Lessons from a Pandemic: Union Recommendations for Transforming Long-Term Care in Canada

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Introduction

One of the great tragedies of the COVID-19 pandemic has been the disproportionate number of deaths of seniors in long-term care homes. As of April 25, 2020, deaths in long-term care homes accounted for 69 per cent of all lives lost due to COVID-19 in Canada. The majority of deaths in long-term care homes have been in Quebec, Ontario, British Columbia and Alberta, with Nova Scotia seeing a rise in long-term care fatalities as well. Quebec is the hardest hit with almost 78 per cent of the total COVID-19 deaths in the province occurring in long-term care centres for seniors (CHSLDs, Centres d'hébergement et de soins de longue durée) or seniors' residences.[1]

The current situation is so severe in Quebec and Ontario that the provincial governments have asked the Canadian Armed Forces for medical personnel to provide assistance in the hardest hit long-term care homes.

The grim numbers of deaths in long-term care homes as of April 25, 2020 are:[2]

Table 1 Deaths due to COVID-19 in Long-term Care (LTC) Facilities as Share of Total COVID-19 Deaths

	Number of deaths	Number of LTC deaths	% of deaths
CANADA	2,558	1,769	69%
Newfoundland and Labrador	3	0	0%
Prince Edward Island	0	0	0%
Nova Scotia	24	18	75%
New Brunswick	0	0	0%
Quebec	1,515	1,186	78%
Ontario	835	454	54%
Manitoba	6	1	17%
Saskatchewan	4	0	0%
Alberta	73	48	66%
British Columbia*	98	62	63%
Yukon	0	0	0%
North West Territories	0	0	0%
Nunavut	0	0	0%

*LTC – Long-term Care

*April 24, 2020 data from British Columbia; April 25, 2020 for remaining provinces and territories.

[1] https://ottawacitizen.com/news/world/pandemic-latest-covid-19-news-and-updates/ (accessed April 27, 2020)

[2] Data from the Bruyère Research Institute, provincial and territorial COVID-19 data.

By May 6, 2020, 82 per cent of all COVID-19 deaths have been in long-term care homes.[3]

It is expected that the number of fatalities in long-term care facilities will keep rising.

This pandemic has drawn attention to the many issues that are the result of years of chronic and systematic funding cuts, privatization, and a political unwillingness to reform the health care system's broad state of disrepair.

Starving our health care system of resources has undermined the capacity of the system to provide services Canadians need, including hospital, primary, home, community, mental health, dental, vision, and long-term care. The staggering loss of life in long-term care homes due to COVID-19 is the result of problems that long preceded, but have been alarmingly exacerbated by, the current crisis.

Labour advocates and allies have been sounding the alarm on the systematic dismantling of the public health care system, and the ever-increasing privatization of health care services for years. For-profit care comes at the expense of quality and cost, with evidence that private facilities have seriously underperformed compared to publicly owned and operated ones.

The exclusion of long-term care from the *Canada Health Act* has allowed for the proliferation of private for-profit care in our country. We have repeatedly called on the federal and provincial governments to stop the funding cuts and ameliorate the health care system so every Canadian can access vital health care services based on need, not an ability to pay.

It's important to note that, while this paper focuses on the long-term care sector, other care services for seniors and people with disabilities, including home care, retirement homes and assisted living, and group homes for adults with developmental disabilities form a critical part of our health care system. These services have faced very similar cuts, underfunding and privatization.

Labour has consistently called for improvements to long-term care, including the development and implementation of national care standards, including hours of care; increases to dedicated funding; increases to the number of public homes and beds to meet the needs of the growing aging population; and improved working conditions.

[3] https://www.thestar.com/politics/federal/2020/05/07/82-of-canadas-covid-19-deaths-have-been-in-long-term-care.html (accessed May 8, 2020)

The enormous challenges facing long-term care homes have created a heartbreaking crisis because of COVID-19. Our governments must take immediate action to prevent COVID-19 from taking the lives of more vulnerable long-term care residents.

While many Canadians are longing for life to "go back to normal", when it comes to Canada's long-term care sector, Canada's unions insist that we not go back to the way things were. This pandemic has shone a glaring spotlight on the significant problems that plague the system. Problems our governments must do everything they can to fix. Canada's aging population and the workers who staff long-term care homes across the country, are counting on it. These people deserve to live and work in a system that provides them with dignity, safety, and respect. Canadians expect nothing less.

Some of the key challenges in the long-term care sector are discussed below, followed by recommendations from the labour movement on how governments can tackle the immediate and urgent needs during the COVID-19 crisis, and longer term reforms of the sector.

Long-term Care Residents

The demand for long-term care spaces already exceeds current capacity, and will only grow with the aging population. There are more seniors, 65 years and over, than there are children 14 years and under. In 2018, seniors 65 years and over accounted for 17 per cent of all Canadians, by 2068 they will account for between 21 per cent and 30 per cent of the population.[4]

Long-term care homes, or nursing homes, provide living accommodations for people who require 24-hour nursing 7 days a week, including nursing and personal care, rehabilitation services, meals, laundry, and cleaning. People live in long-term care homes because their needs can no longer be met at home and in the community. The majority of residents living in long-term care facilities are frail seniors living with complex chronic medical conditions, and/or physical and cognitive impairment. Younger adults living with multiple chronic conditions involving physical and/or mental disabilities and distinct, high-level care needs comprise a growing number of residents in long-term care.

Caring for these residents is intense and complex work that requires many skills. One in every three long-term care residents is highly or completely dependent on staff.[5] The care needed by residents requires workers with a high degree of skill to provide care.

