



POLICY BRIEF

Connecting the CSA Group long-term care standard to Canadian public policy

December 2022

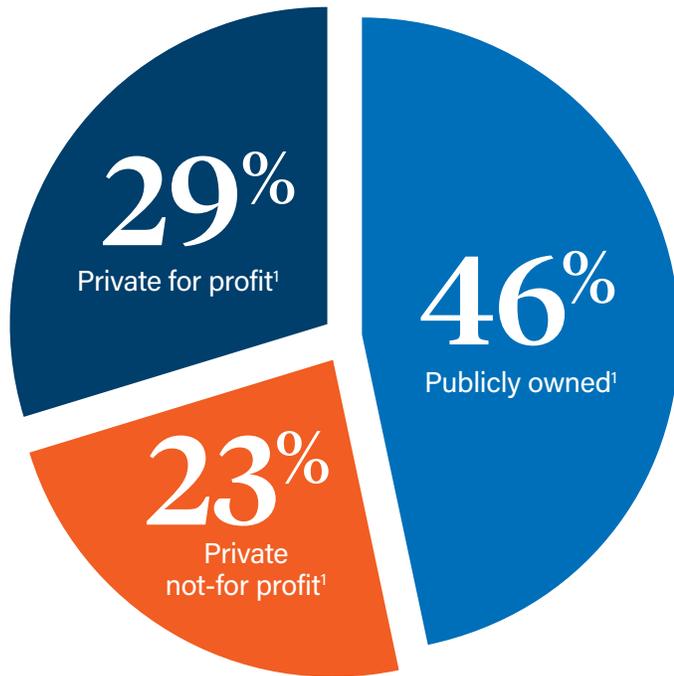


Introduction

- The Canadian Standards Association (CSA Group), is a leader in standards development, research, education, and advocacy, whose mission is to enhance the lives of Canadians through the advancement of standards in the public and private sectors.
- CSA Group recently published a standard called **CSA Z8004**, *Long-term care home operations and infection prevention and control*.
- This standard provides guidance on safe operating practices, design, and infection prevention and control (IPAC) practices in long-term care homes (LTCHs) while incorporating a person-centred approach. The standard takes into consideration what is required during both normal, day to day circumstances and catastrophic events.
- As published, the standard is voluntary, however, governments, regulators, and the long-term care industry are encouraged to use it through incorporation in regulation and/or industry best practices.
- This document will provide an overview of the development of the standard, what is covered in the standard, and the standard's policy relevance for government.

Background

State of LTCHs in Canada as of March 2021



Long-term care (LTC) is governed by provincial and territorial legislation, meaning, across the country, jurisdictions offer a different range of services and cost coverage.²

This national standard for LTCHs will aid in standardizing the level of care for older adults across Canada.



2,076
LTCHs in Canada¹



198,220
Beds³

1 "Long-Term Care Homes in Canada: How Many and Who Owns Them? | CIHI," Canadian Institute for Health Information, accessed August 11, 2022, <https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them>.

2 <https://www.canada.ca/en/health-canada/services/home-continuing-care/long-term-facilities-based-care>

3 "How Many Long-Term Care Beds Are There in Canada? | CIHI," Canadian Institute for Health Information, accessed August 11, 2022, <https://www.cihi.ca/en/how-many-long-term-care-beds-are-there-in-canada>.

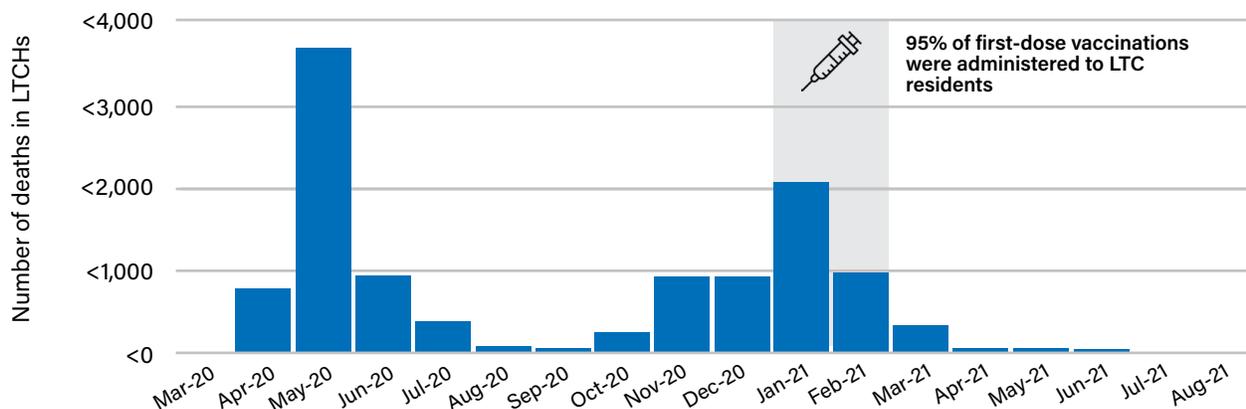
The risk of respiratory infections and COVID-19

