative Assembly
c/o, Clerk of the Committee
99 Wellesley Street West
Room 1405, Whitney Block
Queen's Park
Toronto, ON M7A 1A2

Dear Standing Committee Members:

Re: *Toronto Public Health comments on Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*

The COVID-19 pandemic has highlighted the critical need to strengthen the legislation that governs long-term care homes in Ontario. Toronto Public Health has reviewed Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. We support the Province's efforts to improve infection prevention and control measures and address the accountability of long-term care homes to their clients and families. This letter includes comments and requests for clarification on items in the Bill and its regulations.

Local public health units are mandated through the Ontario Public Health Standards to, among other roles, assist homes with their *Long-Term Care Homes Act* requirement to implement an Infection Prevention and Control Program (IPAC). Local Public Health units also provide Long Term Care Homes (LTCH) with case and outbreak management consultation during communicable disease outbreaks.

Comments regarding Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021

The Bill focuses on compliance and accountability. We note that it is important to address gaps in resources, leadership and expertise to enable homes to achieve legislative requirements. Penalties for noncompliance can incentivize accountability but organizational expertise creates the capacity to deliver the desired institutional results. Many elements in this Bill enhance items that already existed in the previous Act. Sufficient resources are necessary to produce sustained change on those elements.

Comments regarding Section 8

We applaud the expectation for provision of more hours of direct care to residents. The target to reach 4 hours of direct care by 2025 should occur on a shortened timeline. More hours of care would promote residents' overall well-being and healthy aging. These direct care hours are important for many reasons related to an individual resident's health and can contribute to

improved early detection of communicable diseases and management of outbreaks in long-term care homes. In addition, staffing levels should include the need for surge response during outbreaks and other emergencies in long term care homes.

Comments regarding Section 23

We welcome the more specific additions in this section, particularly the specification that there will be someone whose "primary responsibility" is IPAC. The existing legislation and regulations made reference to IPAC programs but there was very little emphasis in practice or resourcing for these programs. We recommend specific regulations to describe the requirements of these programs.

Key elements of an IPAC program should align with provincial documents including the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control's **(**PIDAC-IPC**)** Best Practices for Infection Prevention and Control Programs in Ontario.

Comments regarding Section 82-83

We welcome the specific requirements for training of every person in a leadership position. We recommend that Executive Directors and Directors of Care in homes should receive LTCH-specific continuing professional development with a defined minimum curriculum.

However, we note that there is no specific mention of IPAC training for essential caregivers such as family and friends or privately employed caregivers. Essential caregivers should also receive IPAC training, since they have close interactions with residents that have high risk of transmission for communicable diseases that spread by close and direct contact between people. IPAC training for caregivers would empower them to protect themselves and the health of residents.

Comments on items not addressed in the Bill

There are some additional issues not addressed in the Bill that would be helpful to clarify in any future regulations and standards:

- Construction and renovation requirements are not cited in the bill. The existing Long-Term Care Home Design Manual does not adequately address specific minimum ventilation requirements for homes, based on whether the home is a new build or an existing build. For existing homes, we recommend a program and schedule to upgrade ventilation (including air conditioning).
- We recommend that the maximum number of residents that can share a single bathroom should be specified in addition to a specification of the number of residents that can share a room.
- We recommend more defined training requirements for facilities staff and cleaning staff. These staff play key roles and perform significant actions that contribute to infection control.
- Retirement homes (RHs) are often expected to meet similar guidance to LTCHs. Retirement Homes also need further investment in leadership and IPAC enablers. We commend the government for taking action in this regard. We recommend further work to strengthen IPAC requirements in the *Retirement Homes Act*, 2010.
- We recommend more extensive consideration of expectations for communication from LTCHs to residents and family members. Communication messages and materials need to be appropriate for the functional level & language requirements of the intended audience. For example, large print materials and communications available in non-electronic formats and in appropriate languages are important for family and resident engagement in their LTCH community.

- We recommend clearer elucidation of the responsibilities of different parties involved in IPAC programs, outbreak management and occupational health and safety. Long term care homes, health system partners and government agencies (including, Ministry of Long-Term Care, Ministry of Labour, Training, and Skills Development, IPAC hubs and public health units) have important and distinct contributions to the protection of health in the LTCH sector.

Toronto Public Health appreciates the opportunity to provide feedback to this important Bill. We look forward to being involved in the promotion and protection of health in LTCH as the regulations are developed and implemented.

Sincerely,

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Medical Officer of Health