Presentation to: ONTARIO'S LONG-TERM CARE COVID-19 COMMISSION
OCTOBER 13, 2020

Presented by:

ONA

Ontario Nurses' Association

Issues and Recommendations

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Staffing

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Staffing: Workload, Retention and Funding

Commissioner Gillese Findings on Staffing:

The core reason for the low levels of staff is the limited government funding provided to LTC homes for nursing and personal care staff. However, it is also attributable to the difficulty that LTC homes have in recruiting and retaining nursing staff. The hospital sector is the homes' biggest competitor for nursing staff. Witnesses at the public hearings gave many reasons for why it is more attractive to work in a hospital setting than in an LTC home. Better pay, better benefits, and better working conditions top the list.

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As well, in a hospital setting, an RN has other healthcare professionals with whom to immediately consult when an emergency arises – physicians, nurse practitioners, pharmacists, respiratory therapists, and other RNs. In contrast, at an LTC home, especially in small rural homes, often only one RN is on duty. That nurse is solely responsible for the immediate care and assessment of the residents' medical needs, including in emergencies. There is also a significant disparity in the number of patients or residents for whom the nurse is responsible, with nurses in LTC homes typically having responsibility for much higher numbers of individuals. When the heavy workload in LTC is considered in combination with these other matters, it is easy to understand why homes have difficulty recruiting and retaining nurses.

These challenges are compounded by the fact that work in LTC appears to be undervalued, from a societal point of view, and undesirable, from the perspective of many healthcare professionals.

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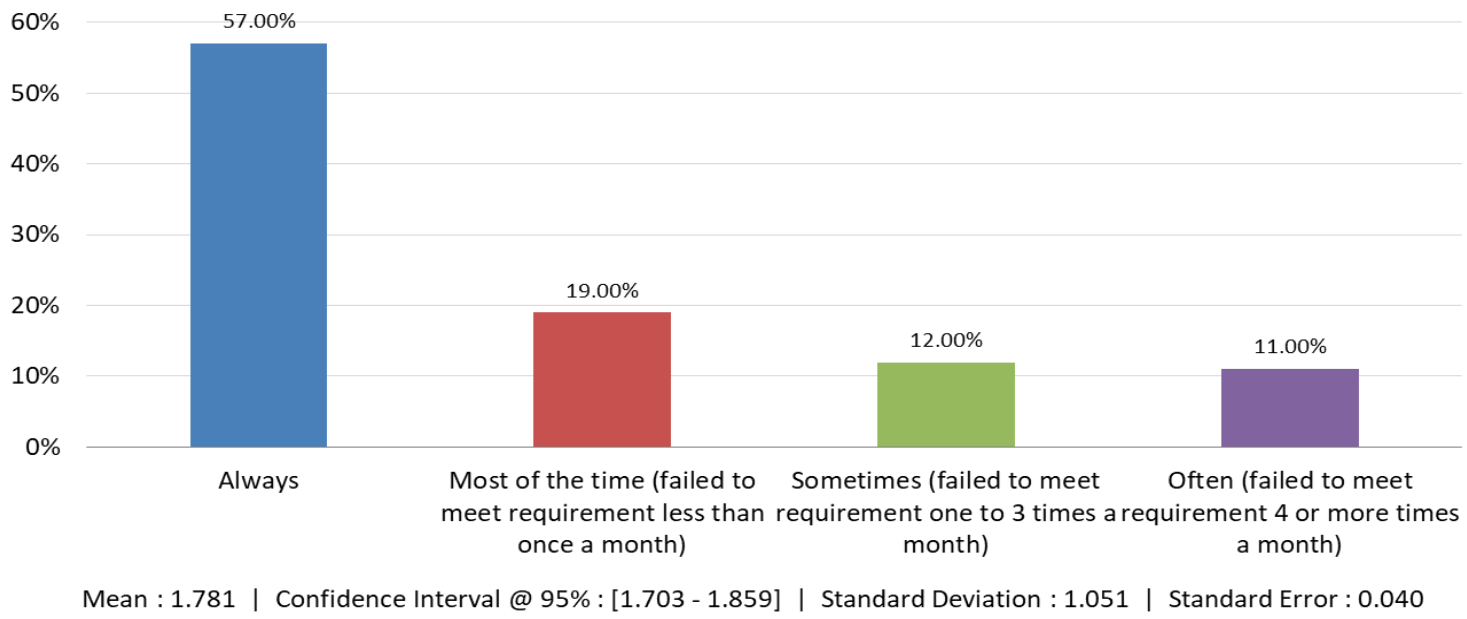
All Homes