- By living in congregate living settings, LTCH residents are more likely to have an increased risk of exposure to infections and outbreaks compared to living in single dwelling units.
- In the 2018-19 flu season, the majority of reported outbreaks (63%) were in long-term care facilities.⁴ The flu's rate of community spread significantly declined in the following two flu seasons, likely due to the COVID-19 public health measures in place.⁵ However, as the public health measures are relaxed, it will be important for LTCHs to have strong IPAC measures in place to prevent the spread of the flu and other respiratory infections.
- As of July 2022, LTCH residents accounted for 4% of all COVID-19 cases in Canada and 43% of COVID-19 deaths.⁶ The rollout of vaccines in LTCHs in early 2021 reduced infections and deaths by over 90%.⁷

Canada's aging population

- By 2050, the population of people over 85 in Canada will have tripled from 861,000 to 2.7 million due to the aging baby boomer generation and increased life expectancy.⁸
- The older Canadian population is also becoming more diverse. The portion of Canadians that are people of colour at age 65 will increase from 13% to over a quarter (27%) between the cohorts of people born in 1947-1951 to 1967-1971.⁹
- Currently 1 in 4 people aged 85 and older (238,000 people) live in collective dwellings, such as seniors' residences and LTCHs. If this ratio stays the same, by 2050, 675,000 people will need access to LTCHs and other types of seniors' residences.¹⁰
- It will be important for governments to not only build new LTCHs to accommodate the increasing population of older adults, but also improve the standard of care they receive to prevent future outbreaks, support aging in place, and enhance quality of life.

Figure 1: LTCH COVID-19 deaths in Canada (March 2020 to August 2021)



4 "FluWatch Annual Report: 2018-19 Influenza Season," Government of Canada, 2021, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2018-2019/annual-report.html>.

5 "FluWatch Annual Report: 2019-2020 Influenza Season," Government of Canada, 2021, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2019-2020/annual-report.html>; Andrea Nwosu et al., "National Influenza Annual Report, Canada, 2020–2021, in the Global Context," Canada Communicable Disease Report 47, no. 10 (October 14, 2021): 405–13, <https://doi.org/10.14745/CCDR.V47I10A02>.

6 Samir K Sinha, Rory Doherty, and Julie Dunning, "NIA LONG TERM CARE COVID-19 TRACKER," National Institute on Ageing, Toronto Metropolitan University, July 2022, <https://ltc-covid19-tracker.ca/>.

7 "COVID-19's Impact on Long-Term Care," Canadian Institute for Health Information, December 2021, <https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems/long-term-care>.

8 "A Portrait of Canada's Growing Population Aged 85 and Older from the 2021 Census," Statistics Canada, August 2022, <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021004/98-200-X2021004-eng.cfm>.

9 "The Contribution of Immigration to the Size and Ethnocultural Diversity of Future Cohorts of Seniors," Statistics Canada, 2016, <https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14345-eng.htm>.

10 "A Portrait of Canada's Growing Population Aged 85 and Older from the 2021 Census."

Development of CSA Z8004, Long-term care home operations and infection prevention and control

- Funded by Standards Council of Canada, CSA Group and Health Standards Organization (HSO) worked together to develop two new complementary national standards for long-term care.

- The national standard from CSA Group addresses a number of topics of importance to LTCHs as outlined in the table below while the national standard developed by HSO addresses the delivery of safe, reliable, and high-quality long-term care services.
- The CSA Group standard was developed in consultation with residents, families, essential family caregivers, LTC providers and facility workers, Indigenous communities, 2SLGBTQI+ communities and policymakers from across Canada.

Table 1: What is covered in the CSA Z8004 Standard

What is covered in the standard	
 <p>Organizational commitments Person-centred care principles, relationship building, equity, diversity and inclusion.</p>	 <p>Quality improvement Data collection, quality auditing and process improvement, IPAC auditing</p>
 <p>Design Facility wide functional requirements, design of rooms and shared spaces</p>	 <p>Catastrophic event management Risk assessment and planning process of internal and external events</p>
 <p>Infection prevention and control IPAC program structure, hand hygiene, PPE, cleaning and disinfection, laundry, new and emerging technologies</p>	 <p>LTCH building systems Operations and maintenance plan, plumbing, HVAC, medical gas systems, electrical and electronic building systems, security systems, building system assessment</p>
 <p>Training and simulation EDI training, waste management training and operations, IPAC, IPAC-EVS Personnel, Information technology</p>	 <p>Information technology Design and implementation, data systems, data management, new and emerging technologies</p>
 <p>Operations Resident activity, visitors, nutrition and food management, contingency planning, waste management, antimicrobial stewardship, medication management, environmental services, transdisciplinary assessment team</p>	
What is not covered in the standard	
 <p>Administrative topics Pricing, insurance, reimbursement</p>	 <p>Medical practice and professional obligations Required staff personnel</p>
 <p>Resident care and services Hours of care per resident, quality indicators for care</p>	 <p>Employment practices Wages, benefits, working conditions</p>

