



Background

Amended Emergency Order

Hospitals are now authorized under an amended O. Reg 74/20 under the *Emergency Management and Civil Protection Act* to take reasonably necessary measures that facilitate the safe and efficient redeployment of hospital employees to a long-term care provider on a similar basis that previously existed for redeployment within the hospital.

While the temporary order suspends certain parts of the collective agreement as reasonably necessary to redeploy hospital employees, these assigned employees remain employees of the hospital and other parts of the collective agreements and other terms and conditions continue, including pay, benefits, pension, health and safety, service and seniority provisions.

Hospitals continue to have obligations with respect to the *Ontario Human Rights Code*, *Occupational Health and Safety Act*, *Employment Standards Act*, and *Workplace Safety and Insurance Act* for redeployed hospital employees.

Chief Medical Officer of Health Directives

Directive #5 lists a range of required precautions and procedures as applicable to regulated health professionals and other employees in hospital and long-term care homes dealing with suspected, presumed, or confirmed COVID-19 patients or residents.

Hospitals continue to be obligated to follow Directive #5 with respect to redeployed hospital employees in long-term care homes.

Minister of Long-Term Care Directive

Under a Directive issued by the Minister of Long-Term Care, long-term care homes shall cooperate in any discussions with Ontario Health (OH) regarding needs for assistance from other health service providers, including hospitals.

This Directive also requires that, where hospital assistance is provided, that the long-term care home shall ensure that all required staff deemed necessary by a hospital, including members of an Infection Prevention and Control (IPAC) team, are permitted entry to the long-term care home to provide assistance.

Further, a long-term care home shall ensure that it takes the direction of hospital supervisory and management staff as it relates to assessments in relation to the home's IPAC program, clinical supervision and staffing supports in a timely and professional manner.



WSIB, Insurance and Indemnification

The hospital continues to have responsibility for WSIB and liability coverage for redeployed hospital employees.

The OHA and HIROC have developed a [template service delivery agreement](#) that can be utilized by a hospital when working to develop the details of assistance with a long-term care home. If you have any concern in relation to your current insurance please contact HIROC or other relevant insurer.

Ontario Health Process

Ontario Health (OH) has advised that generally OH Regions will request hospital to identify of roster of staff available for redeployment. The Ministry of Health has advised it is developing further information on roles and processes to be shared with hospitals in the future.

When considering whether to volunteer to support local long-term care needs, hospitals will have to balance this with the need to be able to respond to increased demands at their hospital should they escalate.

OH Regions will identify critical long-term care staffing needs and hospital redeploys assistance based on needs and skills. Each OH Region has identified one long-term care lead for each Region to establish and implement regional plans to support implementation of the regional staffing response. These contact details are included below:

| Region | CEO/Regional Lead | LTC Lead |
|---------|---|---|
| Central | Donna Cripps (donna.cripps@lhins.on.ca) | Dr. Mira Backo-Shannon (mira.backo-shannon@lhins.on.ca) |
| Toronto | Tess Romain (Tess.Romain@tc.lhins.on.ca) | Lindsay Wingham-Smith (Lindsay.WinghamSmith@tc.lhins.on.ca) |
| North | Rhonda Crocker Ellacott (Rhonda.CrockerEllacott@lhins.on.ca) | Adam Vinet (Adam.Vinet@lhins.on.ca) |
| West | Bruce Lauckner (Bruce.Lauckner@lhins.on.ca) | Emily Christoffersen (emily.christoffersen@lhins.on.ca) |
| East | Renato Discenza (Renato.Discenza@lhins.on.ca) | Cynthia Martineau (cynthia.martineau@lhins.on.ca) |



Recommended Guiding Principles for Redeployment to Provide Staffing Assistance

Volunteers First

To the extent possible, hospitals are encouraged to redeploy employees on a voluntary basis subject to hospital operational needs.

Should there be insufficient volunteers, hospitals may need to assign employees. Consideration should be given to unique individual needs, including child/elder care responsibilities and employment accommodation measures.

Health and Safety

Hospitals, redeployed hospital employees and hospital joint health and safety committees continue to have responsibilities under the collective agreements, *Occupational Health and Safety Act* and the Chief Medical Officer of Health Directive #5.

These include the requirement to conduct an organization risk assessment of the long-term care provider site and share it with the hospital's joint health and safety committee, including IPAC assessments.

In addition, hospitals should work with the long-term care provider to implement appropriate IPAC and health and safety control measures to mitigate the transmission of infections, including engineering, administrative and personal protective equipment measures prior to redeploying hospital employees to provide staffing assistance.

Under the CMOH Directive #5, a point-of-care risk assessment must be performed by regulated health professionals prior to all interactions with suspected, presumed or confirmed COVID-19 patients or residents. If, in the professional and clinical judgement of the health professional, additional precautions are necessary, including an N95 respirator, access to the additional precautions will not be unreasonably denied.

The PCRA should not be limited to only PPE measures, and there should be an assessment of other health and safety measures that could be utilized to reduce the risk of harm. This assessment should also consider that the redeployment to a long-term care home is not a regular hospital worksite and there may be a need for non-routine precautions beyond minimum droplet precautions given the unique circumstances, potentially due to the level of outbreak and limited alternative health and safety measures that could otherwise be utilized, at least until there is greater stability in the home.



Duties and Supervision

Hospitals and long-term care providers should develop arrangements for appropriate assignment of duties and supervision of redeployed hospital employees. Duties and supervision approaches depend on the nature of the redeployment and options could include both on-site or off-site hospital supervision. The assigned duties and any lines of communication should be clearly established for the redeployed hospital employee.

Training and Orientation

Hospitals should work with the long-term care provider to ensure that appropriate training and orientation is provided as necessary for safe hospital employee redeployment.

Duration of Redeployments and Multiple Locations

Strong consideration should be given to supporting redeployment arrangements that are for a specific duration for a dedicated LTC site in order to provide the necessary interim stability as well as for infection prevention and control reasons. Following redeployment to a long-term care home, hospitals should strongly consider the appropriate precautions prior to assigning the employee back to the hospital.

Union notification

Hospitals are strongly encouraged to communicate and engage with local union representatives regarding redeployment activities.

Given that the collective agreement continues to apply to redeployed hospital employees, it will be necessary to inform local union representatives of individual redeployment assignments as the union continues to represent these employees during this period.