The Long-Term Care Homes Act requires that Homes have at least one RN, who is an employee and a member of the regular nursing staff, present and on duty at all times. Since March 2020, has your home meet this standard?



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Staffing: Workload, Retention and Funding

"We were short staffed almost every day before the outbreak When Covid hit we were down to a bare minimum or bellow not only nursing staff but other departments to 3-4 staff was taking care of 72 residents which was an impossible task"

"No regular staff were available to work in the facility, because they were sick, 3RNs tested positive, the 3RNs chose to work in other LTC facility, not enough RPNs and PSWs too related to they are allowed to work in one single facility."

-Anonymous ONA Members from LTC Survey

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Staffing: Workload, Retention and Funding

"…On one weekend a palliative patient was left in a room unstaffed by a nurse for a shift. Rns and Rpns were unable to manage dangerously high workload and acuity. Patients were left with short psw care, in addition to short nursing. Care was not completed for residents with tube feeds, IVs, and complex wounds. Management was unresponsive, and calls for help fell on deaf ears. Staff went without breaks and were too busy to eat. Management refused to step in or attempt to hire more nurses."

-Anonymous ONA Member from LTC Survey

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Staffing Recommendations:

1. Immediately require every licensee to ensure that LTC homes are staffed in accordance with the requirements established in the LTCHA, its regulations and all obligations under collective agreements.
2. There shall be no layoffs while Bill 195 is in effect, despite changes to CMI or occupancy.

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Staffing Recommendations:

3. The MLTC must provide a temporary wage increase for RNs and RPNs so that they are receiving the same pay as nurses in the hospital and municipal sector. This temporary wage is to last until the pandemic is over and should end at the same time as the increase to PSW wages. This would be followed by a permanent wage increase after the pandemic.

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Staffing Recommendations:

4. The MLTC should immediately increase the funding per home to ensure there is 4.1 hours of direct care (worked hours) provided by RNs, RPNs and PSWs. Of those hours, 20% should be RN, 25% RPN, and 55% PSW.
5. During any outbreak, homes must upstaff RNs, RPNs and PSWs. The MLTC must provide funding so that this can be implemented immediately.

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Staffing Recommendations:

6. Immediately, cease requiring Registered Nurses to perform the role of funeral directors and coroner during an outbreak. Funeral Directors can safely attend in the home wearing Personal Protective Equipment for airborne protection.
7. MLTC must provide immediate funding to homes which the homes will be required to use to create more full-time positions with benefits to attract and retain staff.

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Government Action

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Government Action: Failure to Follow the Precautionary Principal

"The point is not who is right and who is wrong about airborne transmission. The point is not science, but safety. Scientific knowledge changes constantly. Yesterday's scientific dogma is today's discarded fable. When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today. We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty."

-Justice Archie Campbell, SARS Commission

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Government Action: Failure to Follow the Precautionary Principal

"During a public health crisis, no health worker should be denied the opportunity to use or be discouraged from using approved protective equipment and infection control and worker safety procedures she believes are necessary to protect herself."

-Justice Archie Campbell, SARS Commission

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Recommendations on the Precautionary Principle:

8. The precautionary principle must guide the development, implementation and monitoring of measures, procedures, guidelines, processes and systems to ensure worker health and safety.
9. Amend Directive 5 to be truly consistent with the precautionary principle. Airborne precautions should be worn by regulated health professionals and other health care workers when providing care to suspected, probable or confirmed residents in long term care.

