

Long-Term Care COVID-19 Commission Meeting

Group Meeting with Commissioner and Staff
on Thursday, February 11, 2021



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6	MEETING OF THE LONG-TERM CARE
7	COVID-19 COMMISSION
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15	--- Held via Zoom Videoconferencing, with all
16	participants attending remotely, on the 11th day
17	of February, 2021, 4:00 p.m. to 6:00 p.m.
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1 BEFORE:

2 Frank N. Marrocco, Commission Chair

3 Angela Coke, Commissioner

4

5 GROUP MEETING WITH STAFF

6 Participant 1

7 Participant 2

8 Participant 3

9 Participant 4

10 Participant 5

11 Participant 6

12 Participant 7

13 Participant 8

14 Union Representative 1

15 Union Representative 2

16 Union Representative 3

17 Union Representative 4

18 Union Representative 5

19

20 PARTICIPANTS:

21 Dawn Palin Rokosh Director, Operations

22 Long-Term Care Commission

23 Secretariat

24 Alain Daoust Team Lead

25 Long-Term Care Commission

1		Secretariat
2	Adriana Diaz Choconta	Senior Policy Analyst
3		Long-Term Care Commission
4	Angeline Hawthorn	Senior Policy Analyst
5		Long-Term Care Commission
6		Secretariat
7	Rose Bianchini	Senior Policy Analyst
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1 --- Upon commencing at 4:05 p.m.

2 DAWN PALIN ROKOSH: Good afternoon
3 everyone and welcome to this group meeting of
4 the Long-Term Care Covid-19 Commission and staff
5 of long-term care facilities from across the
6 province.

7 My name's Dawn Palin Rokosh and I'm a
8 director with the Commission's Secretariat and
9 I'm here, along with my colleague Alain Daoust,
10 who will be my co-facilitator today.

11 You met Angeline Hawthorn, many of
12 you, or you should have on the way into the Zoom
13 meeting today. And she, along with our
14 colleague Adriana Diaz Choconta, are also
15 providing operational support to this meeting.

16 As you may know, the Commission is led
17 by three Commissioners and we're joined by two
18 of them this afternoon. Our Commission Chair is
19 Frank Marrocco and he will be our -- he will be
20 our lead Commissioner today for the session.

21 We're also joined by Commissioner
22 Angela Coke. And the third Commissioner, who
23 unfortunately sends his regrets, is Dr. Jack
24 Kitts.

25 I want to acknowledge and thank the

1 union representatives that are on the Zoom call
2 today. They have been really instrumental in
3 assisting the Commission in making the
4 opportunity to -- for staff to participate in
5 these group sessions, and also co-ordinating and
6 identifying participants. So we really
7 appreciate all of their support.

8 So obviously this meeting is
9 happening -- taking place over Zoom. And as I
10 mentioned earlier, if anyone has any
11 connectivity issues please just follow the link
12 that you have been provided and also email
13 Angeline Hawthorn, who is the person that has
14 sent you an email previously, if you have -- if
15 you have any -- if you experience any
16 technological issues and she will assist you.

17 This session is being transcribed by a
18 court reporter who is present on the call. The
19 transcripts will be posted on the Commission's
20 website but your names will not appear on the
21 website.

22 When you're speaking you will be
23 recorded in the transcript by your participant
24 name and number, that you can see on the screen.
25 If you want to -- when you're speaking if you

1 want to refer to something that another
2 participant has said we ask that you please
3 refer to them by their participant name and
4 number.

5 And although we have ensured that you
6 are anonymous, both in our outreach as well as
7 in your participation today, the information
8 that you choose to share will be posted to the
9 website so please be aware of any identifiable
10 stories that could reveal your identity, if
11 that's important to you.

12 In terms of the agenda for our meeting
13 here today, in a moment I will ask Commissioner
14 Marrocco to give some introductory remarks and
15 then we will proceed to question number 1, which
16 you've all -- which you should have received but
17 we'll review as we get started.

18 We will hear responses from all the
19 participants in numerical order, so we'll start
20 with Participant 1 and move down the list. And
21 after we've heard from all participants in
22 response to question 1 then we'll proceed to
23 question 2, and we'll go in numerical order as
24 well and hear your responses to that question.

25 In order to hear from all of you on

1 both questions we're asking that you try to keep
2 your responses to approximately four minutes.
3 And if you go over -- if you -- if you go over
4 we may, depending on the timing, we may ask you
5 to move on -- that we will move on to the next
6 participant and we will -- and you will have an
7 opportunity in your second question to address
8 any issues that you didn't get a chance to in
9 the first.

10 So unless there are any other
11 questions I will actually turn things over to
12 Commissioner Marrocco to welcome you to the
13 meeting.

14 COMMISSION CHAIR FRANK MARROCCO:
15 Well, thank you, all, for participating in this.
16 I know from past experiences this isn't
17 particularly easy.

18 Commissioner Coke is a former Deputy
19 Minister, retired senior member of the public
20 service at one time. I'm the former Associate
21 Chief Justice of the Superior Court. We're
22 quite independent people here and we really want
23 to understand the world from your perspective as
24 it unfolded and that's why we're doing this.

25 I think probably the best way to start

1 out is to observe one minute of silence to
2 recognize those staff people and residents who
3 are no longer with us.

4

5 -- [Moment of silence observed.]

6

7

8 COMMISSION CHAIR FRANK MARROCCO:

9 Well, I think that's approximately a minute,
10 going by the clock on the computer, so let's
11 begin.

12 DAWN PALIN ROKOSH: Thank you,
13 Commissioner Marrocco.

14 So the first question is: Please tell
15 us about your experience working in a long-term
16 care home during the pandemic. How has the
17 pandemic impacted you, your job and your ability
18 to provide care?

19 I'd like to invite participant
20 number 1 to provide a response to this question
21 first. Participant 1?

22 PARTICIPANT 1: Good afternoon.

23 Stressful, scary, very anxious. Very
24 anxious because very little lack of
25 communication between superiors and staff.

1 Being denied a lot of PPE. Having to
2 wear garbage bags because PPE was being taken
3 away to use for other situations. Having to sit
4 and wait to get N95s before beginning your
5 shift. Being told that we're overdoing it with
6 PPE.

7 No proper signage on doors of positive
8 residents. So going into a room not even
9 knowing that they are positive because of the
10 little communication between superiors and
11 front-line staff.

12 Being denied a shield because I didn't
13 have glasses and then later being told that it
14 was my right to have a shield regarding glasses
15 or not.

16 Just majorly very little lack of
17 communication and finding out that we -- we had
18 15 plus residents that were positive and finding
19 this out through social media.

20 Thank you.

21 DAWN PALIN ROKOSH: Thank you very
22 much, Participant 1.

23 Participant 2, can I call on you to
24 provide a response, please?

25 PARTICIPANT 2: Hi.

1 My experience was a little bit
2 different. Initially when -- I work in
3 recreation. Initially when the pandemic hit it
4 was all hands on deck. People where I work
5 it's -- it was very hardly (sic) hit and it'll
6 never be the same working there.

