

Congregate Settings Team

To: Chair and Members of the Board of Health

Meeting Date: September 8, 2021

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Recommendations

It is recommended that the Board of Health:

1. Receive this report for information.

Key Points

- The Congregate Settings team at Wellington-Dufferin-Guelph Public Health (WDGPH) was formed on April 21, 2020 in response to increased outbreaks during the first COVID-19 wave.
- The Congregate Settings team supports 136 sites across Wellington-Dufferin-Guelph (WDG).
- Collaboration with community partners has been a vital component to the success of this team.
- In November 2020, WDGPH was chosen to serve as the Guelph-Wellington satellite Infection, Prevention and Control (IPAC) Hub.

Discussion

Background

Congregate living settings include locations where several unrelated people live in close proximity for either a limited or extended amount of time. Residents often share common rooms such as a dining room, kitchen, or washroom, and may or may not have a private sleeping room.¹ Congregate living settings include long-term care homes (LTCHs), retirement homes (RHs), shelters, supportive housing, group homes, residential treatment centres and hospices.

By April 30, 2021, close to 4,000 residents and 11 staff had lost their lives as a direct result of COVID-19 outbreaks in LTCHs in Ontario. As of March 2021, the number of COVID-19 cases reported in LTCH staff was over 6,500 and almost 15,000 in residents.² LTCH residents represent 0.5 percent of Ontario's population, the devastating impact of this pandemic on this population is succinctly noted in their representation of over 50% of COVID-19 deaths in Ontario.² Many LTCH facilities in Ontario have a significant lack of IPAC expertise, knowledge and resources needed to properly mitigate risk of a COVID-19 outbreak.²

In response to the disproportionate impact of COVID-19 related harms in LTCHs and RHs and the increase in congregate setting related outbreaks occurring during the first COVID-19 wave, the Congregate Settings team at WDGPH was formed on April 21, 2020.

In addition to risk factors such as age and co-morbidities making many residents in LTCHs and RHs vulnerable to the harms of COVID-19, the risk of acquiring and transmitting COVID-19 is also higher in many congregate settings due to a number of unique challenges (e.g., crowded accommodation and close interaction between residents, resident movement and introduction of new residents into the setting, limited capacity of some residents to understand or follow public health guidance).²

Locally, as of July 22, 2021, 56% of all COVID-19 deaths in WDG were represented by residents in LTCH and RH outbreaks. This proportion has varied significantly throughout the waves of the pandemic.³

Wave Number	Total Fatal WDGPH Cases	WDGPH Case Deaths in Confirmed LTCH/RH Outbreaks
Wave 1	37	30 (81.1%)
Wave 2	68	40 (58.8%)
Wave 3	21	0 (0.0%)

Source: Confirmed COVID-19 Case and Contacts. Public Health Case and Contact Management System (CCM). Wellington-Dufferin-Guelph Public Health. Date Extracted: July 22, 2021.

The Congregate Settings team supports 136 sites across WDG (15 LTCH, 26 RH and 95 other congregate settings).

Congregate Setting Team Response

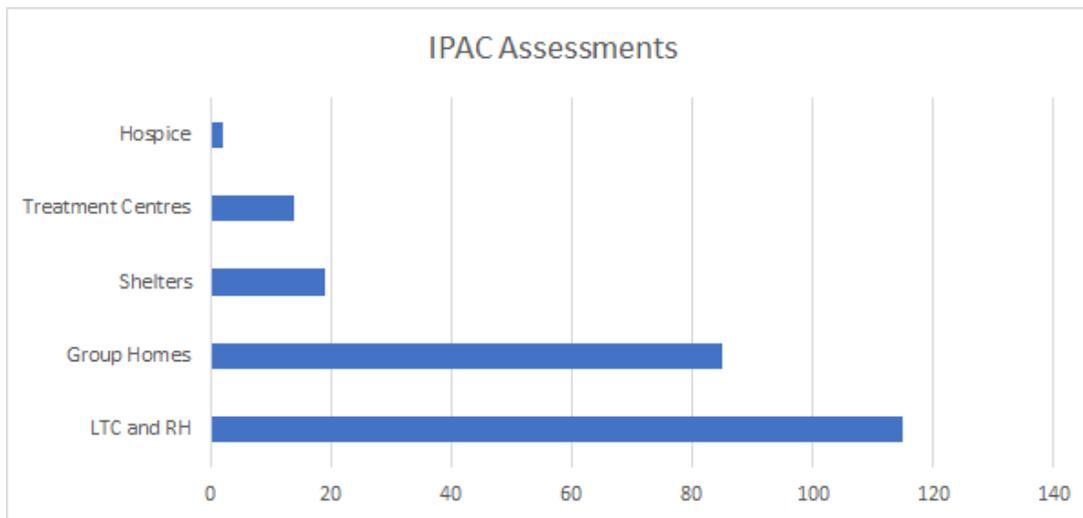
Site Visits

IPAC assessments within congregate settings are a crucial task for the containment of COVID-19. As a result of IPAC assessments in the spring and early summer of 2020, areas for improvement were identified within all WDGPH congregate settings. Overall, the homes were very receptive to taking action on the recommendations that emerged from the IPAC assessments.

