

A Prescription for Ontario: Maintaining Vigilance as we Learn to Live with COVID-19

OMA Recommendations

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OMAThoughts

This Prescription for Ontario White Paper was produced by staff of the Economics, Policy, and Research Department at the Ontario Medical Association (OMA).

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Executive Summary

As we head into the fall and the influenza season, we need to plan for Chapter 2 of the COVID-19 pandemic. The pandemic has so far been envisioned as occurring in waves requiring province-wide variable stages of lockdown and a “new normal.” However, we have learned that the existing concepts and language may not serve us well as we recover from the first wave and move forward.

What we have learned:

- COVID-19 is transmitted in multiple ways including asymptomatic and pre-symptomatic transmission.
- COVID-19 presents clinically in multiple ways that are strongly influenced by age and co-morbidity.
- Implementation of public health measures and the leadership of local public health in tailoring responses to meet community need minimized the number of cases and deaths from COVID-19 during the first peak.
- The exact contribution of any particular public health measure is uncertain at this time.
- Different populations such as children/youth and those in congregate living settings such as long-term care facilities and homeless shelters are at a different risk of COVID-19.
- Responding to the first wave of COVID-19 has led to a backlog of clinical need.

What we can expect going forward:

- New cases may manifest as waves, spikes, flat hills or a series of fluctuating bumps; waves are a cumulative series of outbreaks in regions and/or at-risk populations.
- We need to stay alert and adapt to evolving science and take an iterative approach to developing guidelines and recommendations as new research, evidence and data emerges.
- The vast majority of cases are going to be detected and managed in the community.
- Interventions will need to be varied by region, and by risks and benefits to different populations.
- The health and well-being of health-care providers will need to be prioritized, as they will face the pressures of ramping up and addressing the backlog of deferred care, while responding to the confluence of COVID-19 outbreaks and influenza season.
- Clinical care will be fundamentally different, comprising of a mix of in-person care with a major shift to care delivered virtually.

Further lessons learned and principles for going forward are detailed in Parts II and III.

The “new normal” we are likely to experience is a fluid and constantly changing situation that will vary by region, population and even individual. It will change over time, more like a series of “new normals” as the pandemic evolves and the system responds. We should not expect any new normal to be a return to our “pre-COVID” normal; this is critical for managing public expectations. Most experts agree on how Chapter 2 of the pandemic will unfold. They disagree on how to best respond.

We can expect fewer “waves” at the provincial level and more localized outbreaks at the regional level. So instead of keeping the entire province, including all hospitals and public health units, on standby,

prepared to “flip a switch” at any moment to all-or-nothing province-wide restrictions or moving through definitive stages, a “dimmer switch” approach should be taken. This involves implementing a set of graduated responses and applying specific, targeted interventions and restrictions proportionate to the localized outbreak/situation, taking into account regional and risk factors, and populations, settings or communities experiencing the greatest burden of illness and/or transmission. It means taking a regional approach to interventions and responses, rather than a provincial approach. For example, if there are no or few cases in a region, a lockdown of the entire region – or entire province – would not be required. Timely, graduated and proportionate responses to localized outbreaks will ensure resources are preserved for where they are most needed. Individuals can adjust to the “new normal” and ultimately, the economy can begin to recover.

We know that Chapter 2 of the COVID-19 pandemic is going to look very different from the first wave. The defining crisis of the first wave was the high morbidity and mortality in the highest risk and most vulnerable populations, particularly long-term care residents. Chapter 2 will present a new challenge – ramping up deferred services and attempting to address the backlog of care, while also preparing for the potential of localized pandemic resurgences and the confluence of COVID-19 and influenza season, coupled with social/school reopening in colder months that inhibit safer gathering. With more localized outbreaks expected, the role and expertise of local public health officials in shaping the local response will be vital.

Tackling COVID-19 is a shared responsibility of both the system and individuals. Everyone has to do their part to remain vigilant. The complexity of the system is illustrated by the various entities that comprise it. Although the system entities have different roles and responsibilities, they are interdependent and collaboration is essential to successfully implement the system level recommendations. For example, the government must lead the response through funding, legislation/regulation, overarching policy and communications, while health-care providers and organizations need to be consulted and provide advice on guidance and policies, as well as design and implement programs and policies accordingly.

The table below presents key recommendations that should be implemented by the system and individuals, at the local and provincial levels. We have placed the recommendations in quadrants assigning agency and accountability (for the system and individuals) at the most appropriate level (local or provincial). The four quadrants are not mutually exclusive, and overlap exists among them. In particular, there is no precise way to distinguish between recommendations that should be implemented at the local level versus provincial level. All four quadrants need to work together to help tackle COVID-19, as represented by the centre circle.

These recommendations target specific existing or potential vulnerabilities in the system and society in an effort to learn from past challenges and successes. These are concrete steps to be taken in the short term, and the identification of targeted interventions will be iterative as we learn from future outbreaks and experiences with COVID-19.

The table includes only the high-level recommendations for each quadrant. Specific calls to action for each recommendation are detailed in Part IV.

	Local Level	Provincial Level
System	<ul style="list-style-type: none"> • Develop a plan to increase capacity within a region to address the backlog of deferred care, including establishing Alternate Health Facilities (AHFs), expanding Independent Health Facilities (IHF) and out-of-hospital premises (OHPs), designating non-COVID-19 sites, and designating COVID-19 hospital sites to respond to sudden outbreaks of COVID-19. • Prepare for an influenza season that will be punctuated by outbreaks of COVID-19, including delivering to hotspots personal protective equipment, staff and ICU supplies such as ventilators. • Safely deliver vaccinations, including flu shots and routine vaccinations, to vulnerable populations. • Ready and deploying mobile rapid response teams to quickly identify and contain localized flare-ups through testing, tracing and isolation. • Use pop-up testing to bring capacity to hotspots and vulnerable communities across the province. • COVID-19 Assessment Centres and medical evaluation centres should be continued and expanded to allow for rapid and portable assessment and testing of COVID-19 and for assessment, testing and treatment of other respiratory conditions. • Ensure contact tracing capacity is continually available to address flare-ups. 	<ul style="list-style-type: none"> • Enable the permanent continuation of virtual care. • Stockpile personal protective equipment (PPE). • Develop a strategy to manage drug shortages. • Provide comprehensive support for individuals to self-isolate. • Prepare for the eventual reopening of international borders and develop a strategy to more formally support the self-isolation of incoming travellers. • Determine how to safely deliver flu shots to greater numbers of individuals in a concentrated timeframe and support innovative flu shot delivery models. • Communicate to the public the importance of getting a flu shot, the safety of the flu shot and where to get the flu shot. • Deliver broad, clear and consistent communication on public health measures and recommendations. • Tailor public health measures and recommendations based on risk level and local epidemiology, such as opening most non-essential business but not high-risk areas such as bars.
Individuals	<ul style="list-style-type: none"> • Get tested as soon as you have symptoms or if you have come in contact with a COVID-19 case. • Balance benefits to your mental, social, developmental, physical and financial well-being in making decisions that may put you and/or others (especially those who are vulnerable) at risk. • Continue to seek care for non-COVID-19-related conditions, including mental health concerns. • Create a plan for managing essential needs should you need to self-isolate. 	<ul style="list-style-type: none"> • Consume public information available and stay updated as guidance and recommendations evolve. • Download and use the COVID Alert contact tracing app. • Wear a face covering or mask in all indoor public spaces and outdoor spaces when physical distancing may be difficult. • Track your activities and contacts, particularly those you interact with for 15 minutes or more at less than two metres. • Get a flu shot when they become available. • Continue with proper hygiene practices, including washing your hands, not touching your face, sneezing/coughing into your elbow and cleaning high-contact surfaces. • Practice safer socializing and try to avoid closed spaces, crowded places and close-contact settings.