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Government Action: LTC Direction Came too Late

"Too little to late. Should have started in February"

"It was too late. Too many resident died and too many staff tested positive."

"The directives did have an affect. However, it seemed that there was a delay of two weeks from when front line staff saw a need for change and when the directive came down. And now that we are entering different stages I feel the opposite is true, we are moving too fast."

-Anonymous ONA Members from LTC Survey

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Government Action: To Many Directives; to Hard to Follow

"I find the government directives are confusing and changes too often"

"This company interprets directives the way they want to."

"Nobody can say Directions were clear and best. We found many gaps. Emergency order was selectively followed by our Managers. It was time were we was confused many different directions and orders to follow…"

-Anonymous ONA Members from LTC Survey

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Recommendations on the Directives:

10. Ensure that directives, orders, guidelines and supporting interpretive documents do not conflict and are consistent with one another.
11. All directives (past and present) should be available on the Government website.
12. Directives should clearly indicate that they represent minimum standards and requirements.

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Issues in the Homes: Leadership, Infection Control, Health and Safety

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Issues in the Homes: Leadership, Infection Control, Health and Safety

"Severe lack of communication about the often daily changes to policies and procedures. Staff was often unsure, confused, had no answers. Night shift left out completely."

"No leadership no communication past management and onto evening and night shift"

-Anonymous ONA Members from LTC Survey

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Issues in the Homes: Leadership, Infection Control, Health and Safety

"Serious lack of communication between levels of management and staff and all information was given via an over abundance of daily emails."

"They just placed the directives in a binder in the staff room it was our choice if you read it or not"

-Anonymous ONA Members from LTC Survey

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Issues in the Homes: Leadership, Infection Control, Health and Safety

“Leadership has been isolating themselves in their offices. They explained that this was to limit their exposure to COVID-19; however, it made front line staff feel as if members of management were hiding in their offices while front line staff continued to work and risk their health. It has created a 'them and us' environment between front line and management staff with the RNs being the go-between.”

-Anonymous ONA Members from LTC Survey

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Issues in the Homes: Leadership, Infection Control, Health and Safety

"Managers ran and hid during pandemic and were never seen."

"Lack of education, lack of support. Managers have been going on holidays all summer and having weekends off while we work completely short staffed and unmanageable"

-Anonymous ONA Members from LTC Survey

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Issues in the Homes: Leadership, Infection Control, Health and Safety

"No support given to the RNs during the time on outbreak. Often times many of us had to remain on shift to help the other RN coming on or leaving due to the high acuity level of some of the residents. DOC unavailable most times to come in to help stating she was "out of town" or had been drinking and could not come in. I felt obligated to come in early as management did not come in to work when a nurse had called in for shift, or no show. Management told RN to manage both hallways for administrating meds (over 50 residents and 200+ meds) as no one was available, guilting myself and others to come in because there was "no one else". For COVID updates "memos" were left on the desk to inform us of any changes. No management available to ask for help or support during the night shifts."

-Anonymous ONA Member from LTC Survey

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Issues in the Homes: Leadership, Infection Control, Health and Safety

Some Homes Had Good Leadership:

"…Daily conversation and communication about how to prevent the spread as well as conversation about what is going on in the facility."

"Each nurses station had a binder which contain COVID-19 directive updates and the director of care the administrator were always available for education on these directives."

"Our administrator worked 7 days a week along side us"

-Anonymous ONA Members from LTC Survey

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Recommendations on Leadership:

13. Administrators/DON/ADON should be communicating with families and Substitute Decision makers.
14. During any outbreak the DON and Administrator must alternate the times of day they are in the home to provided leadership and direction at times other than Monday to Friday during the daytime.
15. The role of the medical director needs to be clarified so that it is clear that they are expected to attend the Home in person during an outbreak.

