



# What We Heard Public Review

To inform the development of the National Standard of Canada for long-term care home operations and infection prevention and control (CSA Z8004)

June 2022



Health  
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## Executive summary

### Background

The global pandemic has shone a light on the unique challenges within Canada's long-term care (LTC) sector. To address some of those challenges, the Standards Council of Canada (SCC), Canadian Standards Association (CSA Group), and Health Standards Organization (HSO) are collaborating to develop two new complementary National Standards of Canada for LTC. Standards, and conformity to those standards, will help ensure that Canada's long-term care home (LTCH) settings are safe and properly supported, and that the more than 250,000 residents who call them home are also receiving the quality of care they need and deserve. CSA Group is developing the National Standard of Canada for *Long-term care home operations and infection prevention and control* (CSA Z8004), which will focus on safe operating practices and infection prevention and control (IPAC) in LTCHs.

### The public consultation process

The draft Standard, CSA Z8004, was made available for public review, in both English and French, from February 10 to April 11, 2022. The Standard was accessed by over 600 stakeholders, and received almost 2,000 comments.

To support the public review of the Standard, CSA Group launched a series of public review information sessions. These sessions aimed at helping stakeholders become familiar with the public review process. They also provided an overview of key sections of the draft Standard to help the public navigate the Standard and share their input. The sessions reached stakeholders from across the country and engaged technical experts and specific target audiences to educate them on the Standard and the public review process. All feedback received from public review was considered in the development of CSA Z8004. This report summarizes the updates that were incorporated into the latest version of the Draft CSA Z8004.

A group of people are gathered around a table in a meeting room. A woman is standing and pointing at a document on the table. Other people are seated around the table, looking at the document. The room has large windows with curtains in the background.

# What we heard

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*"The public review enhanced engagement activities contributed to over 600 stakeholders accessing the CSA Z8004 Public Review Draft, and provision of approximately 2,000 comments."*

## Overview

CSA Group and collaborating organizations hosted five targeted live information sessions and provided access to two recorded sessions that addressed site navigation of the CSA Public Review site, and outlined the content of the Standard. A total of 1,024 people participated in these live and pre-recorded information sessions. The live sessions targeted residents of LTCHs, their families, and caregivers, management and operational staff of LTCHs, and stakeholders with interest in the principle of equity, diversity, and inclusion (EDI).

CSA Group published the recorded sessions and presentations for the following information sessions held:

- [Joint CSA – HSO information session for a general audience](#)
- [Frontline workers and operational staff](#)
- [Equity, diversity and inclusion](#)
- [Resident, family, and caregiver](#)
- Dedicated session for members of the Canadian Association for Long-Term Care (CALTC). This session was not recorded

More details on the geographical representation and categories of attendees are included in [Annex A](#) and [Annex B](#).

## Who we heard from

This enhanced engagement activity contributed to over 600 stakeholders accessing the CSA Z8004 Public Review Draft and provision of approximately 2,000 comments. Feedback was received from various stakeholder groups, including but not limited to:

- architects
- caregivers
- care provider associations
- disability organizations
- engineers
- family councils
- government ministries and health authorities
- health service organizations



- hospitals/health care facilities/health centres
- infection control professionals
- LTCHs
- LTC administrators
- research councils
- resident councils
- universities
- worker unions

CSA Group and collaborating organizations hosted five targeted live information sessions and provided access

## What we heard

This report summarizes what we have heard during the public review process. We heard about the positive aspects of the Standard and received suggested improvements. Many reviewers commented that CSA Z8004 could be used as a tool to enhance operations, design, and IPAC of LTCHs.

*“The standard and its provisions are an important step in acknowledging the lessons from the pandemic.”<sup>1</sup>*

The majority of feedback received corresponded to the following Clauses of the Draft Standard:

- Clause 4, Organizational commitments – 9%
- Clause 5, Operations – 18%
- Clause 7, Infection prevention and control (IPAC) – 31%
- Clause 8, Design – 13%

<sup>1</sup> Public reviewer of CSA Z8004.

[Annex C](#) provides a breakdown of the feedback on the various Clauses in the Draft Standard. In terms of categories of comments submitted during public review, the majority were general in content (82%), with the remaining feedback categorized as technical (14%), or editorial (4%).

CSA Group received several comments concerning the delivery of LTC services; however, service delivery is outside the scope of CSA Z8004. This topic area is addressed by a complementary standard under development by HSO, titled HSO 21001, *Long-Term Care Services*.