TACKLING COVID-19 IS A SHARED RESPONSIBILITY

Introduction

As we head into the fall and influenza season, we need to plan for Chapter 2 of the COVID-19 pandemic. Flattening the first peak is largely credited to the significant efforts of all Ontarians in adapting to an unprecedented situation, to the provincial government and public health officials in navigating through uncharted waters and to the local public health units in leading the response to this crisis in their communities. These combined efforts have included implementing a province-wide lockdown involving the deferral of scheduled health-care services, taking a regional and phased approach to reopening and making personal hygiene and protective measures a part of everyday life. While we hope for a vaccine or treatment, we must remain vigilant as we approach the next chapter of the pandemic.

Some countries have faced subsequent outbreaks earlier than expected. For example, South Korea – a country that flattened its curve early through extensive testing and tracing – experienced an outbreak due to relaxed physical distancing rules, which led to a spike in cases at a nightclub district in Seoul. Similarly, Melbourne experienced a resurgence unique from other Australian regions that required a strict lockdown and curfew and is believed to have been the result of lapses in international travel hotel quarantine procedures.

This document presents a prescription for Ontario as we approach Chapter 2 of the COVID-19 pandemic:

- In Part I, we define the “new normal.”
- In Part II, we reflect on lessons learned from the first wave, both in Ontario and globally.
- In Part III, we present principles for the system and individuals going forward, based on the lessons learned.
- In Part IV, we present key recommendations that need to be implemented by the system and individuals at both the local and provincial levels, based on lessons learned and principles for going forward.

For the purposes of this paper, the system is defined as encompassing all levels of government (i.e., federal, provincial and municipal), health authorities (including Ontario Health), regional/local public health agencies, health-care stakeholders and organizations, health-care providers/leaders, community groups, and private and public institutions. Individuals can be defined as members of the public. The complexity of the system is illustrated by the various entities that comprise it. Although the system entities have different roles and responsibilities, they are interdependent. Collaboration among system actors is essential to successfully implement the system level recommendations. For example, the government must lead the response through funding, legislation/regulation, overarching policy and communications, while health-care providers and organizations need to be consulted and provide advice on guidance and policies, as well as design and implement programs and policies accordingly.

As we continue to live with COVID-19, we will learn more about how to prepare the system, how to care for individuals and how we as a society can help manage the spread. The Ontario Medical Association (OMA) is committed to continuing to learn and offer its insight on behalf of Ontario’s doctors. The OMA represents more than 43,000 physicians, medical students and retired physicians across the province who have been at the core of the pandemic response. The OMA membership includes many frontline experts across the province. We provide these recommendations in our capacity as representing insights and learnings from the frontline experiences of Ontario’s doctors, as well as in our capacity as a key health system leader. These recommendations have been developed in consultation with frontline physicians and public health physician leaders.

These recommendations are intended to help Ontario manage the next chapter of COVID-19, as well as support our health-care system in fulfilling its dual task of ramping up deferred care and maintaining

response readiness. Without a strong health-care system, we cannot have a strong economy. While a vast array of recommendations has been presented in this paper, we acknowledge that this does not represent a comprehensive list of all actions that need to be taken. Many health system issues that have not been explicitly detailed – such as improvements to long-term care – require continued efforts and the OMA, in its role as a key health system leader, remains committed to advising and collaborating on these efforts. This document will present new lessons and targeted recommendations as we learn from outbreaks and experiences with COVID-19.

Part I: Defining the “new normal”

The term “new normal” has been used extensively in talking about the pandemic. But what exactly does it mean? A “new normal” is not a new steady state of normality – rather, the “new normal” we can expect is a fluid and constantly changing situation that will vary by region, population and even individuals. The “new normal” will change over time, more like a series of “new normals” as the pandemic evolves and the system responds. The “new normal” experienced by Ontarians at any given time will vary among them. We must accept that we are unlikely to return to the “normal” we knew pre-COVID-19.

Waves are a cumulative series of outbreaks in regions and/or at-risk populations. Ontario – like much of the world – experienced a first wave of COVID-19 that peaked and eventually flattened. Going forward, we should anticipate more localized outbreaks or flare-ups at the regional level rather than provincial waves. While COVID-19 persists and will do so likely largely unhindered until an effective vaccine or other treatment is developed, with the appropriate public health measures in place we should expect smaller-scale outbreaks as part of the “new normal.”

The first wave of the pandemic saw a significant number of cases spike across the province at relatively the same time. We had limited data on virus transmission and impact. As such, a province-wide lockdown and staged approach to reopening the province was enforced to respond to the first wave and prevent illness from overwhelming our health-care system. However, as we learn from the data, we might anticipate fewer province-wide waves and more localized outbreaks. Therefore, an approach of “flipping a switch” between all-or-nothing restrictions or moving through definitive Stages 1-3 is unlikely to be effective or appropriate. Rather, as part of the “new normal,” a “dimmer switch” approach needs to be taken.

For the system, this involves a set of graduated responses to localized outbreaks, with targeted interventions and restrictions proportionate to the outbreak/situation, taking into account varying regional and risk factors and populations, settings or communities experiencing the greatest burden of illness and/or transmission. It means taking a regional approach to interventions and responses, rather than a provincial approach. For example, if there are no or few cases in a region, a lockdown of the entire region – or entire province – would not be required. Timely, graduated and proportionate responses to localized outbreaks will ensure resources are preserved for where they are most needed, individuals can adjust to their lives in the “new normal” and ultimately, the economy can begin to recover. With more localized outbreaks expected, the role and expertise of local public health officials in shaping the local response will be vital. Furthermore, the health-care system will need to fundamentally change to deal with the ongoing demand and also address the backlog. This opportunity for change should be used to improve the health-care system — particularly such issues as capacity, wait times and hallway medicine — and not as a return to the pre-COVID-19 system. We know that Chapter 2 of the COVID-19 pandemic is going to look very different from the first wave. The defining crisis of the first wave was the high morbidity and mortality in the highest-risk and most vulnerable populations, particularly long-term care residents. Chapter 2 will present a new challenge – ramping up deferred services and attempting to address the backlog of care, while also preparing for the potential of localized pandemic resurgences and the confluence of COVID-19 and influenza season, coupled with social/school reopening.

For the public, a “dimmer switch” approach means being prepared for the possibility of restrictions being imposed, modified and lifted at the regional level and/or in specific settings in response to the threat of future outbreaks. In contrast to our initial collective experience with COVID-19, in which large measures

were imposed for significant time periods, we should prepare for more gradual and potentially more frequent adjustments to our daily lives as the health system responds to early warnings and localized flare-ups. Guidance will continue to be iterative as new evidence and learnings emerge and we will need to adapt accordingly. We must also learn how to approach personal decision-making and our civic responsibility in terms of risks and benefits – understanding the risks to ourselves and others (especially those who are vulnerable) and balancing those against the benefits to our mental, social, developmental, physical and financial well-being.

To do so, we must examine what we have learned from our initial experiences with the pandemic, determine how to apply these lessons and accept that tackling COVID-19 is a shared responsibility of both the system and individuals.

Part II: Lessons Learned from the First Wave of COVID-19

Ontario and Ontarians have collectively brought us to a place where we have flattened the first wave of COVID-19 and are working on adapting to a “new normal” in health care and in society. The system and individuals have learned a great deal through this initial wave, based both on positive actions taken, unintended consequences and missed opportunities. What have we learned from the provincial and global response to, and experience with, the first wave?

Approach to COVID-19 Efforts

- COVID-19 is going to be around for the foreseeable future and is part of the “new normal.” The nature of a potential vaccine, public reception and uptake, the availability of resources and the nature of the virus itself may be such that, even if a vaccine becomes available, COVID-19 will be a reality in the medium- to long-term future.
- Tackling COVID-19 is a shared responsibility of both the system and individuals.
- The system needs to impose measures that can be safely and relatively easily adopted; individuals need to understand the rationale and that they will be expected to comply.
- New research and evidence continue to emerge. It is important to be nimble in decision-making and accept that complete information and evidence-based consensus may not always be available. Therefore, the best available information will have to suffice.
- A phased and regional approach to reopening is essential to avoid future outbreaks and protect those who are vulnerable, while allowing individuals to live in a “new normal.” Likewise, a regional approach to (re-)imposing public health measures as needed can help target efforts and resources to hard-hit areas.
- Responding to COVID-19 and communicating to the public has been a shared effort at the local, provincial and federal levels.
- Successful policies cannot be developed by government in isolation. Policy co-development with family physicians and specialists who have direct and trusted relationships with their patients is essential to ensure policies can be implemented.
- Trust in government is as important as measures such as testing and tracing. Public trust can be built by timely, transparent, comprehensive and consistent public education and communication.

