

When is vaccine coming to Copernicus? –

Copernicus was chosen as one of the first sites to be offered a small amount of the vaccine before outbreak for staff. Now that we are in outbreak, we are not eligible at this time.

Agree with limiting contact by restricting visitors including essential care givers. Will this continue for balance of pandemic? – At this time, we are under the direction of Public Health – this may change at a later time.

For any of the COVID cases, my mother being one of them, are they able to provide an antiviral ‘cocktail’?

Also are they testing their D-dimmer levels, and if elevated, able to prescribe blood thinners? Thanks (this is a question from a relative in the medical industry).

Depending on the clinical picture, COVID positive residents are prescribed dexamethasone, blood thinners and/or antibiotics. Consultations have been made with other LTC facilities who have had large outbreaks and lower death rates than was seen in the beginning of the pandemic. We know a little more now and have some treatments to offer so we are seeing a lower death rate in LTC because of this. D-dimer certainly can be ordered however, unlike the hospital setting it is not as easy to get stat blood work done in LTC so blood thinners are prescribed when there is clinical suspicion of blood clots or pulmonary emboli. Other LTC facilities have not needed to prescribe blood thinners too often for the COVID positive residents.

Are residents put to bed and/or left in bed to sleep all day due to the limited amount of Activation staff available to engage with residents? We were under the impression that all staff (re: PSWs, Cleaning, Activation, Nurses) would be participating in helping to stimulate and engage our loved ones. – Residents who are well, are washed and dressed and following their plan of care. At this time, our other staff are participating in engaging residents – this includes management.

Are residents helped out of bed and dressed in their regular clothes (not remaining in bed clothes all day)? – Residents are helped out of bed and dressed and groomed each day as per their plan of care.

Have residents been given medication to keep them docile while staying in their rooms? There are a couple of residents who are COVID positive and wander and pace and if behavioural interventions and 1:1 attendance have not been successful there have been some medication adjustments to help keep these residents calm. This is rare and we do not prescribe meds to make them over sedated. We always start with interventions that provide stimulation in their rooms, gentle encouragement to stay in their room, attend to toileting needs, thirst, and hunger and pain management. Individualized behaviour management tools while in isolation have been implemented as well. These include knowing what the resident’s interests are and what comforts the residents. Staffing of course is an issue but activation and our behaviour support nurse are working hard to implement these.

Are residents now required to wear hospital gowns instead of their own clothes (re: sleeping gowns, street clothes)? If so why is this? – **Not at this time. Residents who remain well are dressed as usual**

Are curtains drawn each day to keep our residents awake and perhaps stimulated? Closed, drawn curtains provides an environment whereby the resident may be more easily tired and wishing to sleep. – **Curtains are opened for the residents**

Acuity Scheduling - the software makes it challenging for families to make changes directly to the software and/or provide notes when changes are made/discussed with staff (re: Whatsapp is an option available however staff cannot accommodate, therefore other methods such as Zoom, Skype, Phone Call need to be used but this cannot be updated from the family's perspective). Given this is the method families are being asked to use - can updates be made to allow families to create notes? - **We will look into this**

What measures are in place to ensure our loved ones do not choke on their food while eating in their rooms?

**Staff are monitoring feeding and assisting those residents who need more help**

What is the new ratio of support workers to residents during the lockdown?

**We have added additional staff to 2N having doubled the PSW. We are also trying to increase housekeeping by recent hires and contracting an agency. We will start providing daily staffing ratios per floor.**

How much one on one time, if any, are staff able to provide to loved ones confined to their rooms?

**Additional staff such as managers and activation are trying to provide 1:1 time for residents. This can change daily based on staff availability, i.e. sick calls**

Understandably, residents are restricted to their rooms to avoid being exposed to covid, but how are staff able to avoid exposure to or transference of the virus when they go from room to room? How is this different?

**Staff must put on and take off gowns, gloves and wash hands between every contact with every resident. Residents do not wear PPE and if they contact each other this can spread the virus.**

How are residents engaged or entertained in their rooms and what type of activities are available to residents with dementia?

**Activation is working hard to provide 1:1 stimulation such as Montessori techniques, ready, games, iPad, music**

Could you please provide an update on oxygen levels and oxygen availability?

**We have sufficient supply of oxygen available**

Generally speaking, what is the range of symptoms presenting among residents who are covid positive?