[4] https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2019050-eng.htm (accessed April 27, 2020)
[5] https://retireathometoronto.com/5-answers-about-long-term-care-homes-in-ontario/ (accessed April 30, 2020)

More than half of long-term care residents are 85 years and older, and two-thirds are women.[6] A vast majority of long-term care residents have some form of cognitive impairment; while most require extensive help with daily activities such as getting out of bed, bathing, eating, or toileting. In Ontario and British Columbia, over 60 per cent have a diagnosis of dementia.[7] Two in five residents show some form of aggressive behaviour.[8]

When COVID-19 arrived in Canada, the first person to die was a resident of a long-term care home in British Columbia. The loss of life at long-term care homes to COVID-19 since has been heart wrenching, and the conditions in some of the hardest hit facilities have been utterly inhumane.[9] In one of the worst cases, residents were found dehydrated, starving, and left lying in their own feces and urine – residents on the floor who had fallen out of bed or who had passed away in their beds without anyone noticing.

The lockdown of communities and ongoing infection control policies have deprived families from visiting and being with their loved ones in long-term care homes. There are photos of some minimal interaction of these families through the windows of these homes. The isolation and loneliness the residents must feel, along with the bewilderment of the lack of care that many are enduring, as well as receiving care from providers who are complete strangers to them must be very frightening. The loss of dignity must be unbearable.

In death, the pandemic doles out more suffering for families as public health measures have prevented them from being at their loved one's bedside, or holding a memorial to grieve.

Families and advocates for residents have been sounding the alarm about the care for their loved ones since long before this crisis. Some families have filed class action suits against long-term care homes. Governments have commissioned reports on how to fix these facilities. The three issues often identified were:

- the amount of care received;
- the quality of care; and
- the transparency of communicating information to the resident's family.

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[6] Continuing Care Reporting System, 2018–2019, Canadian Institute for Health Information.

[7] *Ibid*

[8] *Ibid*

[9] https://www.cbc.ca/news/canada/montreal/west-island-staff-covid-19-1.5528956 (accessed April 30, 2020)

Families often openly acknowledge how staff are strained and overworked, and praise them for how well they provide care for their loved ones. Many families rely on workers to get information updates on their loved ones because they do not get any information or answers to their enquiries from administration.
The indifference shown to vulnerable seniors through chronic underfunding, under-staffing and privatization is shameful. We must work to ensure this never happens again – we must do better to protect and care for the most vulnerable in our society.

Long-term Care Work Force

Many health care workers have become sick with COVID-19. All are risking their lives everyday while taking care of residents. In Quebec, health care workers who have tested positive for COVID-19 account for about 17 per cent of total cases.[10] In British Columbia, staff accounted for 37 per cent of total cases in acute care, long-term care and independent living facilities.[11] in Ontario, staff with COVID-19 accounted for 32 per cent of total cases in long-term care homes.[12] At the time of writing, there have also been fatalities among health care workers including a cleaner at a hospital[13] and five care aides in a long-term care facility.[14]

Unlike hospital and doctor visits, long-term care is not a core, publicly insured service under the *Canada Health Act*, and is not governed by federal regulations. Instead, the sector is governed by a patchwork system of provincial and territorial legislation, policies, and regulations. Each province and territory provides a different range of services within long-term care facilities and different cost coverage. As a result, there is little consistency in the level or type of care provided to residents, how care levels are measured, how facilities are governed, or who owns them.[15] For individuals who live in a long-term care facility, which province or territory they live in affects the type and amount of care they will receive, and how much they have to pay for it.

Long-term care is an essential health care service for seniors. Because the conditions of work and the conditions of care are mutually dependent, it is totally unacceptable that

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[10] https://www.cbc.ca/news/canada/montreal/covid-19-quebec-april-20-1.5538231 (accessed April 27, 2020)
[11] http://www.bccdc.ca/Health-Info-Site/Documents/BC_Surveillance_Summary_April_27_Final.pdf (accessed April 27, 2020)
[12] https://www.ontario.ca/page/2019-novel-coronavirus#section-0 (accessed April 30, 2020)
[13] https://www.theglobeandmail.com/canada/article-ontario-health-care-worker-dies-of-covid-19/ (accessed April 26, 2020)
[14] https://toronto.ctvnews.ca/fifth-ontario-personal-support-worker-dies-after-contracting-covid-19-1.4930176 (accessed May 8, 2020)
[15] Government of Canada, “Long-term facilities-based care,” https://www.canada.ca/en/health-canada/services/home-continuing-care/long-term-facilities-based-care.html (accessed April 28, 2020)

governments could allow the conditions under which staff work, and the quality of care residents subsequently receive, to deteriorate to such a great extent. Even before the pandemic, Canadian media had exposed many long-term care-related scandals: low staffing levels, staff shortages, heavy workloads, service cuts, long wait lists, inadequate funding, inadequate care, and workplace violence. The onset of the pandemic has placed these issues in the international spotlight and made both the conditions of work and the conditions of care even worse for staff and residents.

Long-term care is delivered by a team of staff, including:

- Care aides: personal support workers (PSW), continuing care assistants (CCA), resident attendants (RA), resident care workers (RCW), and/or personal care attendants (PCA);
- Registered nurses (RN);
- Licensed or registered practical nurses (LPN/RPN);
- Family physicians and nurse practitioners, registered dieticians (RD), and registered pharmacists (RPh);
- Recreation, physical, and occupational therapists, and speech language pathologists;
- Food service/dietary, laundry, maintenance/trades, and housekeeping staff; and
- Administrative, human resources, and management staff.

Medical and personal care is delivered by a facility's nurses (RN, LPN) and care aides. Nurses are generally responsible for resident assessments, care planning, and documenting a resident's health status. They also deliver physical care (e.g., skin and wound care), administer medications, and assist with tube feeding, ostomy care, and ventilation.

