



KATHERINE CHISLETT
Commissioner Community and Health Services

February 17, 2022

Via Email: paul.calandra@pc.ola.org
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Hon. Paul Calandra
Minister of Long-Term Care
Ministry of Long-Term Care
6th Floor, 400 University Ave
Toronto, Ontario M5G 1S5

Hon. Christine Elliott
Minister of Health
Ministry of Health
5th Floor, 777 Bay Street
Toronto, Ontario M7A 2J3

Dear Ministers:

The Regional Municipality of York appreciates the ongoing efforts, supports and funding commitments from the Ontario Government to support the long-term care (LTC) sector throughout the COVID-19 pandemic. We congratulate the Province for the success of [Bill 37](#), which, when enacted, will repeal the *Long-Term Care Homes Act, 2007* and replace it with the *Fixing Long-Term Care Act, 2021*.

We further commend the Province for consulting on [Phase 1 of the Regulations](#) which take important steps to:

1. Improve the quality of life and care for residents of LTC homes,
2. Create protections for long-term care homes to optimize resident safety and enhanced sector preparedness in the event of an emergency, including outbreaks, epidemics and pandemics and
3. Improve sector oversight and accountability measures to enhance compliance

As a municipal operator of two LTC homes in York Region, we are very familiar with the challenges facing the LTC sector and welcome the opportunity to review and provide feedback on the draft Regulations. Our attached submission is based on feedback received through internal consultations and commentary received from York Region Public Health and Central Ontario Health and provides suggestions for the province's five priorities for Phase 1:

1. Emergency planning
2. Quality of care
3. Resident safety
4. Staffing
5. Accountability, enforcement, transparency

Due to timing, it was not possible to bring our response to York Regional Council for endorsement prior to submission. This response will be shared with York Regional Council at their April 2022 meeting for endorsement, and any commentary they provide will be forwarded to the province.

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February 17, 2022

Proposed Regulations under the *Fixing Long-Term Care Act, 2021* Submission

In addition to our regulatory submission, we must highlight that LTC homes will require significantly more funding to implement the requirements of the new Act and Regulations. The estimated \$20-23.5 M (or [\\$36,000 per home](#)) per annum to support the direct compliance costs associated with these Regulatory changes is significantly underestimated. York Region subsidizes the cost of operating its two municipal LTC homes with tax levy funding paying 45% of the total cost of care in 2020, the provincial subsidy paying 44% and residents' fees and service charges making up the remaining 11%. The tax levy funding already supports each funding envelope provided by the government (such as nursing and personal care, food costs) as well as existing administrative, legislative compliance and operating costs. To ensure provincial funding reflects the true costs of operating a long-term care home and delivering culturally and linguistically specific care, the province should urgently implement an enhanced funding model for long-term care that will support the additional costs of implementing the Regulations' requirements, such as the staffing costs that will be incurred to provide four hours of direct care per day and to meet the requirements of the enhanced infection and prevention program, the raw food costs that will be incurred to meet the new menu planning and dietary services requirements, and the costs to test the various emergency plans annually as required by the regulations.

In addition, we strongly request that the Province give long-term care homes at least one year to implement the new requirements of the *Fixing Long-Term Care Act, 2021* and Regulations (unless the Regulations have already specified a longer time period for implementation) before any findings of non-compliance or administrative monetary penalties are issued.

While more funding is needed, there are efficiencies in the existing system that could be realized. An example of this would be that the government implement one fully digital reporting system, which would replace the multiple information-sharing systems that exist between long-term care and their many reporting partners ([AdvantAge Ontario](#)).

York Region remains committed to working with all levels of government, community partners and sector organizations to ensure our vulnerable seniors continue to receive appropriate, respectful and compassionate care.

If you have questions or would like to further discuss, please contact Lisa Gonsalves, General Manager, Paramedic and Seniors Services, at 1-877-464-9675 extension 72090 or by email at Lisa.Gonsalves@york.ca.

Sincerely,



Katherine Chislett
Commissioner, Community and Health Services

Attachment (1)

Copy to: Wayne Emmerson, Regional Chair and CEO
Lina Bigioni, Chief of Staff, York Region
Bruce Macgregor, CAO, York Region

#13667283

SUBMISSION TO THE MINISTRY OF LONG-TERM CARE ON PROPOSED NEW REGULATION UNDER THE FIXING LONG-TERM CARE ACT, 2021

Submitted by: The Regional Municipality of York

Date: February 17, 2022

Introduction

This submission to the Ministry of Long-Term Care on the proposed new regulations under the *Fixing Long-Term Care Act, 2021* (the Act) presents important considerations building on York Region's:

- Submission to the [Ontario Long-Term Care COVID-19 Commission](#) and
- Submission to the Ministry of Long-Term Care on our [Analysis of Ontario's Long-Term Care COVID-19 Commission's Final Report and Recommendations for Urgent Provincial Action](#)

The proposed new regulations are an important step towards strengthening Long Term Care service delivery and protecting residents.