Prior to the COVID-19 pandemic, WDGPH IPAC assessments in LTCHs and RHs were conducted as needed in investigations on a complaint basis. According to the Health Hazard Response Protocol, 2019, under the Ontario Public Health Standards, other congregate settings were also only required to be visited in response to complaints.

The Congregate Settings team proactively conducted IPAC assessments at each facility in the WDG region using the Public Health Ontario checklists (Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes; COVID-19 Preparedness and Prevention in Congregate Living Settings; Managing COVID-19 Outbreaks in Congregate Living Settings). The findings from the site visits were used to guide education and training sessions, as well as to help facilities formalize their outbreak management plans. All congregate settings continue to receive ongoing support and IPAC assessments; those settings with higher risk receive more frequent assessments.

From April 2020 until December 2020, 115 IPAC assessments were conducted at LTCHs and RHs, and 120 at other congregate settings. Each facility received at least two site visits: an initial visit in the spring and a second visit in the fall. Additional follow-up visits were completed where required.



Site visits were conducted by either WDGPH staff or in conjunction with community partners. When the site visits identified needs for additional support, the Congregate Settings team linked the facilities with the community partners best able to support those needs. The Congregate Settings team also provided guidance in how facilities could connect to Community of Practice meetings and information sharing sessions.

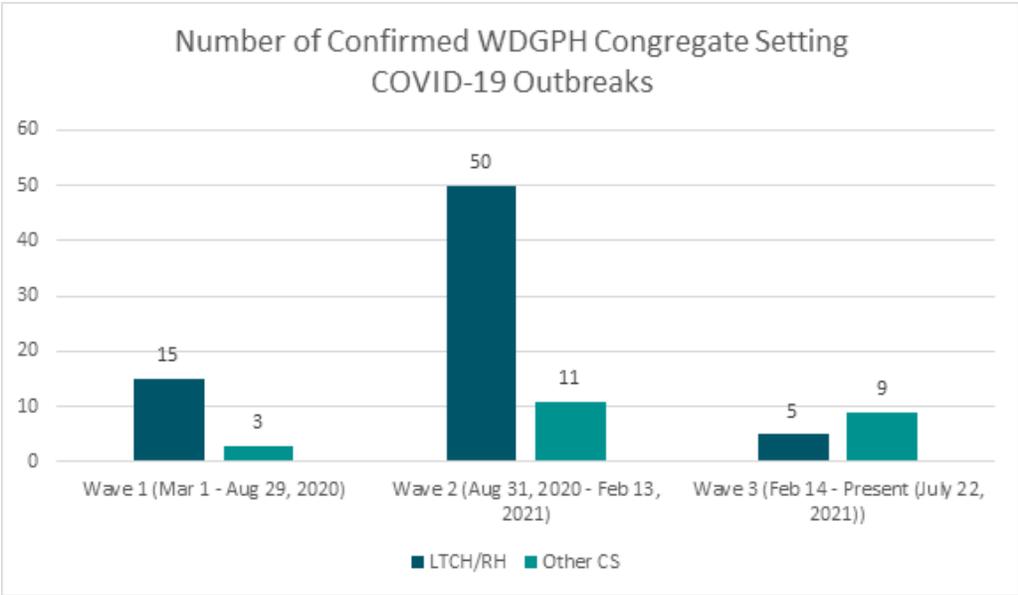
Outbreak Support

When facilities were experiencing an outbreak, the team provided support that included attendance at daily outbreak management meetings, review of provincial outbreak guidelines, on-site IPAC assessments, IPAC education (both on-site and virtual), daily monitoring of cases and outbreak management.

In addition to outbreak management, the Congregate Settings team also helped to support facilities pro-actively with outbreak preparedness. As one example, the Congregate Settings team conducted three COVID-19 tabletop exercises with LTCHs, RHs, and other congregate settings during September and October 2020. These exercises provided a safe environment for facilities and supporting partner organizations to discuss and run through potential scenarios together to assess their emergency plans and procedures in relation to a COVID-19 outbreak.