In long-term care, 65 per cent to upwards of 90 per cent of care is delivered by care aides,[16] [17] who make up the largest employee group in these facilities. They provide the majority of and the most labour-intensive direct care to residents, including help with repositioning, feeding, toileting, incontinence care, ambulation, bathing, grooming, hygiene, and dressing. The majority of care aides are women, and many are racialized and immigrant workers.

The privatization of long-term care has resulted in a major increase in precarious jobs. The expansive growth of the private long-term care industry has lead to a further

[16] https://theprovince.com/opinion/carole-a-estabrooks-and-janice-keefe-the-human-face-of-care-aides-in-canada (accessed April 26, 2020)

[17] https://rnao.ca/sites/rnao-ca/files/Transforming_long-term_care_backgrounder.pdf (accessed May 13, 2020)

devaluing of care work, and driven down workers' wages, in order to boost corporate and shareholder profits.

The pandemic hit Canada at a time when health care positions had been systematically cut back and made increasingly precarious; health care infrastructure was not adequately maintained, and new infrastructure to meet growing demand of changing demographic needs is severely lacking. Long-term care has been one of the most depleted and neglected sectors in the broken health care system.

Pressure Points: Working Conditions, COVID-19 and Long-term Care

Long-term care workers are among the many health care workers who have been infected by COVID-19 at their workplaces. Long-term care homes, especially in Ontario and Quebec, have been overwhelmed by the outbreak of COVID-19. Outbreaks in long-term care homes seem to be increasing.

Personal Protective Equipment (PPE)

Every day, long-term care staff are showing up to work without access to a ready supply of adequate personal protective equipment (PPE). They show up despite their own fear of contracting COVID-19 and transmitting it to loved ones. Day after day, they keep showing up to work because of the strong bonds they develop with residents, and their commitment to caring for them.

Unions, experts and advocates sounded the alarm about the lack of PPE for workers at long-term care homes, but these warnings went unheeded. A care aide blew the whistle on her employer at a long-term care home for hoarding PPE in case there was a shortage and denying workers the use of the PPE.[18] At a seniors' assisted-living facility, workers were asked by the employer to re-use disposable gowns, even after some of the residents tested positive for COVID-19.[19]

The overall lack of PPE provided to health care workers has meant that some have had to resort to using garbage bags, expired masks or masks that do not fit, sterilizing their

[18] https://www.ctvnews.ca/health/coronavirus/whistleblower-says-workers-at-nursing-homes-aren-t-being-given-protective-gear-1.4877005 (accessed April 30, 2020)
[19] https://windsorstar.com/news/local-news/local-home-care-staff-facing-shortages-told-to-reuse-disposable-gowns/ (accessed April 30, 2020)

own equipment, and keeping PPE on for a whole shift by limiting bathroom breaks and intake of fluids.[20]

This is inhumane. If we do not make every effort to protect long-term care workers by providing them with proper and adequate PPE, they will not be able to protect the lives of the residents they care for. These workers are scared and deserve to be provided with the PPE they need to be safe, and to do their job safely.

Protecting health care workers and residents in long-term care homes and other health facilities is paramount. Not providing any health care worker with adequate and safe PPE at any time – but especially in the midst of a pandemic – is putting their health, their patient's health and their families' health at very high risk.

The fight for adequate PPE, in particular access to specially fitted N95 respirator masks, for workers in long-term care homes has escalated. The Ontario Nurses' Association (ONA) has filed for an injunction against Rykka Care Centres and its operating partner Responsive Group.

On April 23, 2020, the Ontario Superior Court ruled in favour of the ONA, compelling long-term care employers to follow health and safety practices to prevent the spread of infection among long-term care residents and the workers who care for them.[21] On April 20, SEIU Health Care filed applications to the Labour Board seeking orders for the Ontario government to take over the management of three long-term care homes with high infection rates and fatalities.[22] By April 24, SEIU had secured an order from the Ontario Labour Relations Board (OLRB) that enforces greater protection for workers and transparency for families at these long-term care homes.[23]

These orders acknowledge that not enough was being done by the provincial government or employers to ensure the health and safety of their employees or their residents. The orders included weekly inspections by a Ministry of Labour officer and proper PPE for all workers.[24] [25]

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[20] https://nationalpost.com/diseases-and-conditions/coronavirus/the-first-weeks-of-covid-19-in-canada-stress-is-unbearable-scared-to-go-to-work/wcm/9a3ac010-3ee8-4af3-995b-0c06736a725f (accessed April 30, 2020)
[21] https://www.ona.org/wp-content/uploads/onaveatonvilleandhenleyjudgment20200423.pdf (accessed April 30, 2020)
[22] https://www.qpbriefing.com/2020/04/21/unions-and-long-term-care-chain-battle-as-outbreaks-claim-dozens-of-lives/ (accessed April 27, 2020)
[23] https://seiuhealthcare.ca/seiu-healthcare-secures-greater-protections-for-workers/ (accessed April 27, 2020)
[24] *Ibid.*
[25] *https://www.thestar.com/news/canada/2020/04/24/ontario-labour-board-orders-weekly-safety-inspections-at-three-nursing-homes-after-covid-19-deaths.html* (accessed April 27, 2020)

Unsustainable Staffing Levels

Due to chronic underfunding, the workload of all workers in long-term care homes is unimaginably heavy.

Understaffing of long-term care homes is unsustainable for workers as well as for residents. This has an impact on the amount and quality of care for residents and means health care workers are more at risk of injuries. For employers at long-term care homes, understaffing lowers operational costs. The lower the staff-to-resident ratio the lower the costs.

Pre-pandemic, during the day, most long-term care facilities have a ratio of one care aide to 10 residents in an 8-hour shift. This shift will include changing incontinence briefs, changing bedsheets, bathing or showering residents, applying cream to skin, brushing teeth or dentures, dressing residents, combing hair, and putting in hearing aids. At night, the ratio is one care aide to 14 residents. The staffing ratio becomes even more unsustainable if a care aide calls in sick, and their employer does not replace them, meaning one care aide has to care for 28 residents.[26] Similar or greater ratios exist for nurse-patient ratios with one registered practical nurse being responsible for 25 to 30 patients.[27] Such an imbalance, increases risks to the safety of both workers and residents alike.