Another set of public review comments referred to funding and financial support from the government to implement changes in LTCHs (e.g., hiring additional staff, renovation costs). As these are not technical requirements and they fall within the purview of authorities having jurisdiction, as such, they are not incorporated into National Standards of Canada.

Some commenters provided detailed suggestions regarding design considerations for LTCHs. While CSA Z8004 covers design of LTCHs at a broad level, CSA Group's Technical Committee for Health Care Facilities is currently developing the next edition of CSA Z8000, *Health Care Facilities*, which will incorporate more detailed design requirements for LTCHs. The feedback received regarding design that is relevant to CSA Z8000 has been shared with the Technical Committee for their review and potential incorporation into the next edition of the CSA Z8000 Standard.

## Organizational commitments

Positive feedback from reviewers was received about the inclusion of principles around person-centred care (PCC), sexual expression, and equity, diversity, and inclusion (EDI). We heard that the principles of PCC, culturally appropriate care, and gender and sexual inclusivity should be developed with input from residents, essential family caregivers, family, and staff.

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Participants identified that policies and procedures are needed to accommodate residents that cannot provide consent for themselves (e.g., communication barriers). Many stakeholders stressed the need for relationship building not just between staff and residents, but also between staff and essential family caregivers, who are identified as critical members of the resident care team.

*"Members were heartened to see a resident-centred focus throughout the proposed standard."*<sup>2</sup>

*"We endorse the emphasis on relationship building. The standard of formal and ongoing communication skills training allows residents with communication disabilities to be heard and known, and it contributes to staff satisfaction and confidence."*<sup>3</sup>

*"The emphasis in the CSA draft standards on communication and relationship-building is heartening and a significant leap toward making person-centered care and quality of life a reality for long-term care residents."*<sup>4</sup>

Stakeholders identified that the LTCH should have processes to celebrate resident culture and holidays. There was strong support for the inclusion of policies and procedures to gather information on EDI via targeted engagement, surveys, and discussion.

*"Equity, diversity, and inclusion – nice to see this included!"*<sup>5</sup>

## Operations

### Resident activity

Many stakeholders identified information that staff should know about a resident's identity such as pronouns they use, lifestyle habits, sexual orientation and expression, gender identity, sensory and communication abilities, and familiarity with computers and devices. It is up to the resident to determine how much information they are willing to share about their background, and thus, some information may not be available to staff. The importance of personal items being brought into the home was emphasized to promote positive memories and emotions.



*"We agree that designing to optimize everyday activities to accommodate sensory abilities is very important."<sup>6</sup>*

### **Visitation**

We heard that visitors should be expected to respect residents' sexual orientation and gender expression. Stakeholders identified the need for a visitor log to be included in operational policies and procedures to enable contact tracing practices. They also advised that virtual visiting policies and procedures need to be established to improve capacity during catastrophic events or during staff shortages.

### **Nutrition and food management**

Many stakeholders noted the importance of receiving operational feedback from residents regarding nutrition and food management. Furthermore, meal times should be flexible and there should be contingency planning for sourcing alternate meals during catastrophic events. We heard that control measures are needed to prevent residents from accessing unauthorized or used items (e.g., used food trays).

### **Operational communications**

We heard that communication needs to be provided in multiple formats to meet the needs of the residents, and be accessible to residents, families, essential

family caregivers, and staff. Timely communication is required and should be inclusive of diverse groups and communication capabilities (e.g., sensory, cognitive, speech, and language needs). Stakeholders also noted training requirements for staff regarding how to assist residents in using electronic communication means.

*"Throughout the pandemic, residents felt lost and were often an after-thought in the communication roll-out. LTCH operators must recognize that residents are the primary stakeholder, and efforts must be made to communicate with residents first, always."<sup>7</sup>*

### **Infection prevention and control (IPAC)**

There was a significant number of comments received on the IPAC Clause of the Standard, with the majority of the comments related to word-smithing, and providing enhancements to existing requirements.

### **Hand hygiene**

The hand hygiene method was clarified and the steps to perform hand hygiene were updated. Requirements for placement of alcohol-based hand rubs were enhanced to consider residents for which consumption is a risk factor. In addition, residents may need to be assisted in hand hygiene if they are unable to perform it themselves. We heard that there is a need for staff, residents, families, and essential family caregivers to participate in hand hygiene strategies and improvement processes.

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### Personal protective equipment (PPE)

Stakeholders mentioned that PPE needs to be supplied to not only staff but essential family caregivers, and should be used based on the point of care risk assessment. Also, visitors require training on how to safely put on and take off PPE.