Recommendations for amendments to the proposed new long-term care regulations

York Region's feedback on the proposed regulations is structured on the five priorities identified by the Province for Phase 1:

1. Emergency planning
2. Quality of care
3. Resident safety
4. Staffing
5. Accountability, enforcement, transparency

The following table has three columns. The first column lifts the wording from the proposed regulations. The middle column provides York Region's recommended changes to the proposed regulations highlighted in yellow. The last column is York Region's evidence or rationale for our recommended changes.

1. Emergency Planning

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>269 (3) In developing and updating the plans, the licensee shall,</p> <p>(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community; and</p>	<p>269 (3) In developing and updating the plans, the licensee shall,</p> <p>(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed on an annual basis, whether the hazards and risks arise within the home or in the surrounding vicinity or community; and</p>	<p>Homes would be required to do a hazard identification and risk assessment (HIRA) on an annual basis, including at a minimum those identified under 269(4)1.</p>
<p>269 (4) The licensee shall ensure that the emergency plans provide for the following:</p> <p>1. Dealing with emergencies, including, without being limited to,</p> <ul style="list-style-type: none"> i. outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics, ii. fires, iii. community disasters, iv. violent outbursts, v. bomb threats, vi. medical emergencies, vii. chemical spills, viii. situations involving a missing resident, ix. loss of one or more essential services, x. gas leaks, xi. natural disasters and extreme weather events, and xii. boil water advisories. 	<p>269 (4) The licensee shall ensure that the emergency plans provide for the following:</p> <p>1. Dealing with emergencies, including, without being limited to,</p> <ul style="list-style-type: none"> i. outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics, ii. fires, iii. community disasters, iv. violent outbursts, v. bomb threats, vi. medical emergencies, vii. chemical spills, viii. situations involving a missing resident, ix. loss of one or more essential services, x. gas leaks, xi. natural disasters and extreme weather events, xii. boil water advisories, xiii. power outages 	<p>The proposed regulations should align with the <i>Emergency Management and Civil Protection Act</i> and add terminology to allow for emergency planning based on hazard identification and risk assessment.</p> <p>Identifying emergency planning priorities based on a hazard identification and risk assessment would allow for targeted planning for potential hazards most likely to occur, depending on the Home's geographical location and other factors and avoidance of planning for hazards that are less likely to occur.</p> <p>The increased emergency planning requirements will require some level of dedicated time or resource; existing funding provided by the Province is not sufficient to absorb these costs.</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
	<p>xiv. water shortages, and</p> <p>xv. other emergencies identified on a hazard risk assessment</p>	
<p>269 (4) The licensee shall ensure that the emergency plans provide for the following:</p> <p>3. Resources, supplies, personal protection equipment and equipment vital for the emergency response being set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, personal protection equipment and equipment have not expired.</p>	<p>269 (4) The licensee shall ensure that the emergency plans provide for the following:</p> <p>3. A plan for resources, supplies, personal protection equipment and equipment vital for the emergency response to be being-set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, personal protection equipment and equipment have not expired.</p>	<p>Remove the expectation that each Home would have a stockpile of personal protective equipment available. Instead, Homes should have agreements and plans in place to access the resources, supplies and personal protective equipment needed to activate their emergency plan.</p> <p>In addition, standards and protocols need to provide for definitions of the type and number of resources, supplies and personal protective equipment to be made available. Feasibility cannot be assessed without a clearer definition of what is required.</p>