Research done by the United States Centers for Medicare and Medicaid almost two decades ago determined that 4.1 hours of care per resident per day was the minimum required, any less would result in issues like weight loss or pressure ulcers.[28] The 4.1 hours of care per resident per day is for direct caring provisions to the resident and excludes non-nursing supports such as dietary, laundry and housekeeping. Two decades later, long-term care residents have much higher and more complex needs. Currently, few provincial and territorial jurisdictions require minimum staffing levels and none meet the minimum 4.1 hours standard of care for a resident per day.[29]

This pandemic has demonstrated how chronic understaffing has strained care to the breaking point, leaving an inability to withstand a crisis like COVID-19. This needs to

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[26] https://www.cbc.ca/news/canada/thunder-bay/ltc-information-rally-1.4342278 (accessed April 30, 2020)
[27] *https://www.stcatharinesstandard.ca/news-story/9952278-we-don-t-have-a-covid-19-epidemic-deaths-in-long-term-care-show-we-have-two/ and https://nursesunions.ca/wp-content/uploads/2017/05/CFNU-Seniors-Book-2015_FINAL.pdf* (accessed April 30, 2020)
[28] Centers for Medicare and Medicaid Services. *Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes: Phase II Final Report.* 2001 Dec. Report No.: 2 of 3.
[29] Pat Armstrong, Hugh Armstrong, Jacqueline Choiniere, Ruth Lowndes, and James Struthers. Toronto, April 2020. *Re-imagining Long-term Residential Care in the Covid-19 Crisis.* https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2020/04/Reimagining%20residential%20care%20COVID%20crisis.pdf (accessed April 27, 2020)

change. Adequate staffing levels are needed to provide the care that residents need, and improve working conditions for health care workers. Based on more current research, minimum standards in long-term care homes should increase to 4.5 hours of direct care per resident each day, and a minimum of one RN per shift.[30] [31]

In addition to staffing levels and standards, the human resource challenge of not having the required number of staff in the long-term care sector contributes to the disastrous situation during the pandemic. The Premier of Quebec said, "We entered this crisis ill-equipped and, obviously, the situation deteriorated for all sorts of reasons."[32] The Premier admitted a shortage of 1,800 staff members in CHSLDs across the province.

Low Wages in the Long-term Care Sector

Care aides have the heaviest workloads, but are among the lowest paid workers in these facilities. Canada's unions continue to fight for decent wages and benefits for these low-wage workers. The combination of low wages and increase of precarious jobs that are part-time, casual and contract-based in the long-term sector is untenable. Many care aides are forced to work at multiple jobs in different facilities.

Throughout the pandemic, health care workers, including those who work in the long-term care sector, have been hailed as heroes and recognized as essential workers. Yet, the work that many long-term care workers perform, particularly that of care aides, continues to be undervalued — both politically and socially.

The lack of decent wages in the sector has come to the forefront as the provinces and territories adopt different approaches to address~~ing~~ the high number of COVID-19 cases and deaths in long-term care homes within their jurisdictions. In particular, governments have adopted various approaches to the problems posed by those who work at more than one site. Some provinces have issued orders that limit long-term care workers to employment at only one site. This is a necessary and reasonable public health policy that will protect the lives of residents.

To offset the financial impacts for workers whose total hours have been reduced by single worksite policies, the provinces of British Columbia and Alberta mandated that employers must increase an employee's scheduled hours of work. Schedules should be increased as far as reasonably possible, up to the maximum of a full-time equivalent

[30] https://nursesunions.ca/wp-content/uploads/2017/05/CFNU-Seniors-Book-2015_FINAL.pdf (accessed April 27, 2020)
[31] https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2020/02/ABillionReasonsToCare.pdf (accessed April 27, 2020)
[32] https://www.vicnews.com/business/b-c-takes-over-another-retirement-concepts-senior-care-home/ (accessed April 29, 2020)

position, so the employee's hours are equal to the hours they would normally have worked before the implementation of the single site order.

Provinces have also introduced temporary measures to address the issue of low wages. At the beginning of April, the British Columbia government, with bargaining associations, agreed to the terms in the Single Site Transition Framework, that included making all long-term care workers full-time at a single site, and boosting hourly wages for long-term care workers who currently earn less to the equivalent wages in the applicable HEABC (Health Employers Association of British Columbia) collective agreement.[33]

While in other provinces, long-term care employers have tried to coerce and take advantage of workers under the single site policies introduced during the pandemic. LiUNA Local 3000 filed Unfair Labour Practice applications against long-term care employers in Ontario, Alberta and Saskatchewan. On April 3 and April 8, 2020, the applications were filed in response to employers pressuring members to declare their loyalty and undertake to not work at any other health facilities.

The employers sought to bargain with members individually, offering incentives for not working elsewhere, and even greater incentives if members agreed to live within the home. The employers did not consult the union, but instead acted unilaterally without providing members guarantees of job security and benefit continuation. This, understandably, contributed to the stress and uncertainty for frontline workers. The filing of the applications immediately brought about corrective changes. Employers were effectively put on notice that a pandemic does not mean that they can override collective agreements and take advantage of workers.