*"An ongoing challenge for congregate living settings is the storage of PPE on units for ready access."<sup>8</sup>*

### Cleaning and disinfection

Many stakeholders requested that the frequency of cleaning for the LTCH be incorporated into the Standard. The cleaning schedule for a LTCH should be based on the risk assessment and home considerations (e.g., resident demographics), and is up to environmental services to determine. This guidance was incorporated into the Standard, along with a definition for enhanced cleaning. We heard that damp dusting is the best practice over dry dusting. Stakeholders also noted that shared medical equipment needs to be adequately cleaned and disinfected, and if this is not possible, then medical equipment needs to be dedicated to a single resident.

*"Frequency of cleaning is up to the discretion of the LTCH based on the risk assessment."<sup>9</sup>*

A section for cleaning and disinfection of kitchen and dining areas was added that includes the need for policies and procedures regarding safe food handling and a cleaning schedule for kitchen equipment, multi-use items (e.g., salt and pepper shakers), and dining areas.

## Design

### Facility wide functional requirements

Many stakeholders mentioned that the location of the LTCH should promote connectivity with the surrounding community. Furthermore, the design of the LTCH should accommodate the 2SLGBTQI+ community and be residential in nature. We heard that public spaces along with resident rooms need to have access to a window or views of the outdoors, and that each floor of a LTCH should have access to outdoor spaces.

### Household

Stakeholders suggested that the LTCH incorporate common spaces in the household of the LTCH, such as a library, computer station with internet access, and an activity room. Importance was placed on the need for adjoining resident bedroom design to be an option for when this arrangement is desired (e.g., spouses, friends). We heard that LTCH design should accommodate in-room dining, especially in the event of a catastrophic event.

*"I LOVE this design. It makes it more of a community and would be wonderful for the residents."<sup>10</sup>*

## LTCH building systems

### Heating, ventilation, and air conditioning

We heard that control systems are needed so that overall pressure balances within the LTCH and airflow rates are continuously managed, monitored, and maintained.

### Security systems

Stakeholders noted the importance of identifying areas and LTCH site elements that need access control, alarm signalling, and monitoring to help ensure resident safety. We heard that access-type systems such as wearables, and facial recognition should be considered. Also, the fire alarm system should have egress control integrated into it, which should be incorporated into the annual fire alarm system testing. Requirements regarding camera placement by family and essential family caregivers are needed as well to protect the privacy of residents.

## Information and technology

We heard that internet access needs to be incorporated into the resident bedroom design. The importance of security and privacy of information technologies was highlighted as essential. Information technology infrastructure requires compatibility with personal communication accessibility technologies. Furthermore, infrastructure for electronic communication needs to be incorporated within each resident bedroom and also

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in alternate locations in the event that resident rooms are shared, to allow for private discussions to take place. Evidence-informed strategies should inform the implementation of new technologies in the LTCH.

*"[Internet access] is essential and missing in most homes. Families use their own data plans to facilitate access to other family members or to provide activities for the resident, such as using streaming audio or video services. Glad to see that it is part of the standard."<sup>11</sup>*

### Catastrophic event management

We heard that catastrophic event plans should consider interruption or loss of external utilities as well as loss of internal building systems that impact the ongoing safe operations of the LTCH. The plans need to be documented to help ensure that services and operations are not disrupted, and safety is maintained. These plans should be publicly available for residents, families, essential family caregivers, and staff. Stakeholders mentioned the need to add additional clauses regarding catastrophic event planning for overland flooding, tsunamis, and earthquakes.

*"The Standard takes into consideration what is required during normal, day-to-day circumstances, as well as in the occurrence of catastrophic events such as outbreaks, epidemics, and pandemics."<sup>12</sup>*

### Training and simulation

Stakeholders noted the importance of incorporating residents, essential family caregivers, family, and staff in the development and execution of training programs. We heard that training and education policies and procedures should be provided to staff regarding the use of inclusive language.



*"LTC team members need education and training on sexual expression in LTC."<sup>13</sup>*

It was also mentioned that training is site-specific, especially for catastrophic event response training, and should consider input from the local authorities. Feedback regarding training for IPAC core competencies, routine practices, and additional precautions was provided and incorporated into the Standard.

