Canada Beyond Covid-19: Looking Back to Move Forward
A Virtual Nursing Week Event

May 13, 2020

> **"As nurses, we know that patient safety starts with worker safety. If our health care workers are safe than our patients are safe."**
>
> **Linda Silas, RN, President, the Canadian Federation of Nurses Unions**

Introduction

Each year, the CFNU holds an annual Breakfast on the Hill, attended by Senators, MPs and health care stakeholders. This year, in the midst of the global COVID-19 pandemic, we held an online virtual panel to address some of the questions that have emerged from the current crisis. By looking back to the past – to the lessons from SARS – the panel offered a roadmap for a better future. Since more than 80% of deaths in Canada from COVID-19 have occurred in long-term care, three of the panelists focused on this sector, documenting the evidence to date, the successes and failures, and what needs to be done to build an 'iron ring' to protect those in long-term care settings. The virtual panel featured four distinguished experts – Mario Possamai (Senior Advisor, The Ontario SARS Commission), Dr. Samir Sinha (geriatrician and Director of Health Policy Research National Institute on Ageing), Sharleen Stewart (President, Service Employees International Union (SEIU) Healthcare), Vicki McKenna (RN, President, Ontario Nurses' Association (ONA)).

Lessons from SARS in the Age of COVID-19
Mario Possamai, Senior Advisor – the Ontario SARS Commission

SARS was 'a dress rehearsal 'for COVID-19 – but we failed to learn the lessons of SARS.

- SARS had a much smaller global impact: infected 8,096 globally with 774 deaths in 26 countries
- China and Hong Kong had 84.1% of all cases; 71% of all deaths
- Outside Asia, Canada was most impacted: Ontario: 99% of all Canadian cases; 100% of all deaths
- SARS: Canada had the highest infection rate among health care workers – in Canada, 44% of total cases were HCWs; in Asia about half of this proportion

In 2003, Justice Archie Campbell was appointed to chair the Ontario SARS Commission.

- The SARS Commission mandate was limited: no findings of civil or criminal responsibility
    - Interviews anonymous and candid
    - Objective: to determine the root causes and identify lessons learned to ensure that Ontario is prepared for the next pandemic

Testing capacity

SARS Commission report: "The capacity of a laboratory system to respond to an outbreak of infectious disease must pre-exist any future outbreak because it is impossible to create it during an outbreak."

Toronto Star, May 2, 2020, reports: "A patchwork system of public, hospital and commercial labs" hampered Ontario's testing during COVID-19, meaning it often failed to meet its testing targets.

PPE Stockpiles

Ontario Nurses' Association (nurses' union) expressed concerns about PPE throughout SARS:

- Sufficient stockpiles of PPE recognized as a key recommendation by the Commission in the event of a pandemic;
- Ontario committed to having a 4-week supply of PPE in 2007 but failed to maintain it;
- As a result, as of 2013 Ontario had destroyed almost 55 million N95 respirators that had been allowed to expire, demonstrating the lack of inventory control and management.

The federal government also recognized the critical importance of PPE stockpiles in its 2006 Canadian Pandemic Plan (co-authored by Theresa Tam, the current Chief Public Health Officer of Canada):

- It called for a consistent 16-week supply of PPE (i.e. two pandemic waves);
- On February 12, 2020, the federal stockpile had 100,000 N95 respirators (in Ontario – less than 1-week supply if only used for aerosol-generating procedures (such as intubation)).

The Precautionary Principle

This was the core recommendation of the SARS Commission for health care workers' safety.

- "Action to reduce risk need not await scientific certainty."
- When there is uncertainty over transmission of the virus (as there was with SARS), provide the higher level of protection (N95 respirators that guard against airborne particles), not the lowest (a surgical mask, or 'dust mask' which does not protect the wearer against airborne particles); because transmission routes, such as airborne spread, are not 100% proven.
- SARS Commission report: "…the health and safety of health care workers … is paramount in a public health emergency. SARS demonstrated that an emergency response can be seriously hampered by high levels of illness or quarantine among health workers."
- Studies published in 2004 and 2005 demonstrated that SARS virus could be spread through aerosols, as well as droplet spread.

COVID-19 debate mirrors that during SARS; as evidence mounts that COVID-19 may be spread by air, federal and provincial governments insist that surgical masks for 'droplet' spread are sufficient protection.