To ease the financial impact of single site policies on long-term care workers and to retain these essential workers, wages need to be addressed. The federal government stepped in with an announcement that it will participate in a cost-share program with the provinces and territories to "provide financial assistance to essential workers" which could be of benefit to workers in the long-term care sector. On May 7, the $4 billion cost-share program was announced with the federal government contributing $3 billion, and the provinces the remaining amount.[34]

British Columbia, Saskatchewan, Ontario and Quebec had provided wage top-ups prior to the finalized cost-share program announced on May 7, 2020. Ontario provided an

[33] https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/orders-april-10/ep_act_order_m105-2020_single_site.pdf (accessed April 30, 2020)
[34] https://www.cbc.ca/news/politics/essential-worker-pay-boost-1.5559332 (accessed May 8, 2020)

increase of $4 an hour and a $250 bonus a month for long-term care workers working more than 100 hours a month as a temporary measure.[35]

Quebec announced it is temporarily increasing the wages of long-term care workers by 8 per cent. Staff in the province's private long-term care homes who earn little more than minimum wage are receiving an additional $4 an hour to encourage them to keep working throughout the pandemic.[36] With the federal cost-share arrangement, Quebec is additionally providing bonuses for full-time healthcare workers in CHSLDs of up to $1,000 per month, and $2,000 per month for workers who come in to work in Montreal from other regions of Quebec.[37]

Any top up to wages of essential long-term care workers and the move to full-time hours at a single employment site must be made permanent after the pandemic. We also need to increase the unionization of workers in the long-term care sector to bargain for better protections, wages and benefits, and help create a more just, prosperous and equitable society.

Workplace Violence

Many long-term care residents show aggressive behaviours that are the result of a form of dementia or other cognitive impairment. This is a reality of the workplace. According to a poll of frontline, long-term care staff about their experiences with workplace violence:[38]

- 90 per cent of care aides and RPNs have experienced physical violence; and
- 70 per cent of racialized, Indigenous and minority staff experience related harassment.

The rampant physical, verbal, racial and sexual aggression from residents towards workers has taken a tremendous and hurtful toll on workers. Almost 70 per cent of nurses and PSWs acknowledge wanting to leave their jobs. Workers have reported that there were reprisals from their employer for speaking out against this intolerable situation.

[35] https://www.cbc.ca/news/canada/toronto/ontario-covid-19-cases-long-term-care-staff-1.5545042 (accessed April 25, 2020)
[36] https://www.cbc.ca/news/canada/montreal/covid-19-april-2-1.5518656 (accessed April 25, 2020)
[37] https://www.cbc.ca/news/canada/montreal/covid-19-health-care-bonuses-quebec-1.5560287 (accessed May 8, 2020)
[38] https://globalnews.ca/news/5150703/ontario-long-term-care-staff-experience-violence-reports/ (accessed April 30, 2020)

Unions believe that all health care workers deserve a safe and respectful workplace and environment. Violence and harassment should not be accepted as a “normal part of the job” for any health care worker, including those who work in long-term care.

Infection Control in Long-term Care Homes

The COVID-19 pandemic was declared on March 11, 2020. The federal government and some provinces have issued guidance for long-term care homes, including infection control and preparedness. Governments have restricted all non-essential visitors from long-term care homes, and instituted single worksite policies, as noted above, to enhance infection control measures.

Despite this focus, in some provinces, such as Saskatchewan and Prince Edward Island, there has not been an order for mandatory testing for residents or workers in long-term care.

As provinces announce their one site policies, some have not closed off gaps that continue to allow workers from temporary agencies, contracted service providers such as laundry or hospital staff deployed to work at long-term care homes to attend to their work at multiple sites.[39] Another gap is the consideration of how to deal with the possibility that long-term care workers have other jobs outside of long-term care and health care sector.

The physical reconfiguration of long-term care space is a needed practice for proper infection control.

Some health care workers are reporting that, despite guidance from the federal and provincial governments, space is still not reconfigured to allow for the two-metre physical distancing. Allowance also has to be made in reconfiguration of space to properly isolate residents who have tested positive for COVID-19. Workers in Newfoundland and Labrador report that often they cannot accommodate distancing due to old infrastructure, such as old hotels, that have been converted into LTC facilities.

Another concerning issue is health care workers sick with COVID-19 or who have symptoms and are awaiting test results being forced to contravene infection control measures. Union members have repeatedly raised the issue of a very high workload strained to breaking point by low staff levels and its impact on the quality of care.

[39] https://torontosun.com/pmn/press-releases-pmn/business-wire-news-releases-pmn/as-outbreaks-in-ontario-long-term-care-homes-continue-why-are-residents-not-being-taken-to-hospital-for-higher-care/wcm/d8a15e30-2401-41c3-a168-b9f7cb111232 (accessed April 27, 2020)

As long-term care workers become sick with COVID-19, the already very stretched staffing levels fall to crisis levels. Unions have reported that their members have been directed by employers to keep quiet when they tested positive for COVID-19, use PPE and continue to provide care.

In Ontario, a revised directive from the government provided employers the power to force long-term care workers who have tested positive for COVID-19 but who are asymptomatic to return to perform work if deemed necessary — increasing the risk of infection to healthy workers and residents.[40] Another situation involved a nurse with COVID-19 symptoms at a CHSLD who was forced to work while waiting for her test results—she tested positive. This situation apparently occurred at least three other times at the CHSLD.[41]

Workers are put in a position to choose between having a job or putting themselves and their residents at risk. There is no federal or provincial pandemic support for voluntarily quitting your job.

Employers must do everything they can to implement vigorous infection control measures in long-term care homes to ensure workers and residents remain safe and healthy. Governments must ensure that employers are compliant with directives and guidance on infection control measures.

Recruitment and Retention of Care Workers

Long before the pandemic, the almost minimum wage salaries, the precariousness of jobs, the lack of benefits and the very poor work conditions have dissuaded people from seeking employment in the long-term care sector, and other health care sectors. Recruitment and retention of low wage care workers was declining.

