



## What We Heard Report

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CONSULTATION WITH

# Frontline Workers

Helping inform the development of the National Standard of Canada for operation and infection prevention and control of long-term care homes (CSA Z8004)

November 2021



Health  
Canada

Santé  
Canada

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## Introduction

### Background

COVID-19 has had an enormous impact on long-term care (LTC) residents, staff, and families. More than 2,500 care homes experienced a COVID-19 outbreak between March 1, 2020, and February 15, 2021, resulting in the deaths of more than 14,000 residents and nearly 30 staff.<sup>1</sup> As of May 2020, more than 80% of COVID-19 deaths in Canada occurred in care homes—the highest rate among thirty-eight Organisation for Economic Co-operation and Development (OECD) countries and well above the OECD average of 38%.<sup>2</sup>

The Royal Society of Canada's report on the impact of COVID-19 on LTC argues that "[o]ur long-term care sector, particularly nursing homes, is in crisis now from far more than COVID-19. The pandemic just exposed long-standing, widespread and pervasive deficiencies in the sector."<sup>3</sup> The report recommends federal and provincial leadership work in partnership to improve Canada's LTC sector, including developing and implementing national standards.

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. CSA Group is developing the National Standard of Canada for the operation and infection prevention and control of long-term care homes (CSA Z8004), which will focus on safe operating practices and infection prevention and control in long-term care homes.

Topics such as heating, ventilation, and air conditioning (HVAC), plumbing, waste removal, medical gas systems, use of technology, and cleaning and disinfecting processes will be referenced or inform the Standard. [Professor Alex Mihailidis](#) is the Technical Subcommittee (TSC) Chair and leads the development of CSA Z8004 for CSA Group.

"This past year has brought to the forefront significant issues within our long-term care homes. In response, we need to do all that we can to help ensure that these facilities are places where everyone feels cared for in a safe and compassionate way... Working together with stakeholders, experts, and those with lived experiences, we will develop standards to meet these challenges now and in the future."