These exercises were well attended; feedback from participants highlighted that they felt more prepared to respond to a COVID-19 outbreak, and that they learned new information and ideas from other facilities and agencies.

From March 1, 2020 to July 22, 2021, there was a total of 93 confirmed WDGPH congregate setting COVID-19 outbreaks (70 in LTCH/RH and 23 in other congregate settings). Appendix A and B includes a breakdown of the total number of cases and fatal cases in residents and staff associated these outbreaks.³



Source: Confirmed COVID-19 Case and Contacts. Public Health Case and Contact Management System (CCM). Wellington-Dufferin-Guelph Public Health. Date Extracted: July 22, 2021.

Many factors have likely had an impact on the number of outbreaks across the waves of the pandemic, including (but not limited to) rates of community transmission, increased access to IPAC supports, outbreak preparedness planning, changes in provincial IPAC directives and guidance (e.g., visitor restrictions, universal masking, COVID-19 testing policies), mass vaccinations of staff and residents which began in early January 2021, and a change to the outbreak definition on April 8, 2021 (from one case in a staff or resident to two epidemiologically linked cases).

Collaboration with Community Partners

Collaboration with community partners has been a vital component of the pandemic response. Congregate care huddles were developed early in the pandemic in all areas of WDGPH to assess status of facilities related to outbreaks, health human resources, personal protective equipment supply and IPAC assessments and provide resources where indicated.

Congregate care huddles across WDGPH included many different partners: Guelph Wellington Ontario Health Team, Home and Community Care, County of Wellington, LTCH leaders, Guelph General Hospital, Ontario Health West LTC Lead, Ontario Health Central LTC lead, Registered Nurses Association of Ontario, Nurse Led Outreach Team, Rural Wellington Family Health Team, North Wellington Health Care Corporation, Retirement Home Regulatory Authority, the Ministry of Long-Term Care, Guelph Wellington Community Living, Hills of Headwaters Ontario Health Team, Headwaters Health Care Centre, and WDGPH.

IPAC Hubs

As part of Ontario's Keeping Ontarians Safe: Preparing for Future Waves of COVID-19 plan, funding was announced by the Ontario Government on September 30, 2020 to implement stronger IPAC supports to congregate living settings through the establishment of IPAC hubs across the province.

Ontario Health identified organizations including hospitals, public health units and others from across the province to lead local IPAC Hubs. These organizations work with partners from across the local health system who have IPAC expertise to ensure that this specialized guidance and support is available to congregate living settings through a one-window model.

Since the Congregate Settings team was working with community partners to provide many of these IPAC supports already, WDGPH was chosen as the local satellite IPAC Hub for Guelph-Wellington, which is one of three satellite sites under the Waterloo-Wellington IPAC Hub led by St. Mary's General Hospital in Kitchener. As a Hub partner, WDGPH received funding of \$264,000 for October 1, 2020 to March 31, 2021, and an anticipated amount of \$325,000 for the period of April 1, 2021 to March 31, 2022.