So far, symptomatic residents have low appetite, fever, cough, shortness of breath. Most are asymptomatic. In the elderly with dementia, we are closely monitoring for any change from their baseline because they are unable to tell us their throat is sore for example. We are monitoring vitals closely, especially for decreases in oxygen saturation.

Are any of these drugs, Remdesivir, Dexamethasone or Regeneron being made available to help manage systems of our affected loved ones? These were all approved in the US in November. Ottawa bought Regeneron a while back.

We are not using remdesivir or regeneron but we are giving dexamethasone with first reduction in O2 saturation. WHO has recommended against remdesivir. A remdesivir trial is occurring and it is called the CATCO trial. From what I have read, subjects are hospitalized and randomized into 3 arms, remdesivir, interferon or supportive care. I am not certain what the eligibility criteria is. I would think that being transferred to another hospital to participate may be very difficult for most of the residents, increase the risk of developing delirium which is life threatening and in general too stressful for them. I truly believe we can provide the best care at Copernicus for your loved ones. We know them. They do best when are in their "home" and familiar surroundings.

What is the current turnaround for covid testing results? – 2-3 days

Is LTC prepared in its supplies of Oxygen and dexamethasone injectable to help treat patients diagnosed with Covid? If there is an outbreak that is growing quickly we need to be prepared with adequate supplies as time is precious! Waiting for supplies to arrive when they are needed immediately is a game changer in helping to stabilize a patient and increase their chances of survival.

The question about the use of dexamethasone was also asked by another family member.

See above answer re dexamethasone.

Copernicus has a large supply of all required supplies.

I have a couple questions for tonight's Town Hall.

If all the residents test negative on any floor, is it necessary to keep them confined to their rooms, and if so, why?

It is required until Toronto Public Health tells us otherwise. This was required until we also obtained all results of staff testing. After staff and resident results are all back and negative it will be reassessed.

It is disappointing that the staff is so negative to getting the vaccine. Do they not realize the importance for themselves, their families and the residents?

Don't they realize that had their parents been so anti-vax, they may not be alive today?

Were they anti-vax when their children required vaccinations?

Is it a Polish cultural issue?

There have been a variety of reasons given by staff for why they do not want the vaccine. The majority are saying they will wait until others have received it to see if there are any side effects. We continue to provide encouragement and educational materials as well as education from Unity Health.

If a resident tests positive, will they be retested, and if so when?

That is decided by Toronto Public Health

Have we experienced greater staff shortages since the outbreak (not just nursing and PSW, but all staff including housekeeping, dietary, and maintenance)?

There have been some staff away but generally, our staffing levels are ok. We are also using agency.

How are we compensating? Are staff still moving between floors? Do we still have designated staff on each floor to deal with positive cases?

Staff are being cohorted at this time, they are scheduled to work on specific units. In the event that there is a shortage, particularly of registered staff on a unit, there may be a need to share a staff between floors. The direction is to track all staff work assignments, if a staff must work on more than one unit, they are to work with uninfected residents first, then positive cases last.

Has the number of staff willing to get vaccinated increased?

There have been more staff come forward that are interested, but now we must wait until after outbreak, but staff interest is not high.

Since residents are isolating will they be receiving sponge baths instead of showers?

Residents on outbreak units will receive bed baths as per the guidance from Toronto Public Health on outbreaks in long-term care homes. All other residents in non-outbreak units will continue to receive scheduled showers and tub baths.

Are meals for positive residents being served in disposable containers?

Yes, for all residents

Is staff allotted enough time to feed the residents who require feeding? How are we ensuring that residents are getting enough nutrition?

Yes and other staff are assisting with feeding such as managers and supervisors if required. Non-clinical staff have been trained to assist with feeding.

How often are high touch surfaces being cleaned?

Minimum twice daily and more often if the home area is experiencing outbreak. We are trying to contract additional housekeepers for evening shifts to ensure more coverage.

What measures are being taken to minimize the risk of spread between admin staff who have offices on the main floor of the apartment side and who may be entering the LTC side on a regular basis? Is there a separate entrance for this staff to minimize interaction with apartment tenants who are not under the lockdown?

Any admin staff that interacts with tenants will wear mask and face shield at all times to reduce the possibility of any cross contamination.

Do staff still have their temperature taken twice daily? – Yes

If we send cards/notes to our loved one, will staff read them to them? – Absolutely

Hello. My mum is on 5S and I would first like to thank you for the fantastic care she has received at Copernicus.