Pathology and Presentation of COVID-19

- COVID-19 is transmitted in multiple ways, including asymptomatic and pre-symptomatic transmission.
- COVID-19 presents clinically in multiple ways that are strongly influenced by age and co-morbidity.
- Waves are a cumulative series of outbreaks in regions and/or at-risk populations.

COVID-19 and the Health-Care System

- Combating COVID-19 requires a significant and sustainable supply of resources – particularly personal protective equipment (PPE), drugs and hospital equipment, including continuing care for those experiencing complications from the virus.
- A sustainable and supported workforce of health-care and public health workers is essential to ensure sufficient capacity in the system as well as to not overburden the workforce.

- Burnout was an issue faced by many providers pre-pandemic. The pandemic has taken a personal and professional toll on providers and may also threaten the availability of health human resources in the system to respond to an outbreak.
- Ramping down health-care services deemed deferrable during the first wave has contributed to a backlog in these services.
- Virtual care has seen tremendous uptake by patients and clinicians alike. It has helped preserve the health-care system and has played a key role in mitigating deferred services and managing the backlog. Clinical care can be delivered effectively virtually, when appropriate. Virtual care can be an accessible option for many providers and patients to deliver and receive safe, quality care, both within and beyond the pandemic.
- Some individuals were afraid or felt it was unsafe to access health-care services for non-COVID-19-related conditions during the first wave.
- Hospitals did not reach capacity, but prepared sufficient surge capacity.
- Physician practices were nimble and quickly adapted.

COVID-19 Interventions and their Impacts

- Prompt testing, result notification and contact tracing are essential mechanisms to curb transmission.
- Public health measures (such as lockdowns and personal protective measures) and the leadership of local public health in tailoring responses to meet community need minimized the number of cases and deaths from COVID-19 during the first peak. This included identifying key populations for focused testing, as well as conducting case management and contact tracing while supporting isolation requirements.
- Public health measures also impacted the mental, social, developmental, physical and financial well-being of Ontarians.
- Ontarians responded to the public health measures and generally complied, which likely contributed to subsiding the first wave.
- The exact contribution of any particular public health measure is uncertain at this time.

Impacts of COVID-19 on Different Populations

- COVID-19 impacts different populations differently based on risk level; there are higher-risk populations, such as older individuals, and apparently lower-risk populations, such as children and youth.
- Those in congregate settings were, and continue to be, significantly more at risk than the system was prepared for; in particular, those in long-term care homes and homeless shelters have faced significant challenges and devastation.
- Outside of congregate settings, different populations have experienced COVID-19 disproportionately, particularly in terms of health status and marginalized identities.
- Communities are impacted differently based on population density – densely populated urban centres experienced higher rates of COVID-19 early on than rural communities with lower population density.
- Rural areas may experience lower average risks of transmission, due to smaller populations and lower population density; however, less infrastructure, fewer resources and exchange of people with nearby cities can present great challenges when COVID-19 cases do occur.

Part III: Principles for Going Forward

Based on the learnings described in Part II, what must we consider as we move forward and what must inform the determination and implementation of specific actions we take? We are in the midst of adapting and learning to live with COVID-19 in a way that allows society, the economy and health care to resume, while also recognizing that the threat of COVID-19 is ever-present. Given what we have learned, the system and individuals should base their approach to anticipating, mitigating and responding to future outbreaks on the following principles:

System-Level Principles

- Stay alert and adapt to evolving science and take an iterative approach to developing guidelines and recommendations as new research, evidence and data emerge.
- Understand that new cases will manifest as waves, spikes, flat hills or a series of fluctuating bumps.
- Prioritize a data-driven and evidence-based approach to responding to and alleviating the pandemic. Timely and targeted policies and interventions should be grounded in the data and the best available evidence at the given time.
- The vast majority of COVID-19 cases are going to be detected and managed in the community, such as through assessment centres and the primary care sector. As such, additional supports for primary care providers are required, to ensure they have access to such necessary resources as infection prevention and control (IPAC) expertise, PPE, etc.
- Leverage the leadership and expertise of local public health units in tailoring responses to, and prevention of, localized outbreaks, based on community need. Local public health units can shape effective local responses in collaboration with community partners and can effectively tailor provincial directives and policies to meet local community needs.
- Meaningfully engage and collaborate with relevant health-system stakeholders, relevant community groups and private and public institutions to ensure policies work for the system as a whole and for communities and their populations. Local public health units have trusted and established relationships with community partners and these connections should be leveraged at regional and provincial tables. Co-ordination between the provincial and regional public health systems is key. Responsibilities need to be shared among system stakeholders and all stakeholders need to be kept apprised of response efforts.
- Develop consistent and comprehensive public communication and education campaigns to build public trust and compliance in the measures imposed and to prevent misinformation.
- Maintain surge capacity for future outbreaks, including sufficient health human resources, PPE, hospital space, etc., in addition to preserving resources and supporting community-based care for continued non-COVID-19-related care.
- Recognizing that capacity for a surge may be more challenging in rural areas, develop strategies to specifically support resource-constrained rural communities experiencing surges of COVID-19. Strategies should involve local participation in decision-making to ensure relevant and tailored support is available. This is where mobile support teams could be most useful.
- Prioritize the physical and mental health and well-being of health-care providers, with efforts to care for providers as they recover from one outbreak, face others and recover post-pandemic. This will be important for long-term health human resource sustainability, particularly as providers face the pressure of ramping up and addressing the backlog of deferred care during the confluence of COVID-19 outbreaks and influenza season.

- Ongoing strategies for mitigating COVID-19 must account for disparities in health experiences, understand the causes of those disparities and target actions to protect populations that are most vulnerable in terms of health status, sociodemographic factors and living environment.
- Vary interventions by risks and benefits to different populations. High-risk populations — such as those in long-term care facilities, in congregate settings and marginalized populations that have seen a disproportionate share of first wave cases — should be protected and supported. The social and emotional development of lower-risk populations, such as children and youth must also be fostered. Interventions for young adults should be a major consideration, based on disproportionately high case numbers for this population.
- Vary interventions and the lifting and imposing of restrictions in response to threats of future outbreaks by region. This should be informed by data and balance the mental, social, developmental, physical and financial needs of all Ontarians.
- In anticipation of future outbreaks, develop a strategy to ramp up, ramp down and maintain health-care services collectively among health system stakeholders, recognizing the interdependencies of various parts of the health-care system, such as primary care, community care and home care. Any strategy should be developed in proportion to the threat posed by the future outbreak and determined on a local level; this may not necessitate a complete ramping down of deferrable care at the provincial level, as was done during the first wave.
- Recognize that, going forward, clinical care will be fundamentally different, comprising of a mix of in-person care with a major shift to care delivered virtually.
- Develop a strategy to address the backlog of health services and provide continued non-COVID-19-related care to Ontarians as well as to not return to pre-COVID-19 system issues in terms of capacity, wait times and hallway medicine.

Individual-Level Principles

- Continue to comply with public health measures and adhere to guidance and recommendations.
- Be aware that the prevalence of COVID-19 can change quickly, so adhering to public health measures remains important, even if prevalence in one's community is low.
- Accept that guidance and recommendations will continue to be iterative, rapidly evolve in response to future outbreaks and vary by region, so individuals will need to adapt accordingly.
- Balance the benefits to individual mental, social, developmental, physical and financial well-being when making decisions that may put themselves and/or others (especially those who are vulnerable) at risk.
- Be aware of the need to modify personal behaviours, depending on risk factors in certain settings. For example, in colder months, safer socialization and activities outdoors will become more difficult, so socializing and activity behaviours may need to be modified.
- Consider the needs of vulnerable neighbours and community members, particularly during times of self-isolation.