<p>269 (6) The licensee shall ensure that the communications plan referred to in paragraph 3 of subsection (5) includes a process for the licensee to ensure frequent and ongoing communication to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home including at the beginning of the emergency, when there is a significant status change throughout the course of the emergency, and when the emergency is over.</p>	<p>269 (6) The licensee shall ensure that the communications plan referred to in paragraph 3 of subsection (5) includes a process for the licensee to ensure frequent, consistent, timely and ongoing communication to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home including at the beginning of the emergency, when there is a significant status change throughout the course of the emergency, and when the emergency is over.</p>	<p>Effective communication approaches use consistent messaging (such as standardized templates) to support timely notifications in crisis situations.</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>269 (8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,</p> <ul style="list-style-type: none"> a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 269 (4); and b) within 30 days of the emergency being declared over, after each instance that an emergency plan is activated. 	<p>269 (8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,</p> <ul style="list-style-type: none"> a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 269 (4); and b) within 30 days of the after-action report being complete the emergency being declared over, after each instance that an emergency plan is activated. <p>In this section, an 'after-action report' is a tool used to provide feedback after an emergency. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement. It can only be completed following an emergency plan being deactivated. An after-action report should be completed within 30 days of the emergency plan being deactivated.</p>	<p>Emergency plans should be evaluated and updated; However, doing this 'within 30 days of the emergency being declared over' is not long enough to complete an after-action report (AAR). An after-action report is the recommended tool from the Ontario Hospital Association's Emergency Management Toolkit. The Regulations should provide for a definition of the term 'after-action report.' Emergency plans should be updated after a review, analysis and feedback on the emergency has occurred.</p> <p>After-action reports should be private under Freedom of Information (FOI) rules to enable honest conversations and planning and minimize risk of litigations.</p>
<p>269 (10) The licensee shall,</p> <ul style="list-style-type: none"> a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories and outbreaks of a communicable disease, outbreaks of a disease of public health significance, 	<p>269 (10) The licensee shall,</p> <ul style="list-style-type: none"> a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, power outages, water shortages, and other emergencies identified on a hazard risk assessment, 	<p>Testing epidemic and pandemic plans annually is unrealistic given the recent experience of COVID-19 and the impact to resources and services that this would entail. Testing of epidemic and pandemic plans should be set at three years</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>epidemics and pandemics, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, the relevant community agencies, health service providers as defined in the <i>Connecting Care Act, 2019</i>, partner facilities and resources that will be involved in responding to the emergency;</p> <p>b) test all other emergency plans at least once every three years, including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, the relevant community agencies, health service providers as defined in the <i>Connecting Care Act, 2019</i>, partner facilities and resources that will be involved in responding to the emergency;</p>	<p>and outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, the relevant community agencies, health service providers as defined in the <i>Connecting Care Act, 2019</i>, partner facilities and resources that will be involved in responding to the emergency;</p> <p>b) test all other emergency plans (including epidemic and pandemic) at least once every three years, including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, the relevant community agencies, health service providers as defined in the <i>Connecting Care Act, 2019</i>, partner facilities and resources that will be involved in responding to the emergency;</p>	
<p>272. (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,</p>	<p>272. (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,</p>	<p>For security issues, the full version of emergency plans should not be made public. For example, the appendices for emergency plans often speak to operational procedures (such as business continuity</p>