*"Overall, this section is very well done. Kudos."<sup>14</sup>*

*"Very good to see this section."<sup>15</sup>*

*"Very comprehensive, very strong on equity, inclusion, diversity language. Excellent contextual notes."<sup>16</sup>*

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# Next steps

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CSA Group and the Technical Subcommittee (TSC) for LTCHs were grateful for the extensive public participation and feedback received from operational staff, frontline workers, residents, families, essential family caregivers, and others. The TSC found the feedback to be constructive and the changes helped improve the clarity and usability of the Standard.



In accordance with CSA Group's accredited standards development process, public review comments were reviewed by the TSC on LTCHs, which resulted in further revisions to the Draft Standard.



The revised CSA Z8004 Draft is being prepared for approval by the Technical Committee for Health Care Facilities, which will take place in summer 2022.

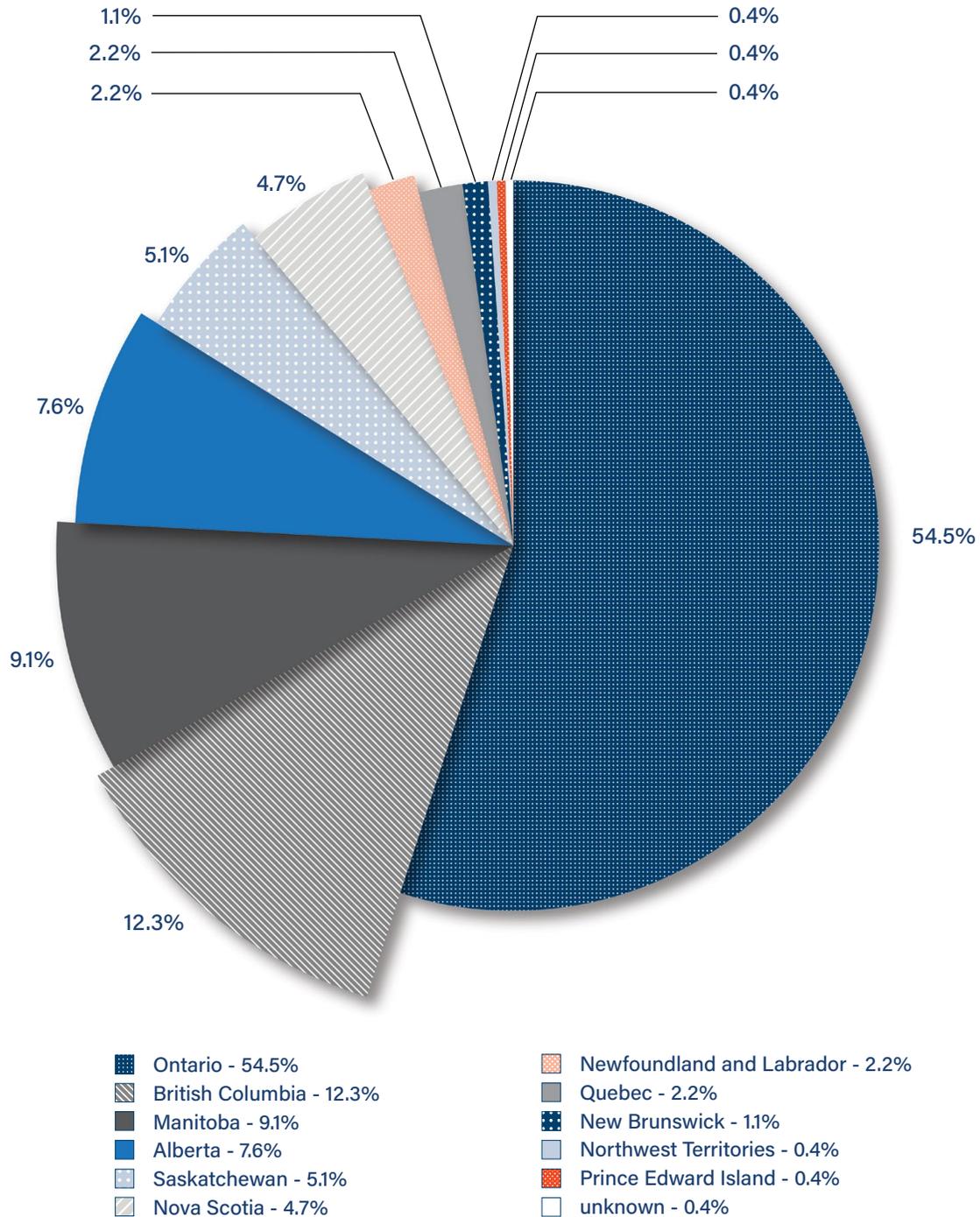


The CSA Z8004 Standard is expected to be published, in English and French, in December 2022. CSA Group will hold information sessions for different targeted audiences and the broader public to provide information on the new Standard and promote awareness of its contents.