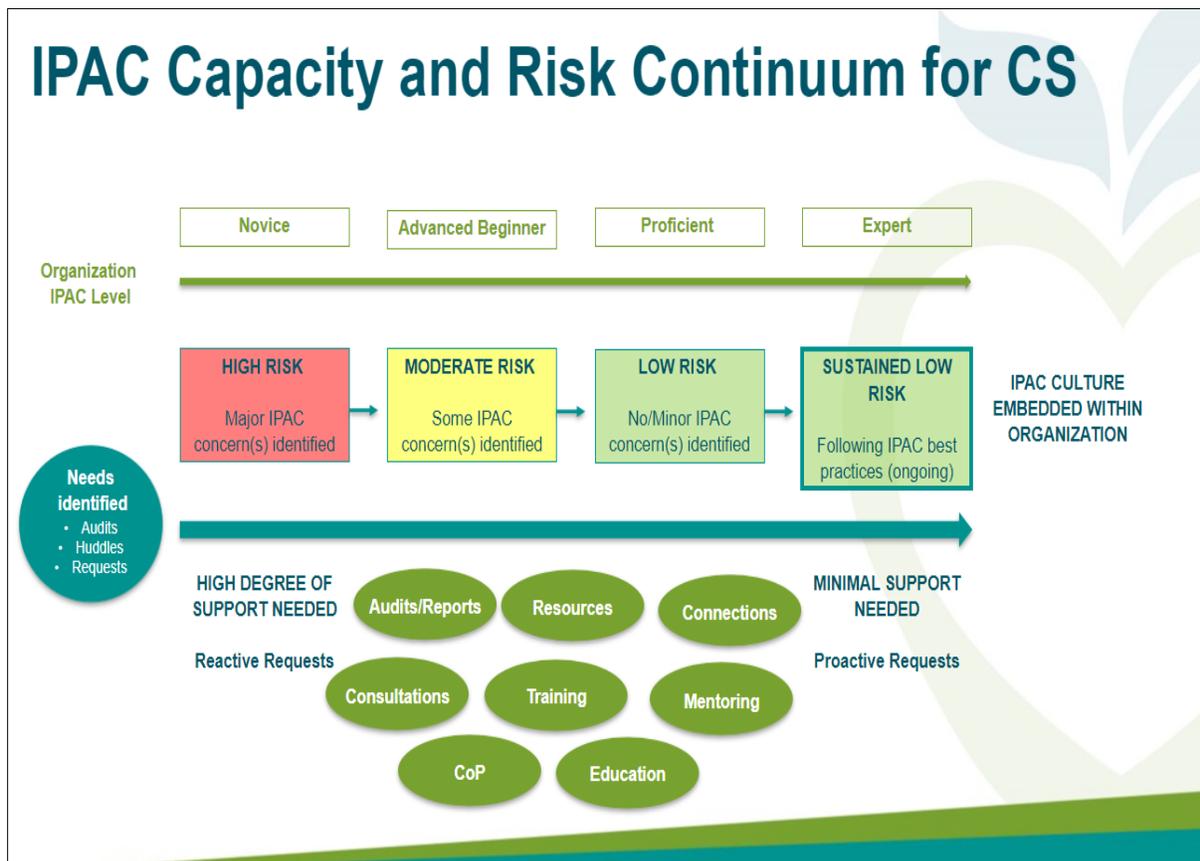
This funding has allowed the Congregate Settings team to continue to provide many of the IPAC supports already being offered to congregate settings, while also allowing for the expansion of services and planning for long-term impact and success of IPAC programs within these settings.

The Central West IPAC Hub, managed out of William Osler Health System, also provides IPAC support to Dufferin area congregate settings. The Congregate Settings team at WDGPH works closely with the Central West IPAC Hub and continues to provide IPAC supports and services to congregate settings in Dufferin.

The goals of the Guelph-Wellington Satellite IPAC Hub are:

- **Short-term:** To support congregate settings in Guelph and Wellington with opportunities for IPAC training, capacity building and local partnerships to prevent, mitigate and control COVID-19 cases, illness and deaths among congregate living setting residents and staff.
- **Long-Term:** To create a supportive culture in our community for ongoing IPAC training, capacity building and local partnerships to prevent, mitigate and control illness and outbreaks in congregate settings.

The amount of support needed at facilities is fluid and fluctuates based on many variables (e.g., staff turnover, novel infectious disease risks, changes in provincial direction, etc.). The Congregate Settings team continually assesses IPAC capacity and level of risk for all congregate settings in WDG as they move along the continuum towards a sustainable IPAC culture.



As the Guelph-Wellington Satellite IPAC Hub, the WDGPH Congregate Settings team conducted the following activities from January to June 2021:

Development of Education and Training Resources

During COVID-19's first wave, many facilities did not have staff trained in infection prevention and control. The need for each facility to have an “IPAC Champion” was identified and the Congregate Settings team proactively created a comprehensive training session and resource binder to build capacity among designated IPAC Champions at each home.

IPAC trainings and toolkits were also developed and delivered to audiences beyond staff who also play a critical role in the care of residents, including essential caregivers and Mobile Enhancement Support Teams (MEST).

Based on the results of a needs assessment conducted in February with feedback from 20 facilities, additional resources have also been developed, and further education and training materials will continue to be developed based on identified needs.

At-a-Glance: IPAC Hub Resources and Trainings		
Hand Hygiene and PPE Education	MEST Training	Guidance document for eye protection
IPAC Champion Training and Resource Binder	Environmental Cleaning Training and Resources	COVID-19 Daily Checklist for IPAC measures, PPE, Supplies and Maintenance
Essential Caregiver Training and Visitor Toolkit	Cohorting and Outbreak Scenarios	Audit Checklist for PPE and Hand Hygiene