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Recommendations on Leadership:

16. Licensees are required to immediately notify all employees when a resident or employee tests positive for COVID-19.
17. A flagging system must be developed to indicate which residents have COVID-19. This includes a sign on the door to the room, a sign above the bed, and a wristband so that if the resident wanders, staff are aware of the resident's status.

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Recommendations on Communication:

18. Daily huddles on every shift should be held to discuss new or updated policies, procedures and measures. Huddles should also include new and emerging treatment and care protocols particularly for emerging diseases e.g. COVID – how to provide supportive care. Information should be documented in a binder or on an electronic platform so that it can be shared with staff working on the evening and night shifts.
19. The care plans of all residents need to be updated immediately, to reflect the resident's wishes regarding enhanced care and alternative care settings.

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Infection Prevention and Control and Health Safety

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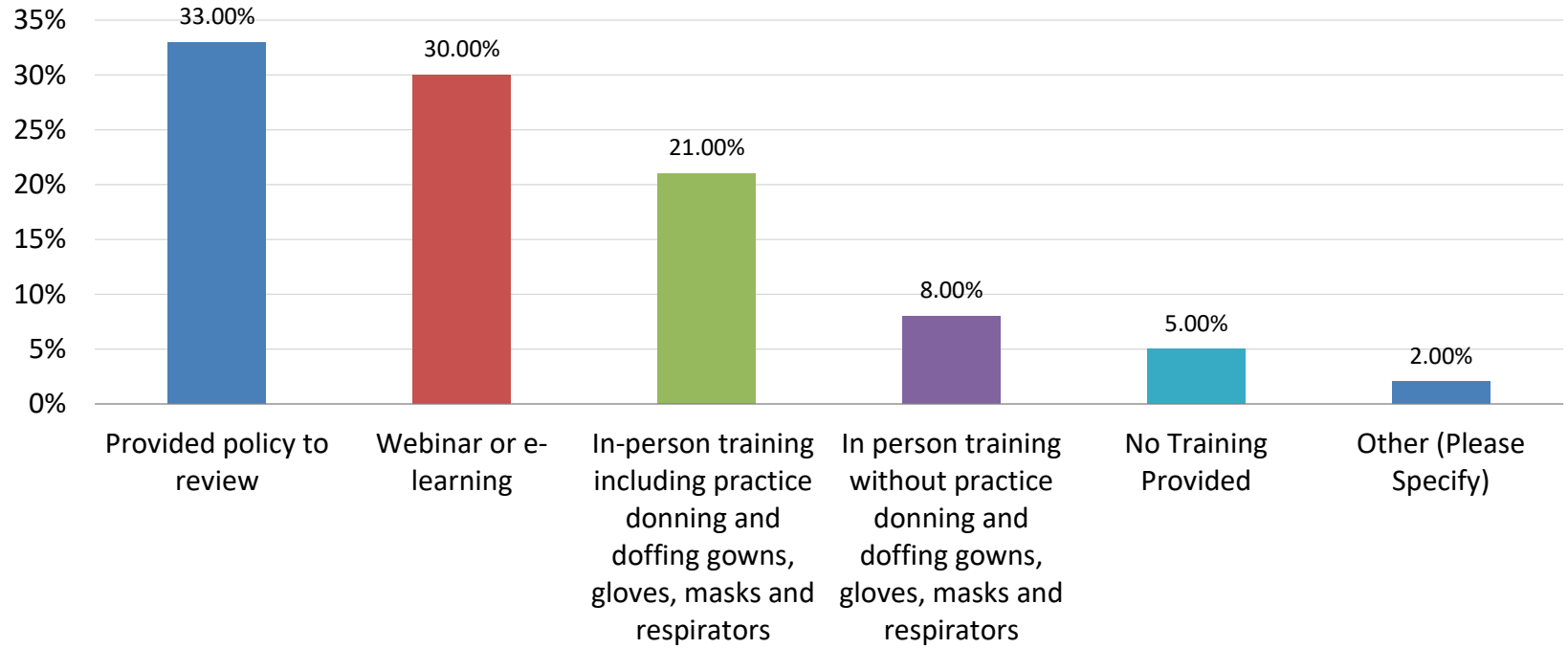
All Homes

What, if any, IPAC training had you been provided by the Employer?