Part IV: Key Recommendations

Based on what we have learned and on the above principles, here are key recommendations that need to be implemented by the system and individuals at the local and provincial levels. These recommendations target specific existing or potential vulnerabilities in the system and society in an effort to learn from past challenges and successes. These are concrete steps to be taken in the short term. The identification of targeted interventions will be iterative, as we continue to learn from future outbreaks and experiences with COVID-19.

Please refer to the Executive Summary for an overview of the recommendations in the four quadrants. We have placed the recommendations in quadrants assigning agency and accountability (for the system and individuals) at the most appropriate level (local or provincial). The four quadrants are not mutually exclusive and overlap exists among them. In particular, there is no precise way to distinguish between recommendations that should be implemented at the local level versus the provincial level. All four quadrants need to work together to help tackle COVID-19.

The tables below present reflections on what's worked well or hasn't, with specific calls to action for each recommendation in each quadrant:

- Recommendations for System at Local Level
- Recommendations for System at Provincial Level
- Recommendations for Individuals at Local Level
- Recommendations for Individuals at Provincial Level

Recommendations for System at Local Level

Recommendation	What's Worked Well (or Hasn't)	Calls to Action
<p>Develop a plan to increase capacity within a region to address the backlog of deferred care, including establishing Alternate Health Facilities (AHFs), expanding Independent Health Facilities (IHF) and out-of-hospital premises (OHPs), designating non-COVID sites and designating COVID-19 hospital sites to respond to sudden outbreaks of COVID-19.</p>	<ul style="list-style-type: none"> • COVID-19 hospital sites were not designated in Ontario during the first wave. • Hospitals did not reach capacity, as physicians and institutions were nimble and adapted quickly to the pandemic. • Some hospitals prepared for potential over-capacity issues during the first wave by establishing AHFs, such as field hospitals, to be activated if needed. • Chapter 2 presents a different challenge as there is a backlog of cases (deferred procedures and surgeries) that needs to be addressed while we build and maintain readiness to respond to localized outbreaks. As future flare-ups of COVID-19 are anticipated, along with the flu season, this backlog should be limited from growing as much as possible. 	<ul style="list-style-type: none"> • Innovative models to address the backlog of deferred care within a region should be explored by the government and system at large, including models that are affiliated and unaffiliated with hospitals. • AHFs: <ul style="list-style-type: none"> ○ Can be established in pre-existing public facilities or constructed on hospital and community sites to temporarily expand capacity and support the resumption of services. ○ Are also important to support acute-care capacity and availability of alternate level of care (ALC), particularly due to the backlog of deferred care and large volume of patients waiting in hospital for ALC. <ul style="list-style-type: none"> ▪ These issues are compounded by limited capacity in long-term care and the expectation that capacity will be impacted by the flu season. ○ Can also be designed to provide additional surge capacity for sudden COVID-19 outbreaks within a region. ○ Will require increased funding to the affiliated hospital to be established. • IHFs: <ul style="list-style-type: none"> ○ Should receive increased funding so they can address the backlog of procedural and diagnostic services. • OHPs: <ul style="list-style-type: none"> ○ Should increase their volumes to address the backlog of deferred care. This will require increased funding to support the operational costs of OHPs.

		<ul style="list-style-type: none"> • Designated COVID-19 hospitals and non-COVID-19 sites: <ul style="list-style-type: none"> ○ Designating COVID-19 hospital sites within a region should be explored, if regional case counts and hospitalizations are manageable, to attempt to cohort known COVID-19 cases in preparation for future flare-ups. This would allow the remainder of hospitals to address the backlog by maintaining full capacity, especially during flu season. ○ The following recommendations from the OMA’s <i>Guidance for Hospital Preparedness and Management of COVID-19</i> document should be considered by regions, hospitals and the broader health-care system when designating COVID-19 hospital sites and managing the virus within a hospital’s primary site: <ul style="list-style-type: none"> ▪ Hospitals should be designated based on key principles. ▪ Spaces and patients should be segregated and cohorted to reduce the risk of spreading COVID-19 within the hospital. ▪ The health and safety of frontline health-care workers within the hospital must be protected. ○ Designating non-COVID-19 sites, such as speciality hospitals, can also help address the backlog. ○ COVID/non-COVID designated sites can support continuation of non-COVID services with the understanding that, due to the nature of the virus, no facility can be labelled as COVID-19-free. However, designating
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		<p>certain facilities as specific to caring for COVID-19 patients can help to support continued non-COVID care in other facilities.</p> <ul style="list-style-type: none"> • Innovative funding models should be explored to help clear the backlog, such as expanding quality-based procedure (QBP) funding to IHFs and OHPs and using operating rooms in hospital off hours.
<p>Prepare for an influenza season that will be punctuated by outbreaks of COVID-19, including delivering to hotspots PPE, staff, and ICU supplies, such as ventilators.</p>	<ul style="list-style-type: none"> • The province has indicated it has begun planning for flu season, although the details of that planning, the stakeholders involved and collaboration with regional/local health-care systems are unknown. • Public health practices already underway will have the added benefit of helping to limit influenza transmission, namely wearing face coverings, physical distancing and practising good hand and respiratory hygiene, as demonstrated by Australia’s less severe influenza season. However, colder fall and winter months will present greater challenges, as safer outdoor socialization becomes more difficult. 	<ul style="list-style-type: none"> • Mobilize stakeholders including, but not limited to, primary care, public health units and pharmacists, to plan for alternative models of flu shot administration, leveraging models used elsewhere, such as in Australia. • Ensure supplies and vaccinations are allocated appropriately and prepare to have the health human resources to administer greater numbers of flu shots in a concentrated amount of time. • Prepare testing capacity, given the potential increase in those experiencing COVID-19-like symptoms resulting from either COVID-19 or the flu and the common cold. <i>See recommendation on COVID-19 Assessment Centres and medical evaluation centres below.</i> • Preparation for health human resources capacity should factor in risks to health-care worker burnout created by adding the demands of flu season to COVID-19-related work.
<p>Safely deliver vaccinations, including flu shots and routine vaccinations, to vulnerable populations.</p>	<ul style="list-style-type: none"> • Some populations that may typically be vulnerable to influenza have also shown particular vulnerability to COVID-19. • While routine vaccinations were considered essential 	<ul style="list-style-type: none"> • Determine, in collaboration with health system stakeholders, how to safely provide flu shots to those most vulnerable due to health status (e.g., mobile, at-home vaccination) and conduct

	<p>services to be provided during the height of the first wave of the pandemic, some individuals may have delayed vaccinations because they felt accessing health services was unsafe and/or were confused about whether routine vaccinations were considered essential.</p>	<p>targeted outreach to these populations.</p> <ul style="list-style-type: none"> • Determine how to safely provide flu shots to others who may be vulnerable, in terms of residential/congregate living setting and/or sociodemographic factors and conduct targeted outreach to those populations. • Determine if higher dose flu shots are ideal for populations more vulnerable to COVID-19, understand current access barriers and ensure health human resources capacity, supply and logistics (e.g., settings in which to administer). • Be prepared to provide flu shots to those who are vulnerable within the appropriate time frame and in time to provide flu shots subsequently to the public. • Ensure long-term care staff and visitors have received the flu shot to protect long-term care residents from possible exposure. • Ensure vulnerable populations are up to date on their routine vaccinations, according to Ontario’s Routine Immunization Schedule.
<p>Readying and deploying mobile rapid response teams to quickly identify and contain localized flare-ups through testing, tracing and isolation.</p>	<ul style="list-style-type: none"> • By addressing the population-level wave of COVID-19 cases, Ontario is able to focus on hotspots and localized flare-ups. 	<ul style="list-style-type: none"> • Ontario should address localized flare-ups with a cluster-focused strategy through strong local surveillance and the ability to quickly and sufficiently mobilize testing and contact tracing capacity to identify and address clusters before they grow and multiply. This strategy should also be used to quickly identify and protect at-risk settings and populations. • Mobile rapid response teams should be readied so that regions can deploy trained personnel to conduct testing and contact tracing and bring relevant skills and equipment where they are