7 I was fortunate enough to be off
8 during what they call the "ground zero". They
9 were literally abandoned.

10 They had -- the stories I'm hearing
11 from -- like, I've been back to work now for a
12 while and, you know, while I was off, it was --
13 it was like watching a nightmare and wondering
14 if my co-workers were going to be okay, the
15 residents, who I'm quite attached to -- I was
16 off on a medical leave. But coming back
17 everybody -- nobody's the same. Nobody's the
18 same. There's a lot of trauma. There's a lot
19 of post-traumatic stress. The stories are
20 horrific. Nobody would come to the home.

21 There's a story in particular, one of
22 my co-workers said that nobody would pick up the
23 mail.

24 It's still a nightmare. Again, to
25 echo participant number 1, there was no

1 communication between superiors and staff.

2 We continue to be shortstaffed. It's
3 impossible for me to do my job as a programmer
4 just because we don't have enough staff still,
5 and the residents are suffering greatly.
6 They've been isolated almost in their rooms for
7 eight months because outbreaks are happening
8 constantly.

9 And all my co-workers are wrecks. And
10 it's -- it's a sad situation.

11 DAWN PALIN ROKOSH: Thank you so much
12 for sharing that, Participant 2. Really
13 appreciate it.

14 Can I call on Participant 3 now to
15 speak to your experiences?

16 PARTICIPANT 3: Yes. Hello, everyone.
17 So when the first time pandemic hit it
18 was very hard physically, emotionally and
19 mentally.

20 I think there was too many things
21 going on. We were fighting with the COVID.
22 Then we were trying to deal with the emotionally
23 because residents' families were not allowed to
24 visit, so responsibility was double on us.

25 We were feeling like, Okay, there they

1 left their loved one trusting that they would be
2 under good care. And then you're dealing with
3 this with employer about the PPE or N95. They
4 forget -- that's what -- I'm usually very
5 positive, but the hardest part was they forget
6 that we are human beings; we have families; we
7 have to go back and take care of them.

8 At the same time you want to protect
9 your resident. You are more attached to them
10 because you are on the floor with them eight
11 hours.

12 Employers, they're sitting -- I'm
13 going to be very honest. They're sitting in the
14 office. They don't know that attachment.

15 You want to -- so it's sometimes hard
16 for you to decide because I remember one morning
17 I went to my supervisor and said, You know what?
18 This resident is suspected case. Can I please
19 have N95? I want to protect myself, my family,
20 at the same time take care of the resident.

21 They said, We will give you N95 once
22 it's tested positive. I said, Listen to me. If
23 results came back after three or four days,
24 resident tested positive, it's too late for me.
25 Do you understand that? But I don't want to

1 leave this resident without care, but the
2 situation you are putting us into. I cannot
3 leave the resident without care. I cannot
4 provide care. So what do you want me to
5 sacrifice here?
6
7
8

9 I'm telling you today we are still fighting
10 for the N95. They are trying to change the
11 language in the Directive 5. When they say
12 "suspected", they say suspected means test.
13 Their suspected means test. Instead of saying,
14 You know what? We are in this together. It's
15 for our safety, it's for residents' safety,
16 let's work it together.

17 As a staff member I know we have the
18 huge burden. I don't go out anywhere because I
19 know if I catch from somewhere, I go back I'm
20 going to give to all those residents and I will
21 never be able to live with that burden. Even if
22 I sit in my car, like my phone automatically
23 tells me, This address you are going, because I
24 don't go anywhere, just work, to home, to
25 protect those residents.

1 And so the fight was between employer,
2 between COVID, with the workload. The workload
3 was so much extra. And they don't come on the
4 floor to say, you know, Can we help you with the
5 feeding? Can we -- do you need help? It's like
6 we are all contagious, and at the same time we
7 are working on the floor.

8 So I was -- it was hard for me.
9 Physically it's harder, or mentally, or
10 emotionally. It was too many emotions were
11 going on there.

12 As I said, workload with the PPE.

13 And then on top of everything, when
14 funeral homes were not allowed to come in the
15 facility you have to prepare the body, you have
16 to tag them, and no training was given to us.
17 No training was given to us.

18 Think about those residents, some of
19 them they are 10 years, 40 years under our care.
20 When they pass away it's already hard for us.
21 And you telling us to prepare those bodies
22 without any training?

23 And when you go to supervisor tell
24 them, Can you please provide me the training? I
25 want to make sure I handle this care -- body

1 with respect and proper care. They come to me
2 and

3
4
5
6
7
8 It
9 was very hard to make them understand.

10 I really want -- and I said, one day I
11 told my supervisor, I said, I just want you to
12 come in the morning , come work on
13 the floor with me and then you will understand
14 what I'm talking about. These are the old
15 folks. They are 90 years old; they are 100
16 years old. You want me to get them up and bring
17 them to dining room at this time. C'mon guys,
18 this is not a factory work. This is not
19 machines. These are human beings and we are
20 human beings. Try to understand, my battle is
21 this. And that's how my experience is.

22 That's -- I did not use any vacation
23 and most staff on my facility, everybody, they
24 did not use their vacation hours because they
25 know our facility is going to run short. We are

1 already short of staff and we are going to run
2 more short. We did not take no time off. Seven
3 days a week, 16 hours of work. Full one year is
4 gone, we are still working on it but there's no
5 appreciation. This is not called appreciation
6 if you just come one day or give a little gift
7 or something. That's not appreciation.

8 When we need something to work with
9 please provide us. That's all we're asking. We
10 are not asking for anything else. Please
11 provide us proper PPE. Please provide us some
12 help. That's all. I don't think it's very much
13 to ask for.

14 I'm sorry if I took too much time.

15 DAWN PALIN ROKOSH: No, that was
16 great. Thank you so much, Participant 3, for
17 sharing those experiences. Very difficult
18 experiences.

19 I'd like to now call on Participant 4
20 to please provide -- share your experiences with
21 the Commission.

22 Participant 4, we have you right now
23 on -- you're maybe muted? It's perfect.

24 PARTICIPANT 4: Hi, everyone.

25 So my experience was I went up to what

1 we were calling the COVID floor about five or
2 six days after the outbreak had started. And
3 you're basically just walking into a mess, I
4 mean, kind of the same thing. No one knew who
5 was positive. We didn't have proper signage.
6 We didn't have an updated line list so we're
7 just treating everyone as positive.

8 We had little -- very little PSW staff
9 to provide care for all the residents so they're
10 getting their food cold. I'm telling our
11 management team, Look, we don't have enough
12 staff up here to provide adequate nutrition or
13 hydration. And they just kind of give you a
14 so-sad face, like, What are you going to do?
15 And then you're kind of just back on the floor
16 trying to feed all these people and care for all
17 these people.