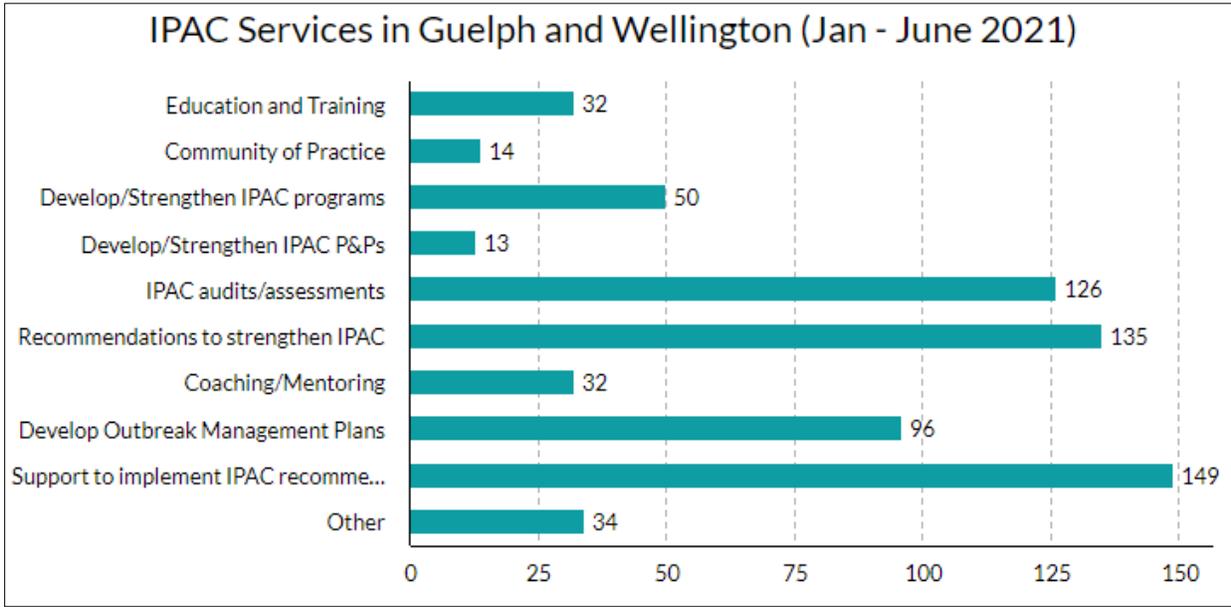
Delivery of IPAC Services and Supports

The Congregate Settings team provides a wide variety of IPAC services and supports to enhance IPAC practices in congregate living settings including:

- IPAC education and training
- Supportive visits and consults
- Site visits/IPAC assessments
- Best practice recommendations and implementation support
- Coaching/mentoring on IPAC practices
- Outbreak management planning
- Communities of practice

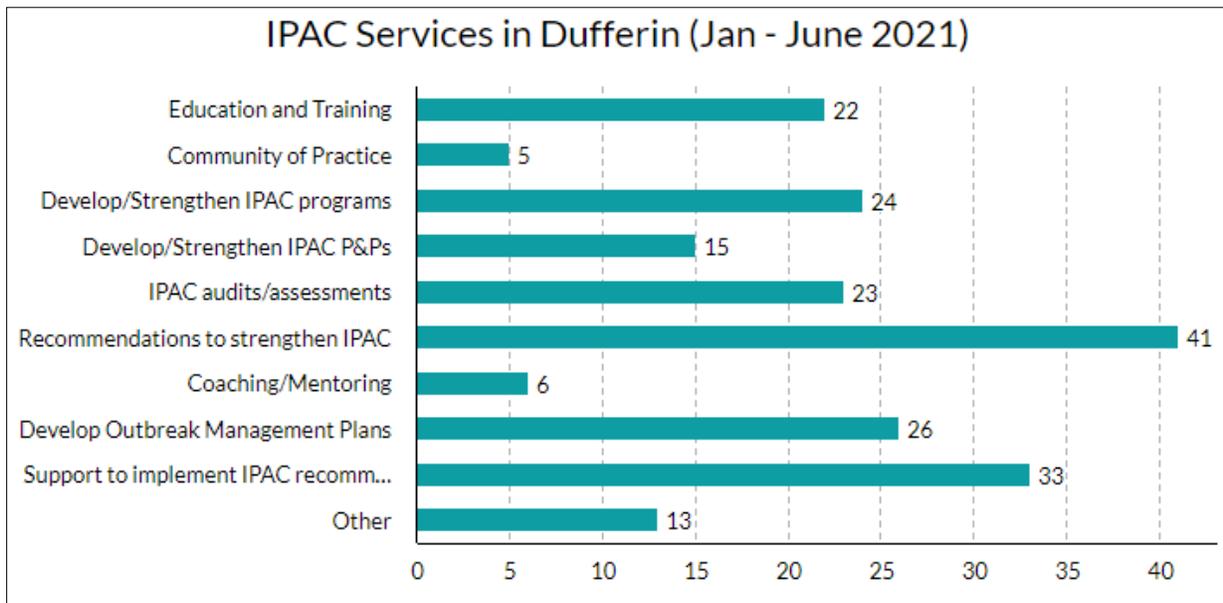
In addition, the team is often responding to questions and providing continuous guidance with the frequent changes and directions pertaining to provincial IPAC guidelines, CMOH Directives and Ministry of Health COVID-19 Guidance documents, Ministry for Seniors and Accessibility, Ministry of Long-Term Care, Retirement Home Regulatory Authority, Ministry of Children, Community and Social Services.