Mean : 2.298 | Confidence Interval @ 95% : [2.237 - 2.360] | Standard Deviation : 1.281 | Standard Error : 0.032

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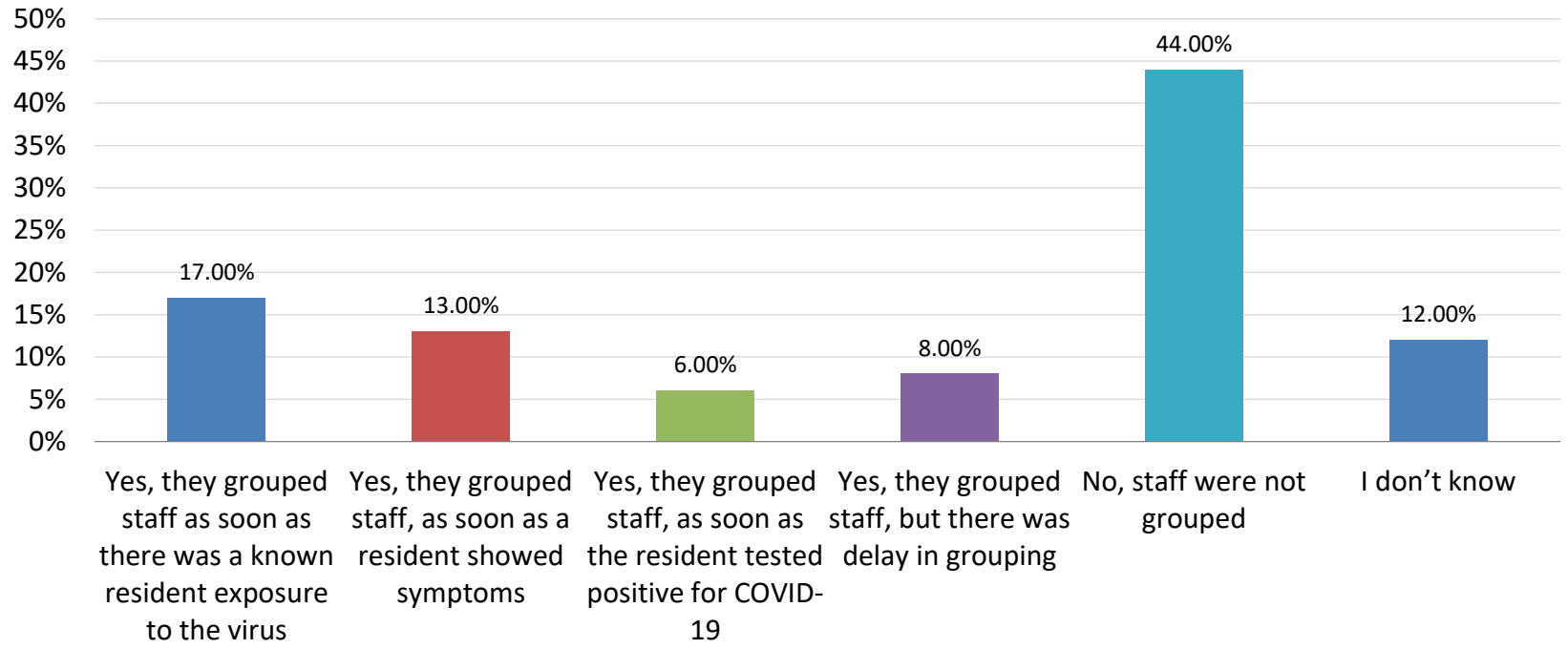
All Homes

Did the Home group staff to prevent the spread of COVID-19?