Take Home Message

Canadian health care workers have higher rates of COVID-19 than health care workers in China and Hong Kong because Canada failed to learn the lessons of SARS and follow the recommendations of the SARS Commission.

Health care workers as a proportion of total cases represent:

- Canada: 16% ON; 18% QC; 21% BC
- China: 4.4% (most of these infections occurred early in the outbreak before China mandated airborne precautions for all heath workers)
- Hong Kong: 0%

The Canadian Experience with COVID-19: A Tale of Two Pandemics

Dr. Samir Sinha, MD, DPhil, FRCPC, Director of Health Policy Research National Institute on Ageing, and Director of Geriatrics, Sinai Health System and University Health Network, Toronto

National Seniors Strategy

COVID-19 has highlighted the pressing need for Canada to have a national seniors strategy.

- Canada's national seniors strategy has 4 pillars: independent, productive and engaged citizens; healthy and active lives; care closer to home; support for caregivers
- 5 fundamental principles underlying the 4 pillars: access, equity, choice, value, quality
- The CFNU and many other organizations support the national seniors strategy

National Institute on Aging (NIA): Enabling the Future of Long-Term Care in Canada

- Part of NIA's 2019 Policy Series
- Objectives of report: 1) Explore the current provision of long-term care across Canada and compare with global comparators tackling similar demographic transitions; 2) Highlight Canada's current challenges; 3) Present evidence-informed opportunities and innovations

Why Long-Term Care Matters?

- Largest form of hands-on health care, but it is NOT covered under *Canada Health Act*;
- Current patchwork coverage across the country because provinces provide long-term care, but are not mandated to provide it; they are not necessarily meeting the needs of their populations
    - Coverage levels and qualifying criteria vary significantly across provinces and territories
- Current demand for long-term care already exceeds supply, and this is predicted to grow exponentially as the proportion of the Canadian population who are seniors increases
- System's existing vulnerabilities with respect to inadequate staffing and facility design have been starkly revealed by COVID-19

COVID-19: Key Public Health Measures Timeline

- A timeline of COVID-19 in Ontario was released by Ontario's Ministry of Health
- Shows that on March 24, 2020, the Ontario Government reported its first deaths in long-term care
- On April 15, 2020, released Action Plan for Protecting Long-Term Care, including restricting long-term care staff from working in more than one long-term care home

Epidemic Curve: Cumulative COVID-19 Deaths: Number of Days since the 5th Death

- Four most affected provinces in Canada: British Columbia, Alberta, Ontario, Quebec
- Curve line shows that overall Canadian provinces have done better than some international jurisdictions: better than New York or Italy
- B.C. and Alberta have done better than South Korea at flattening the curve; Ontario and Quebec have not; large contrast between provinces in terms of flattening the curve

Hospitals' ICU Capacity: Actual Versus Predicted Usage

- Showed success of Ontario and Canada with respect to hospital ICU usage
- Expected the ICU system would be overwhelmed (as it was in Italy); this did not happen, and additional expansion capacity was available

Long-Term Care: Data Shows Canada Was Not Prepared, and There Is a Need for Better and More Complete Data

- Ontario data shows the province was not prepared to protect staff and residents in long-term care
- Ontario COVID-19 long-term care status as of April 19, 2020: 847 confirmed cases of COVID-19 among long-term care staff; 1,533 among residents; 367 resident deaths
- Between April 19 and May 13, 2020, situation in long-term care in Canada, particularly in Ontario, Quebec and Nova Scotia, worsened dramatically
- As of early May 2020, 82% of all COVID-19-related deaths were in long-term care homes
- Among 14 countries, Canada had the highest proportion of deaths in long-term care
- Some comparators: Hong Kong stood at 0%; Singapore at 11%; Australia at 25%; Hungary at 19%
- NIA stepping up to provide better, more complete and transparent data

National Institute on Aging (NIA): Recommendations on Building an 'Iron Ring' to Protect Older Canadians from COVID-19 in Long-Term Care Congregate Settings

- Stop all non-essential visits
- Prevent staff from working in multiple settings
- Mask all staff and visitors
- Implement infection prevention and control policies specific to COVID-19 (and not for influenza)
- More flexible admission and discharge policies

Take Home Message

- Need to learn the lessons of COVID-19 and its impact on long-term residents and staff
- The pandemic will be with us for 18 months, at least
- Need to change long-term care forever so we don't repeat the same mistakes again
- Need to act quickly and decisively
- Always apply the precautionary principle and be radically transparent
- If we learn from our mistakes, something good may yet come out of the pandemic which has resulted in so much suffering and death throughout the world