		<p>most needed, while allowing greater capacity to address other priorities such as the backlog and preparation for the flu season. The mobile teams may also have clinical support such as IPAC and equipment such as ventilators.</p> <ul style="list-style-type: none"> • This strategy should use pop-up testing to support response teams with mobile testing infrastructure – <i>see recommendations on pop-up testing below.</i> • This approach must be supported by a strong self-isolation and quarantine strategy. <i>See recommendation on supporting self-isolation below.</i>
<p>Use pop-up testing to bring capacity to hot spots and vulnerable communities across the province.</p>	<ul style="list-style-type: none"> • Ontario continues to significantly increase its testing capacity. • Some Ontario communities have implemented innovative approaches, such as drive-through testing and pop-up testing centres to increase access to COVID-19 testing. 	<ul style="list-style-type: none"> • Targeted testing, through such innovative strategies as pop-up sites and community sites, should continue to be implemented across the province to reach people at highest risk of infection and to support existing work at local assessment centres and outbreak management. • As localized flare-ups arise, pop-up testing can create testing capacity in communities in need within a region or across the province, ensuring all areas have access to sufficient testing while using their available capacity to ramp up deferred care. • Continued research and investment in developing point-of-care testing options can support pop-up testing sites, particularly for rural and remote communities where distance from laboratory processing may pose a greater challenge.
<p>COVID-19 Assessment Centres and medical evaluation centres should be continued and expanded to allow for rapid and portable</p>	<ul style="list-style-type: none"> • Assessment centres have shown success in providing safe access to COVID-19 testing, but there have been challenges regarding access to 	<ul style="list-style-type: none"> • Continue and expand the role of assessment centres and medical evaluation centres in all regions to include assessment, testing and treatment of other respiratory conditions such as flu

<p>assessment and testing of COVID-19 and for assessment, testing and treatment of other respiratory conditions.</p>	<p>assessment centres in remote areas.</p> <ul style="list-style-type: none"> • Medical evaluation centres have been established in some regions and offer physician assessments, testing and treatment of other respiratory illnesses, in addition to COVID-19 assessment and testing. They also provide basic diagnostic tests, including lab tests and chest X-rays. • The ability to book an appointment varies by assessment centre. Some centres are walk-in only, which has resulted in lengthy wait times. 	<p>and strep testing, in addition to COVID-19 assessment and testing.</p> <ul style="list-style-type: none"> • Given that most cases of COVID-19 and the flu will be detected and managed in the community, primary care is unlikely to have capacity in many regions to see all patients – especially if PPE continues to be a challenge – and will need support from assessment centres and medical evaluation centres. • Assessment centres and medical evaluation centres in areas with sufficient capacity and low case levels could be integrated with community care through primary care, which could allow for money in fee-for-service models to be recovered. However, primary care must agree to this and be supported by government in the same way assessment centres are – i.e., adequate PPE, adequate support staff/funding for support staff, additional funding for IPAC measures around cleaning and disinfecting, access to IPAC teams/consultants to assist, etc. • Additional resources will be required to support the continuation and expansion of assessment centres and medical evaluation centres, particularly to address long wait times outdoors in the fall/winter, including adequate PPE, support staff and IPAC measures. The ability to book appointments should be implemented at all centres/clinics, especially for those who cannot be reasonably expected to wait in line (those with disabilities, the elderly, young children, etc.). • Consider implementing assessment centres in underserved, remote areas such as First Nations communities in
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		northern Ontario for rapid, portable COVID-19 testing.
<p>Ensure contact tracing capacity is continually available to address flare-ups.</p>	<ul style="list-style-type: none"> • Ontario’s current strategy focuses on expanding the contact tracing workforce, increasing follow-up protocol and promoting the Bluetooth-based contact tracing app, which are important steps toward increased capacity and effectiveness of contact tracing. • Ontario is introducing a modern, standardized contact management system across the province’s public health units. 	<ul style="list-style-type: none"> • Ensure contact tracing capacity can be mobilized to quickly support identified flare-ups across the province. • It is vital that the provincial government broadly and clearly communicate to the public about the contact tracing app, including how to use it, to keep it running and how users’ privacy is protected. Public uptake of the app is crucial to ensure success of the province’s contact tracing strategy. Many jurisdictions, such as Alberta and Singapore, have released apps that have been hindered by limited uptake. <ul style="list-style-type: none"> ○ It is important to recognize the limitations that result from differences in smart phone usage among segments of the population, particularly among seniors and lower income households. • Other innovative technological strategies to contact tracing should continue to be explored, with appropriate privacy protections. For example, South Korea has developed an electronic registration system for high-risk establishments, such as nightclubs and gyms, where individuals scan a QR code when entering and exiting. New Zealand’s tracing app, NZ COVID Tracer, allows individuals to scan a QR code on a poster at participating businesses, so they know where they have been. All businesses are required to display a QR code poster on their premises.

Recommendations for System at Provincial Level

Recommendation	What's Worked Well (or Hasn't)	Calls to Action
<p>Enable the permanent continuation of virtual care.</p>	<ul style="list-style-type: none"> Physicians have been provided with a choice of telephone calls and video visit platforms (e.g., non-Ontario Telemedicine Network technology and platforms not specifically designed for medical care, including commercial videoconferencing tools as Skype and FaceTime) for which they can be compensated for temporarily by the government. This expanded access to virtual care during the pandemic has been successful, with positive uptake by both physicians and patients. The OMA found in June that 85 per cent of doctors in general or family practice provided some virtual care, and 63 per cent provided most of their visits virtually.¹ A national poll conducted in May 2020 by the Canadian Medical Association (CMA) found almost half of all Canadians have had a virtual appointment with a physician, with a 91 per cent satisfaction rate. Canadians would like virtual care options continued after the COVID-19 crisis subsides and improved and expanded. Further, a Hamilton Health Team survey found 87 per cent of health-care providers anticipate continuing to provide virtual care beyond the pandemic. Virtual care has provided a much-needed alternative for patients to see their physicians without compromising quality of care. By reducing the need for patients to go to the office, virtual care has reduced the risk of transmission of COVID-19 for both patients and providers and facilitated physical distancing and compliance with lockdowns. The positive uptake of virtual care by physicians and patients has also 	<ul style="list-style-type: none"> The expanded availability of virtual care should continue permanently and should be enhanced to allow all modalities of virtual care to be billable, including video visits, telephone calls and secure messaging. Providers should have an equivalent choice in the virtual care platform they choose, including the use of non-Ontario Telemedicine Network technology. All modalities of virtual care should be appropriately compensated. Choice of virtual care modality is especially important to ensure that all patients can be reached, particularly those populations who are often unable to access video visits, such as the elderly, some new immigrant populations, low income groups and rural/remote/Indigenous communities. Without allowing choice, certain patients will be disadvantaged. Learnings and issues identified from this increased uptake of virtual care during the pandemic should continue to be explored and addressed to improve the provision of virtual care in the system. This includes, but is not limited to:

¹ Numbers based on June 2020 OHIP Claims extracted on July 24th, 2020.