Mean : 3.840 | Confidence Interval @ 95% : [3.721 - 3.959] | Standard Deviation : 1.747 | Standard Error : 0.061

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IPAC and Health and Safety:

"Registered staff and the PSWs would request N95 masks and were either ignored or bullied & berated by the Management team. I witnessed so many staff crying about these issues that it became a 'part of my day'. When RNs from other facilities came onto the unit that I worked they wore appropriate PPEs. One of the RNs attempted to secure equipment for me but her home facility refused. PSWs would arrive and then threaten to leave because of the lack of resident isolation and inadequate PPEs; most would yell at me to help them."

-Anonymous ONA Member from LTC Survey

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IPAC and Health and Safety:

“N95s are in a room with a sign on the door saying that if you take anything from the room it is stealing and your job will be terminated”

“In March, management felt that isolating people in semi private rooms with a curtain was sufficient. They also stated we should not wear masks as "it will scare new residents."

“I wore [a fitted n95] but I got into trouble because a non-disciplinary letter was issued”

-Anonymous ONA Members from LTC Survey

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IPAC and Health and Safety:

"At the beginning of pandemic situation, N95 masks were hidden away. After union had contacted Administrator saying that N95 masks must be made easily available for staff, there are a few boxes kept in the office, only RN and managers have the key to the room to get the N95 masks. If Administrator is informed of staff asking for N95 masks, she would try to talk people out of using N95 masks. If staff insist, she would give the N95 mask in a willy nilly manner."

-Anonymous ONA Member from LTC Survey

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IPAC and Health and Safety:

"PPE issue, locked everything. I understand, they have to count everything, but during weekend and after hours, we have lots of problems."

"N95 marks were locked up. When finally given staff had to use same mask per shift vs not 1 per resident."

"They are hiding the stock"

-Anonymous ONA Members from LTC Survey

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IPAC and Health and Safety:

“Had to save All PPE for isolated residents. Had to go without masks for over a month!”

“We were told “Public Health says that is not needed. We take our direction from Public Health”

-Anonymous ONA Members from LTC Survey

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IPAC and Health and Safety:

"Roommates with symptoms were isolated with their roommates, and swabbed whether they exhibited symptoms or not and placed in 14 day isolation. We did not group residents in to separate areas."

"Still [haven't] group them. We don't have space to do so. They are isolated in their room behind a curtain that is a foot or two from roommate's bed. Meal trays are sent to room. They all eat[ing] in a large dining hall and not with the people they reside in room with. Some on isolation won't stay in room so they wear mask and go about. On the dementia unit they are on secure unit and all wander."

-Anonymous ONA Members from LTC Survey

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IPAC and Health and Safety:

“There was not enough staff to work--unfortunately staff were needed to move from unit to unit to ensure that other residents were also taken care of. It seemed to be at management's convenience--staff were told to cohort but if another unit was short staffed, they were allowed to work on that unit.

-Anonymous ONA Member from LTC Survey

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Recommendations on IPAC and Health and Safety:

20. Every home must have a RN who is an Infection Control Practitioner who is trained and certified in IPAC Canada-endorsed courses. This education should include IPAC Canada's:

    Novice Infection Prevention and Control Course;
    and Basic Infection Prevention and Control Program at Centennial College in Toronto or Queen's University in Kingston

    Ideally, the IPAC specialist will be or will agree to be, certified in Infection Control. (CIC)

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Recommendations on IPAC and Health and Safety:

21. The IPAC Practitioner will have the authority to make effective decisions about infection prevention and control in the workplace.

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Recommendations on IPAC and Health and Safety:

22. All staff must receive comprehensive training on the following:
    a. IPAC. This training must be in-person and include training, testing and drilling workers on donning and doffing personal protective equipment. A document review, or e-learning is insufficient.
    b. This training should be performed annually and anytime there is a change to infection control direction and policies and at the beginning of any outbreak.

