



## What We Heard Report

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# CONSULTATION WITH 2SLGBTQI+ Community

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

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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.

CSA Z8004 will include or consider topics such as heating, ventilation, and air conditioning (HVAC), plumbing, waste removal, medical gas systems, use of technology, and cleaning and disinfecting processes. [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 the public 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 2SLGBTQI+ community**

On August 19, 2021, CSA Group hosted a consultation session with members of the 2SLGBTQI+ community to listen to their feedback on topics related to the development of CSA Z8004. The breakout room discussions focused on how operational and design aspects of LTC—including approaches to IPAC— can be more inclusive of the 2SLGBTQI+ community. The following themes emerged from the consultation:

- Equity, diversity, and inclusion
- Policies and procedures
- Training and education
- Bedroom and bathroom design
- Environmental design
- Technology

# Themes

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*"Participants emphasized the need for improved inclusivity in LTCHs as well as culturally appropriate care."*

— EQUITY, DIVERSITY, AND INCLUSION, PG.6



## Equity, diversity, and inclusion

The consultation session focused on the experiences and barriers to care in LTC for members of the 2SLGBTQI+ community. We heard from participants that there is a great deal of stigma and discrimination in LTCHs related to gender identity and sexual orientation. Participants shared that 2SLGBTQI+ community members may hesitate to disclose their sexual orientation or gender identity due to a fear of hostility and discrimination from both residents and staff in LTCHs.

We heard specific concerns related to the operation and design of LTCHs, which are explored in the following sections. Overall, participants emphasized that LTCHs must be safe and inclusive for all residents. Symbolic shifts in LTCHs, such as the display of a rainbow flag, make LTCHs feel more welcoming and are essential steps. But participants stressed that a culture shift towards more inclusive care must go beyond the symbolic and include systemic changes that address gaps in care for 2SLGBTQI+ residents.

We heard that residents' privacy, autonomy, and dignity—part of a person-centred approach to LTC—is fundamentally important. Participants consistently expressed concern over the lack of autonomy and privacy in LTCHs and the impact on resident dignity. Participants emphasized the need for improved inclusivity in LTCHs as well as culturally appropriate care. It was pointed out that the 2SLGBTQI+ community is diverse, and culturally appropriate care is a critical aspect of LTC that is often missing. For example, residents should have access to food options appropriate to their culture and services in the language they speak.

Participants discussed the idea of LTCHs or wings of LTCHs designated for members of the 2SLGBTQI+ community. Some supported the idea. Others preferred improved inclusivity and integration with the broader community. Still, others noted that demand would depend on the size of the LTCHs, as well as the size and needs of the 2SLGBTQI+ community where the LTCH would be located.

## Policies and procedures

We heard that LTC policies and procedures need to change to reflect an inclusive approach, such as the language used in the LTC sector. For example, gender-specific language, often used in documents and forms, is problematic and discriminatory. Participants also shared that washrooms should be gender-neutral to be inclusive.

Participants shared that orientation policies and procedures should be in place to welcome new residents from the 2SLGBTQI+ community—this would provide staff with the opportunity to better understand the histories and needs of residents as they relate to their care. For example, we heard that if residents are HIV positive, it is crucial to assess their needs while maintaining their privacy.

We heard that during the COVID-19 pandemic, limits to visitors resulted in social isolation for residents. In some homes, a lack of staff resulted in residents being confined to their rooms for long periods. Several participants suggested that guidelines for visitation should be expanded to reflect the multiplicity in who LTC residents consider family or important supports. For example, expanding definitions of “family” beyond biological/families of origin.

Participants emphasized the importance of LTCHs formally connecting with the broader 2SLGBTQI+ community and including community members on committees. LTCHs should also have equity, diversity, and inclusion committees to address systemic barriers to equitable and inclusive care. We heard that some LTCHs have made inroads in connecting with the 2SLGBTQI+ community.



## Training and education

Consultation session participants consistently told us that training and education for staff—including equity, diversity, and inclusion training—is essential to providing inclusive care. Participants stressed that training and education should also be available to volunteers, friends, and family members. We heard that training and education should seek to address inequities and gaps in care. For example, we heard that staff might require specific training on medication management for residents who are HIV positive.

We heard that community engagement could be a helpful way to raise questions and dismantle assumptions for staff, management, and residents. Participants suggested also suggested that LTCHs hold regular informational meetings with staff, residents, and community members to engage with issues—including roleplays for instances of misgendering, so that staff and management have active language and practices to handle these instances respectfully.



## Bedroom and bathroom design

Consistent with other consultation sessions, we heard that private rooms with a personal bathroom should be available to residents for privacy and IPAC. Participants shared that COVID-19 spread rapidly through shared rooms, particularly in ward rooms with more than two residents. LTCHs should also accommodate couples that want to share a room.

Most resident bedroom doors cannot be locked, which participants argued contributes to a lack of safety and autonomy of 2SLGBTQI+ residents. For example, we heard in some instances that couples would ask a friend to guard a bedroom door to prevent intrusion on their privacy.

In terms of making bedrooms more like home, participants suggested that residents should have larger beds available. We heard that single beds are very institutional and hamper the feeling of home. Larger beds also accommodate residents who choose to engage in intimate activities. Participants also stressed that residents should be able to personalize their bedrooms with furniture and decorations.

## Environmental design

We heard from participants that the size of LTCHs has an impact on care and quality of life—large LTCHs are often able to offer more activities, while smaller homes often feel more like home. Participants urged that these tensions need to be considered when designing new LTCHs. Regardless of size, participants stressed that funding is a significant determinant of the residents' quality of care.

## Technology

Consistent with other consultation sessions, we heard that internet connectivity and computers or tablets were important for residents to maintain social connections during the pandemic. We also heard that a lack of technological literacy is a barrier to many residents, which requires enhanced staff support.

# 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 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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