Policy relevance for government

Provincial governments have a duty of care to LTC residents. By adopting this standard, governments could help LTCHs improve the quality of that care. Through consultations with LTC providers, CSA Group designed the standard so that the requirements and

guidelines can be adopted by LTCHs in Canada to ensure a high-level of care.

If the standard is adopted, it could have an impact on four main aspects of LTCHs: resident dignity and empowerment, LTCH infrastructure, IPAC, and staff skills training and responsibilities.

Resident dignity and empowerment

Residents of LTCHs deserve to live in age-friendly communities that respect their rights, preferences, and lifestyle choices. The standard is designed to balance the safety of residents with their right to live with dignity.

How the standard addresses this

The standard requires LTCHs to adopt organizational commitments including person-centred care, equity, diversity and inclusion, and the sexual expression and intimacy of residents. The commitments are reflected in other provisions, such as creating an environment that promotes a sense of community, honouring diverse cultures throughout the year, and respecting residents’ right to privacy.

Infrastructure

The built environment of LTCHs can shape residents’ experiences and outcomes. Improvements in the infrastructure and design can help prevent the spread of infection, increase privacy for residents, and make LTCHs feel more like home.

How the standard addresses this

The standard includes several provisions that would improve LTCH building design, systems, and technology. There are also provisions that are strongly recommended to create a positive environment that further decreases the risk of infection and promotes resident privacy.

The following table provides examples of the required, recommended, and optional provisions for different infrastructure in LTCHs:

Table 2: Examples from CSA Z8004 Standard

Category	Required	Recommended/Optional
Layout	LTCHs shall be designed to optimize the everyday activities of residents, staff, families, and visitors of all abilities.	LTCHs layout should maximize the dignity, privacy, and autonomy of residents.
Bedrooms	For existing LTCHs with multi-resident bedrooms, they shall accommodate a maximum of two residents.	In new LTCHs, all resident bedrooms should be designed to accommodate a single person. Two-person or adjoining bedrooms may be considered when it is the residents’ desired arrangement (e.g. sibling, spouses, friends)
Washrooms and bathing rooms	LTCHs shall have a bathing room to assist residents with bathing.	Each bedroom should have a 3-piece washroom.
Air quality	LTCHs shall refer to Provincial and Territorial Guidelines for recommendations or requirements on indoor air quality.	All parts of the air handling unit, supply air and exhaust air registers, air ducts, filter housings, humidifier/dehumidifier, if present, should be easily accessible for inspection, and reachable for cleaning and disinfection purposes.

Note: In the CSA Z8004 Standard, “shall” is used to express a requirement, i.e., a provision that the user is obliged to satisfy in order to comply with the Standard; “should” is used to express a recommendation or that which is advised but not required; and “may” is used to express an option or that which is permissible within the limits of the Standard.



Provincial governments have a duty of care to LTC residents. By adopting this standard, governments could help LTCHs improve the quality of that care.

Infection prevention and control measures

The COVID-19 pandemic raised concerns that LTCHs were not prepared to handle outbreaks of respiratory illnesses. Stronger IPAC measures are necessary to prevent the spread of infections and protect the health of residents.

How the standard addresses this

If LTCHs adopt the standard, they would be asked to:

- Adopt IPAC best practice guidelines that are based on emerging scientific evidence, which will help LTCHs prevent and respond to future outbreaks of all illnesses, protecting residents and society.
- Have an adequate supply of PPE or a plan to procure additional PPE in the event of an outbreak.
- Have plans for outbreaks that consider protocols for detecting and responding to illnesses, maintaining appropriate staff levels, and managing supplies.

Staff skills training and responsibilities

Training is important so that staff are able to create a positive experience for residents and help maintain a safe and healthy environment.

How the standard addresses this

- Training provisions focus on ensuring staff are able to uphold the other provisions in the standard. To fulfill the provisions for staff training, employers may have to collect feedback on training effectiveness and deliver additional training sessions.
- The standard may give staff additional opportunities, such as being members of committees, or spending more time getting to know residents.
- The standard focuses on creating a positive environment for staff members with provisions focused on providing mentorship, creating an inclusive environment, and adding whistleblower protections.

About 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. Our mandate is to hold the future to a higher standard.



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