The Conditions of Work Become the Conditions of Care
Sharleen Stewart, President, Service Employees International Union (SEIU) Healthcare

- We cannot work in silos; all health care workers must work together to tackle this crisis; appreciate the work of all health care unions and of Dr. Sinha and the NIA
- SEIU represents about 2 million workers across Puerto Rico, U.S. and Canada, many of whom work in long-term care facilities
- We need to recognize, as others have said, that our long-term care system and the Ontario government has failed seniors and health care workers in long-term care during the COVID-19 pandemic (as well as prior to it):
    - COVID-19: We knew early on that the virus was highly contagious and seniors were particularly vulnerable
    - The Ontario government chose to overlook the inherent vulnerabilities of private LTC
    - According to data compiled by the *Toronto Star* newspaper, for-profit homes and non-profit homes in Ontario were just as likely to have outbreaks of COVID-19, but the outcomes are very different:
        - residents in for-profit facilities are about twice as likely to become infected with COVID-19 and die from it than residents in non-profits; the rate increases to four times when for-profit homes are compared to municipal homes
    - Mostly women dying in long-term care; women make up the majority of staff and residents; among health care worker deaths, those dying are mostly visible minorities
    - Restrictions were placed on access to necessary PPE for health care workers and so health care workers lives were put at risk
    - The SEIU had to resort to the courts simply to keep health care workers safe;
    - Ongoing lobbying of politicians by long-term care corporations means governments pay for expenses that these large corporations should be paying

Take Home Messages

- As a parliamentarian, you need to decide whether you are on the side of shareholders profiting from our care system, or the side of the elderly and the women who care for them – too many of whom we've already lost.
- The time for a public inquiry is NOW; this means commissioning the work today to examine the system that let so many people down; to protect residents and health care workers in the future. SARS Commission looked at 44 deaths; there are 1,700 deaths in long-term care in Ontario now.
- Canada must have an ongoing supply of PPE and maintain it so that we never find ourselves in the position again where we do not have a sufficient stockpile to meet health care workers' needs. This is unacceptable.
- To safeguard public health, employment in long-term care facilities must require full-time jobs with benefits and a pension (until then, governments must play a role in supporting precarious workers).
- Staffing is essential; higher levels of staffing are needed not just during a pandemic but on an ongoing basis. Quality care for seniors and other residents can only be realized by mandating higher staffing levels for long-term care.
- For-profit homes have a fiduciary obligation to shareholders, which takes priority over the care of residents in long-term care; therefore, for-profit long-term care must come to an end.
- Let's look back at this experience so we can move forward and learn the lessons of COVID-19.

Safe, Not Sorry: A Perspective from Ontario Nurses
Vicki McKenna, RN, President, Ontario Nurses' Association (ONA)

- ONA is the largest nurses' union in North America, with 68,000 members
- ONA's #1 job is to protect all health care workers, and through this, we keep our long-term care residents safe

What do the stories of the outbreaks reveal?

- We have failed to learn the lessons of SARS, and now we are repeating the same mistakes we made then.
- I was a nurse during SARS, and nurses were promised this would never happen again; we were told we would be protected.
- The pandemic has shown a bright light on the systemic province-wide inadequacy of preparedness, infection control and worker safety systems.

7 system-wide problems run like 'steel threads' throughout the health care system (every hospital, every government agency):

- Communication
- Preparation, planning
- Accountability: who's in charge, who does what?
- Worker safety
- Systems: infection control (not well understood); surveillance (inadequate data, monitoring), independent safety inspections (insufficient)
- Resources: people, systems, money, laboratories, infrastructure
- Precautionary principle: action to reduce risk should not await scientific certainty (not upheld)

ONA Response to System-Wide Problems:

- Key ONA message: staff safety = patient/resident safety
- Ongoing negotiations with governments
- Ongoing lobbying on PPE to protect workers
- ONA ads on television to highlight concerns of nurses
- Education of governments and the public on PPE and the precautionary principle
- In March negotiated with Ontario government to achieve Directive #5 for hospitals, now Directive #5 extended across all sectors, including to long-term care
- The core element of Directive #5 is the point-of-care risk assessment (PCRA)

The Point-of-Care Risk Assessment (PCRA)

- A point-of-care risk assessment is required for every patient interaction to assess the appropriate health and safety measures, and training on the safe use of all PPE.
- At a minimum, contact and droplet precautions must be applied for all interactions with suspected, presumed or confirmed COVID-19 residents; airborne precautions (N95 respirators) always must be used for aerosol-generating medical procedures (AGMPs) (e.g., intubation) with suspected or confirmed cases.

