



What We Heard Report

CONSULTATION WITH

Francophone Frontline Workers

Hosted by Bruyère

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.¹ 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%.²

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."³ 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. 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 session with Francophone frontline workers

On August 30, 2021, Bruyère, in partnership with CSA Group, hosted a national consultation session with francophone frontline LTC workers to hear their feedback on topics related to the development of the National Standard of Canada for operation and infection prevention and control of long-term care homes (CSA Z8004)⁴. The breakout room discussions focused on what the participants identified as the current gaps in infection prevention and control (IPAC) in LTC from 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 participants that COVID-19 tremendously impacted staff and resident well-being. The discussion revealed barriers to effective care delivery and infection prevention and control, as well as potential solutions to overcoming them.

The following themes emerged from the consultation:

- Communication
- Policies and procedures
- Training and education
- Cleaning and disinfection
- Hand hygiene
- Personal protective equipment (PPE)
- Environmental design
- Technology

⁴ The transcript of the consultation session was translated into English for the purposes of drafting this report.

Themes

"Participants working in French-speaking LTCHs in predominantly English-speaking provinces shared that the language difference led to communication challenges—including the need to interpret policy direction and communicate it to employees, families, and residents."

— COMMUNICATION, PG.6



Communication

Communication and the challenges of language differences were consistent themes throughout the discussion—including policies and procedures for outbreak management, management of COVID-19 protocols for employees, and visitation policy. We heard that there was a lack of coordination in developing policies and procedures to respond to the pandemic and that many felt LTCHs were left to respond independently. At times, contradictions between provincial and local public health directives created confusion and prevented implementation.

Participants working in French-speaking LTCHs in predominantly English-speaking provinces shared that the language difference led to communication challenges—including the need to interpret policy direction and communicate it to employees, families, and residents. It was particularly problematic when there were inconsistencies between English and French documents. For example, inconsistencies between the English and French documents on visitation led one LTCH to do its own translation of the original English directives.

Policies and procedures

We heard from participants that a lack of resources, including funding for staff and a shortage of staff with expertise in IPAC, was a barrier to implementing policies and procedures related to COVID-19. In some provinces, LTCHs were responsible for creating and implementing

policies and procedures, including education and training related to COVID-19. Participants shared that this was often very time-consuming. For example, one LTCH needed to communicate COVID-19 policies and procedures with more than 80 families.

Staff found it difficult to enforce these policies, particularly when many families did not agree with them. Some participants suggested that governments should take more responsibility for communicating with families to protect frontline staff from the reactions of frustrated family members. We also heard that a pan-Canadian approach to COVID-19 rules, such as vaccinating employees, would have been helpful. LTCHs that were near provincial borders had to navigate various provincial laws and regulations.

We heard that resident isolation due to the pandemic had a severe negative impact on residents' physical and mental well-being, which was incredibly challenging and confusing for residents, families, and staff. Limitations on visits by families and loved ones had an enormous impact—residents moved around much less, which led to physical deterioration.

Overall, the pandemic has been incredibly challenging for staff in LTCHs. Participants noted that stringent reporting requirements have also made it more difficult. In Ontario, for example, LTCHs are required to complete critical incident reports, which have increased during COVID-19. Participants shared that the time spent on reporting takes away from the time staff can spend on programs and services.

Training and education

We heard from participants that new and evolving COVID-19 directives led to repeated staff training on the use of PPE and other policies and procedures. In addition to the previously mentioned communication difficulties, this contributed to stress for staff. Participants shared that many employees in LTCHs are not part of an occupational college, which would facilitate training.

Cleaning and disinfection

We heard from participants that cleaning and disinfection in LTCHs has been a challenge during the pandemic due, in part, to a lack of staff due to budget constraints. Another contributing factor mentioned was that much of the equipment in LTCHs, unlike in hospitals, is shared. For example, transfer belts, which are used on multiple residents, are not always cleaned between use based on the experience of participants. We also heard that the surfaces of some of the furniture in LTCHs began deteriorating due to repeated cleaning and disinfection.

Hand hygiene

Consultation participants discussed the need for improved hand hygiene during the pandemic. Despite training and education, audits in some homes revealed that staff members were not consistently washing their hands when appropriate or for long enough, which was partially due to a lack of handwashing sinks.

Personal protective equipment (PPE)

During the consultation, participants discussed some of the challenges related to PPE they encountered. Many LTCHs lack sufficient storage space for all of the PPE that quickly became necessary during the pandemic. There were competing demands for space by other functions as well. The existing staff rooms in many LTCHs were not large enough to accommodate staff during meals and breaks with safe social distancing. As a result, some LTCHs were forced to convert storage space to staff rooms, which exacerbated the lack of PPE storage space. PPE placement throughout LTCHs for use also required creative placement. For example, some LTCHs hung laundry hampers on doors with PPE in them.



Environmental design

Limited space was a consistent theme discussed throughout the consultation session. We heard that the issue of space predates the pandemic. As previously mentioned, some spaces were converted to staff spaces to accommodate social distancing. In some LTCHs common areas were reappropriated, which took away from space for residents. Space constraints were particularly problematic when residents were often isolated. Lack of space to accommodate social distancing in the dining room led some homes to create two dining hours.

Participants also noted that nursing stations in LTCHs are often small and don't permit social distancing.

We also heard that the entrances at some LTCHs did not have enough space in the lobby for COVID-19 screening for residents and visitors, which led to lineups.

We also heard a positive example where year-round outdoor spaces have been created for use by residents and visitors. Participants highlighted the challenge of designing an LTCH that is person-centred and takes confidentiality and IPAC into account. Participants pointed that making LTCHs feel homelike is difficult when they are expected to provide many of the functions of hospitals.

Technology

Participants shared the importance of internet connectivity for residents and families to communicate, particularly during the pandemic. Many LTCHs lack strong or consistent internet coverage, which limits the ability for social connection.

Next steps

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 to 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

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.

Bruyère

Through the people it serves, the specialized care it provides and the research it conducts, Bruyère plays a critical role in the Ottawa region's health care system. It offers a wide range of services in the community, from hospital programs to long term and primary care, and supportive and independent living for seniors and vulnerable populations. In addition, Bruyère is transforming care through strengths in research, education, collaboration, and innovation.

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