	<p>helped to manage the backlog of deferred services, by allowing for the continued provision of care during the pandemic.</p> <ul style="list-style-type: none"> • However, these fee codes are temporary and do not include secure messaging. • While the uptake of virtual care in primary care has been positive, the effective uptake and delivery in other sectors, such as long-term care, home and community care and with vulnerable patients, needs to be further explored. 	<ul style="list-style-type: none"> ○ the impact of virtual care on preventive care and the efficiencies around opportunistic care, given not all care can be delivered virtually (e.g., updating a patient’s immunization while they are in the office for another issue); ○ the effective delivery of virtual care in high-risk areas such as long-term care and other congregate settings, and by sectors such as home and community care; ○ the uptake of virtual care by older and vulnerable patient populations, who may have difficulty using or accessing technology; ○ the availability of high-speed Internet and cellular connection in rural, remote and Indigenous communities; ○ ensuring privacy and security of virtual care tools beyond just obtaining patient consent to the potential risk.
<p>Stockpile PPE.</p>	<ul style="list-style-type: none"> • PPE has been in short supply for health-care providers from the outset of the pandemic. This has been particularly challenging in the community. This global supply chain issue has threatened the safety of providers delivering care to patients during the pandemic and has hampered the ability for the health system to ramp services back up (i.e., provide non-COVID-19-related care). 	<ul style="list-style-type: none"> • Need to ensure a continued and sustainable supply of PPE so the system and providers have an adequate stockpile and do not face the same shortages in future outbreaks. • Community-based practices must be able to access an ongoing supply of PPE, either via government or

	<ul style="list-style-type: none"> • Ontario Health Regions were not created to distribute PPE; they do not have the distribution channels needed to ensure PPE is allocated to all community-based physicians. 	<p>through suppliers so they can remain open.</p> <ul style="list-style-type: none"> • Expand PPE production in Canada/Ontario. • Consider expanding the model of Shared Service Organizations so that community-based physicians can benefit from bulk purchasing powers and from experience in procurement. • More transparency around stockpile levels and decisions around allocation and distribution. • Establish a sustainable model to ensure equitable distribution of PPE in the community.
<p>Develop a strategy to manage drug shortages.</p>	<ul style="list-style-type: none"> • COVID-19 has created a great demand for certain drugs, including critical care and palliative care drugs. The pandemic has exposed the urgent need to examine drug shortage issues in the province/country and ways to manage it. 	<ul style="list-style-type: none"> • A strategy should be developed to manage and mitigate drug shortages in the province, including developing recommendations on ways to limit waste, reuse/recycle drugs, best practices on substitutions and therapeutic alternatives and access to a provincial drug monitoring system. A continued drug supply is important for responding to future outbreaks, for non-COVID-19-related conditions and for sustaining the health-care system. • The OMA is conducting an extensive review on ways to enhance the management and mitigation of drug shortages in the province. This will include connecting with stakeholders,

		prescribers, key informants and government to inform recommendations.
<p>Provide comprehensive support for individuals to self-isolate.</p>	<ul style="list-style-type: none"> • Self-isolation messaging and mass closures were effective in encouraging self-isolation. • Financial support was made available by the federal government (and advocated for by the province) for those unable to work and disincentivized unsafe presence at/return to work. • Self-isolation for those in congregate living settings proved difficult, even with certain supports and funding. It had serious impacts on individuals' lives and challenged outbreak containment in these settings. (The OMA recognizes that those in long-term care homes have faced particularly significant devastation. Comprehensive changes in this sector are necessary and go beyond the recommendations in this paper.) • Ontario has updated the policy for caregivers visiting long-term care facilities to allow caregivers access to residents during outbreaks and resident self-isolation, better supporting residents undergoing self-isolation. • There was and continues to be significant misinterpretation by the public on what self-isolation requires. This may be fuelled by unclear communication (e.g., misunderstandings related to leaving isolation for essential services, confusion about self-isolation within a household). 	<ul style="list-style-type: none"> • As workplaces return to in-person business, it will become more difficult for individuals with in-person work to self-isolate. Workplaces need to support self-isolation for those who have or who are under investigation for COVID-19, for those who care for individuals requiring self-isolation and for those who are vulnerable such that they should continue to self-isolate. Workplaces should not require doctor's notes for these employees. • The province should identify and address barriers to self-isolation compliance (e.g., structural, economic). • Address the limitations for safe self-isolation in congregate settings and for those in households where self-isolation is dangerous (e.g., situations of family violence). • Plan for safe spaces for self-isolation for those experiencing homelessness before fall and winter, when more individuals utilize indoor shelters. • Continue to tell the public what self-isolation entails, using public health avenues and public communication channels. A more open society makes self-isolation more difficult, with more obligations and incentives to break self-isolation, and

		important with individuals able to interact in more settings and more freely.
<p>Prepare for the eventual reopening of international borders and develop a strategy to more formally support the self-isolation of incoming travellers.</p>	<ul style="list-style-type: none"> • Provincial collaboration with and support for the federal government on border closures — particularly with the United States and on mandating 14-day self-isolation for those returning from travel — helped to limit incoming cases. • The federal government required returning travellers to outline a plan for where they would self-isolate. • The federal government provided hotel stays for individuals who did not have an adequate plan for safe self-isolation. • Spot checks monitoring self-isolation after return from travel are conducted by the federal government. 	<ul style="list-style-type: none"> • Border closures and mandated self-isolation for international travellers likely contributed significantly to the flattening of Ontario’s and Canada’s initial curves. Many countries experiencing low rates of COVID-19 have maintained border closures to protect their progress, including New Zealand, Taiwan and Australia. However, we recognize that the border must inevitably, although gradually, reopen. When it does, Ontario will need to expand self-isolation monitoring and continue to support those returning from travel. This is especially important for those returning to shared households. <ul style="list-style-type: none"> ○ Australia and New Zealand provide managed isolation through hotels for those entering the country via international travel, allowing those without symptoms who have been tested to self-isolate in the community and keeping those who test positive or those who refuse testing in hotels. Melbourne, Australia, has also experienced a resurgence, potentially resulting from lapses in hotel quarantine procedures. Alternatively, South

		<p>Korea requires all those arriving from overseas to download a tracking app through which they update their health status. They receive a reminder to do so every day for 14 days. The data is relayed to health officials, who also call to check in on the individuals.</p> <ul style="list-style-type: none"> • Implement a strategy that includes regular follow-up with those required to self-isolate, in addition to spot checks taking place.
<p>Determine how to safely deliver flu shots to more individuals in a concentrated timeframe and support innovative flu shot delivery models.</p>	<ul style="list-style-type: none"> • Many local and regional health-care systems have demonstrated the ability to scale up capacity to provide COVID-19 assessment and care. • Innovative solutions have been developed to provide safe and accessible COVID-19 testing, such as drive-through testing. 	<ul style="list-style-type: none"> • Determine in advance with key stakeholders how more flu shots can be delivered to the public in a concentrated amount of time safely, in a way that ensures individuals <i>feel</i> safe and is as safe as possible for health-care workers. • Look to examples in the Southern Hemisphere that already experienced COVID-19 and influenza concurrently. • Fund innovative models of flu shot delivery including, but not limited to, after-hour clinics, centralized clinics and clinics in untraditional settings such as drive-through clinics, while ensuring stable supply and adequate PPE for frontline workers. • Leverage strategies to facilitate and expedite accessible COVID-19 testing for flu shot administration (e.g., assessment centres, pop-up testing centres, drive-through testing). <i>See recommendation on COVID-</i>

		<p><i>19 Assessment Centres and medical evaluation centres above.</i></p> <ul style="list-style-type: none"> • Consider the use of community infrastructure to bring flu shot delivery into communities as practised in Australia, (e.g., schools, community centres, libraries, parks and other outdoor areas, religious centres, businesses with frontline employees, etc.). • Consider equipping assessment centres to provide flu shots to those seeking COVID-19 testing (for whom it is safe) as a way to increase reach in an environment already designed to prioritize IPAC measures.
<p>Communicate to the public the importance of getting a flu shot, the safety of the flu shot and where to get the flu shot.</p>	<ul style="list-style-type: none"> • Many Ontarians have shown a willingness to engage in public health practices to ensure their own and others’ safety from COVID-19. • Public health practices already underway will have the added benefit of helping to limit influenza transmission, namely wearing face coverings, physical distancing and practicing good hand and respiratory hygiene, as demonstrated by Australia’s present influenza season. Practices for safer outdoor socializing will however become more difficult in colder fall and winter months. 	<ul style="list-style-type: none"> • Increase and nuance public campaigns compared to previous years to encourage greater numbers of the public to get flu shots, with a focus on: <ul style="list-style-type: none"> ○ Communicating that the public can get flu shots safely while minimizing risk for COVID-19 transmission; ○ Communicating the safety and efficacy of flu shots for those who may be seeking them for the first time as a result of the pandemic and/or for those who may be vaccine hesitant; ○ The importance of getting a flu shot early without discouraging later uptake, cognizant of the risks and experiences of

