

March 13, 2020

The Hon. Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Re: Need for Continued Urgent Action on COVID-19

Dear Premier Ford,

On behalf of the province's 141 public hospitals, the Ontario Hospital Association (OHA) urges your government to continue to take the steps needed to ensure hospitals are prepared to manage a potential surge in patients with COVID-19 that require acute care.

Yesterday, Ontario Members of Provincial Parliament (MPPs) voted unanimously to temporarily suspend the Legislature and close all public schools in support of public health as the COVID-19 situation continues to evolve. These decisions highlight the gravity of the situation as well as the fact that Ontario has a limited time period to act decisively, make the right decisions, and to widen provincial efforts to protect critical care capacity in an already-stressed system.

Over the past several months, through reporting and screening efforts the Ministry of Health and Public Health officials have taken important steps in helping prevent the spread of this virus and ensure that health care systems are prepared for a potential surge in cases. The creation of screening centres and virtual care solutions will be very important in equipping hospitals to respond. Most recently, the OHA appreciates the release of new evidence-based guidelines on use of Personal Protective Equipment.

The OHA is taking a leadership role in providing guidance needed now by our member hospitals on issues related to travel and health human resources (see attached documents). However, in order for this advice, and the government work undertaken to date to be effective and consistently utilized by hospitals, we urgently need support and decisive action in the following areas.

Anticipated Need for Emergency Powers

The OHA recommends anticipating a need to invoke all emergency management powers available under Ontario legislation, particularly as they relate to the health care system, health care workers and the distribution of resources. The Government of Ontario has broad-ranging powers to act in the interests of public health and safety by declaring a public emergency, to prepare now should the conditions evolve and necessitate such a declaration in the next several weeks.

The government is responsible for planning and coordinating provincial-wide responses using the *Emergency Management and Civil Protection Act* (EMCPA) framework. This Act was created to address the gaps in Ontario's emergency management legislation that became apparent through reviews of the province's response to the 2003 SARS and power outage

emergencies. Its purpose is largely to respond to situations like the current environment around COVID-19 – triggering a centralized provincial response to manage a situation presenting a significant risk to Ontarians.

Invoking the EMCPA framework involves activating a larger provincial incident management response with senior leaders from all areas of critical infrastructure (including health). The Ministry of Health has broad authority under this Act to initiate system-wide pandemic planning, which would trigger appropriate coordinating responses from municipalities, local public health units and other regional authorities, and hospitals in Ontario. The OHA recommends that the government take immediate steps to activate a province-wide pandemic-related incident response infrastructure, including appropriate command structures, under the authority of the Act.

The EMCPA further enables the government to make Orders to protect the health, safety and welfare of the people of Ontario in times of declared emergencies. Those powers include the general authority to implement measures that the Lieutenant Governor in Council (LGIC) considers necessary to prevent, respond to or alleviate the effects of the emergency. The authority under this Act would also permit the LGIC to act in relation to establishing facilities for health care; managing the allocation of goods, services and resources, including appropriate distribution centres; ordering closures of certain facilities; and generally regulating travel and movement. Under this Act, an Order may also authorize those who would not otherwise be eligible to perform certain duties; and provide for payment of compensation to qualified individuals rendering services to respond to the declared emergency.

The Act also enables the LGIC to make an appropriate Order “when, in the opinion of the LGIC, victims of an emergency or other persons affected by an emergency need greater services, benefits or compensation than the law of Ontario provides or may be prejudiced by the operation of the law of Ontario.” This provision would allow the LGIC to temporarily suspend the operation of certain statutes and regulations in Ontario, particularly those governing services, benefits or compensation, as necessary for the public good, and in compliance with the Canadian *Charter of Rights and Freedoms*.

Apart from the declaration of a public emergency, the *Health Protection and Promotion Act* also enables local medical officers of health, including the Chief Medical Officer of Health, to take broad action in respect of communicable diseases such as COVID-19. These powers include, but are not limited to, requiring individuals, classes of individuals and facilities to take or refrain from taking actions related to the spread of communicable diseases. General powers are available under this Act to require public hospitals and other institutions to take any actions for the purposes of monitoring, investigating and responding to an outbreak of a communicable disease at the hospital or institution.