When COVID-19 took hold across Canada, the shortage of care workers became critical, and, this situation became a crisis when existing healthcare workers became ill with COVID-19. In Quebec, the situation is dire with a shortage of 9,500 healthcare workers, among them 4,000 were infected with COVID-19.[42]

Some provinces and the federal government are working to increase wages and compel workers to take full-time employment in one long-term care site in lieu of jobs at multiple sites on a temporary basis for infection control – it is not good enough. The temporary wage top-ups and bonuses that essential long-term care workers are now provided with

[40] http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf (accessed April 27, 2020)
[41] https://www.cbc.ca/news/canada/montreal/chsld-sainte-dorothee-nurse-symptoms-1.5535765 (accessed April 27, 2020)
[42] https://www.cbc.ca/news/canada/montreal/covid-19-quebec-april-23-1.5542121 (accessed May 13, 2020)

should be made permanent past this crisis. Recruitment and retention in the future could increase if there is full-time employment with good wages and benefits, better protections such as paid sick leave as well as better and safer work conditions.

Privatization of Health Care

Long-term care in Canada is owned and delivered by a mix of for-profit, not-for-profit and public. The expansive growth of the private long-term care industry has led to a further increase employment precarity, devaluation of care work, and has driven down wages to boost corporate and shareholder profits.

The privatization of long-term care has also facilitated a growth in the casualization of the workforce. Private long-term home owners tend to hire workers on a part-time or casual basis to decrease costs, and fail to provide workers with benefits and paid sick leave. Moreover, some private companies that takeover existing care homes have fired existing staff, and rehired at lower wages and reduced benefits. As a result, staff must work jobs in multiple homes in order to cobble enough hours together to make ends meet and pay their bills.

This issue has been thrust into the spotlight by the pandemic, since long-term care staff who work in multiple homes have likely unwittingly transmitted the virus between homes as they move from job to job to job. The cost of the casualization of the long-term care workforce has been the lives of hundreds of long-term care residents. We simply cannot accept this anymore. It's time for our governments to take meaningful action.

To assuage voters to the continual hollowing out of the health care system, especially the public universal health care system, privatization is promoted by some as a cure-all that will not only fill in the gaps left by underfunding but indeed, the only option to make health care better.

Private, for-profit health care and public health care interests are diametrically opposed. Private corporations and enterprises' primary goal is to make a profit. Ultimately, in for-profit long-term care facilities, the priority is not the wellbeing of residents. Public health care's primary goal is to best serve people.

Research on private ownership of long-term care homes shows that "Private, for-profit services are necessarily more fragmented, more prone to closure and focused on making a profit. The research demonstrates that homes run on a for-profit basis tend to

have lower staffing levels, more verified complaints, and more transfers to hospitals, as well as higher rates for both ulcers and morbidity."[43]

Privatization of long-term care homes varies from province to province. In British Columbia, for-profit private long-term care homes accounted for 34 per cent[44] of all long-term care residences compared to 58 per cent[45] in Ontario.

In these care homes profits are made off the backs of their workers, in particular by paying low wages to care aides who deliver the bulk of care to residents as well as delivering fewer hours of care to residents. Non-profit long-term care operators spend 24 per cent more a year on care for each resident compared to for-profit operators. Also, for-profit long-term care operators failed to deliver 207,000 funded direct care hours, while non-profit long-term care operators exceeded direct care hours by delivering an extra 80,000 hours of direct care over a period of a year.[46]

For-profit long-term care is very lucrative with revenues that range from $509 million to $980 million as reported by three Canadian chains. Their net income showed high rates of return for 2015–2016:[47]

- Extendicare Canada Inc. (8.8%, $86 million);
- Sienna Senior Living Inc. (13.2%, $67 million); and
- Chartwell Retirement Residences (27.9%, $191.6 million).

For-profit long-term care operators are making millions of dollars while care aides are paid barely above the minimum wage, have employment insecurity with no or few benefits. This is an outrageous injustice and totally unacceptable.

International acquisition of Canadian health care facilities is also very concerning. In British Columbia, China's Anbang Insurance Group, with the approval of the federal government, bought Retirement Concepts in 2017, despite concerns of how foreign ownership might affect the quality of care. Since then, the government of British

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[43] Armstrong, Pat; Armstrong, Hugh; Choiniere, Jacqueline; Lowndes, Ruth and Struthers, James. April 2020. *Re-imagining Long-term Residential Care in the Covid-19 Crisis*. Canadian Centre for Policy Alternatives (CCPA). Toronto.

[44] https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2020/02/ABillionReasonsToCare.pdf (accessed April 30, 2020)

[45] https://www.oltca.com/OLTCA/Documents/Reports/TILTC2019web.pdf (accessed April 30, 2020)

[46] https://www.policynote.ca/seniors-care-profit/ (accessed April 27, 2020)

[47] Harrington, C., Jacobsen, F. F., Panos, J., Pollock, A., Sutaria, S., & Szebehely, M. (2017). Marketization in Long-Term Care: A Cross-Country Comparison of Large For-Profit Nursing Home Chains. *Health Services Insights, 10,* doi:10.1177/117863291771053

Columbia has had to take over four Anbang owned facilities because they failed to meet provincial care standards, raising concerns of residents' health and safety. [48]

Private long-term facilities also increase their profits by contracting out non-nursing supports such as dietary, laundry and cleaning. As the pandemic has clearly demonstrated, these measures introduce more risk to an already vulnerable population. All profit-making should be removed from long-term care to ensure that the priority is only on the care, safety and well-being of vulnerable residents.

In sum, privatization fragments the integrity, efficiency and fairness of the health care system, including long-term care homes, by depriving it of financial and human resources that can strengthen the publicly funded, universal, accessible and comprehensive health care services equitably across the country.

