



## **COVID-19 Response Framework**

### **Cohorting within Long-Term Care, Affiliates and Personal Care Homes**

**DATE:** April 19, 2020

The Chief Medical Health Officer issued a Public Health Order on April 17, 2020 (Control of Transmission of 2019 Novel Coronavirus) identifying special-care homes (long-term care (LTC) and personal care home (PCH) facilities) “must restrict the movement of Staff Members among Facilities by ensuring that each Staff Member works in only one Facility.” This will be referred to as cohorting.

As such, this document outlines how the SHA and Affiliate organizations intend to implement cohorting to comply with this order.

**The following Principles are foundational to cohorting within LTC/PCH and between LTC/PCH and other service areas (i.e. Acute Care, Home Care, etc.):**

1. The intent of the cohorting strategy is to minimize the exposure in LTC and PCH facilities based upon operational feasibility and the phase of the pandemic.
2. Each employee will for the most part be allowed to work at one site. If for operational reasons it is not feasible for all staff in all settings and/or geographies to work at only one site, exceptions may be made by a MHO.
3. The entire health system will work together to ensure that there are sufficient staff at every worksite to safely meet all necessary clinical and care needs.
4. Where practicable, employee preference regarding site selection will be considered.
5. Part-time and casual staff will be encouraged to work up to fulltime hours, subject to the operational needs of the facility.
6. In order to maintain site-specific knowledge and ensure continuity of care, as many employees as possible will remain at sites where they hold a position.
7. Employers will prioritize safety, training and support for all employees to protect against the spread of COVID-19. This includes required training and access to appropriate PPE.
8. The expectation is that employees will protect against the spread of COVID-19 by following recommended practices. (i.e. physical distancing, following Medical Health Officer orders, etc.).
9. No employee shall be subjected to any adverse treatment due to expressing a preference to work at another facility.
10. The principle of seniority will be adhered to in the application of cohorting wherever practicable.
11. This framework has been developed to comply with the Temporary Letter of Understanding (LOU) related to Labour Pool and Cohorting of Staff.

## **Site Specific Cohorting Principles and Processes**

1. Given the principle of providing employees with an opportunity to identify their preferred site(s) from those sites where they currently hold a position within LTC/PCH or between LTC/PCH and other service areas, the following will be utilized to guide the decision-making process:
  - a) All employees who work at only one worksite will be cohorted to remain at that worksite.
  - b) Fulltime employees who work as part-time or casual at another worksite (employer) will be cohorted to the site where they are fulltime.
  - c) Part-time employees who work at another site part-time will be asked to rank their preference between these worksites. In this scenario, the employee should be cohorted to a particular worksite if their work history or guaranteed FTE clearly points to a particular site (i.e. 75% of their work occurs at Site A and only 25% occurs at Site B).
  - d) Part-time employees who work at another worksite as a casual will be asked to rank their preference; however, such employees will usually be assigned to the worksite where they are employed part-time.
  - e) Casual/Relief employees who work at multiple worksites will be asked to rank their worksite preference.
  - f) Submitting preferences does not mean that employee's preference will be granted in every case. Operational and epidemiological factors will take precedence.
- 2) Operational leaders can "seek approval from a medical health officer to permit a Staff Member to work in more than one Facility, if they are unable to ensure adequate staffing levels in a Facility as a result of complying with" the Public Health Order.
- 3) Employees will retain their combined guaranteed hours at regular rates of pay subject to overtime and premium pay provisions of the collective bargaining agreement (CBA).
  - a) Employees who currently work at multiple sites will be scheduled to work their total combined guaranteed hours at the single site. Daily and weekly overtime, under the appropriate collective bargaining agreement, will apply to all applicable hours.
- 4) Wage Rates
  - a) All employees limited to working at a single worksite under the Public Health Order will:
    - i) Maintain their hourly rates for the guaranteed hours of their full-time/part-time positions and relief/casual hours already scheduled in the posted and confirmed period when first cohorted, regardless of the site to which they are cohorted;
    - ii) Employees reassigned or redeployed to perform the duties of a lower paid classification shall be paid at their current rate of pay. Employees reassigned or redeployed to perform the duties of a higher paid classification shall be paid as per the CBA.

5) Employment and Employee Benefits

- a) All employees will retain their employment status at all worksites/employers where they are currently employed. When the Public Health Order has ended, employees will be reassigned to all previous worksites/employers as quickly as is reasonably possible.
- b) Seniority will continue to be applied as per the applicable collective agreement.
- c) Benefits coverage, eligibility and pension contributions will be maintained by the employer at the worksite where employees are restricted from working under the Public Health Order.

6) Schedule Determination

- a) In order to determine an initial schedule, the employer will:

- i) Maintain the current schedule (within the posted and confirmed for full-time, part-time and relief employees) for all employees who remain at the worksite and have schedule hours;
- ii) Identify all shift gaps in the current schedule by job classification;
- iii) Fill identified shift gaps with employees as follows:
  - (1) Assign employees who have been cohorted to the site up to their guaranteed hours (from all sites). (Note: See LOU point 16 for clarification on Employer Directed Shift or Schedule changes)
  - (2) Offer/Assign all casual/part-time employees remaining shifts as per normal call-in/relief assignment processes.
  - (3) Overtime will be offered for any remaining shifts as per the CBA and normal scheduling processes.

- b) In order to safely meet all necessary clinical and care needs, outside the posted and confirmed period, the employer will:

- i) Wherever practicable, maintain the schedule of all fulltime and part-time staff with guaranteed hours (from all sites). If alterations to the schedule are required, LOU point 16 will apply.
- ii) Identify all shift gaps in the current schedule by job classification;
  - (1) Offer/assign identified shift gaps to all part-time/casual employees as per normal call-in/relief assignment processes.
  - (2) Overtime will be offered for any remaining shifts as per normal scheduling processes.
  - (3) Access the labour pool (including broadcasting) and supplemental workforce processes.
- iii) If shift gaps still exist resulting in inadequate staffing levels, operational leaders will need to engage a medical health officer to seek approval to permit a Staff Member to work in more than one LTC site.