18 And we're already in a situation
19 where, in the spring, when the staff had to
20 choose between nursing homes. So now we're
21 increasingly short staffed and now we're in the
22 middle on an outbreak this deep into the year
23 when everyone's burnt out and tired, so it's not
24 helping the situation.

25 And then you're in situations where

1 there's no staff, for example, to come in on the
2 evenings so you're in a pickle. Do you stay for
3 overtime or do you walk away from these
4 residents and hope that everything works out and
5 that they'll be there the next day when you go
6 in?

7 And just constantly asking for help
8 and not getting it. And it's just heartbreaking
9 because you're seeing these residents retching
10 and gagging and crying and you feel like you're
11 just walking away from them because you don't
12 have enough support to give them any -- the
13 adequate help that they need after they've been
14 kept apart from their families and everyone for
15 going on a year now.

16 You hear the phone ringing and you
17 just can't get to it. You know families are
18 concerned asking for updates and you can't
19 provide it because there just literally are not
20 enough people to provide this for these
21 families. So on top of that you're feeling like
22 garbage because you're not able to really
23 adequately do your job.

24 Yeah, it was rough.

25 We had garbage everywhere. We didn't

1 have housekeeping staff. It was dirty.

2 Even -- like even now if I have to --
3 the amount of families I had to call eventually
4 saying their loved one was declining or had
5 passed away, I couldn't keep it together on the
6 phone. I was crying every day. And even now
7 we're no longer in outbreak but if I have to
8 call a family it's right back to that emotion
9 where this is one more resident that I care
10 about. And I'm trying to talk to these families
11 and I can't keep it together on the phone. I'm
12 just losing it. Like, I can't control my
13 emotions anymore because I'm just so burnt out
14 and tired from the crap that we had to put up
15 with during this outbreak.

16 So that's kind of my two cents on it.

17 DAWN PALIN ROKOSH: Well, thank you
18 for sharing that. And clearly it has been such
19 a difficult time so I really appreciate you
20 sharing all those different experiences because,
21 as Commissioner Marrocco said at the outset, the
22 Commission and the public need to know about the
23 experiences you've been through. So thank you
24 very much for that.

25 I'd like to call on Participant 5,

1 please, to share your experiences.

2 PARTICIPANT 5: Hi there.

3 I think I'm in the position where I
4 was actually redeployed from more of an
5 position back on to the unit
6 after years. So I was lucky that I knew
7 the residents that I was taking care of, but a
8 lot of the normal day-to-day things that had to
9 be done is something that I had to basically
10 work out on my own because the girls were
11 running, running, running.

12 When we got our first case our
13 outbreak exploded. And this was very early on
14 in the outbreak where people didn't have the
15 information that they have now. We were flying
16 by the seat of our pants.

17 If you've seen the movie "Contagion",
18 that is what our floor looked like. Plastic
19 everywhere. Everybody hopefully wearing masks.
20 Getting reprimanded for not wearing their masks
21 properly because nobody had time to actually
22 teach it. People struggling to put on their
23 gowns and being chastised because they didn't
24 sanitize their hands.

25 But yet we had so many people giving

1 directions and so many people giving different
2 directions from different viewpoints. And when
3 I say that I mean we had our own infection
4 control person telling us to do it one way; then
5 we had Public Health coming in and telling us to
6 do it a different way in a different sequence.

7 Then later on we had the hospitals
8 come in, which I cannot express my gratitude for
9 what they did early on in that outbreak because
10 our outbreak would have been much more severe
11 had they not come in.

12 Also, I
13 had been hearing what was coming a long time
14 before the girls -- the ladies on the floor
15 knew. So I had already been asking questions of
16 management. I had been saying, you know,
17 Where's our outbreak preparedness plan? Where
18 is our PPE? Where are we going to get the
19 masks? Who's coming in to do the mask fitting?
20 And early on the response that we kept getting,
21 or that I kept getting was that, Well, sorry,
22 but we don't have any directions yet from Public
23 Health so everything is status quo. But
24 meanwhile, another home had gone into a very,
25 very bad outbreak a couple of weeks before, and

1 I was talking to people there and they said, You
2 guys have to be ready for this.

3 So the more I questioned, the more I
4 got brushed off. And I think that was really
5 hard for me because I am very inquisitive and I
6 like to know the answers to things far in
7 advance so that I'm ready. We didn't have that.

8 So within weeks our cases went
9 from one to a very, very high number and
10 everyone crashed at the same time.

11 We didn't have the staff. We were
12 on -- the outbreak broke out on a very -- like a
13 very --

14
15 So these residents that we were dealing with at
16 the onset of this pandemic were with it, they
17 could help with their ADLs, they could talk to
18 you, they could converse with you, they could
19 laugh with you, you could have communication
20 with them.

21 Within 48 hours, a resident that all
22 they needed help was to get into their chair was
23 gasping for breath.

24 And for me knowing that --

25

1
2 seeing one resident that
3 being very, very functional gasping for breath,
4 needing total care, needing to be totally fed,
5 being unable to eat because you just didn't have
6 the time to actually sit there and feed them,
7 went from being continent to being completely
8 incontinent and having skin breakdown. As much
9 as you wanted to stay there with them and turn
10 them and make sure they were comfortable you had
11 to run and rush off to the next resident.

12 Our staff started getting sick. There
13 was no replacements. We were in an older home.
14 We had very small rooms with -- we had a few
15 ward rooms, but a few rooms that were just
16 semi-private. Barely any room between those
17 beds. No time to get in there and clean because
18 we were constantly rushing.

19 We had to keep going to management and
20 saying, We need more help. We can't do this
21 alone. Staff in the floors didn't want to
22 because they were afraid. So there was
23 nobody to replace the staff that were getting
24 sick. Some of our earlier people got very, very
25 sick with this and there was just -- the more

1 the stories got out the more nobody wanted to
2 . So we just got less and less staff.

3 Once our residents started passing
4 away, and somebody mentioned already that, we
5 had to learn how to bag bodies. And this is
6 something that we never had -- I hadn't ever had
7 to deal with in my 18-year career as an RPN.

8 We had to -- everything was learned on
9 the fly. We had to find the best way to do it
10 in the fastest way possible without upsetting
11 the other residents.

12 At one point we actually ran out of
13 , a medication

14 . We couldn't get in
15 touch with our pharmacy. We couldn't get an
16 emergency pharmacy to pick up the phone. We had
17 to think fast and think quick.

18 And then we had to face the judgment
19 of our superiors when they said, Why did you do
20 it that way? Well, Why did you wait until we
21 were in a crisis to react to this? And this
22 really, really affected the staff, the staff
23 morale. We told you this was coming, why didn't
24 you do anything then? You waited until it was
25 too late for us to really react.