My question is: How many of the staff have now taken the covid vaccine? 18 staff have received the vaccine

Please answer these questions.

What are the symptoms differences between the regular and COVID-19 flus?

There are many similarities between regular and COVID flu. Fever, aches and pains, fatigue, headache, cough, shortness of breath, dizziness, to name a few. The one difference with COVID flu is that a person with COVID can have quite a low Oxygen saturation but have no shortness of breath. This is why we are checking oxygen saturation twice daily.

How do you know for sure that it is a COVID-19 and not the regular flu? :

Once we receive a NP swab result positive for COVID we know it is the COVID 19 flu. If the swab is negative, and the resident continues to be symptomatic we repeat the swab for COVID again. Swabs can also be done to confirm influenza or other respiratory viruses. If respiratory symptoms continue despite negative COVID swabs then other causes are considered and more investigations occur.

3) How fast are the results of testing available and how accurate are they?

Usually within 24-48 hours. POA for care is able to check on the government site.

How are the 9 residents diagnosed with COVID-19 being treated in Copernicus Lodge? Is the treatment different than for the regular flu?

This has been touched on in previous answers. In addition to dexamethasone, antibiotics (if we suspect a bacterial pneumonia on top of the flu) and possible blood thinners, if residents are weak and not drinking we start hypodermoclysis which is like IV fluids but given subcutaneously, just under the skin. The treatment of COVID 19 is much different than the regular flu. Treatment for the regular flu is supportive, O2 if needed, Tylenol, fluids, rest. We do not use dexamethasone or blood thinners for the regular flu.

Do they need to go to the Intensive Care to get better? How many of them have recovered? We are able to provide all the treatment for COVID 19 for residents in the home. I truly believe that residents will do better staying in the home and receiving treatment. With a transfer to hospital there is a high likelihood that your loved one will become delirious and this is life threatening and very frightening and uncomfortable for them. The elderly do not do well with hospital transfer as they are in unfamiliar environments, moving from ER to hospital rooms. The only reason to transfer to hospital would be for intubation, if intubation is consistent with Goals of Care. Intubation is placement of a tube in the throat when a patient is unable to breath on their own. This is done in the ICU. We know that the elderly who have dementia and other illnesses do not do well with this treatment. It is painful, does not save lives of the frail elderly or if by chance is successful your loved one will not live much longer and will live with much more disability until the end of their life. Also, as the numbers in hospital cases increase and ICU beds are in short supply, provinces will implement the triage protocol where they will start choosing who is offered ICU admission. I am afraid that your loved ones will not be offered intubation if the triage protocol is implemented.

It is very difficult to think of a loved one dying from COVID and of course we will do everything we can to prevent that from happening. If your loved one does have a severe case of COVID 19 and treatments are not successful, we will do everything to make your loved one's passing peaceful without suffering. They will pass in a familiar place where the staff know them.

It is too early to say any resident has recovered from COVID 19 yet. We must wait until 10 days post diagnosis/or post symptoms to determine if they are recovered which will be soon for some.

When will families/essential caregivers be allowed back into long-term care to see our loved ones? Many of our loved ones need assistance with feeding and with mental stimulation. Despite the best efforts of staff, this is not a manageable situation for staff to be caring for 200+ residents restricted to their rooms for longer periods of time. Our loved ones and residents need to be able to move again freely within their home, especially for those living on floors where there are no COVID "Positive" residents.

We are working closely with Toronto Public Health and they provide all direction. They are very aware of how hard and stressful it is for families and residents when separated, but at this time

to risk is too great, until we have all testing and ensure we know how this is spreading in the home.

Dec. 24<sup>th</sup> – Wigilia is a very Holy day for the Polish community as it is our day of Christmas. Has Administration stressed the importance of allowing residents to see their families on this day given its significance? Many of our residents have had trauma in their younger lives, it will be sad for residents and families if they are denied this celebration with loved ones, restricted to their rooms.

Yes, this was absolutely discussed with Toronto Public Health, but the restrictions will unfortunately remain in effect until they have all results for both residents and staff.

Have any staff and/or essential caregivers been tested “Positive” since the new rounds of testing has been completed (Dec. 20<sup>th</sup> – Dec. 22<sup>nd</sup>) yes, 2 (and an additional 2 on December 24, 2020)

Has testing of all staff been completed? When are test results expected to be received?  
All staff are tested on Tuesday and Wednesday, results are arriving today and will continue over the next two days.