Finally, the OHA believes that it is essential that the leadership of the government’s Ministry- and public-agency portfolios, with whom the hospital and other health sectors have worked so closely, remain integral to these measures.

Clarification of Case Definition

The Ontario government's case definition of COVID-19 is central to the health care system's response to this pandemic. While we are supportive of the government's recent update to the definition on March 13, the guidance lacks clarity as important information regarding who should be tested is buried within the footnotes. The direction to consider other exposure scenarios should also be brought to the forefront. The government needs to ensure that the case definition provides immediate and accessible guidance and is flexible enough to account for the rapidly changing course of this pandemic. The OHA recommends that the government work with provincial counterparts to provide clarity and flexibility to respond to the rapidly changing nature of this pandemic.

Social Distancing

To date, cases of COVID-19 in Ontario have been linked to travel. However, the experience of other jurisdictions suggests that it is only a matter of time before community spread occurs. Mass gatherings, where a large number of people are in close contact for extended periods of time, contribute greatly to the transmission of respiratory pathogens such as COVID-19.

To contain the spread of COVID-19, building on the advice from the Public Health Agency of Canada (*Risk-informed decision-making for mass gatherings during COVID-19 global outbreak*) and recent guidance issued by Toronto Public Health, the OHA is supportive of the government's announcement today to limit or ban large public gatherings during these critical next few weeks.

While we appreciate that there may be differing levels of risk associated with public events and therefore a risk assessment must be applied, based on the precautionary principle we believe it is imperative to err on the side of caution. The decision of the Ontario government to close schools in the province is an example of the kind important precautionary step we need to be taking and one that the OHA strongly endorses.

Ontarians need clear direction on the need to exercise an abundance of caution and practice social distancing whenever possible. This may ultimately entail use of emergency powers to; recommend employers encourage work from home arrangements; the avoidance of public transit, or similar public health measures. This method of containment has been employed in countries such as China and Italy and is quickly becoming standard practice in other European countries as well as the United States. Although we appreciate that some of this is happening voluntarily, clear and immediate direction from government is in the public interest.

Supplies and Testing

The OHA has significant concerns about the lack of coordination of supplies and testing at the provincial level. While regional discussions have focused on establishing local assessment centres and enhancing lab capacity within hospitals, the impact of these decisions on staffing and supplies has not been considered. Our understanding is that the province is now reaching a significant supply issue respecting a shortage of swabs required to conduct testing for COVID-19. While we support the establishment of regional assessment centres, these centres

can only be effective if the necessary supplies are available now to complete the assessments. These supplies are needed immediately.

The province should expeditiously develop a clear ethical framework to manage supplies, including guidance on testing/swabbing for asymptomatic and symptomatic cases. In addition, understanding how assessment centres will be staffed and supplied and determining the expectations from neighbouring organizations and shared service organizations needs to be clearly communicated.

Screening of Hospital Visitors and Staff

Some hospitals are actively considering implementation of more active visitor and staff screening, including proactively checking for symptoms, and inquiring about recent travel history and contacts. Clear guidance and direction from the province on moving towards active screening of hospital visitors and all staff is necessary as soon as possible to ensure a consistent approach more broadly.

Keeping Health Care Workers (HCWs) Safe and Healthy

As you are aware, keeping health care workers safe and healthy is a priority for hospitals. This includes significant planning, resources, and support for those workers – both locally and provincially. While we have encouraged hospitals to mobilize strategies that focus on ensuring that there are enough health care workers and other staff deployed to the appropriate priorities, we would urge the government to consider enhancing funding for increased staffing costs – both employees and physicians.

Given that there are a number of health care agency workers that could be an additional resource to supplement existing hospital health human resources, it is essential that the government act swiftly to develop an inventory, acquisition and deployment strategy to ensure that existing agency health care workers are deployed to priority areas.