The maximization of private profits should never trump the interests of public health. That is why Canada's unions are against the privatization of our health care system, including long-term care. In fact, unions want profit-making removed in care provision and non-nursing supports such as dietary, laundry and cleaning. Fundamentally, our health care services should always be publicly-funded and operated, universal, and accessible to everyone based on need, not on ability to pay. Long-term care must be brought fully into the public system and regulated under the *Canada Health Act*, with the full recognition that each province and territory administers and delivers their own health care services. In the transfer of private long-term care homes fully into the public system, workers in unionized workplaces will have successor rights, protecting their bargaining rights with the continuation of their collective agreements and representation by their union.

Regulation of Long-term Care

Every province and territory is responsible for the allocation of funding, regulation and administration of health care, including long-term care homes. This results in different standards and funding allocation for every aspect of health care provision across the country.

Before the pandemic, increasing privatization, chronic underfunding and decreasing regulatory oversight were affecting our health care system. The tragic results of COVID-19 are a result of structural fault lines.

[48] https://www.vicnews.com/business/b-c-takes-over-another-retirement-concepts-senior-care-home/ (accessed April 30, 2020)

Every worker deserves adequate paid sick leave. Currently, only Quebec, Prince Edward Island and the federal sector have the right to very limited number of job-protected paid sick leave days, while there are no such paid leave provisions in the remaining provinces and territories. No one should ever have to choose between their job, their health and the public interest.

A chronic lack of government oversight ensuring that long-term care homes comply with legislation and regulations has contributed to the crisis. In 2019, only nine out of 626 long-term care homes received a comprehensive annual inspection, despite, the Ontario Ministry of Long-Term Care stating that each facility is inspected once a year.[49] In 2018, over half of long-term care homes received a comprehensive inspection, and in 2015, 2016 and 2017, most received one.

Poor pre-pandemic policies and practices by provincial governments set the stage for the disaster we saw as COVID-19 hit Canada. All provinces and territories have declared a state of emergency or a state of public health emergency during the pandemic. In this COVID-19 crisis, it is alarming that employment protections, health and safety protections and collective agreements can and have been overridden by provinces under emergency powers.

It is very concerning that the government of Ontario, under emergency powers, further relaxed reporting obligations and gave employers the power to hire anyone who, in their opinion, can perform the duties required in violation of collective agreements. There are accounts of some employers asking library workers to temporarily work in long-term care homes,[50] and recruiting healthy people 50 years and younger with no health-care experience and no experience using PPE.[51]

In Quebec, a government decree allows for the redeployment of educational workers to the health sector, overriding collective agreements.[52] Just recently, the government deployed staff from a regional health authority, including physiotherapists, social workers, occupational therapists and speech language pathologists, to work in long-term care homes.[53] Redeployed workers raised health and safety concerns

[49] https://www.cbc.ca/news/canada/seniors-homes-inspections-1.5532585 (accessed April 30, 2020)
[50] https://www.unifor.org/en/whats-new/press-room/revised-ontario-emergency-powers-may-do-more-harm-good-long-term-care (accessed April 28, 2020)
[51] https://www.qpbriefing.com/2020/04/21/unions-and-long-term-care-chain-battle-as-outbreaks-claim-dozens-of-lives/ (accessed April 30, 2020)
[52] https://www.theglobeandmail.com/canada/article-quebec-teachers-school-boards-await-details-on-government-decree-to/ (accessed April 30, 2020)
[53] https://www.cbc.ca/news/canada/montreal/physios-social-workers-redeployed-montreal-1.5545292 (accessed April 29, 2020)

reporting that they were given two hours of training that was very inadequate, and not provided with the proper PPE.[54]

In Alberta, unions anticipated the government may adopt staff redeployment during the pandemic. On April 23, 2020, the Health Sciences Association of Alberta (HSAA), the Alberta Union of Provincial Employees (AUPE) and United Nurses of Alberta (UNA) negotiated an agreement with Alberta Health Services (AHS) setting parameters for this temporary redeployment of staff.

Unions across Canada have shown a willingness to work with governments on staff shortages in long-term care homes ravaged by COVID-19. But when government unilaterally override collective agreements, it is unfair and unsafe for affected workers as well as for residents—a reckless approach during a pandemic.

Conclusion

The pandemic has shown Canadians how fragile our long-term care system has become from increasing privatization, underfunding and understaffing. The tragedy unfolding in long-term care homes must fortify our collective commitment and dedication to building a transformed, comprehensive health care system that is public, universal, accessible and fair for everyone in Canada. Canadians deserve nothing less.

Today, the demand for long-term care in Canada is much higher than capacity. It is anticipated that by 2035 an additional 199,000 beds will be needed – nearly two times the current capacity.[55] In Ontario, as of February 2019, the waiting list for long-stay beds was 34,834 names long. The pandemic has helped show us how urgent it is to increase capacity.

The work can start now by looking at the practices that have emerged during the pandemic. One good practice that should be made permanent post-pandemic is proving full-time employment at one long-term care home, and paying workers decent wages and benefits. We should also study good practices in other countries that fared well in dealing with long-term care during the crisis.

The whole of Canada needs to continue working to get past this phase of the pandemic. Canada has to plan and fortify the health care and broader care systems for the next waves of COVID-19 we know are coming. The level of preparedness past this first wave is even more urgent in light of new data showing that the rates of asymptomatic spread

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[54] *Ibid.*

[55] https://www.cma.ca/sites/default/files/2018-11/9228_Meeting%20the%20Demand%20for%20Long-Term%20Care%20Beds_RPT.pdf (accessed May 5, 2020)

are more significant than previously understood. In the United States, three epidemiological studies show that half of people with COVID-19 infections in care homes were asymptomatic or pre-symptomatic at the time of testing. New data from Belgium found that 73 per cent of staff and 69 per cent of residents who tested positive for COVID-19 were asymptomatic.[56] Currently, testing in Canada varies for each province and territory. Some are now expanding testing to those with mild symptoms, and to all residents and workers (symptomatic and asymptomatic) in long-term care facilities.[57]

Although this paper focusses on long-term care, this pandemic has exposed equally pressing challenges in other aspects of health care, as well as care services for seniors and people with disabilities, including home care, retirement homes and assisted living, and group homes for adults with developmental disabilities. These challenges must also receive due consideration, and measures must be taken to address the needs of precarious workers such as home care workers, temporary agency workers, cleaners, etc.