3South is under “Suspect Outbreak” as there may have been a staff member from 2N who worked on 3S who came into contact with someone who tested “Positive”. Our understanding as part of Copernicus’ infection control processes was that all staff were dedicated to specific floors and that no staff were to work on multiple floors to minimize the risk of possible infection spread. How is it possible that a staff member was working on 2N and 3S?

Sometimes if there is a shortage of staff, it MIGHT be necessary to work two areas to ensure care needs can be met. Contact tracing has been completed to review this.

Are there other incidences where staff were working on multiple floors within the same day (re: Activation, Pastoral, Cleaning, Environmental, Laundry, Nursing) within the past month?

This will always be for some positions such as physicians, maintenance, etc. We follow a process of working from uninfected home area first, then work toward the infected area.

Has the status of any residents who tested “Positive” and/or “Negative” changed since Dec. 21<sup>st</sup> testing?

There has sadly been one death of a resident from COVID-19.

What types of mental stimulation is being done for our residents while they are in their rooms all day? Roxanne will provide a report that covers this question in detail. Activation and other care partners are working with residents

What types of mental stimulation is being done for the residents on 2N who have a higher degree of dementia/Alzheimers and cannot bear or understand why they need to remain in their room?

Has any residents shown signs of depression, loss of appetite, changes in mood patterns, violent behaviour since they have been restricted in their rooms? What has been done to assist these residents?

How are the staff coping both physically and mentally in caring for 200+ residents? What can be done to provide added support from families? For the supports provided, are they available in Polish & English? The workload is heavy, but staff in LTC have always worked very hard physically and mentally to care for residents. This is especially taxing due to PPE fatigue and fear, but they are coping overall. We are working to ensure adequate staffing and tracking staff ratios in all departments. We are trying to increase staffing in outbreak areas and managers and supervisors are helping on all shifts. All staff at Copernicus are able to access employee assistance program (EAP) for counselling or other supports via their health benefit program, and they can ask for services in any language. Kind words of encouragement and support, notes, emails, letters we can post would be very meaningful.

Families are struggling with the news of a COVID outbreak within our home. Family Council has helped some families. Do you have suggestions on other forms of support that can be provided to families so that we remain strong for our loved ones? Are these supports available in Polish & English?

We would certainly support a counsellor or other professional to participate in group sessions arranged by family council. Services can be chosen by council to ensure no language barriers.

Families have been calling the nursing stations for updates. It is understandable that staff are busy caring for residents – however it is only via Copernicus staff that families at this time can connect to their loved ones as many of our residents do not have phones, computers or any other way to connect with loved ones. Do you have suggestions on how families can still stay connected while allowing staff to care for our residents?

We will purchase more cell phones and iPad for staff to assist. We are open to any and all suggestions for enhanced communication with residents.

What were the results of Toronto Public Health and Unity Health's review of our COVID-19 processes for the apartment residents? What changes will be put into place?

The infection prevention and control (IPAC) enhancers from Toronto Central LHIN were on-site to assess and review practices in the apartments. They were very satisfied with signage and overall practices. They did recommend that each PSW/staff have portable hand sanitizer in their pocket for easy access as we do not have sanitizer inside each apartment like in LTC.

They reviewed the right way to wear PPE and when full PPE would be required. They also recommended more hand sanitizer for the carts delivering

What floors have tested positive at this point for COVID 19?

EVERY resident home area (all floors) have been tested for residents and staff.

Based on what I've read in the emails - it sounds like Copernicus Lodge is pooling much of their resources onto the floors that have tested positive - understandably so in order to control the spread. Is that correct? – We have extra staff on the infected floor and are keeping staffing levels appropriate for other floors. Where help is required, management is assisting with feeding.

What's the plan- how often will residents be tested - once a week

Will residents be retested - even those that have tested negative the first time? Yes, under the direction of TPH

Will the residents on the floors that have tested negative, continue to be sequestered in their rooms for meal times? Only until we are sure all staff and residents on that floor are negative and there has not been a recent exposure.

Are staff working only on 1 floor? In past nurses would move from floor to floor, especially the 11:30pm overnight shifts. Clarification please Thanks – registered staff has to go from floor to floor but are taking precautions with proper PPE

I have a concern with staff wearing PPE properly-noticing masks are not on properly at my visit last week – we are constantly reminding staff about proper use of PPE