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Attn: Assignment Editor

For Immediate Release

## **Staff & Patients Infected by COVID-19 Outbreaks in Health Care Settings Almost Doubled, Death Toll increased by 333.7 % in 2-weeks: Outbreaks are Not Under Control**

Toronto – By every measure COVID-19 outbreaks in health and congregate care settings, including hospitals, long-term care, retirement homes, public health units and clinics are increasing dramatically, reported the Ontario Health Coalition today as it released its most recent data tracking 7,894 staff, patients and residents infected. The report COVID-19 UPDATE: Tracking of COVID-19 Outbreaks in Health Care Settings is here:

<https://www.ontariohealthcoalition.ca/index.php/update-hospital-and-long-term-care-health-care-workers-long-term-care-residents-infected-with-covid-19-5/>

The Coalition prefaced the report with a statement pausing to recognize the real human experience that each of the numbers represent: “Each number included in this tracking data represents a human being who is loved and who has experienced the terrible toll of COVID-19....You are in our hearts.”

The report shows that the numbers of those infected in health care settings are going up faster than ever. The document is now 133 pages long and tracks the outbreaks in each health and congregate care facility week by week since the beginning of the pandemic. The summaries, contained in three charts, show the devastating march of the virus. There are significant numbers and sizes of outbreaks in public hospitals, private hospitals, mental health facilities, long-term care homes, retirement homes and congregate care homes. The Coalition has added a chart with all the large outbreaks (more than 10 people infected) in each type of setting to make them easier to find.

“The outbreaks are not under control,” said Natalie Mehra, executive director pointing to the devastating numbers. Clearly the infection control measures taken to date are insufficient. The fact is that by every set of data available the death toll has increased by more than 333 percent in two weeks. We found a 156 percent increase in the number of patients and residents infected in hospitals, long-term care, retirement homes and congregate care. The number of staff in health care infected in the last month has gone up by almost 3,000 people – a 67% increase. We found that more staff than patients are now infected in public hospital outbreaks.”

“This says to us that the PPE that staff are able to access is inadequate. It says that the testing, contact tracing and isolation need to be ramped up and workers need to be supported to quarantine when they test positive. It says that we need leadership and competence from our government. That leaving it to the health care provider corporations – for-profit and non-profit – to take care of this themselves is not working.”

“From our provincial government we need a coherent plan including: concrete measures to improve supply, capacity and infection control; leadership and coordination to stem the tide of infections that is sweeping through our health care facilities,” she concluded, calling for the following:

- Better infection control including better access to PPE. Reusing surgical masks patient after patient, resident after resident, would have been totally unacceptable before COVID-19. Woefully insufficient access to N95 masks continues to be a major problem and there are shortages of other equipment. There needs to be a clear plan from the government to improve the supply of PPE or develop our own. Leaving it to industry to do

voluntarily has so far been insufficient. Standards for infection control must be improved and staff need the appropriate equipment and enough supply in order to do them. Staff who are infected must be supported to isolate at home. The directive allowing health care facilities to require staff to work who have tested positive but are asymptomatic is dangerous and should be changed. Testing of all residents and staff must be completed in long-term care homes, retirement homes, and congregate care facilities (and shelters). Testing, tracking and isolating people who test positive is shown to have stopped the spread of COVID-19 in other countries. It must happen here.

- Ramp up testing using our province's full public capacity. Public hospital laboratories that are not currently doing testing and have unused capacity should be ramping up testing. We need a clear honest plan from the provincial government that assesses our full capacity to test (including all the public hospitals, not just those that are currently testing) and immediately gets them to start getting the pieces in place to ramp up to our province's real full capacity the testing, tracking and isolating to stop the spread of COVID-19. There must be a coherent plan to get the supply or develop it and transparency about what is happening with supply.
- Understaffing in long-term care is critical and must be addressed. The provincial government cannot rely on long-term care homes in crisis to get themselves out of crisis. There must be a coherent plan, led by our government, to step in with a set of coordinated, concrete measures to get staff into the homes that have lost staffing levels due to sickness, having to choose one part-time job, staff leaving etc. Leaving it to the providers to forge voluntary arrangements among themselves is not sufficient. Staff need a permanent improvement to their wages and access to full-time hours. This cannot be voluntary and there is no path to stability without the provincial government undertaking these measures. The Minister of Long-Term Care must use her powers under the Long-Term Care Homes Act to revoke licences and appoint new management in long-term care homes that have uncontrolled outbreaks and evidence of negligence and poor practices.
- Transfers to hospitals. Where there are long-term care homes in crisis without sufficient staff to provide proper palliative care and proper care for those who are not palliative, residents should be transferred to public hospitals which are not in crisis for safe and proper care, subject to their right to consent.
- Bring in family caregivers and retired nurses as soon as possible: As soon as testing/contact tracing capacity and PPE supply are stabilized enough to do so, and as soon as training in infection control can be properly done, primary family caregivers need to be able to be involved as partners in their families' care. The pool of nurses that the RAO has recruited to help should be utilized if they have not already been.

Key findings in the Ontario Health Coalition report released today:

- The total number of people infected by COVID-19 in health and congregate care settings including staff and patients/residents is 7,894 as of May 5, up from 3,783 in our last report containing data up to April 21. This total has almost doubled in two weeks.
- From April 2 to May 5 there was an increase by 2,784 workers to 3,013 workers infected, an increase from 9.6 percent to 16.1 percent (an increase of 67.7 percent in a month).
- The total number outbreaks in health care and congregate care settings that the Ontario Health Coalition found as of May 5 is 459 (including 107 resolved) in 403 facilities including hospitals, long-term care homes, retirement homes, Public Health Units, clinics and other congregate care settings up from 283 facilities with outbreaks. Despite the positive fact that some outbreaks have resolved, distressingly, the net result remains that there more outbreaks than two weeks ago and significantly more people infected.
- By May 5 we have tracked a total of 4,951 patients/residents who have contracted COVID-19 in health and congregate care settings. This is an increase of 3,015 (or 155.7 percent) since April 21 when we had tracked 1,936 patients/residents infected in health and congregate care settings.
- The Ontario Health Coalition is deeply sorry to report that as of May 5, we found a total of 1,878 patients and residents deceased in outbreaks in health and congregate care settings, up from 433 deceased as at April 21. That increase amounts to a heartbreaking 1,445 residents and patients over two weeks or an increase of 333.7 percent.
- As at April 21 we found 83 large outbreaks. By May 5 we found 138 large outbreaks: 80 in long-term care homes; 29 in retirement homes, 13 in public hospitals, 15 in other congregate care settings.