		<p>temporary shortages in other jurisdictions;</p> <ul style="list-style-type: none"> ○ How to seek out a flu shot, particularly if new and innovative approaches are used to provide more flu shots safely in the context of the pandemic such as parking lot flu clinics or partnering primary care with public health units; ○ Aligning communications so that it is clear who should get the high-dose flu shot; ○ Communicating why flu shots are important in the pandemic (i.e., not to protect directly against COVID-19 but to protect against flu and hospitalization, and to help the health system accommodate COVID-19 cases, particularly if future flare-ups coincide with flu season); ○ For example, Australia is seeing significantly greater uptake in flu shots following public messaging and drastically lower rates of influenza compared to recent years, which is also related to continued personal hygiene and distancing practices. <ul style="list-style-type: none"> ● Work with system partners to develop clear, consistent messaging across government, public health units, health-care organizations, pharmacies and health-care workers, especially recognizing that
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		<p>individuals who have not previously received influenza vaccination may be seeking this information in the context of the pandemic.</p> <ul style="list-style-type: none"> • Particularly engage health-care workers as trusted sources of information on vaccination to patients, especially those who may be vaccine hesitant. • Develop strategies to target communication to specific high-risk/vulnerable populations.
<p>Deliver broad, clear and consistent communication on public health measures and recommendations.</p>	<ul style="list-style-type: none"> • Many Ontarians generally complied with public health measures, which most likely contributed to subsiding the first wave. While the exact impact of each measure is unknown, we can posit that the messages on the province-wide lockdown worked and the public listened. • Guidance on public health measures during the first wave evolved rapidly, particularly regarding the use of face coverings or masks for the public. The shifting guidance was met with some confusion and resistance by the public. • Canadians who use social media have been found to be more likely to believe false information about COVID-19. 	<ul style="list-style-type: none"> • The public should receive clear and consistent messages from government and public health, with alignment between provincial and local directives. This will foster public trust, which will increase public compliance with measures such as wearing a face covering or mask, adoption of the contact tracing app and getting a flu shot. Consistent and constantly reinforced communication will also prevent misinformation. • Clear and consistent messages to health-care workers will also support their understanding of changing guidance and support their ability to communicate information to patients. • Additional public communication and education is required when messaging changes. Face coverings or masks require greater, clearer and

		<p>consistent public communication and education on where and when they are needed and how to wear them properly. This is particularly important given regional differences in face covering or mask requirements in public spaces. Further, clear messaging will be required as measures change in response to localized outbreaks.</p> <ul style="list-style-type: none"> • Tailor and target messaging and use of communication platforms to different populations to ensure the broadest reach, understanding and uptake. • Use of social media to deliver clear public health communication is particularly important given that it is the source of information for many people especially young people who disproportionately represent the largest share of new cases.
<p>Tailor public health measures and recommendations based on risk level and local epidemiology, such as opening most non-essential business but not high-risk areas such as bars.</p>	<ul style="list-style-type: none"> • Closure of non-essential businesses during the lockdown had economic impacts, as well as mental health and personal financial hardships for those individuals unable to work and/or access services provided by these businesses. Opening non-essential businesses is important for both the economy and well-being of individuals. • Reopening certain non-essential businesses has resulted in a spike in COVID-19 cases. Jurisdictions such as Spain, England, Montreal and the United States experienced COVID-19 outbreaks tied to bars. 	<ul style="list-style-type: none"> • Balance economic activity (i.e., opening businesses) with the risks that each type of activity brings. Closed spaces, crowded places and close-contact settings increase transmission risk and make safer socializing more difficult. <ul style="list-style-type: none"> ○ Bars and nightclubs can present a significant risk due to the nature of the spaces. Alcohol consumption may also have an impact on individuals' adherence

		<p>to public health recommendations in spaces that lend themselves to close contact, such as wearing a face covering or mask, practicing physical distancing and good hand hygiene.</p> <ul style="list-style-type: none"> • In addition to the risk level of a particular activity/societal function, consider local epidemiology and tailor public health measures and recommendations to specific communities. Some activities/societal functions may be riskier in communities with a higher prevalence of COVID-19. The COVID-19 prevalence rate in a community will influence the safe reopening and functioning of societal activities. • Individuals should be enabled to make more informed decisions that balance the need to protect themselves and others with the need to maintain or strengthen their mental, social, developmental, physical and financial well-being with an accessible risk-assessment tool.
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Recommendations for Individuals at Local Level

Recommendation	What's Worked Well (or Hasn't)	Calls to Action
<p>Get tested as soon as you have any symptoms or if you have come in contact with a COVID-19 case.</p>	<ul style="list-style-type: none"> In the early stages of COVID-19, testing capacity was limited. Ontario has significantly increased testing capacity; however, unrestricted testing during the first wave has contributed to long waits to receive a test in some regions and a large backlog of tests as case counts rise again. 	<ul style="list-style-type: none"> Get tested for COVID-19 as soon as you have any symptoms or if you have come in contact with a COVID-19 case. Your public health unit will inform you if you are a contact for a confirmed case, and the COVID Alert app can notify you as well. Call your local public health unit or your health-care provider to find out where you should be tested and to book an appointment if one is needed. If you have symptoms or have been informed that you have come in contact with a COVID-19 case, practice self-isolation advice by public health or the health-care worker who conducted your test while you await your results. Download the COVID Alert app to increase and expedite your awareness of potential contact with a COVID-19 case.
<p>Balance benefits to your mental, social, developmental, physical and financial well-being in making decisions that may put you and/or others (especially those who are vulnerable) at risk.</p>	<ul style="list-style-type: none"> Public health measures such as lockdowns and restrictions have been important in subsiding the first wave and protecting those who are most vulnerable. But these measures have taken a toll on the mental, social, developmental, physical and financial well-being of many Ontarians. As the province has been reopening and restrictions lifting, some individuals have engaged in behaviours that put themselves and others at risk. For example, COVID-19 outbreaks tied to bars have occurred around the world, 	<ul style="list-style-type: none"> Decisions, particularly those around interacting with people outside of one's "social circle," should be made balancing the risks to oneself and others – especially those who are vulnerable – with the benefits to one's mental, social, developmental, physical and financial well-being. Everyone must play their part to tackle COVID-19. Individuals should recognize that certain settings and situations present greater risks than others, especially crowded spaces, closed-in

	<p>including in Spain, England and the United States. In Canada, there has been a spike in cases in Montreal, many of which can be traced to bars.</p> <ul style="list-style-type: none"> • There has been significant confusion among the public around the definition, purpose and practice of “social circles,” which has contributed to more social gatherings with less physical distance. 	<p>places and/or close-contact settings. For example, bars and nightclubs can present a significant risk due to the nature of the spaces, as well as the impact that alcohol consumption may have on individuals’ adherence to public health recommendations in spaces that lend themselves to close-contact, such as wearing a face covering or mask, practicing physical distancing and good hand hygiene.</p> <ul style="list-style-type: none"> • Individuals should consult with and stay up to date with information provided by the Ontario government and your local public health unit, particularly regional guidance on mandatory requirements (e.g., wearing masks or face coverings).
<p>Continue to seek care for non-COVID-19 conditions, including mental health concerns.</p>	<ul style="list-style-type: none"> • The first wave generated fear among some individuals about seeking care for non-COVID-19 conditions. For example, there were reports of fewer emergency department visits and patients waiting too long to get help, largely out of fear of contracting the virus at a health-care setting. • The stress and social isolation brought about by COVID-19 have likely significantly impacted some individuals’ mental well-being. • The provincial government made available virtual mental health supports during the pandemic covered by OHIP. 	<ul style="list-style-type: none"> • Seek care for non-COVID-19-related conditions when you are sick. This is important to prevent conditions and issues from escalating. However, understand that there may be a need to ramp down some health-care services at the regional level if faced with an outbreak, and thus, availability of certain deferrable health-care services may vary. • Do not be afraid to seek care from your primary health-care provider or the emergency department. Health-care providers are taking all available measures to ensure it is safe for you to see them in-person when needed. That said, care will continue to be delivered as a mix of virtual care and in-person, depending on what is appropriate for the clinical situation. One of the