A total of 681 IPAC services and supports were delivered to congregate living settings in Guelph and Wellington from January to June 2021. The number of services and supports that each organization received varied depending on their level of risk and need. On average, each organization received 13 IPAC services/supports through the IPAC Hub, with a minimum of 1 and a maximum of 38 provided to each organization.



WDGPH’s Congregate Settings team also works closely with the Central West IPAC Hub and continues to provide IPAC supports and services to congregate settings in Dufferin.

A total of 208 IPAC services and supports were delivered to congregate living settings in Dufferin from January to June 2021. On average, each organization received 14 IPAC services/supports by the Congregate Settings team, with a minimum of two and a maximum of 52 provided to each organization.



Advisory Committee

In April 2021, an Advisory Committee was established to bring local partners together to share information, promote collaboration, and to provide input and guidance on the activities of the Guelph-Wellington Satellite IPAC Hub to enhance IPAC supports for congregate living settings. This committee meets monthly, and includes representation from many local partners, including St. Mary's General Hospital, North Wellington Health Care, Guelph General Hospital, Ontario Health West, Guelph Wellington OHT, Home and Community Care Support Services, Public Health Ontario, Nurse Led Outreach Team, Registered Nurses' Association of Ontario, County of Wellington, the Ministry of Children, Community and Social Services, the Ministry of Long-Term Care, the Retirement Homes Regulatory Authority, and Congregate Setting and Service Provider Organization Representatives.

Communication and Service Promotion

Working in collaboration with the WDGPH Communications Team, a webpage and promotional flyer was created for the Guelph-Wellington Satellite IPAC Hub to share information with congregate settings and partners about the services available through the Hub and how to request support. Communications with congregate settings continues to flow through the Congregate Settings liaison.

Next Steps

Many of the IPAC services provided to congregate settings in 2020 and in early 2021 were focused on supporting outbreaks and providing direction on continuously changing directives and guidance related to COVID-19. Many congregate settings did not have dedicated IPAC leads and early site visits by the Congregate Settings team revealed significant IPAC concerns. As congregate settings begin to shift out of crisis mode, the focus of the Congregate Settings team and IPAC Hub will be to build IPAC capacity and advance IPAC culture within each organization by providing ongoing IPAC trainings, supports and partnership.

An evaluation of the Guelph-Wellington Satellite IPAC Hub is planned for the fall of 2021 and will be used to help inform additional strategies and areas of focus for the Congregate Settings Team and IPAC Hub.

Conclusion

The impact of the COVID-19 pandemic on residents of all congregate settings has proven to be devastating. WDGPH extends sincere and heartfelt condolences to family, friends and staff that have lost their loved ones during this tragic time. The Congregate Settings team at WDGPH has played an integral role providing support, knowledge transfer and resources to all congregate settings within WDG. We are proud to continue this work for the WDG area and we are honored to act as the Guelph-Wellington satellite IPAC Hub. This team will continue to support all congregate setting staff, residents, and families to achieve a sustainable IPAC program to decrease the incidence of illness and outbreaks in these high-risk settings.

To date WDGPH is the only health unit functioning in the role of IPAC Hub lead and was one of the first health units to dedicate a team to the safety of congregate settings.

Ontario Public Health Standard

Infectious and Communicable Diseases Prevention and Control

GOAL:

- To prevent or reduce the burden of infectious diseases of public health importance.

PROGRAM OUTCOMES:

- Board of Health programs and services are designed to address the identified needs of the community, including priority populations, associated with infectious and communicable diseases.
- Timely and effective detection, identification, and management of exposures and local cases/outbreaks of infectious and communicable diseases of public health significance, including diseases of public health significance, their associated risk factors, and emerging trends.
- Reduced transmission of infections and communicable diseases.