1 But we pulled together as a team. It
2 wasn't the PSWs against the RPNs; it wasn't the
3 RPNs against the RNs. Everybody, even our
4 laundry and housekeeping staff, came to help
5 feed and pass out food. We couldn't have done
6 it without being a team.

7 And it was very hard for me
8 to sit back and listen to
9 people take down our home, because they knew our
10 home and they're saying the staff didn't do
11 enough. And the staff were always -- like, I
12 had people crying in my arms saying that they
13 could -- they couldn't do it anymore. They got
14 home after doing a double shift, or even a
15 double, plus an extra four-hour shift because
16 there was nobody there to do it, and breaking
17 down in the parking lot. They couldn't even
18 drive their car home and they needed to get a
19 ride.

20 People in the community and people in
21 the media and the reporters that were, you know,
22 they don't
23 know what went on inside. They didn't see staff
24 gathered around newly -- a beautiful woman who
25 had just turned years old. They

1 didn't see the staff around that resident
2 singing happy birthday while their family
3 watched on an iPad. They didn't see that.
4 They didn't see us breaking down in the hallway
5 when we had to learn on the fly how to put a
6 body in a body bag.

7 I think me, being the strong one and
8 always -- I'm always the person that people came
9 to, for me personally that became draining. And
10 there's only so much of that, being the strong
11 person, that you can take; that you crack too.

12 We were very lucky in the second and
13 third outbreaks in our home that we had no
14 deaths. And I think I can attribute that to how
15 much we learned in that first -- in that first
16 wave.

17 And I see the homes getting hit now
18 and my heart just totally goes out to them. We
19 know where they are. We can feel it. Every
20 time we hear it we're feeling it. We're going
21 back to that first outbreak. We'll never get
22 over that and we'll never be the same.

23 DAWN PALIN ROKOSH: Participant 5,
24 thank you so much for sharing that. I'm so
25 sorry for what you've been through, you and your

1 colleagues, but thank you very much for sharing
2 that.

3 Participant 6, can I call on you now,
4 please, to share your experience about the
5 pandemic?

6 PARTICIPANT 6: Hi there.

7 So I'll tell you right off the bat
8 that I was not in the long-term care home
9 working directly front line. I work with the
10 union to support the members in many long-term
11 care homes and so I can only tell you what came
12 to me.

13 So most often the complaints that came
14 to our office was no proper PPE in many of our
15 homes. Having to wear a surgical mask for eight
16 hours a day and how difficult it was to breathe
17 in that mask and the fear of the danger of what
18 possibly they were breathing in when the mask
19 became compromised and wet from your breathing.

20 No proper signage. A lack of proper
21 signage in the homes and in the residents' rooms
22 or at the residents' doors for those who were
23 positive.

24 There was a lack of staff to manage
25 the numbers of people who became ill and were

1 positive for COVID.

2 The phone calls that came to me in the
3 middle of the night from a couple of particular
4 homes, from members who were terrified, they
5 were crying. They were watching what their
6 residents were going through and they were
7 expressing the fear that they had, the fear of
8 becoming COVID-positive themselves, the fear of
9 losing their co-workers who had become
10 COVID-positive.

11 Watching the numbers of residents that
12 they had die. In this particular home, there
13 were residents who died with COVID. And
14 there were more than a staff who came
15 back positive. And so you can understand that
16 the numbers were very, very low. No replacement
17 staff.

18 The constant complaints about the lack
19 of infection control. At one particular time
20 over about a three-week period-ish, there were
21 housekeepers to manage floors and keep
22 floors cleaned for the regular cleaning.
23 That did not include the infection control or
24 the heightened infection control that they
25 should have had with the outbreak that they had

1 in their home.

2 At some points they had no hand
3 sanitizer. There were different hand
4 sanitizers on the wall throughout this
5 particular home that were empty and had not been
6 replaced until we made the employers aware that
7 they need to be replaced. But they went for
8 days without being filled.

9 We had dietary staff and housekeeping
10 staff that were not supplied gowns to wear.
11 They were wearing garbage bags and they were
12 calling and saying, I'm wearing a garbage bag;
13 but it lives on plastic for a lot longer than it
14 lives on other surfaces. And their fear. Their
15 utter fear when their home was in outbreak.

16 Also the fact that there were no mask
17 fittings for years, five or six years prior to
18 the outbreak, and their mask fitting for N95 did
19 not come until months into their outbreak.

20 In one particular home they were --

21
22 It took a long time to get rid of it in
23 their home and that is due to lack of people to
24 manage; lack of staffing; lack of infection
25 control; not enough housekeepers; not being able

1 to replace the staff when they needed to.

2 Entire floors, entire floors where
3 they house residents either completely empty
4 because those residents have died, or entire
5 floors on outbreak precautions because every
6 single resident is positive.

7 And then you put two people on that
8 floor to care for 15 COVID-positive residents,
9 or one PSW on that floor with one nurse because
10 they can't -- they can't staff the floor. And
11 then that one PSW is not even able to take a
12 break or take supper time. And she's gone to
13 the washroom just to have a few minutes of
14 private time and calls me while she's there, and
15 is crying because she's the only one for the
16 last two and a half hours on this floor trying
17 to care for these residents; watching the state
18 that they're in and deteriorating.

19 Yeah, an unbelievable state. And
20 watching body after body go out the door.

21 And in one particular home there were
22 staff who were scheduled hours per pay
23 period because they didn't have staff to cover
24 their shifts. So to be scheduled 150 hours,
25 prescheduled, so that's not even asking you to

1 stay for an extra shift. It's not calling you
2 the day before and saying, Can you stay for a
3 double tomorrow? This is prescheduled weeks
4 before the days come. And they're scheduled to
5 work a night shift and day shift.

6 So the dangers that they were put in
7 and that they would complain about, and the
8 fears that they would call me about were
9 overwhelming. The phones never stopped. The
10 complaints didn't stop. The fears didn't stop.

11 And to this day, there are still many
12 of those fears, especially with the second wave
13 that the city is experiencing and the fact that
14 they still have low numbers in their nursing
15 homes. Not enough staff in any department;
16 there's not enough staff.

17 So that's what I experienced as a rep.

18 DAWN PALIN ROKOSH: Thank you very
19 much, Participant 6, for sharing that.

20 I'd like to call now on Participant 7
21 to share your experiences during the pandemic.

22 PARTICIPANT 7: Hi there. Can you
23 hear me?

24 DAWN PALIN ROKOSH: Yes, we can hear
25 you perfectly.

1 PARTICIPANT 7: So I wrote something.
2 I'm just going to read it for you.

3 My experience working in a long-term
4 care home during the pandemic has been an
5 extremely stressful one that has impacted me
6 mentally, emotionally and physically.