- The PCRA recognizes and respects nurses' professional and clinical judgement during interactions with suspected, presumed or confirmed COVID-19 patients:
    - Means that a nurse can use her clinical judgement and assessment to determine what PPE is needed, and PPE cannot be unreasonably denied; this would include N95 respirators, and through court action (see below) confirmed that N95s respirators are not only for AGMPs.

The Point-of-Care Risk Assessment in Long-Term care

- To protect health care workers in long-term care, ONA had to go to the Superior Court in Ontario; have to rely on the courts to ensure the protection of health care workers
- In March 2020 achieved an injunction to protect long-term care workers
- April 2020 health care workers put forward affidavits to the arbitrator at the central rights table with the objective of having the PCRA recognized in long-term care and Directive #5 applied to this sector
- In April 2020, ONA won at the central rights arbitration table, which means that in long-term care in Ontario:
    - A PCRA is required before interactions with residents
    - If the PCRA determines that airborne protections (fitted N95 respirators) are needed, it must be provided; fitted N95 masks must be worn whenever AGMPs are performed
    - Supplies of PPE: a supply of fit-tested N95s must be readily available for nurses when they need it; supplies of PPE must be managed to meet the current and the projected usage rates (to work with the joint occupational health & safety committee on supply)
    - Intimidation, coercion or threats of discipline if PPE is requested are prohibited
    - Administrative controls (e.g., staff and resident cohorting) to prevent the spread of COVID-19 must be implemented

Principles for Redeployment of Hospital Nurses to Long-Term care

The following principles need to be in place before redeployment of hospital nurses to long-term care homes:

- Use volunteers first
- Only send staff to one home and test/swab the staff
- Collective agreements: employees continue to be the employee of the originating organization (premiums, WSIB and liability coverage, etc. as per collective agreement).
- All the obligations and responsibility, including occupational health and safety, remain with the originating employer
- The receiving organization's risk assessment must be updated.
- PPE must be provided in accordance with the employees' point-of-care risk assessment.
- During redeployment, there must be clear roles and responsibilities and training/orientation

Take Home Messages

- Need a full public inquiry into long-term care, and this needs to happen soon to prevent further deaths
- Building a strong health care system is ONA's key priority and our central focus
- We need to protect health care workers, and by protecting health care workers we will protect patients/residents
- We need to follow the money: long-term care needs to be appropriately funded

- We need to eliminate for-profit care homes; profiteering in long-term care homes, at the expense of residents and staff, has to stop

Conclusion – We Owe It to Canadians to Transform Long-Term Care

Long-term care is an essential service for seniors and others who require 24-hour nursing care. However, 36 years after the passage of the *Canada Health Act*, long-term care is still not considered a core, publicly funded service and is not governed by federal regulations. As such, it is grossly under-resourced and understaffed, with little to no enforcement of even the most basic standards of care. Most residents in long-term care are over 85, and very frail, requiring extensive help with personal care and daily activities.

As a result of the crisis in care prior to the pandemic, COVID-19 was able to spread like wildfire through long-term care homes, fuelled by insufficient staffing and a lack of basic standards. It has taken thousands of tragic deaths to finally shine a light on the deplorable conditions that exist in many long-term care homes, impacting both staff and residents.

The Canadian Federation of Nurses Unions, and all Canadian Labour Congress affiliates, call on the federal government to immediately convene an emergency task force, which must include labour unions, to develop a plan for a comprehensive universal long-term care system that is publicly funded and exclusively not-for-profit.

The federal government must ensure that long-term care follows the principles of the *Canada Health Act*. Targeted federal funding for long-term care, directed at the provinces and territories, needs to be expanded and increased, with conditions attached that include standards for staffing levels, training, protective equipment, as well as decent working conditions, wages and benefits for long-term care workers, which match the value of their work.

> **"Nurses have sacrificed and given their absolute all during this pandemic. We can only hope that governments will finally step up to protect them and all their patients and the residents in long-term care."**
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> **Vicki McKenna, RN, President, Ontario Nurses' Association**