2020 WDGPH Strategic Direction(s)

Service Delivery: We will provide our programs and services in a flexible, modern and accessible manner, and will ensure they reflect the immediate needs of our clients and our role in the broader sector.

System Transformation: We will equip the Agency for change in all aspects of our work so that we are ready for transformational system change when the time comes.

Knowledge Transfer: We will ensure that our decision-making and policy development efforts are informed by meaningful health data at all times.

Health Equity

Health equity is the condition where everyone can attain their full health potential and are not disadvantaged due to their social position or other socially determined circumstances.

- Residents in congregate settings were disproportionately affected by the COVID-19 pandemic.
- Over 56% of all COVID-19 deaths in WDG were represented by LTCH and RH outbreaks.
- Many congregate settings had a significant lack of IPAC knowledge and expertise.
- Congregate settings, where residents live and interact in close proximity to one another, pose a unique challenge when mitigating risk of transmission of infection.
- The Congregate Settings team will continue to contribute to improved IPAC culture and programs in these settings through knowledge transfer and dedicated support for each setting.

References

1. Government of Canada. Individual and community-based measures to mitigate the spread of COVID-19 in Canada. [Internet]. 2021 [cited 2021 July 23]. Available from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html#a7>
2. Ontario's Long-Term Care COVID-19 Commission. Commissioner's Report to the Minister of Long-Term Care. [Internet]. 2021 April 30. [cited 2021 July 23]. Available from: http://www.ltccommission-commissionsld.ca/report/pdf/20210623_LTCC_AODA_EN.pdf
3. Public Health Case and Contact Management System (CCM). Confirmed COVID-19 Case and Contacts. [Internet]. Wellington-Dufferin-Guelph Public Health: Up to Date, 2021 [cited 2021 July 22]. Available from: Up to Date.

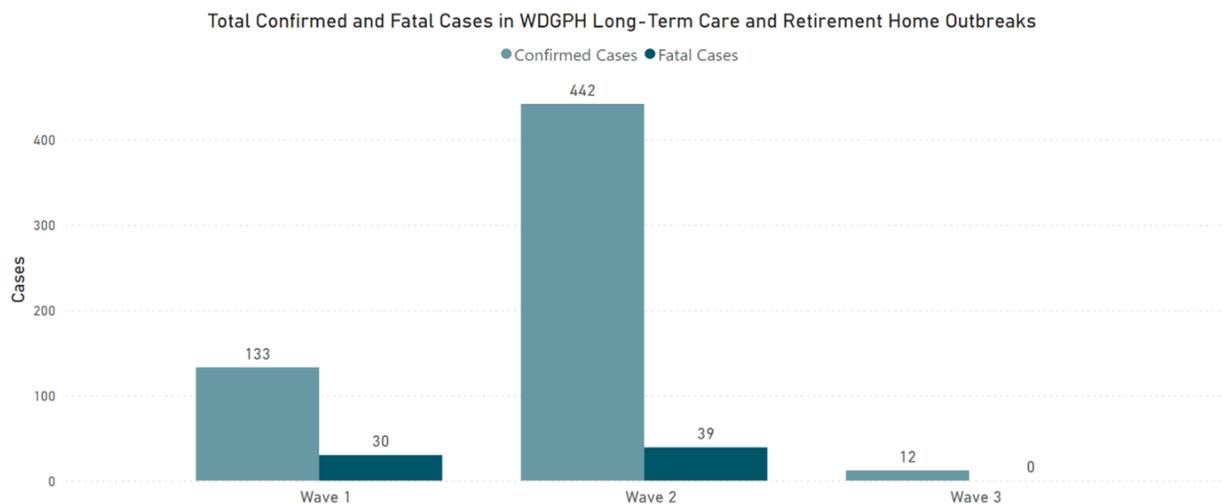
Appendices

Appendix A – Total Confirmed and Fatal Cases in WDGPH Long-Term Care and Retirement Home COVID-19 Outbreaks

Appendix B – Total Confirmed and Fatal Cases in WDGPH Congregate Setting COVID-19 Outbreaks (excluding LTCH/RH)

Appendix A

Total Confirmed and Fatal Cases in WDGPH Long-Term Care and Retirement Home COVID-19 Outbreaks



Wave Number	# of Outbreaks in LTC/RH Settings	Total Cases in Confirmed WDGPH LTCH/RH Outbreaks	Fatal Cases in Confirmed WDGPH LTCH/RH Outbreaks	Proportion of Cases with Fatal Outcome
Wave 1	15	133	30	22.6%
Wave 2	50	442	39	8.8%
Wave 3	5	12	0	0.0%