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(f) the current version of the emergency plans for the home as provided for in section 269; and	(f) the current public-facing version of the emergency plans for the home as provided for in section 269; and	plans). Operational procedures for emergency plans should not be made public.
273. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the <i>Health Protection and Promotion Act</i> are followed in the home.	273. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the <i>Health Protection and Promotion Act</i> are followed in the home in a manner that is consistent with the precautionary principle. In this section, the precautionary principle means the principle that “reasonable action to reduce risk should not await scientific certainty”	The infection prevention and control program (102) and subsequent emergency plan for outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics (269(4)(1)i need to be predicated on the precautionary principle. The Regulations should provide for a definition of the term precautionary principle and a decision-making framework to resolve conflicting direction or differences of opinion where there is a health and safety risk. The regulations need to provide for financial supports to Homes in extenuating emergency circumstances.
274. Every licensee of a long-term care home shall ensure that the home has access to reliable communications equipment, including for the purpose of obtaining emergency assistance, at all times, including in the event of a power outage.	Provide a definition of reliable communications equipment	The proposed regulations should provide an operational definition of the type and number of communications equipment to be made available. Feasibility cannot be assessed without a clearer definition of the resources required.

2. Quality of Care

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
Resident and Family/Caregiver Experience Survey 43 (1) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.	43 (1) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a standardized survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.	The regulations should provide for the manner and form of any survey to standardise data collection across the sector as provided for in the Act (43(2)). Health Standards Organization (HSO) Long-Term Care Services include the requirements for “standardized, evidence-informed survey instruments” to assess the overall quality of life, health, and wellbeing of residents.
	Staff Experience Survey NEW: 43 (2) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a standardized survey is taken of the staff of the Home to measure their experience with the home and the care, services, programs and goods provided to the residents, their families and caregivers In this section, staff has the same meaning as under section 1 of the Act	It is important that staff have an opportunity to have their experience with the Home measured. “Working conditions are care conditions,” both the ‘Quadruple Aim’ of Ontario Health and the draft new Health Standards Organization (HSO) Long-Term Care Services include the need to develop and enable a healthy and competent workforce. It would be important that any staff who provide care, services, programs and goods to have an opportunity to have their experience measured.
77. (1) Every licensee of a long-term care home shall ensure that the home’s menu cycle,	77. (1) Every licensee of a long-term care home shall ensure that the home’s menu cycle,	While our homes strive to ensure quality, appropriate and sufficient meals for residents as described, achieving this requires additional tax levy funding as the

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>d) includes a primary entrée and side dish at all three meals and dessert at lunch and dinner;</p> <p>e) includes, to meet residents' specific needs or food preferences, a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner;</p> <p>f) includes a choice of snacks in the afternoon and evening; and</p> <p>g) provides for a variety of foods every day, including fresh produce and local foods in season.</p>	<p>d) includes a primary entrée and side dish at all three meals and dessert at lunch and dinner;</p> <p>e) includes, to meet residents' specific needs or food preferences, a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner;</p> <p>f) includes a choice of snacks in the afternoon and evening; and</p> <p>g) provides for a variety of foods every day, including seasonal fresh produce and local foods in season.</p>	<p>existing raw food envelop is insufficient. The new requirements will put even more pressure on the insufficient funding provided through the raw food (RF) envelope.</p>
<p>91 (2) Every licensee of a long-term care home shall ensure the assessment that palliative care covered by a resident's plan of care is based on includes a holistic and comprehensive assessment of a resident's needs.</p>	<p>91 (2) Every licensee of a long-term care home shall ensure the assessment that palliative care covered by a resident's plan of care is based on includes a holistic and comprehensive assessment of a resident's needs and advanced care plan wishes</p>	<p>A key component to a successful palliative care program and philosophy is for residents to develop advanced care plans. Health Standards Organization (HSO) Long-Term Care Services also include the provisions for ethical frameworks that 1) address issues related to conflicts that may arise between team members and 2) respect a resident's right to live at risk. Offering residents an opportunity to develop advanced care plans is one way to support an ethical framework to ensure residents needs and wishes are respected.</p>
<p>166 (2) The continuous quality improvement committee shall be composed of at least the following persons:</p> <p>2. The home's Director of Nursing and Personal Care.</p>	<p>166 (2) The continuous quality improvement committee shall be composed of at least the following persons:</p> <p>2. The home's Director of Nursing and Personal Care or Assistant Director of Care.</p>	<p>The Director of Care is an important position at the Home. There needs to be some flexibility for them to be able to delegate some functions in the regulations to</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
		Assistant Director of Care (ADOCs) or other team leads as required.

3. Resident Safety

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
None	102 (4) The licensee shall ensure, d.1) that representatives from environmental and dietary services and the licensee's pharmacy provider (if applicable) are invited to the interprofessional infection and prevention control meetings	Environmental and dietary representatives should be part of the interprofessional infection and prevention control team as these services are impacted by some of the IPAC measures when the home is in an outbreak. To ensure antibiotic stewardship, a pharmacy provider representative (if the home has one) is best practice and in line with Health Standards Organization (HSO) Long-Term Care Services .
None	102 (4) The licensee shall ensure, d.2) that a health and safety committee 'workers' representative is invited to the interprofessional infection and prevention control meetings	Each home must comply with provisions of the <i>Occupational Health and Safety Act (OHSA)</i> R.S.O. 1990, c.0.1 and its Regulations. There needs to be legislative references for homes to ensure a health and safety committee representative is invited to IPAC team meetings.
102 (5) The licensee shall designate a staff member as the infection prevention and control lead who has education and	102 (5) The licensee shall designate a staff member as the infection prevention and control lead who has education and experience (or approved equivalent	Homes need flexibility to fill this new position based on local needs and the availability of qualified staff. Licensees need the flexibility to develop staff to fill this