7 During my home's devastating outbreak,
8 which claimed the lives of many residents during
9 the second wave, resulted in a management
10 takeover. The level of fear, worry, and anxiety
11 that I felt every day, fearful that I may have
12 been exposed to a positive case due to the lack
13 of PPE, the lack of staff cohorting, the visible
14 uncleanliness of the environment within the
15 home, the lack of transparency and nonexistent
16 communication, as well as the lack of empathy
17 and understanding from management to staff
18 became insurmountable for me.

19 Calling every number available, such
20 as the Premier's office, Ministry of Long-term
21 Care, Public Health, my Union and begging for
22 help and meeting dead ends was heartbreaking. I
23 felt every day that I was banging my head
24 against the wall.

25 It came to the point that I was unable

1 to continue and went on a temporary medical
2 leave. I felt such a sense of guilt and shame
3 every day that I was off -- sorry, but I knew
4 that I was unable to continue at that moment and
5 provide care safely.

6 I'm back to work now and have been for
7 months. I'm so grateful for the work that the
8 hospital staff did during their takeover of the
9 home. I only wish that they had come sooner to
10 correct the unsafe practices the staff were
11 being asked to follow.

12 PPE that we once had to beg for or
13 were told that we were overdoing it when we
14 wanted N95s, even after Directive 5 was
15 implemented, is now plentiful and accessible to
16 staff. We no longer have to reuse our masks and
17 gowns. Gloves that fit are now available.

18 We finally have soap to wash the
19 residents with after waiting months for it to
20 come.

21 Staff cohorting is being promoted. We
22 finally have more staff and the hospital staff
23 in charge were always present to answer any
24 questions and help address staff concerns.

25 I'm so grateful for the work that the

1 hospital staff did to advocate for staff and
2 residents' safety during their time in the home.
3 I only wish that they had come sooner to correct
4 the unsafe practices that staff were being asked
5 to follow.

6 The pandemic has highlighted flaws in
7 the long-term care system that have been present
8 for many years. Each day that I leave my shift
9 I feel so guilty going home to my family because
10 I know that they're working with skeleton crews
11 on the unit floors, even though all of the
12 offices are filled with people creating policies
13 for people that they don't even know their
14 names.

15 And that's it for me.

16 DAWN PALIN ROKOSH: Participant 7,
17 thank you so much for sharing that. I know it
18 is so difficult to talk about these experiences
19 for you and for all the other participants, and
20 I just -- I really thank you for sharing that
21 with us.

22 PARTICIPANT 7: Thank you.

23 DAWN PALIN ROKOSH: Participant 8, I'd
24 like to call on you to share your experiences of
25 working in long-term care during the pandemic.

1 PARTICIPANT 8: Can you hear me?

2 DAWN PALIN ROKOSH: Perfectly.

3 PARTICIPANT 8: Okay, good.

4 Really a lot of what the other
5 participants are saying. Well, put it this way,
6 I quit. I couldn't handle it anymore and I too
7 feel guilty leaving. I feel like -- it's like a
8 moral dilemma that we have because we get in
9 this profession because we care about people and
10 we want to help people and that's all we want to
11 do.

12 And we're set up to fail. We're
13 absolutely just set up to fail. And so we know
14 we're not doing a good job because we can't
15 possibly. There's no way. There's not enough
16 staff. There's not enough time. People are too
17 sick. And then you've got management making you
18 feel like you're not doing good enough. You've
19 got families calling you and it's just morally
20 degrading.

21 Like, you already want to do better
22 and you're being told day after day, Yeah,
23 actually you should be doing better. And you're
24 like, Help me, I'm trying.

25 We had at our particular home, I'm a

1 registered nurse, all of the registered nurses
2 quit and there was me. And so we got some new
3 staff, and we're talking like new graduate,
4 brand new nurses, no training and they're not
5 experienced. They can't run the building like
6 they should be running it because they are
7 inexperienced.

8 And I remember staying hours and hours
9 training because I couldn't leave. Like, I
10 would give them reports and it was like, They're
11 terrified and I'm not leaving. I'm going to
12 help you and sort it out.

13 And I remember putting in for
14 overtime, several hours of overtime, and they
15 denied it. And they told me, Due to the
16 emergency orders, like from the province, grieve
17 it all you want but we don't have to pay you
18 because we're in a pandemic. And it was my
19 choice, they said, to stay and train.

20 And it's just -- it's a lot of
21 disrespect. They didn't include the RNs in the
22 infection control meetings yet we're literally
23 the ones on the floors trying to make sure
24 everybody is isolated that needs to be isolated,
25 and that sort of thing, and we're not in the

1 meeting. They're like, Nope, it's need to know
2 and you don't need to know.

3 I remember being shamed for wanting an
4 N95. We were actively encouraged, at least the
5 RNs, to lie on our screening forms when we
6 come in and out because they didn't have enough
7 of us. There weren't enough.

8 So I ended up getting sick at one
9 point and they were like, Well, how sick are
10 you? Just leave it off. Mark it off and come
11 in. We need you. And I just didn't feel
12 comfortable and -- it's just a shame because I
13 don't think I can ever go back. I'm still in
14 healthcare. I'm in a very different part of
15 healthcare right now, but I'm traumatized and
16 I'm not coming back.

17 DAWN PALIN ROKOSH: Participant 8,
18 thank you so much for sharing that with us.

19 And I want to thank all the
20 participants who have shared their very
21 difficult experiences today.

22 And we're going to move in a second to
23 question 2, but I just want to let you know, you
24 know, because of what you've shared today a
25 record has been taken and that record's going to

1 be put on the website so that people will know
2 about the situations -- the very difficult
3 situations that you have been in. So please
4 know that.

5 And now we would like to hear from you
6 in terms of some specifics around things that
7 would have made your experience better.

8 And I'm going to ask my colleague,
9 Alain, to lead us through the question 2 part of
10 this session.

11 ALAIN DAOUST: Thank you, Dawn.

12 So we'll proceed again in numerical
13 order, like we did with question 1. So I'll
14 read question 2 and then I will give the floor
15 to the participants.

16 So question 2 is: Reflecting on your
17 experience, is there anything that could have
18 been done that would have made the situation
19 better? What is the most important thing that
20 the Commissioners need to know as they consider
21 recommendations?

22 So I will proceed with Participant 1.
23 So, Participant 1, you have the floor.

24 PARTICIPANT 1: First off, I just want
25 to say my heart goes out to all you guys. You

1 guys are really brave. Sorry. Okay.

2 Definitely should have had a plan in
3 place. We knew for months that this could
4 possibly come into our home and we had no
5 direction. Very poor leadership from our
6 superiors. Asking questions to our management
7 team and getting three different answers and no
8 one knowing what to do.

9 Again, way too many people in offices
10 not actually doing hands-on work and coming down
11 to the units and actually experiencing and
12 offering to help feed, offering to do front-line
13 care, but following us around with clipboards.
14 Like, that's not helping us.