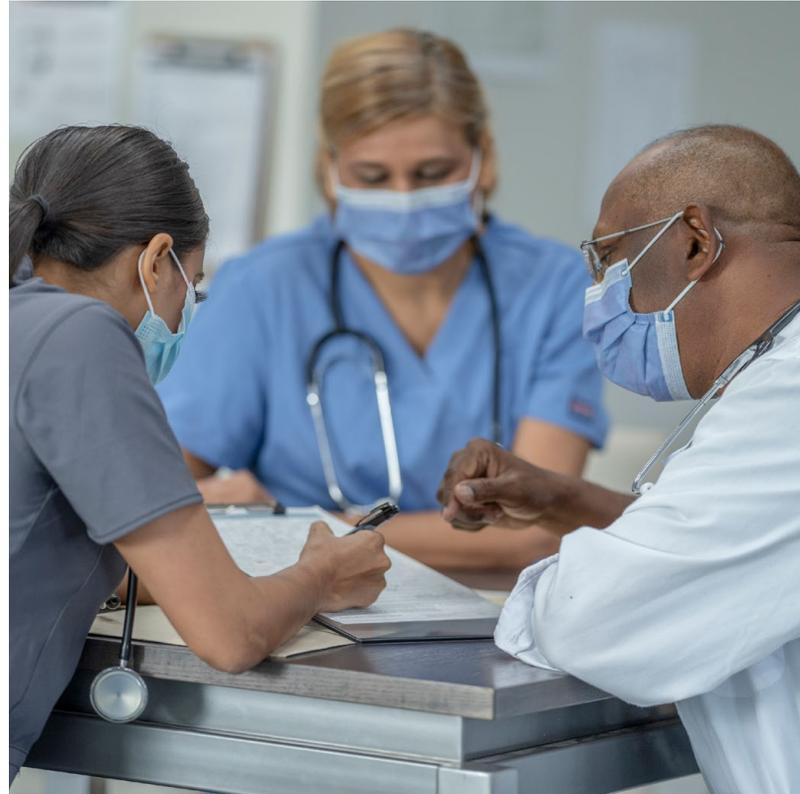
—Dr. Alex Mihailidis

- 1 Canadian Institute for Health Information. (2021). The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months. Available at: <https://www.cihi.ca/sites/default/files/document/impact-covid-19-long-term-care-canada-first-6-months-report-en.pdf>.
- 2 Canadian Institute for Health Information. (2020). Pandemic Experience in the Long-Term Care Sector How Does Canada Compare With Other Countries? Available at: <https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf>.
- 3 Royal Society of Canada. (2020). Restoring Trust: COVID-19 and The Future of Long-Term Care. A Policy Briefing by the Working Group on Long-Term Care. Available at: [https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES\\_EN.pdf](https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN.pdf). p.5

## The public consultation process

CSA Group has launched a public consultation process to support the development of CSA Z8004, including enhanced engagement activities that exceed the CSA Group accredited standards development process. Through a series of consultations and surveys, CSA Group aims to reach stakeholders from across the country. CSA Group wants to engage technical experts and targeted audiences to gather their perspectives and input on what the new National Standard should address. All feedback from the enhanced engagement activities will be considered in the development of CSA Z8004.

Once CSA Z8004 is drafted, it will be available for a 60-day public review period. Public review is an integral part of CSA Group’s standards development process, which provides an opportunity for people to review the draft standard and provide feedback to the TSC. Input gained through the public review can strengthen the content of a standard and, ultimately, its acceptability and recognition. Comments received during the 60-day public review will be provided to the TSC for consideration for the final draft of the Standard.



## Consultation with frontline workers

On June 30, 2021, CSA Group hosted a consultation session with frontline LTC workers to listen to their feedback on topics related to the development of the National Standard of Canada for the operation and infection prevention and control of long-term care homes (CSA Z8004). The breakout room discussions focused on what the participants identified as the current gaps in IPAC in LTC from both an operational and design perspective and the best way to address those gaps.

Much of the discussion was focused on the COVID-19 pandemic in LTCHs. We heard from frontline LTC staff that COVID-19 tremendously impacted worker and resident well-being. Participants shared their perspectives on barriers to effective care delivery and IPAC, as well as potential solutions to overcoming them.

The following themes emerged from the consultation:

- Person-centred care
- Communication
- Policies and procedures
- Training and education
- Waste management
- Heating, ventilation and air-conditioning (HVAC)
- Cleaning and disinfection
- Hand hygiene
- Personal protective equipment (PPE)
- Environmental design
- Resident bedroom and washroom design
- Technology

# Themes

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*"Participants identified new challenges that emerged during the pandemic. We heard that staff cohorting during the pandemic has been inconsistent and could be better coordinated across all staff and sites."*

— POLICIES AND PROCEDURES, PG.6



## Person-centred care

Person-centred care, also called resident-centred care, is a model of care focused on treating people with dignity and respect and involving them in all decisions about their health. Consultation participants consistently noted the importance of meeting the needs and wishes of residents.

There was concern over increased isolation during the pandemic, which resulted in fewer social interactions and less exercise. The importance of delivering culturally appropriate care was also emphasized, including the need for more education and training for management, staff, residents, and families to enable this. Participants also stressed the need for spaces and programming to support religious and cultural activities.

## Communication

The need for improved communication was a consistent theme brought up during the consultation. During the COVID-19 pandemic, participants noted that frontline workers received incomplete and inconsistent information. Mixed messages and changing directions from multiple sources made it difficult for staff to be on the same page or know what policies to implement. We heard that the issues were partly due to a lack of familiarity with the LTC sector.

Participants stressed the need for clear lines of communication—particularly during the pandemic—between public health officials, the acute care sector and the LTC sector. Some suggested communication across health care sectors and employees, particularly during outbreaks, should be standardized in some way. It was also noted that communication between LTCHs and families and loved ones should be improved to keep them updated on what is happening in the homes.