		<p>main benefits of virtual care is that it allows you to continue to see your provider and receive quality care at a place that is convenient for you, while also reducing your risk of transmission of the virus during an outbreak.</p> <ul style="list-style-type: none"> • Seek care for your mental health needs as well as physical health. Mental health supports are available from your health-care provider, and through resources made available by the Ontario government.
<p>Create a plan for managing essential needs should you need to self-isolate.</p>	<ul style="list-style-type: none"> • Self-isolation, whether mandatory due to suspected/confirmed exposure to the virus or return from travel outside of Canada, or inadvertent for higher-risk individuals such as the elderly or disabled persons who live alone, can be challenging for many. 	<ul style="list-style-type: none"> • Create a plan for how you will manage collecting groceries and prescriptions, as well as other essential needs, should you need to self-isolate. This could include asking neighbours, friends and/or relatives who are willing to run essential errands for you. • Reach out regularly to neighbours, friends or relatives who may be especially at risk, such as the elderly or disabled persons who live alone, to see if they require any assistance with essential needs or support in developing a plan.

Recommendations for Individuals at Provincial Level

Recommendation	What's Worked Well (or Hasn't)	Calls to Action
<p>Consume public information available and stay updated as guidance and recommendations evolve.</p>	<ul style="list-style-type: none"> • A significant amount of public information has been made available on COVID-19 in Ontario. But it can be difficult to stay up to date and know what information to consume when there is an overwhelming amount of information being communicated and when that information may change or conflict. • Canadians who use social media have been found to be more likely to believe false information about COVID-19. • Guidance has changed throughout the pandemic. It can be difficult to trust reputable sources of information when changes in guidance are not clearly communicated. 	<ul style="list-style-type: none"> • As the COVID-19 situation can change rapidly, it is important to stay up to date especially with information from trusted sources, such as the Ontario government and your local public health unit. If guidance changes, try to use the most recent guidance being publicly communicated. • Be mindful when consuming information about the pandemic particularly on social media and follow social media accounts of trusted sources such as the Ontario government and your local public health unit.
<p>Download and use the COVID Alert contact tracing app.</p>	<ul style="list-style-type: none"> • Many Ontarians have adopted public health practices that help protect themselves and others. Ontario has made available a Bluetooth-based contact tracing app to help identify potential COVID-19 cases, particularly among contacts an individual with COVID-19 may not know that they have had. It also allows potential contacts to be notified more quickly than through “manual” contact tracing by public health workers. By using Bluetooth technology, the app does not identify individuals by name and does not track individuals’ location information. • Other jurisdictions that have introduced Bluetooth-based contact tracing apps, such as Singapore and Alberta, have faced difficulty getting sufficient uptake for apps to be effective. 	<ul style="list-style-type: none"> • Download the COVID Alert app to your phone. Ensure that after it is downloaded, you open it and set it up, and keep your Bluetooth turned on to allow it to work. • If you receive a positive COVID-19 test, follow the steps outlined in the app to notify those with the app that you have been in contact with. This notification will not include any information about who you are or where the contact took place.

<p>Wear a face covering or mask in all indoor public spaces and outdoor spaces when physical distancing may be difficult.</p>	<ul style="list-style-type: none"> • The public health guidance and provincial recommendations on the public wearing face coverings or masks changed rapidly during the first wave, with advice evolving from there being no need to wear face coverings or masks to some regions making it mandatory in indoor public spaces. The evolving guidance has, in part, been due to new research and learnings on the pathology of COVID-19, including the risk of asymptomatic and pre-symptomatic transmission. The evidence is now strong and clear that wearing a non-medical mask or cloth face covering can help reduce transmission of the virus and protect others around you. The more people who wear face coverings or masks, the more people who are protected. Wearing masks is common in countries such as China, Taiwan and South Korea that managed to subside the first wave quickly. • The uptake of wearing face coverings or masks by the public has varied regionally based on whether mandatory laws exist, which have also been met with resistance via public protests. 	<ul style="list-style-type: none"> • To keep yourself and others safe, wear a face covering or mask in indoor public spaces and outdoors when physical distancing may be difficult. Wearing a face covering or mask may be mandatory in some regions, so make sure you are aware of local laws. • It is important to understand that some individuals may find it dangerous or challenging to wear a face covering or mask due to other health conditions, and it is not recommended for children under age two. • Medical-grade masks should continue to be preserved for health-care professionals. • Guidance on how to safely and properly wear a face covering or mask should be followed.
<p>Track your activities and contacts, particularly those you interact with for 15 minutes or more at less than two metres.</p>	<ul style="list-style-type: none"> • Ontario has been able to significantly increase contact tracing capacity, but it can be difficult for individuals to remember all the places you have gone and the contacts you have interacted with, particularly when under stress from a diagnosis. It will be even more difficult to remember these details as society continues to reopen and we are able to visit more places and see more people. • The COVID Alert app is a useful way for your mobile phone to log 	<ul style="list-style-type: none"> • Keep a record of where you go, when you went and who you interacted with, particularly those you come in close contact with (15 minutes or more at less than two metres).

	<p>and notify those you come in contact with without sharing your or your contacts' identities. But since not all individuals use the COVID Alert app, it is helpful to keep a record of your activities and contacts that you are aware of if they need to be shared with a public health contact tracer.</p>	
<p>Get a flu shot when they become available.</p>	<ul style="list-style-type: none"> • Many Ontarians have demonstrated willingness to follow public health guidance that helps to protect themselves and others. • This public health guidance, including physical distancing, hand and respiratory hygiene, and wearing face coverings, can help limit transmission of influenza and COVID-19. 	<ul style="list-style-type: none"> • Get a flu shot once they become available. While the flu shot does not protect against COVID-19, it helps to protect you and those around you from the flu. It can also keep you from suffering from both the flu and COVID-19 and helps keep you and others out of the hospital, which helps preserve health-care system capacity.
<p>Continue with proper hygiene practices, including washing your hands, not touching your face, sneezing/coughing into your elbow and cleaning high-contact surfaces.</p>	<ul style="list-style-type: none"> • Many Ontarians quickly adopted proper hygiene, including washing their hands, not touching their face, sneezing/coughing into your elbow and cleaning high-contact surfaces. These practices are key to reducing the risk of transmission of the virus. 	<ul style="list-style-type: none"> • As the province has been reopening and restrictions have been lifting, it is easy to become complacent and forget these important practices. However, it is essential to continue these hygiene practices to reduce the risk of transmission of the virus.
<p>Practice safer socializing and try to avoid closed spaces, crowded places and close-contact settings.</p>	<ul style="list-style-type: none"> • Many Ontarians have followed public health guidance on limits to socializing, enabled by the lockdown that made many forms of socializing difficult. • Safer socializing may become more difficult in colder fall and winter months as outdoor socializing becomes less feasible. 	<ul style="list-style-type: none"> • Follow physical distancing/gathering guidelines that enable socializing while staying safe. • Understand the difference between “social circles,” the unique groupings of up to 10 individuals with whom you do not need to physically distance, and “social gatherings,” which need not be with those in your social circle but do require physical distancing.

		<ul style="list-style-type: none">• When socializing, try to avoid closed spaces, crowded places and close-contact settings as these increase transmission risk and make safer socializing more difficult.
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