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Recommendations on IPAC and Health and Safety:

c. Training in the disease process especially new or novel diseases and infections causing the outbreak (e.g. spread, course of the disease, treatment of the illness, etc)
d. To ensure management and staff can regularly attend training, licensees must pay for the costs of the training, cover staff salaries during the training, and backfill shifts as necessary.

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Recommendations on IPAC and Health and Safety:

23. In order to keep the virus out of the home, Directives must mandate that:
    a. Admissions and readmissions must be tested within 48 hours prior to admission/readmission. Residents who leave the building and/or grounds (e.g. home visit) must be isolated for 14 days upon return.
    b. In hot zones, admissions must cease. Residents must not be permitted to leave the grounds.

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Recommendations on IPAC and Health and Safety:

c. Staff and residents should be tested every two weeks in a manner that is least intrusive (eg sputum testing instead of NP testing.) Results must be received within 48 hours, therefore homes must either receive priority testing or new fast testing.
d. Agency staff, staff obtained through the government HHR Matching tool, students, private family caregivers/sitters/companions/essential caregivers and family visitors must be tested and they must demonstrate proof of a negative test before they enter the home.

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Recommendations on IPAC and Health and Safety:

e. Part-time employees who choose to work at a single long-term care home should be provided with full-time hours. Licensees/operators must not offer hours to agency or full-time employees at overtime until all part-time employees have been offered available hours.
f. Agency workers should be limited to working in one health care facility while provisions of Bill 195 remain in place and/or the WHO declares an end to the COVID-19 pandemic (whichever is later.)

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Recommendations on IPAC and Health and Safety:

g. Regulated health professionals and other health care employees diagnosed with COVID-19 will not return to work until they have received two negative tests, or until 14 days have elapsed after symptom onset, if they are symptom free.
h. Every home must identify and prepare rooms that are available to be used for isolation. We recommend at least one room per 32 residents.

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Recommendations on IPAC and Health and Safety:

i. Residents should not be placed in a room with more than one other resident. This includes not only new admissions and readmissions, but also those who are currently occupying ward rooms. Ward rooms should be converted to semi-private rooms as soon as possible, through attrition.

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Recommendations on IPAC and Health and Safety:

j. Residents should not be placed in a room with more than one other resident. This includes not only new admissions and readmissions, but also those who are currently occupying ward rooms. Ward rooms should be converted to semi-private rooms as soon as possible, through attrition.

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Recommendations on IPAC and Health and Safety:

24. The MLTC must provide funding to ensure that employees who quarantine or isolate due to an exposure are paid for their time off and that part-time and casual employees receive paid sick leave.
25. Isolating and cohorting residents and cohorting staff must be mandatory.

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Recommendations on IPAC and Health and Safety:

26. Every LTC Home must have an adequate supply of PPE, including gloves, gowns, goggles, surgical masks and NIOSH approved fit-tested N95 respirators (or equivalent or better protection.) At a minimum, an adequate supply of PPE would be a three month supply.
27. PPE must be readily accessible to all regulated health professionals and other health care workers in the Home.

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Recommendations on IPAC and Health and Safety:

28. The home will provide weekly updates on its supply during the pandemic to the Joint Health and Safety Committee (JHSC) and trade unions. This weekly update will include the number of each type of PPE (including relevant model numbers of N95s). After the pandemic, the home will report on its supply at every JHSC meeting.
29. Immediately ensure that all employees in LTC homes have been fit-tested for NIOSH approved N95s. As new models are received by LTC homes, ongoing fit-testing must occur.

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Recommendations on IPAC and Health and Safety:

30. The provincial government should create and maintain a provincial stockpile of PPE. Data should be publicly available, in real time, including the type and numbers of PPE in stock and expiration dates.
31. The “Field Hospital” model which was so successful in Windsor should be used province-wide. In the alternative, long-term care homes must move residents into the hospital or dedicated facility for treating COVID-19.

