

Frequently Asked Questions: Redeployment to Long Term Care (LTC) and Retirement Homes (RH)

This document was developed using resources from the Ministry of Health (MOH) and the Ontario Hospital Association (OHA)

As the COVID-19 situation rapidly evolves, we will add to or amend this resource document as needed.

1. Why are hospital staff being deployed to LTC and RH homes?

COVID-19 infection is rapidly increasing among LTC and RH residents and staff. Many homes in Ontario are currently unable to ensure sufficient staff due to staff illness and absence and restrictions on employees working in more than one home. This temporary emergency order will help protect and support our most vulnerable by allowing hospitals to safely redeploy staff as needed to provide services and supports into these homes.

2. What are we being asked to do?

Hospitals (along with other community partners such as Home and Community Care and St. Joseph's Care Group) under the coordination of Ontario Health (OH) have been asked to survey staff to determine whether individuals would be willing to assist in LTC and RH settings in the community. Our goal at this time is to identify staff in our hospital with a passion for caring for seniors for redeployment if needed.

3. Would I still be an employee of the hospital?

Yes. While the temporary order suspends parts of collective agreements as reasonably necessary to redeploy hospital employees, you would remain an employee 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.

4. Will these staff be going into COVID-19 positive environments?

The need for redeployment will come into effect once there are confirmed cases in a LTC or RH and that facility has asked Ontario Health for additional staff. As of today's date (May 5, 2020) we currently do not have any cases of COVID-19 in the retirement homes in Thunder Bay. One staff case has been identified in a long-term care home in Thunder Bay; while we are preparing for the worst, we continue to hope for the best and proactive strategies to support these homes and assess their daily needs have been implemented.

5. What type of work will staff be asked to do?

We expect that it will vary by location and situation but that the need will likely be for direct care or support services: clinical, non-clinical, or other duties as assigned. Examples: bathing, toileting, feeding or other ADLs; medication administration, wound care, supporting housekeeping and dietary teams.

6. Working with seniors in LTC homes requires specialized knowledge. How can health care providers from other settings help if they don't have specialized knowledge?

While trained health care professionals from hospitals may not have specific LTC expertise, they do have skills that can help save lives, assist with infection prevention and control and help to restore stability in LTC and RH. Due to the demands of COVID-19 in these facilities, it is all-hands-on-deck and the government is confident that these homes will benefit from additional temporary support.

7. How will staff be paid?

Team members will be paid in accordance with their Collective Agreement, and will be paid their regular rate and/or overtime if applicable for any hours worked in this capacity.

8. If I am infected with COVID-19 as a result of this work, will my regular pay be protected?

Staff that need to self-isolate and staff who are ill as a result of COVID-19 will be treated the same as if they were still working on-site at TBRHSC. Staff who test positive for COVID-19 will be placed on paid sick leave until cleared to return to work. Staff who do not have symptoms themselves but are instructed to self-isolate or have had unprotected close contact with an individual who has who has been instructed by Public Health to self-isolate and has been tested for COVID-19 will be put on a paid leave for scheduled shifts until the test results come back. If negative, then the staff must come back to work for the next scheduled shift. If positive, the staff remain off on paid leave until the isolation period is lifted.

9. Would staff be deployed as a team (eg: not just one staff member from the pool)?

The number of staff deployed may vary depending on what the need is. Facilities may not have a need for non-clinical staff but may need an RN, for instance. If you were deployed as a single member you would not be working alone but as part of a team of health care workers at that facility, under the direction and accountability of the location assigned.

10. What kind of PPE will staff be provided, given that these are likely to be COVID positive environments will we be wearing N95, face shields etc.

OH Regions have been asked to organize local governance to oversee allocations and ensure adherence to a risk-based, ethical, local distribution. Staff will be provided with PPE while working with COVID positive or COVID suspected patients such as surgical masks, gloves, gowns, eye protection and N95 respirators. PPE should be worn appropriately for the activity being performed as per “Updated IPAC Recommendations for Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19” (<https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>).

11. Will staff be tested for COVID-19 before being deployed and then regularly afterward?

Currently, there is not a requirement for ongoing mandatory testing of asymptomatic staff. If you develop any symptoms you should remove yourself from this deployment immediately and contact OHS for further instructions.

12. Who can staff call on for support if we are concerned about safety conditions in the facility that we are deployed to?

You are still employees of TBRHSC and are covered by this organization for Occupational Health and Safety purposes. You have a duty to report unsafe work to TBRHSC. You should also report unsafe conditions to the management present at the facility where you are working. Important contact information and instructions regarding who to call and when to call will be provided to you.

13. I am an RN but have not (given meds, worked with adults, etc) in a long time. How would this work because it is within my scope but I am not comfortable doing it. Are staff at risk legally if a mistake is made?

You will not be asked to do anything you are not comfortable doing, even if it is within your professional scope. Redeployed staff acting in good faith, in accordance with professional and/or regulatory standards and scope, will be covered by the organization's insurance policies in the usual manner.

Redeployed staff shall not perform any activities or interventions that they do not feel qualified to perform or for which they have not received adequate training. In particular, clinical staff shall not perform clinical interventions or activities that are outside of their scope of practice as per their license.

The owner/operator of the alternate location retains their accountability under legislation, regulation or otherwise and may exercise that accountability. For example, a Retirement Home owner may dictate that his/her own staff will administer medication rather than requesting assistance from TBRHSC clinical staff.

14. Will staff deployed to LTC homes also follow the restriction on employees working in only one home? Will they be allowed to work in the hospital setting at the same time?

We will continually examine our opinion on this based on assessed risk and recommendations from experts (such as Public Health, our infectious disease specialists and government). Currently, Public Health has confirmed that hospital workers who complete shifts within a LTC home can work in multiple locations. Further, hospital workers deployed to a LTC home in an outbreak can return to their home facility and self-monitor for symptoms if asymptomatic and appropriate IPAC precautions were followed, with no breaches in PPE use. If there have been breaches in PPE or the staff is symptomatic/being tested for COVID-19, the staff must self-isolate for 14 days from last exposure (or at least 24 hours symptom-free if symptomatic). Staff would be deployed for a scheduled period of time (eg: two to four weeks) and upon return to TBRHSC, staff would continue with daily screening and be required to self-monitor (this includes taking temperature twice per shift).

15. Are the parking costs covered?

If parking in a paid lot, please keep the receipts and submit them for reimbursement.

16. Can staff opt out at any point if we are finding it too much?

This initiative is voluntary at this time. If you are finding it is not working for you, you are able to remove yourself by notifying your TBRHSC Manager.

17. If the staff didn't volunteer, is it mandatory for them to go?

We are seeking individuals who are willing to go and help, however the temporary emergency orders do give health care organizations the ability to assign staff to other facilities.

18. How long can staff expect to be redeployed?

At this point we do not know if or when redeployment will be necessary and how long the assignment will be. This is an evolving situation. We are committed to providing employees with as much information as we have.

19. Will this impact patient care in hospitals?

This will not impact patient care in hospitals. We will continue to ensure we have the resources to maintain and provide quality patient care.