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>experience in infection prevention and control practices, including,</p> <p>(k) current certification in infection control from the Certification Board of Infection Control and Epidemiology.</p>	<p>combination of education and experience in conjunction with a development plan as determined by the licensee) in infection prevention and control practices, including,</p> <p>(k) current certification in infection control from the Certification Board of Infection Control and Epidemiology.</p>	<p>role and consider the support offered by existing and emerging resources, including college and university programs as well as IPAC Hub resources at the local level.</p> <p>We encourage careful consideration of the requirements to obtain this certification to ensure that it is achievable (for example, application requirements, examination fees, study resources, exam questions that are based on Canadian content and failure rates monitored), and sustainable (for example, annual fees).</p> <p>The talent market for these skills is very limited. York Region has been unsuccessful in recruiting candidates that meet all these requirements.</p>
<p>102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:</p> <p>11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care.</p>	<p>102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:</p> <p>11. Ensuring that there is in place a hand hygiene program and descriptions of routine practices and additional precautions in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care.</p>	<p>IPAC program descriptions should include references to routine practices and additional precautions.</p>
<p>None</p>	<p>102 (7) The licensee shall ensure that the infection prevention and control lead</p>	<p>The IPAC lead should be responsible for doing an annual IPAC organizational risk assessment (covering elimination,</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
	<p>designated under subsection (5) carries out the following responsibilities in the home:</p> <p>12. NEW: Conduct an annual infection, prevention and control organizational risk assessment as part of the program evaluation under subsection 102(4)e</p>	<p>engineering controls, administrative controls, personal protective equipment) that should be incorporated into the annual program evaluation.</p>
<p>102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead.</p>	<p>102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead, as well and interdisciplinary infection prevention and control team members as required in subsection 102(4)</p>	<p>See comments on 102 (4)</p>
<p>102 (9) The licensee shall ensure that on every shift,</p> <p>b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required.</p>	<p>102 (9) The licensee shall ensure that on every shift,</p> <p>b) the symptoms are recorded and that immediate action is taken to reduce transmission, isolate residents and, in consultation with local public health unit, place them in cohorts as required.</p>	<p>Infectious residents should not be moved without public health consultation within the Home to help prevent transmission of communicable diseases. It is important that public health be consulted for these situations.</p>
<p>(15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:</p>	<p>(15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for at least 35 hours per week.</p>	<p>This new position requires the dedication of one full-time person as well as new and sustainable government funding. This new position cannot be funded from existing funding provided through the program and support services (PSS) and other accommodation (OA) envelopes. It would</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<ol style="list-style-type: none"> 1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week. 2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week. 3. 3. In a home with a licensed bed capacity of 200 beds or more, at least 35 hours per week. 		<p>also not qualify for funding under the new staffing increase funding policy.</p>
None	<p>270 (1) In addition to the requirements in section 269, every licensee of a long-term care home shall ensure that an emergency plan related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics or pandemics also,</p> <p>g) NEW: identifies appropriate personal protective equipment required under regulation and a process for procurement of further supplies</p>	<p>Homes need to ensure appropriate PPE is part of outbreak management plan.</p>

4. Staffing

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>84. (1) Every licensee of a long-term care home shall ensure that food service workers other than cooks to whom section 82 applies,</p> <ul style="list-style-type: none"> a) have successfully completed or are enrolled in a Food Service Worker program at a college established under the Ontario Colleges of Applied Arts and Technology Act, 2002 or a Food Service Worker program provided by a registered private career college and approved by the Superintendent of private career colleges under the Private Career Colleges Act, 2005; b) have successfully completed an apprenticeship program in the trade of Cook, Institutional Cook or Assistant Cook under the Apprenticeship and Certification Act, 1998, the Ontario College of Trades and Apprenticeship Act, 2009, or the Building Opportunities in the Skilled Trades Act, 2021; or c) have entered into a registered training agreement in the trade of Cook, Institutional Cook or Assistant Cook under the Apprenticeship and Certification Act, 1998, the Ontario College of Trades and Apprenticeship Act, 2009 or the Building Opportunities in the Skilled Trades Act, 2021. 	<p>84. (1) Every licensee of a long-term care home shall ensure that food service workers other than cooks to whom section 82 applies,</p> <ul style="list-style-type: none"> a) have successfully completed a licensee approved training program or are enrolled in a Food Service Worker program at a college established under the Ontario Colleges of Applied Arts and Technology Act, 2002 or a Food Service Worker program provided by a registered private career college and approved by the Superintendent of private career colleges under the Private Career Colleges Act, 2005; b) have successfully completed an apprenticeship program in the trade of Cook, Institutional Cook or Assistant Cook under the Apprenticeship and Certification Act, 1998, the Ontario College of Trades and Apprenticeship Act, 2009, or the Building Opportunities in the Skilled Trades Act, 2021; or c) have entered into a registered training agreement in the trade of Cook, Institutional Cook or Assistant Cook under the Apprenticeship and Certification Act, 1998, the Ontario College of Trades and Apprenticeship 	<p>The certification requirements for this role are too onerous and the costs of the courses are expensive. It is difficult to find and recruit candidates who meet these qualifications. On-site education and training could be provided to provide the experience and knowledge food service workers in long-term care homes need.</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>260 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,</p> <ul style="list-style-type: none"> a) hand hygiene; b) modes of infection transmission; c) signs and symptoms of infectious diseases; d) respiratory etiquette; e) what to do if experiencing symptoms of infectious disease; f) cleaning and disinfection practices; g) use of personal protective equipment including appropriate donning and doffing; and h) handling and disposing of biological and clinical waste including used personal protective equipment. 	<p>260 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,</p> <ul style="list-style-type: none"> a) hand hygiene, routine practices and additional precautions; b) modes of infection transmission; c) signs and symptoms of infectious diseases; d) respiratory etiquette; e) what to do if experiencing symptoms of infectious disease; f) cleaning and disinfection practices; g) use of personal protective equipment including appropriate donning and doffing and how to conduct point of care risk assessment; and h) handling and disposing of biological and clinical waste including used personal protective equipment. i) NEW: Conducting audits 	<p>Included to ensure proper infectious disease outbreak management and prevention.</p>