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Enforcement and Oversight

Ontario Nurses' Association

Enforcement and Oversight

One need only read the affidavits of the individual nurses in this Application record to understand that they spend their working days, in particular during the current emergency situation, sacrificing their personal interests to those of the people under their care. And given the nature of the pandemic, they do this not only for the immediate benefit of their patients but for the benefit of society at large. To suggest that their quest for the masks, protective gear, and cohorting that they view as crucial to the lives and health of themselves and their patients represents a narrow, private interest seems to sorely miss the mark.

-Justice Morgan, Ontario Nurses Association v. Eatonville/Henley Place, 2020 ONSC 2467 (CANLII)

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Recommendations on Enforcement and Oversight:

32. A system and process is required to ensure timely enforcement of the Directives. As part of that process, the Health Protection and Promotion Act must be amended to provide health care workers whistleblower protection. In the interim, a whistleblower line should be established so that staff can report their concerns.

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Recommendations on Enforcement and Oversight:

33. The MOL should conduct a proactive inspection blitz in long-term care homes, which would include unannounced inspections. As part of the blitz, inspectors will inspect to ensure the internal responsibility system including the Joint Health and Safety Committee ("JHSC") is functioning with regular meetings, that all policies, measures and procedures required under the Act are in place, that they have a sufficient supply of PPE, all staff are trained in the use of PPE and the Homes are acting in accordance with the precautionary principle.

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Recommendations on Enforcement and Oversight:

34. Immediately, Ministry of Labour inspectors must:
    a. Conduct all inspections in-person, on-site.
    b. Inspectors must speak to the workers, including the worker, if any, who made the call to the MOL identifying concerns.
    c. Exercise independent judgment and decision-making during the inspection process.
    d. Explain their rationale for not issuing an order in the Field Visit Report.
    e. Complete their investigations in a timely manner, particularly those being conducted in response to notice under s.51(1) of OHSA (critical injury or death.)

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Recommendations on Enforcement and Oversight:

35. Inspectors must inspect so as to fully enforce the Act and the standards set in the Directives.
36. MLTC inspections must be conducted without warning to the home, in-person and on-site. Inspectors can attend on-site with appropriate PPE.

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Workers in LTC Have Experienced Significant Trauma

“The impact has been significant. Watching the residents physically decline was terrible, having two of the PSWs that I worked with die was horrific, having the RN who I was replacing forced to work on the unit when I tested positive and her ending up on a respirator in ICU - I don't even have the words! All of this on top of having given covid-19 to my disabled husband. And let's not forget the background noise of the PSWs yelling at me on a daily basis because there were insufficient PPEs and PSWs. I had no power and all the accountability. I have missed work since May and don't know when I will be well enough to return.”

-Anonymous ONA Member from LTC Survey

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Workers in LTC Have Experienced Significant Trauma

"I have never felt more helpless. There was to many residents dying and I couldn't help them all. There was also the knowledge of knowing I would catch COVID from the non existent PPE but continuing to work because if I didn't stay, there would be no staff."

-Anonymous ONA Member from LTC Survey

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Workers in LTC Have Experienced Significant Trauma

"[I have] never worked under circumstances like this. It felt like a terrible nightmare. We started the day with a prayer for all of us. Never [k]new if we are going to finish the shift and how many of us will be still alive. Our second family/resident were dying from this terrible virus in large numbers. [I have] never seen this many people dying. There were and still are horrible nightmares and sleepless nights and death all around. Nobody seemed to care or [was] willing to help.

-Anonymous ONA Member from LTC Survey

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Workers in LTC Have Experienced Significant Trauma

We were counted as collateral damage -dismissed easily as we don't really count in outbreak… Have not seen my family for months,… Impact of the covid is permanent on all of us I am still fighting the feeling of desperation, loss and death"

-Anonymous ONA Member from LTC Survey

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Recommendation:

37. Mental health supports must be provided to employees who worked throughout the pandemic, including counselling to be made available to employees for a period of up to 2 years at no cost.

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Thank you!

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