## Policies and procedures

Participants identified new challenges that emerged during the pandemic. We heard that staff cohorting during the pandemic has been inconsistent and could be better coordinated across all staff and sites. The ability of residents to move around the LTCH was another major issue discussed related to the pandemic. In addition to the negative effects of social isolation, it was particularly challenging to implement safety protocols for residents that “wander” or smoke. Dining was also challenging with limited space to safely social distance at mealtimes.

Participants suggested that multiple seatings with smaller numbers of residents could allow for safe socialization during outbreaks. Participants also identified the need for multidisciplinary IPAC

committees and teams with clearly identified roles and responsibilities. Some homes limited potential for COVID-19 transmission by having outbreak units with dedicated staff. Overall, they recommended that IPAC policies be easy to understand and follow, with clear objectives and evaluation and assessment procedures.

## Training and education

Frontline staff communicated that IPAC education and training should be provided to all staff working in LTCHs, including those responsible for cleaning and disinfection, HVAC systems, and maintenance. They also noted that funding, which varies by province, should reflect the importance of IPAC education and training. For example, funding priorities should include a designated IPAC position with relevant qualifications.

Participants shared that family members and residents would benefit from education on pandemic-related policies and procedures. Participants also stressed consideration for where information is posted in LTCHs and spaces for training, as there may not be sufficient space available within the LTCH.

## Waste management

Participants consistently noted the challenge of dealing with increased waste from pandemic-related PPE and the difficulty of doing so safely. We heard that PPE and other items such as rapid tests were disposed of in the regular garbage due to a lack of waste receptacles. Some LTCHs were forced to use boxes with garbage bags over them and others had overflowing waste bins. Participants communicated the need for clear guidelines for waste management and design considerations for waste receptacles.

A few participants noted some existing washer-disinfectors may harbour pathogens and that homes should invest in those that prevent this for IPAC.



## Heating, ventilation and air conditioning (HVAC)

We heard that many LTCH HVAC systems have no fresh air exchanges. Some recommended that there should be standards around the routine maintenance and inspection of HVAC systems in LTCHs. Staff also noted that there are now regular wildfires in some parts of Canada that impact outdoor air quality. In those situations, there should be an external air occlusion protocol and air quality standards.

## Cleaning and disinfection

The discussion on cleaning and disinfection also centred around issues related to the COVID-19 pandemic. Frontline workers attending the consultation shared that many LTCH residents shared bathrooms that were not always cleaned in between use. Participants pointed out that funding for housekeeping, depending on the jurisdiction, does not account for the size of the LTCH. It was also noted that cleaning and preventative maintenance of equipment requires a system of accountability to ensure this is regularly completed, which is not always in place.

A recommendation was made that cleaning products used in LTCHs should be standardized—different homes use different products, which some participants felt could lead to inconsistencies in cleanliness. It was also stated that existing cleaning and disinfection standards may be intended for acute settings and may not be appropriate for LTCHs. In designing standards for LTC, participants suggested that all routes of possible transmission should be considered, including air, water, and surfaces.

## Hand hygiene

Participants noted that staff room locations were sometimes moved during the pandemic, which meant staff did not have sufficient access to handwashing sinks. Some recommended minimum standards for alcohol-based hand rubs—one dispenser per floor is not enough. It was also suggested to avoid countertops for hand hygiene sinks in resident bedrooms that can attract storage of toothbrushes and other items, and that hands-free sinks would also be helpful.

## Personal protective equipment (PPE)

Personal protective equipment is an essential tool for staff and resident safety during the pandemic. Participants in the consultation session identified several challenges currently experienced in LTCHs, including the lack of consistent access to PPE and adequate training for its use. We also heard that LTCHs struggled to consistently procure the correct sizes of PPE to fit staff and that space for donning and doffing and waste disposal was also inconsistent across LTCHs. During the pandemic, some LTCHs used bedrooms to store PPE and other equipment.

