



**March 30, 2020**

## **An open letter on the Emergency Order issued by the Ontario government to support long-term care residents and staff**

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The care and protection of long-term care residents — and the dedicated staff who look after them — has become a critical issue in Ontario. As of March 30, 14 of Ontario's long-term care homes have confirmed outbreaks of COVID-19, and the numbers are increasing rapidly.

On March 27, the Ontario government issued an unprecedented Emergency Order that will help long-term care homes to take the steps they need to provide care to their residents and support for their staff during the pandemic. Our organizations strongly support this much-needed temporary Emergency Order, which will allow long-term care homes to take reasonable necessary measures to respond to, prevent and alleviate the outbreak of COVID-19, including recruiting interim non-clinical employees to allow scarce clinical professionals to focus on direct care and support, and to stabilize our homes.

As the pandemic began to unfold, it was clear there would be a severe crisis unless long-term care homes and their staff had more flexibility to operate. With colleagues off sick, in self-isolation after a COVID-19 exposure, or staying home with their school-aged children, most homes have been struggling to maintain their workforce. Additionally, many part-time staff in long-term care homes work in multiple homes or in other parts of the health system, and increasing restrictions on working across multiple sites have put further pressure on staffing.

We are facing the potential loss of half of the frontline long-term care workforce during the pandemic. Despite the heroic efforts of dedicated staff, a severely short-staffed home simply cannot provide the level of care that residents need during this pandemic. This severe and growing staffing shortage had to be addressed to ensure that care could continue to be provided in a situation that our regulatory framework never contemplated. With the crisis becoming more critical every day, the government was right to recognize that an Emergency Order was the only viable answer.

The order means that homes and their staff have the flexibility to prioritize caring for residents over routine administrative requirements, which can be quite time-consuming. Staff have reported that they spend an average of 3 hours per day on paperwork, much of it unrelated to the actual provision of safe and compassionate care. These hours are critical as staff are increasingly stretched during the COVID-19 pandemic. The order empowers staff, with appropriate supervision, to focus their time on care, while prioritizing only the documentation necessary to ensure that care is delivered safely and in response to a resident's changing needs. Legislation governing the usual operation of long-term care also has rigid requirements around staffing roles, responsibilities, and scope of practice for health professionals. Many of these requirements are far more detailed and restrictive than in other settings such as retirement homes or home care. The *Ontario Long-Term Care Homes Act* has 193 sections, and the regulation has 330 sections, often with multiple subsections, each imposing detailed restrictions.

These rigid requirements have the practical effect of forbidding homes and employees from implementing some measures in pandemic response plans — such as allowing non-care staff to move a wheelchair to ensure required physical distancing, or allowing homes to re-purpose space to isolate residents with COVID-19 from others. The regulation also requires nurses and other care professionals to adhere to a resident’s “written plan of care” without providing an exception when the pandemic makes it inappropriate to do this; for example, a plan of care might require a resident to participate in a group exercise program that a home has appropriately cancelled for pandemic safety. The province’s pandemic plans were developed before the current *Long-Term Care Homes Act* and regulation were finalized, but the regulation did not ensure that in the event of a pandemic, implementing measures in the response plans would actually be legal. The Emergency Order allows long-term care homes and staff to implement the pandemic response plans.

Prior to the implementation of the Emergency Order, the legislation did not allow professionals to work to their full scope of practice, meaning that they are forbidden from doing some things they are fully trained to do. The Emergency Order allows long-term care homes to empower their regulated health professionals to work to their full scope of practice, beyond what is allowed under the current long-term care legislation. Under the order, registered practical nurses (RPNs) can fill roles ordinarily filled by a registered nurse (RN) if an RN is not available, within their professional capacity. There is also flexibility to bring in a new “support aide” role to take on tasks such as helping residents visit with families through technology, delivering snacks, and helping to keep the residents’ rooms clean and tidy. This “support aide” role does not do any clinical care-related tasks; instead, these additional people free up nurses and personal support workers to concentrate on providing care that only they are trained to provide. These additional staff also provide benefits to the existing hard-working team, including the time to rest between shifts and helping to create a clean work environment.

The business-as-usual regulatory framework for long-term care was never designed to cope with a pandemic of this scale, so the flexibility of the Emergency Order is absolutely vital in empowering homes and their qualified and dedicated staff to manage under unprecedented pressure and staff shortages. The Emergency Order also enables and complements other special measures to support our long-term care residents and staff during the pandemic emergency. The measures include: enhanced 24/7 virtual nursing support; increased access to telemedicine from family doctors; the launch of a family resource and action phone line; and redeploying of licensing inspectors to support individual homes in managing issues on the ground, such as infection control and prevention, and the appropriate use of personal protective equipment. Long-term care has also been integrated into regional planning tables to allow for care coordination between long-term care and hospitals, public health, emergency services, and primary care. In addition, the Government of Ontario is working hard to provide the protective equipment, supplies, and other supports that homes need for residents and staff to be safe and supported. Premier Ford and his team have been champions for long-term care, and we applaud the deep commitment to resident care and safety that underpinned their decision.

These are extraordinary times, and the government is right to respond with extraordinary measures. This pandemic presents the greatest test to our health system and to public service in generations, and each of us has an important individual role to play. We need to work together in our local communities, and provincially, to strengthen our care and support for our most vulnerable citizens, and those heroic individuals who support them.

We will get through this together. When we are on the other side of this pandemic, let it not be said that we abandoned those who have made great sacrifices for their families and communities throughout their lifetimes. Let it be said, rather, that we met the test.

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