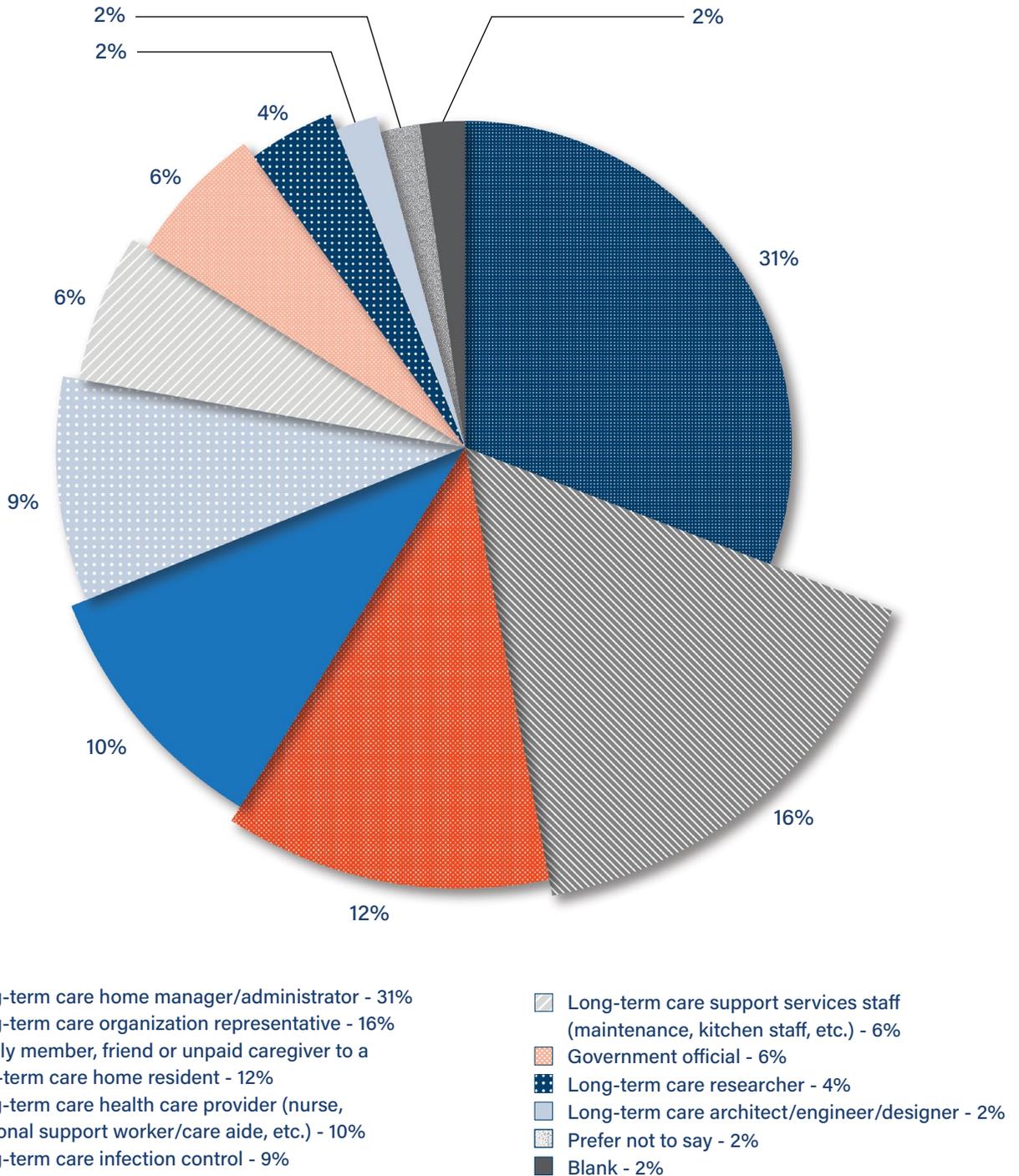
For more information, ongoing public updates on the development of CSA Z8004, and to participate in the discussion, please join the CSA Long-term Care Community:

<https://community.csagroup.org/community/health-care-safety-and-accessibility/long-term-care-homes>

