



SSAO BULLETIN

TESTIMONY BY CANADIAN MILITARY TO THE COVID-19 LONG TERM CARE COMMISSION October 16, 2020

http://www.ltccommission-commissionsld.ca/transcripts/pdf/Government_of_Canada_Canadian_Armed_Forces_Final_Transcript_October_16_2020.pdf

HIGHLIGHTS

- House Standing Committee on Health has re-convened and will be receiving within two weeks, approximately 14,000 pages of documents from the military related to the military's deployment to long term care homes in Ontario and these will be posted on the Parliamentary website;
- On April 22, 2020 Solicitor General Jones wrote to Minister of Public Safety Blair a request for assistance, Blair forwarded to Minister of National Defence Sajjan who approved it same day and formal letters drawn up over next two days – request was for 14 days and no more than 30 days – for trained medical, associated support staff to provide humanitarian relief and medical support in LTCF's (Pg. 57/58);
- Operated at the request of Deputy Minister of Long Term Care Richard Steele and the Solicitor General of Ontario – operationalized by Regional Joint Operations Team and Provincial Emergency Ops Centre (Pg. 23);
- Deputy Ministers Richard Steele and Helen Angus (Health) put together an Incident Management System for COVID response made up of public health experts (head of UHN) and co-chaired by both Deputies, and other officials which coordinated the response through public health units, and provided all the detailed information to the Provincial Emergency Operations Centre, and determined priority responses based on trending data (Pg. 29/30);
- In LTCF's for 67 days (Pg. 37);
- Augmented Civilian Care Teams commanded by a Senior Nursing Officer (Major Karoline Martin) + team nursing officer + two others nurses who could go in 24/7 – junior and senior nursing officers assigned to each home + regular military to ensure necessities of life were being met (Pg. 49/50);
- 750 troops involved from April 22 to July 3rd during the 67 day period (Pg. 68/71);
- Insufficient military medical expertise to do the correct oversight and clinical work inside of the locations which is why they were only able to respond to 5 facilities – normally rely on the public health system – total number of medical personnel available 125 – 12

people in each of the five teams (2 nurses and 10 technicians) – teams of 6 for 12/12 shifts – cleaning, infection control etc also done (Pg. 74-76);

- Some facilities were in dire situations because staff had been decimated (Pg. 76);
- Actual medical oversight done by Public Health Unit (Pg. 81);
- Observations were shared with officials in the facilities on a daily basis and shared with Deputy Minister Steel (Pg. 91/92);
- Director of LTC Inspection report, Stacey Colameco received weekly observation reports (Pg. 93);
- Left when infection prevention and control were established; facility had the resources to do it – the education, the PPE, cleanliness, separation of those infected from those who were not – there was medical expertise and activity, trained staff were available and executing duties (Pg. 98);
- There were other hard hit locations that they did not go into (Pg.102);
- Staff were getting ill themselves and infecting their families and were part of the transmission, and some died. Some staff were looking after family who were in other homes and had COVID (Pg.109);
- Saw agency staff come in – Province involved to reinforce staffing in LTCF's (Pg. 110);