15 They treat us as a number not a human
16 being. Like many of the other participants have
17 said, we have family to go home to too. I think
18 we deserve to have the proper PPE. Not having
19 to be shamed for asking for an N95, especially
20 after Directive 5 was put into place.

21 Saying that we're supposed to be staff
22 cohorting yet pulling us to every which way and
23 every other unit to help.

24 Way more communication. We shouldn't
25 have to be finding out about these outbreaks in

1 our own home on social media or on CBC news.

2 Number one thing is they need to treat
3 us as humans. We all have families. And to at
4 least give us the proper PPE.

5 Thank you.

6 ALAIN DAOUST: Thank you very much,
7 Participant 1. Thank you for sharing these
8 observations with the Commission. We know it's
9 not easy so thank you.

10 I will proceed now with Participant 2
11 to answer the second question, please. So,
12 Participant 2, the floor is yours.

13 PARTICIPANT 2: So basically what I
14 think is that long-term care should not be
15 privatized at all. I think it needs to be
16 government run.

17 The case of the home that I work at,
18 it's not -- I work with salt-of-the-earth
19 people. The management was up there with
20 everybody, my co-workers in recreation were
21 doing things that they wouldn't have done.
22 There was a lot people that didn't get paid to
23 work overtime.

24 Again with the bagging of the bodies,
25 I heard about that and all my people are

1 wrecked. I'm sorry, but when you go away for a
2 couple of months because you go off on medical
3 leave, long before COVID ever hit, and then you
4 come back and everybody you've ever known and
5 worked with for years, like I've worked there
6 for over years, and they're not the same, you
7 know? It's unfair.

8 The points that I have is that the
9 government failed. I mean, because our home is
10 heavily subsidized but nobody cared.

11 I remember years ago when I first
12 applied to work in long-term care, I wasn't even
13 going to work in long-term care, and I remember
14 having this feeling of not being able to leave
15 because if I don't stay who else will work in
16 this place? Because nobody knows. Nobody knows
17 what people who work in long-term care deal
18 with.

19 Like, people who are like, well,
20 educated nurses, RNs, doctors, you know, they
21 won't work in long-term care because they're not
22 paid enough. They're not compensated enough for
23 everything they do. It's a shame. It's a
24 shame.

25 What I also think is that it needs to

1 be publically funded. The staff all across the
2 board, housekeepers, PSWs, nurses, RNs, need
3 way better wages. You feel like a soldier in
4 there and now you know how soldiers feel. I
5 never compared myself to somebody in the
6 military, but nobody knows what it's like being
7 on the front lines.

8 And, you know, I think Public Health,
9 you know, as much as they're trying to help,
10 none of them really work in long-term care.
11 They make all these policies and they make up
12 all these rules and they know nothing about what
13 to do.

14 I mean, the residents are suffering.
15 Yes, okay, you know, like we're healthy,
16 we're -- we're -- we can function well. The
17 Public Health makes all these decisions and
18 recommendations and the government makes all
19 these decisions and recommendations never ever
20 setting foot into a long-term care home. And
21 this has been like this for many, many years.

22 I remember years ago hearing, I think
23 it was one of the government officials in charge
24 of the Ministry of Health stating something
25 about an incontinence product where it was just

1 so far-fetched. We need more government
2 representatives coming in and not just
3 inspecting and passing everything.
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17 I mean, and I'm in recreation. I'm
18 supposed to be the fun person. You know, like I
19 look at my co-workers, like the post -- the
20 post-traumatic stress, the PSWs, the nurses.
21 And, you know, the type of residents that they
22 have to handle. I mean, yeah, it's not just
23 little old ladies. We're talking people who
24 have MS, we're talking people who have
25 Huntington's. PSWs and nurses are getting

1 physically beat up all the time by residents and
2 on top of this COVID hits.

3 I mean, can you imagine just being one
4 PSWs for 10 residents? Ten residents that can't
5 feed or aren't cognitively aware and are going
6 to hit you or swear at you? I mean, nobody
7 has -- as far as I'm concerned nobody in Public
8 Health or like, I'm sorry, I don't mean to
9 insult officials in government, I mean, I know
10 this has been quiet for -- kept quiet for a long
11 time, but I'm very grateful that -- I'm saddened
12 that we've lost so much and we've suffered so
13 much in long-term care, but it's almost like a
14 blessing that we're able to speak and tell the
15 truth about what's really happening without
16 being shushed. You know, because we get
17 shushed. We get told not to speak to the media.
18 We sign contracts stating that if we ever go to
19 the media and talk about anything, we get fired,
20 and we barely make enough money anyways, you
21 know?

22 And then the other thing is, the last
23 thing I'm going to speak to is that, you know,
24 the government put in place in Ontario no
25 vacations during an outbreak. Well, how is

1 anybody supposed to stay sane when they can't
2 even take a couple of days off? Like this poor
3 woman I was watching talk about being not paid
4 for overtime? Really? I mean, c'mon. Would
5 these high paid executives or government
6 officials put up with it?

7 These are salt-of-the-earth people
8 that are being abused and it's just not right.

9 So that's all I have to say. Thank
10 you for allowing me to be part of the Commission
11 and to be able to speak.

12 ALAIN DAOUST: Thank you for agreeing
13 to speak to us and for the courage to do so. We
14 know these are not easy stories to tell and we
15 appreciate all of the suggestions that you bring
16 forth for us to hear and for the public to know
17 throughout the -- by means of this Commission.
18 So thank you very much.

19 I will now proceed with Participant
20 number 3. And I will cede the floor to
21 Participant 3, please, to answer the second
22 question, thank you.

23 PARTICIPANT 3: Hello, everyone,
24 again.

25 So I would like to see more

1 transparency. When employer is saying something
2 but doing is totally different.

3 I remember before COVID came to our
4 home I ask how much inventory of PPE we have.
5 And I was told, Nothing to worry. We have
6 months of stock. We will not run out. But
7 guess what? As the outbreak came in weeks I
8 start hearing shortage, shortage, shortage. So
9 either the inventory maintenance was not proper
10 or it was lied to us. So I would like to see
11 more transparency.

12 I would like to see paid sick time.
13 That should be across every long term -- there
14 should be a minimum every home should pay.
15 Because right now I know my home is only
16 sick days per year. You have a small kid, they
17 catch cold or flu, four days are gone.
18 Sometimes we finish by February, your sick
19 days for whole year is gone. Then you are sick
20 but you are going to work because you cannot
21 stay home without pay. So they should be --
22 like it's very important, paid sick time. There
23 should be minimum. There should be some number.
24 It's not up to employer, you want six or five or
25 four. , it's not reasonable.

1 Create more full-time positions. We
2 see what happened the COVID hits. We lost half
3 of our staff because we were doing two jobs, two
4 part-time jobs. They have to choose a home who
5 they want to stick -- that's how we ran short.