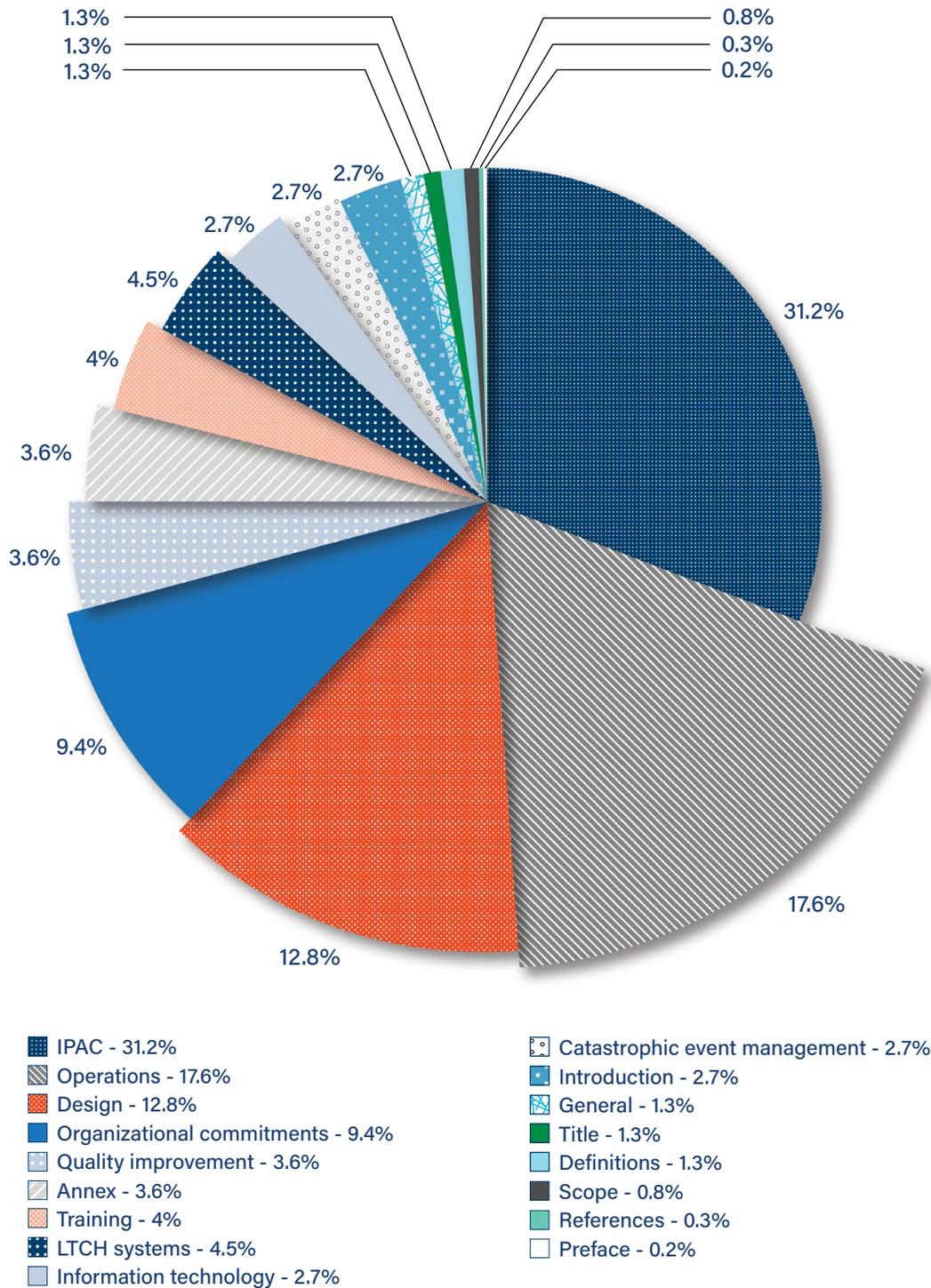
# Appendix A: Geographical breakdown of stakeholders that attended live public review information sessions



# Appendix B: Breakdown of stakeholder categorization that attended live public review information sessions



# Appendix C: Public review feedback on CSA Z8004 by clause



## CSA Group

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CSA Group is a global organization dedicated to safety, social good and sustainability. We are a leader in Standards Development and in Testing, Inspection and Certification around the world including Canada, the U.S., Europe and Asia.

The mission of CSA Group's Standard Development organization is to enhance the lives of Canadians through the advancement of standards in the public and private sectors. As such, CSA Group continues to be at the forefront of standards research, development, education, and advocacy.

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