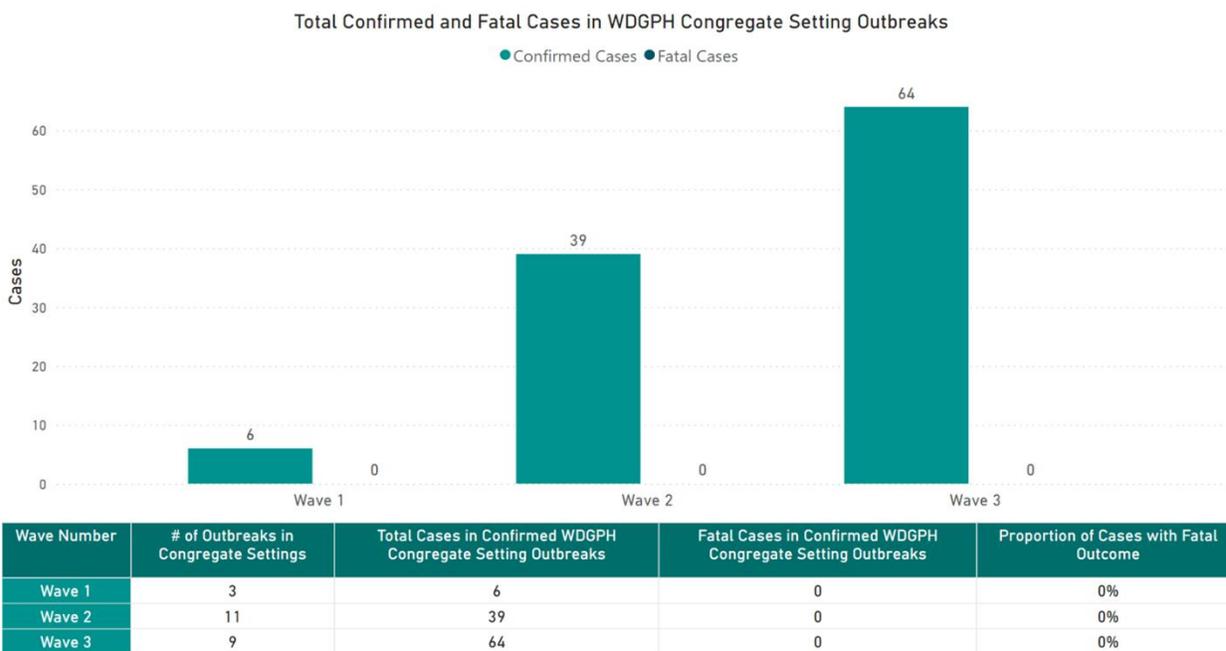
Source: Confirmed COVID-19 Case and Contacts. Public Health Case and Contact Management System (CCM). Wellington-Dufferin-Guelph Public Health. Date Extracted: July 22, 2021.

Data Caveats

1. Only confirmed WDGPH-responsible COVID-19 outbreaks were included.
2. Cases are identified as being associated with a long-term care home or retirement home through their involvement in a confirmed outbreak setting. This includes cases who reside inside and outside of the WDG region.
3. As these cases are identified by involvement in confirmed outbreaks, changes in outbreak classification over the period provided may influence the total count of cases included.
4. Wave 1 includes outbreaks with a declared date between March 1 and August 29th, 2020. Wave 2 includes outbreaks with a declared date between August 30, 2020 and February 13, 2021. Wave 3 includes outbreaks with a declared date between February 14, 2021 to present day (July 22, 2021).

Appendix B

Total Confirmed and Fatal Cases in WDGPH Congregate Setting COVID-19 Outbreaks (excluding LTCH/RH)



Source: Confirmed COVID-19 Case and Contacts. Public Health Case and Contact Management System (CCM). Wellington-Dufferin-Guelph Public Health. Date Extracted: July 22, 2021.

Data Caveats

1. Only confirmed WDGPH-responsible COVID-19 outbreaks were included.
2. Cases are identified as being associated with a congregate setting (excluding LTCH/RH) through their involvement in a confirmed outbreak setting. This includes cases who reside inside and outside of the WDG region.
3. As these cases are identified by involvement in confirmed outbreaks, changes in outbreak classification over the period provided may influence the total count of cases included.
4. Wave 1 includes outbreaks with a declared date between March 1 and August 29th, 2020. Wave 2 includes outbreaks with a declared date between August 30, 2020 and February 13, 2021. Wave 3 includes outbreaks with a declared date between February 14, 2021 to present day (July 22, 2021).