We heard that staff wellness was sometimes compromised when using PPE. Some shared that they experienced overheating and dehydration from wearing PPE. This was due to the lack of temperature regulation in many LTCHs and staff shortages, which made it more difficult to take breaks. Policies and procedures preventing the removal of masks in clinical areas to drink water and the distance between staff break rooms and resident units were also contributing factors. Staff shared that they were asked to clean PPE themselves either at home or in the kitchen sink.

Participants recommended clearer signage for PPE storage and disposal, as well as hazard assessments to ensure staff are provided proper protection from infection. PPE requires training and education to be used properly—including ensuring fit and proper donning and doffing—and should be provided to those working in laundry service, housekeeping, and food services, as well as care staff. If PPE needs to be reused, proper areas for cleaning and storage would be necessary.

It was also stated that there should be standards for the types of acceptable PPE for contact and droplet precautions during an outbreak; that PPE storage and stations should be ergonomically designed; and safe areas for staff breaks and hydration be prioritized.

## Environmental design

During the consultation session, participants also discussed issues and ideas related to environmental design and the COVID-19 pandemic. Several people emphasized the need to consider space allocation for isolating residents during an outbreak; storing, cleaning, and donning and doffing PPE; and waste management.

Lack of capacity and the need for cohorting of both staff and residents during outbreaks also require space considerations for common areas; and dining, recreational, training, and staff spaces. Many of these spaces were inadequate to permit activities, safe social distancing, cohorting, or led to poor accessibility. Guidelines for these spaces may be necessary and should consider ergonomics. Participants also noted that dining rooms and overbed tables should be standardized to be more stable and accessible—e.g., to allow them to fit over wheelchairs.

We heard that some LTCHs were able to improve social distancing by assigning elevators to cohorts, having one-way flow for entrances and exits, and having separate entrances for units to prevent walking through outbreak units. Not all LTCHs would be able to implement this based on design, but participants suggested this should be considered for new builds.

## Resident bedroom and washroom design

Consistent with other consultation sessions, frontline participants recommended single occupancy bedrooms and bathrooms for residents when possible. It was also emphasized that where this is not possible, there should be a minimum distance between residents in bedrooms. During outbreaks in some homes, we heard that flannel sheets were hung to separate resident beds. It was noted that there should be full physical dividers rather than fabric curtains between beds—however, separators should not be added without first evaluating airflow patterns to ensure it is safe to do so.

Frontline staff also noted that an LTCH is a resident's home, and there can sometimes be a tension between making it feel homelike and IPAC measures. They suggested that resident and family education should be made available to prevent the accumulation of personal items that can inhibit cleaning and disinfection. The materials and finishes of personal items, such as furniture, should be comfortable and easy to clean.

We heard that bathroom design should consider that residents may have dementia or a disability. For example, if a resident has poor vision, an all-white bathroom may make it difficult to see the toilet. Using contrasting colours—e.g., a black toilet seat—may be helpful. Others communicated the importance of bathrooms having self-closing toilet seats with lids to prevent spraying when flushed to improve IPAC.



## Technology

Participants noted that many homes lack adequate internet bandwidth or wi-fi connectivity to enable digital connections, which have been very important during the pandemic to reduce social isolation. It was suggested that new LTCH designs consider internet and phone connections and access for residents. Some participants suggested that technological innovations should be considered and evaluated for their potential to prevent infections—such as digitally tracking illness and infections.

# Next steps

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CSA Group is publishing What We Heard reports for each of the six consultations held and a final report that summarizes the findings of all the consultations and community surveys. The 60-day public review of the draft standard will take place from February to April 2022. This will include CSA Group-hosted information sessions to provide an overview of the draft standard and highlight key sections to encourage feedback.

CSA Z8004 is expected to be published in December 2022. CSA Group will hold information sessions for different targeted audiences and the broader public to provide knowledge 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 Homes Community:

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

## 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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