5. Accountability, enforcement, transparency and quality improvement

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>252 (4) For the purposes of clause 78 (3) (b) of the Act, the Medical Director has the following responsibilities and duties:</p>	<p>The province should consider whether the authority of the Medical Director is adequately captured in the proposed regulations. The proposed regulations assign</p>	<p>Medical Directors played a key role in keeping residents safe and assisting the Homes in the COVID-19 pandemic.</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<ol style="list-style-type: none"> 1. Development, implementation, monitoring and evaluation of medical services. 2. Advising on and approving clinical policies and procedures. 3. Communication of expectations to attending physicians and registered nurses in the extended class, including communicating relevant medical policies and procedures. 4. Addressing issues relating to resident care, after-hours coverage and on-call coverage. 5. Attendance and participation in interdisciplinary committees and quality improvement activities. 6. Providing oversight of resident clinical care in the home. 	<p>the medical director with responsibility for oversight of resident care but are not clear about the authority of the Medical Director, and how this authority relates to that of the Administrator and the Director of Nursing and Personal Care. The regulations need to provide for a medical governance structure or framework to ensure appropriate clinical oversight.</p>	<p>Assigning the Medical Director with responsibility to provide oversight of resident clinical care and approve clinical policies implies that they should also be given the requisite authority to carry out these oversight responsibilities, however the Regulations are silent on this topic.</p> <p>The funding for Medical Directors also needs to increase alongside the increased level of responsibility and authority.</p>
<p>257. (2) The screening measures shall include police record checks.</p> <p>Additional references: 257. (3), 257. (4), 257. (7), 257. (11) and 257. (13)</p>	<p>The Province should consider whether the requirement for a police record check is necessary for members of a committee of management for a municipal home(s), usually comprised of elected officials.</p>	<p>For municipally run homes, a committee of management is usually comprised of elected officials, who do not require a police check to be an eligible candidate.</p> <p>Elected officials are generally held to a high standard and there are structures like an Integrity Commissioner for submitting complaints about unethical conduct.</p>
<p>282. (1) Every licensee of a long-term care home shall ensure that the following records are kept at the home:</p> <ol style="list-style-type: none"> 3. The records of the current members of the licensee's board of directors, its 	<p>282. (1) Every licensee of a long-term care home shall ensure that the following records are kept at the home:</p> <ol style="list-style-type: none"> 3. The records of the current members of the licensee's board of directors, its 	<p>The Committee of Management members are often elected officials who are also Councillors for municipalities.</p>

Draft Regulations	York Region Recommendation (shown in yellow highlight)	Evidence/Rationale
<p>board of management or committee of management or other governing structure.</p> <p>282. (4) If a member of the licensee's board of directors, its board of management or committee of management or other governing structure has responsibilities that extend to more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the member is readily available at each home to which the member's responsibilities apply.</p>	<p>board of management or committee of management or other governing structure.</p> <p>282. (4) If a member of the licensee's board of directors, its board of management or committee of management or other governing structure has responsibilities that extend to more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the member is readily available at each home to which the member's responsibilities apply.</p> <p>282. (5): NEW: With respect to a municipal home, the records of the current members of the licensee's committee of management are kept at the municipality's head office</p>	