6 We have to learn from our experience
7 what we did wrong in the past so we don't make
8 same mistakes in the future.

9 I also see when employer present in
10 front of the Commissioners or the counselors, on
11 the papers it's totally different picture what
12 happening in the homes. When Ministry comes to
13 the homes as soon as they enter the reception,
14 call goes on whole long-term care, whole home,
15 Ministry is here, Ministry is here, Ministry is
16 here.

17 You will see all these management,
18 they out of their offices, they are on the
19 floor. It's like military everywhere.
20 Everything makes look so perfect. They have
21 everything, do everything, nurses are on the
22 floor. It's a totally different environment
23 until the Ministry stays. Why it's like that?
24 That's not transparency. That's not honesty.

25 That's not -- I really like people to

1 come there without telling -- without saying to
2 reception who I am and go on the floor to see
3 the real picture of the long-term care. It's
4 not the real picture of long-term care what we
5 are showing on the papers.

6 That's all from me, thank you.

7 ALAIN DAOUST: Thank you very much,
8 Participant 3, and thank you very much for your
9 observations and for your suggestions to the
10 Commission, it's appreciated.

11 I will now proceed to Participant 4,
12 please.

13 PARTICIPANT 4: I mean, people have
14 asked me kind of this question before and I kind
15 of just say, I honestly don't know what a good
16 or better response looks like. I don't know
17 what that means. I don't know what they could
18 have done differently. You can have all the
19 policies you want. You can have all the PPE you
20 need, but if you don't have the people in the,
21 homes, there's no point to any of that.

22 And personally, I've been working in
23 long-term care for seven years. I don't know if
24 we've ever been adequately staffed. I've been
25 working with nurses that have been there for 25

1 years and I don't believe they've ever been
2 adequately staffed. And we're all going to look
3 at each other surprised that this was such a
4 circus? Like, obviously. I don't know how else
5 to say it.

6 And honestly, the future looks bleak
7 because maybe -- because long-term care's in the
8 spotlight now, maybe in a couple of years we'll
9 have more staffing, but it's just going to
10 revert back to what it is now. So I don't know.
11 I don't know.

12 I don't know what it looks like and I
13 don't know what was most important other than
14 having the staff on the floor. That's kind of
15 where I am with that.

16 ALAIN DAOUST: Thank you very much,
17 Participant 4., thank you.

18 We will proceed then with Participant
19 5, please. So, Participant 5, you have the
20 floor.

21 PARTICIPANT 5: I'll start off by
22 saying that the military blew the lid off of
23 everything that every long-term care worker has
24 been saying for decades. We need more time at
25 the bedside not just because we're in COVID, but

1 in the good times.

2 The government recently said that,
3 Sure, we'll give you four hours of care in five
4 years. Naw, it's too long. We've waited too
5 long for this. This could have been prevented
6 if we had had more people in the home to care
7 for the residents early. They wouldn't have
8 gotten dehydrated. They wouldn't have had to
9 have cold meals. They wouldn't have been alone
10 when they died.

11 There's no -- there's no way we can
12 care for the residents the way we need without
13 having the staff on the floor. And there's no
14 way we can care for our residents if nobody is
15 caring about us.

16 As I said, the increased staffing has
17 to happen now before we get that because we've
18 already had our second wave where I am. We're
19 just waiting for our third. With these variants
20 that are coming in we don't know what we're
21 going to get this time. We don't know if we're
22 going to have to be able to react the same way.
23 We've got to be ahead of this. We can't wait
24 for the government to react. They have to be
25 pro-active.

1 And this has been my spiel
2 for months and months and months.

3 I've -- the frontline needs to be
4 consulted before the shareholders. Profit has
5 no place in long-term care. We need the money
6 at the frontline,

7 . We need staff. And staff
8 have to be trained so that they know how to deal
9 with crisis situations and not left walking down
10 the hall crying because they don't think they're
11 doing enough to help their residents.

12 The government has to stop pitting
13 classifications against each other. Yes, I
14 150 percent believe that PSWs deserve more money
15 for what they do, but you can't do that at the
16 expense of the rest of the team because the team
17 works together. We pitched in. We all worked
18 hard. But to have one classification glorified
19 and brought up at the expense of everyone else
20 was not fair. We're already feeling victimized
21 in this situation.

22 And also, I think at this point in
23 time, because the heat -- well, at least where I
24 am, the heat is off right now, we're not in
25 outbreak. We can't be made the scapegoat for

1 the government's inaction over the summer.

2 The effects that this has had on my
3 co-workers, there's no words. There's
4 absolutely no words. We're losing staff every
5 day. Early retirement. People just saying,
6 Screw it. This isn't worth it anymore. I love
7 my residents but I can't do this. I can't put
8 myself through this. I can't put my families
9 through this.

10 And then we see the government saying
11 they want to bring in more staff, brand new
12 staff, freshly trained. Who's going to be there
13 to mentor them? Who's going to show them the
14 ropes? Because guess what? We're losing staff
15 every day. We need the veteran nurses and PSWs
16 and healthcare aids and dietary staff, activity
17 staff, we need them on the floor to mentor these
18 new -- what I'm going to call newbies coming in,
19 because we can't let them sink or swim like we
20 were left in the pandemic.

21 Also, I am going to bring up the fact
22 that only long-term care workers are being
23 asked -- or being basically mandated and forced
24 to be swabbed three times a week.

25 Paramedics, from what I'm told, are

1 through this three times a week? It's not fair.
2 Where are our rights in this? And this needs to
3 be addressed by the Commission.

4 ALAIN DAOUST: Thank you very much for
5 sharing your observations with us and also for
6 making these suggestions to the Commission.
7 It's very much appreciated. Thank you very
8 much, Participant 5.

9 We'll proceed now with Participant 6,
10 please.

11 PARTICIPANT 6: Hi there.

12 I'm going to echo a lot of what
13 Participant 5 said. The first thing is there is
14 no place for profit in long-term care,
15 absolutely none.

16 What happens with for-profit homes is
17 that profit gets put over people and
18 shareholders become the number one concern. And
19 so there is no place for profit in long-term
20 care. That's number one, that's the most
21 important thing you need to know.

22 What else you need to know is that if
23 directives were followed correctly and in time
24 rather than waiting until after an outbreak in
25 homes started, then perhaps it would not have

1 flown through the home in record time. If there
2 was accountability to those long-term care
3 centres to follow the directives in time then
4 perhaps there would not have been an
5 annihilation in a lot of long-term care centres
6 that we saw.

7 Another thing is the staff numbers.
8 The staff numbers need to be increased across
9 the board. There needs to be four hours of
10 minimum, measurable care for those residents,
11 and that's not negotiable. That's got to
12 happen, because if we don't have it, we're going
13 to see more and more and more annihilation
14 throughout our homes.