Once the immediate needs of this crisis begins to pass, care systems will continue to face increasing pressures from an aging population. The need for robust, resilient care services to meet the diverse needs of people who require care will become even more acute. This crisis has clearly demonstrated just how vital these services are, and has shown us the value of care work overall.

Any planning for a post-COVID recovery must examine the ways in which we ensure that everyone who requires care is able to access it, and that workers who provide care have good jobs with equitable wages and decent working conditions. A holistic examination of care work and care jobs could develop a federal strategy to meet the increasing demands for care, improve access to public care services and create a labour market strategy for care jobs.

Recommendations

We call for the following actions to address the immediate COVID-19 crisis in long-term:

[56] LTC Responses to COVID-19: International Long-term Care Network. https://ltccovid.org/2020/04/12/mortality-associated-with-covid-19-outbreaks-in-care-homes-early-international-evidence/?subscribe=success#blog_subscription-3 (accessed April 30, 2020)
[57] https://globalnews.ca/news/6852825/ontario-test-all-long-term-care-residents-staff-coronavirus/ (accessed May 13, 2020)

1. Raise the wages with benefits for all long-term care workers including, personal support workers, nurses, and care aids in nursing homes, long-term care (LTC) facilities and home care.

2. Offer all part-time workers full-time employment (with full-time wages and benefits) and limit their work to one single facility.

3. Respect and enforce the health and safety rights of workers:
    a. Ensure adequate supply of personal protective equipment (PPE) and that workers have access to PPE needed for their work.
    b. Ensure workers have the right to know about the hazards in their workplace and receive the training they need to be able to do their jobs safely.
    c. Ensure workers have the right to participate in decisions that could affect their health and safety.
    d. Ensure workers have the right to refuse work that could endanger their health and safety or that of others.
    e. Provide hands-on training on infection control for all workers working in and entering long-term care homes.

4. Ensure that all workers have job protection, adequate paid sick days and other leave through this crisis.

5. Provide alternative accommodation for workers who choose not to go home for fear of putting others at risk.

6. Test all those living in, working in, or visiting nursing homes.

7. Compel employers to comply and uphold the provisions of collective agreements.

The COVID-19 crisis has exposed multiple problems in long-term care that are rooted in the failure of governments over many years to develop and support a fully publicly funded, managed, administered and delivered system of long-term care everywhere in Canada, and in the failure to treat long-term care as an important and complementary part of a universal public health care system. We call on governments to:

1. Long-term care must be brought fully into the public system and regulated under the *Canada Health Act*, with the full recognition that each province and territory administers and delivers their own health care services.

    a. Further, in the transfer of private long-term care homes fully into the public system, workers in unionized workplaces will have successor rights, protecting their bargaining rights with the continuation of their collective agreements and representation by their union.

2. Expand and increase targeted federal health care transfers for long-term care to provinces and territories.

3. Immediately strike an emergency task force, with union representation, to develop a plan to establish a comprehensive universal long-term care system that is fully publicly funded and exclusively not-for-profit.

4. Implement a long-term care labour force strategy to address the multiple labour force related problems in the sector including, but not limited to, the problems of inadequate compensation, staff shortages, over-reliance on part-time staffing, management failures, training, and low rates of unionization.

5. Legislate proper staffing levels to ensure the highest quality of service and hands-on care in long-term care facilities, and properly fund and regulate enforcement.

6. Raise the compensation floor in the long-term care sector by making all increases in wages and compensation introduced through the COVID-19 pandemic permanent.

7. Unionize all staff in long-term care facilities to ensure that stronger regulation is reinforced by workers' own efforts to ensure high standards in the workplace and accountability for resident living standards and employee working conditions.

8. Commit to building more <u>public</u> health infrastructure, in particular long-term care facilities to expand the care capacity, by expanding public financing of social infrastructure.

9. Remove for-profit components of the long-term care system by prohibiting the privatization and/or contracting out of any service provided to or in the long-term care sector, including but not limited to infection control, cleaning, housekeeping, laundry, food services, and transportation.

10. Develop a comprehensive ongoing plan and procedures to prevent and address infection outbreaks in the long-term care sector and ensure the implementation of the plan and procedures are regulated, enforced and fully funded.

11. Implement a uniform policy of 14 paid, job-protected sick days for all workers in Canada.

12. Ratify ILO Convention C-190 Concerning the Elimination of Violence and Harassment in the World of Work.

13. Develop and implement a pan-Canadian health care violence-prevention framework with targeted federal funding to enhance protections for health care workers, with labour included as an essential partner.

14. Develop stronger anti-racism and anti-discrimination policies and practices in employment, compensation and in the workplace for long-term care workers who are predominantly women, racialized and immigrants.

15. Ensure that any vaccines and/or drugs for COVID-19 is widely available and accessible publicly.

16. Develop a national coordination plan with the provinces and territories, after the federal government's review of the management of the National Emergency Stockpile System, to ensure that PPE requirements for all workers in all sectors can be met.

17. Ensure that Canada develops the ability to manufacture and adequately supply PPE through domestic supply chains in the future.

18. Build surge capacity into the physical structure of the long-term care homes, and into labour force planning.

19. Develop guidance for the reconfiguration of space and its functionality to address outbreaks and surge capacity in long-term care homes.

20. Provide better regulatory oversight and inspections of all public and private health care facilities including long-term care homes.

21. Enact immediate measures to routinely provide necessary health data to health care unions.