HCW Travel and Return to Work

Given the pivotal role that all travel plays in the spread of COVID-19 and the overwhelming need to ensure we safeguard needed capacity within the health care system, it is equally important that government provide recommendations/advice respecting travel for health care workers (HCWs). This is particularly critical as we enter this pivotal phase of the outbreak that unfortunately coincides with an intense travel period for many Ontarians.

In the absence of such guidelines, the OHA has issued guidance to its membership, stating that that any international travel by HCWs (work-related and personal) is strongly discouraged and that if travel is undertaken, the destination be disclosed in advance. Further, if a HCW has travelled to an area impacted by COVID-19, they must remain off work for a period of 14 days. Finally, where COVID-19 is suspected or diagnosed, the HCW must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed.

As an additional measure to combat the spread of the virus amongst those most needed to combat the COVID-19 outbreak, the OHA strongly recommends that the government adopt and disseminate similar guidelines as soon as possible. This will ensure a consistent approach

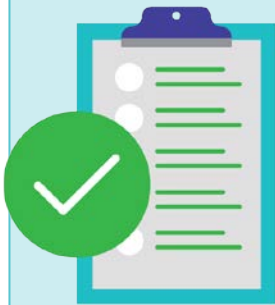
across all hospitals and health care providers. In addition to bolstering containment, this is now critical to ensuring that there are sufficient health care workers available to respond to the escalating needs of the system.

Sick Leave

Some health care workers and many members of the public do not have access to paid sick leave. We recommend that both the provincial and federal governments put in place supports for protected and paid sick leave, whether through Employment Insurance enhancements or other measures to ensure self-isolation.

Access to Childcare

Given the recent decision to close schools, many HCWs will require childcare. Appropriate strategies need to be developed in short order to ensure that HCWs have access to childcare.



Summary of Recommendations

- Anticipate the need to declare a state of emergency and invoke all emergency management powers available under Ontario legislation.
- Develop and release advice on social distancing to limit or ban large public gatherings.
- Develop a strategy to ensure that HCWs have access to childcare.
- Provide clear guidance and direction on the screening of hospital visitors and staff.
- Provide clear guidance and direction on regional assessment centres, including how supplies should be managed and rationed as well as how the centres will be staffed and supplied.
- Provide clear guidance and direction on regional assessment centres, including how supplies should be managed and rationed as well as how the centres will be staffed and supplied.
- Update the Ontario case definition.
- Provide funding to hospitals for increased staffing costs for employees and physicians.
- Develop an inventory, acquisition and deployment strategy to ensure that existing agency health care workers are deployed to priority areas.
- Provide recommendations and advice on travel for health care workers.
- Provide supports for protected and paid sick leave.

Premier, we know that while highly contagious, COVID-19 does not ultimately pose a significant health risk to the vast majority of Ontario residents. For those for whom it is a risk, particularly elderly individuals and/or people with chronic health conditions and

compromised immunity, the risk is extremely serious. As a pandemic COVID-19 has the potential to spread rapidly and overwhelm Ontario's hospitals, particularly critical care capacity. Decisions made now will have enormous effect on mitigating the impact on people, patients and health care workers.

Please do not hesitate to contact me at any time for additional information or to discuss any of these recommendations. We look forward to your timely response.

Sincerely,



Altaf Stationwala
Board Chair



Anthony Dale
President and CEO

CC: All Hospital CEOs
All Hospital Board Chairs
Steven Davidson, Secretary of the Cabinet
Jamie Wallace, Chief of Staff to the Premier
Mark Lawson, Deputy Chief of Staff to the Premier
Helen Angus, Deputy Minister of Health
Dr. David Williams, Chief Medical Officer of Health
The Hon. Christine Elliott, Minister of Health
Heather Watt, Chief of Staff to the Minister of Health
Mario Di Tommaso, Deputy Solicitor General, Community Safety
The Hon. Sylvia Jones, Solicitor General
David Garland, Chief of Staff to the Solicitor General
Greg Orencsak, Deputy Minister of Finance
The Hon. Rod Phillips, Minister of Finance
Andrew Sidnell, Chief of Staff to the Minister of Finance