15 Perhaps if we had more staffing in the
16 homes, it wouldn't -- COVID wouldn't have gotten
17 out of hand in our homes. It might have been
18 mitigated much easier, much sooner, and there
19 might have been more success for the long-term
20 care homes.

21 The staff ratios, PSWs to residents,
22 or RPN to residents. Let's look at the RPN to
23 residents. RPNs have anywhere between 30 and 45
24 residents to look after. So every time that RPN
25 walks into work, her licence is on the line.

1 Every single time she walks into work in a
2 long-term care home her licence is on the line.
3 It's the same thing with a retirement home.
4 When she walks into a retirement home, her
5 licence is on the line.

6 This is not just a job. This is their
7 career; their livelihood. And if something
8 happens on their watch now then they are
9 reported to the College of Nurses, which affects
10 their career for the rest of their lives. It
11 will always stay on record whether or not the
12 College deems it something that they should act
13 on.

14 So an RPN looking after 30 -- let's
15 lowball it, an RPN looking after 30 residents on
16 her floor that she's responsible for and
17 something goes wrong that is reportable to the
18 College, that's for life. We're not just
19 looking at a job.

20 And again, wages. In order to attract
21 and retain staff you need to increase those
22 wages across the board. Everybody has an
23 important job to do in that long-term care
24 centre. There is not one long-term care centre
25 that can stand without each and every department

1 there. If you remove one department from that
2 long-term care centre the house of cards will
3 fall. So you need to have across the board
4 increases, across -- in wages, across the board
5 increase in staff, and you need to remove
6 profit-for-care. Sorry, care-for-profit.

7 Thank you.

8 ALAIN DAOUST: Thank you very much,
9 Participant 6, and thank you very much for
10 sharing this with us and for making these
11 suggestions to the Commission. Thank you.

12 I will now proceed with Participant 7,
13 please. So, Participant 7, you have the floor.

14 PARTICIPANT 7: Hi there. Sorry, can
15 you hear me? Okay.

16 Things that could have been done
17 different to make the situation better, in my
18 opinion, would include providing staff with
19 proper PPE and having it accessible to them by
20 not hoarding PPE away and keeping it under lock
21 and key, or taking it away and saving it for a
22 time when we may need it.

23 How can we complete a proper point of
24 care risk assessment if we don't have the tools
25 to follow through and keep ourselves as well as

1 the residents safe?

2 Providing transparency with
3 information regarding positive cases within the
4 home. Providing daily updates for staff
5 regarding outbreaks and case counts so that they
6 don't have to find out about it on the news or
7 from a family member who has watched the current
8 numbers on the news before your superiors have
9 sent out an update via email.

10 As well as, providing proper signage
11 to indicate positive residents throughout the
12 home so that staff could use appropriate
13 measures when donning PPE.

14 Staff cohorting to limit the travel
15 within the home to ensure that staffers are not
16 working on multiple units to reduce the
17 potential spread.

18 Bringing in hospitals sooner to take
19 over the situation when outbreaks begin to
20 assess and contain the spread when they get out
21 of control.

22 Appropriate staffing levels throughout
23 the home, especially in PSWs, housekeeping,
24 nurses, like everybody, we need appropriate
25 staffing levels. We cannot continue to rely on

1 individuals working double shift after double
2 shift after double shift. It's not sustainable
3 and it hasn't been sustainable for the last
4 eight years that I've been in this particular
5 long-term care home.

6 To have management and county
7 officials realize that staff on the ground floor
8 and, most especially, the residents, are people
9 and that this is their home. But throughout
10 this pandemic these folks have been treated as
11 if they live in a prison rather than an home.

12 Surprise inspections. Do not notify
13 management ahead of time. Recently I was told
14 that Public Health was doing a follow-up
15 inspection and I personally said, Good, I'm
16 glad. It's about time. And, When can I speak
17 to them? The cat's out of the bag and it's time
18 that we all speak up and start making some
19 positive changes for the residents that live in
20 these long-term care homes.

21 Thank you.

22 ALAIN DAOUST: Thank you very much,
23 Participant 7. Thank you very much for sharing
24 these suggestions with the Commission.

25 I will now give the floor to

1 Participant 8, please, to answer the second
2 question. Participant 8?

3 PARTICIPANT 8: So the first thing
4 that I'd like to point out is the fact that the
5 military had to expose the conditions frankly
6 speaks to how little, not you specifically, but
7 people listen to us in healthcare. Like, we've
8 been saying it for years and nobody heard it
9 until the military comes in and now people care
10 all of a sudden. So I just think that's
11 important to note, first of all.

12 I think that you need to increase
13 staff across the board. I think that's pretty
14 obvious. But I think that you're not staffing,
15 or they aren't staffing for acuity.

16 We're having patients who are sicker
17 and sicker. We're being discouraged to send
18 people to hospital, not sure whether that's
19 financially driven or because this was happening
20 before the pandemic, but during the pandemic
21 too, to mitigate infection risk and things like
22 that. We were doing a lot of care that would
23 typically be provided in hospital in the
24 long-term care home.

25 And they were focused on, at one

1 point, just supplies. Like, let's get IV
2 supplies in and this in and IV meds and all
3 sorts of stuff, and that's dandy. Who's doing
4 it? Because I -- like Participant 6, I think it
5 was was saying, the RPN has 30 to 45 residents,
6 they can't do it. And the RN, which was my role
7 in the building, I have 120. How am I going to
8 ensure the safety and the care and support my
9 RPNs with 120 residents? And now I've got a
10 handful, four, five, six people scattered
11 throughout the entire building, sick, that need
12 an RN that would have that in the hospital and
13 yet they're not upstaffing us?

14 So it's like we are absolutely set up
15 to fail. There's going to be a med error.
16 Something is going to get missed because I
17 physically can't monitor that many people by
18 myself.

19 And when that's brought up to
20 management it's basically like, Oh, you know
21 what? You're just going to have to handle it.
22 Prioritize and figure it out. And frankly, it's
23 not right to me, on my licence, and it's not
24 right to the residents. They deserve
25 healthcare. I don't understand why that's

1 compromised.

2 And then the other thing is I think
3 that the focus is tending to be on PSW care
4 right now, and I'm absolutely not saying
5 anything negative. I -- we need PSWs. They
6 need more pay. We need more of them. They're
7 not the only staff in long-term care. We need
8 more RNs. We need more RPNs. You just can't
9 focus on one particular set of staff. And it
10 does cause, at least in the home that I was in,
11 it caused this weird like tension where it was
12 like we were less than and they were better than
13 and it just isn't -- it isn't fair.

14 I think that everybody needs more pay
15 because you're not going to keep good staff.
16 Like it's not like we do it for the money,
17 that's not what I mean, but you're not going to
18 keep staff in these conditions. You're not
19 going to attract people. You're not going to
20 have people stay. Like I said, turnover was so
21 high.

22 You're ending up with new grads that
23 just find better jobs, and new grads again who
24 find better jobs, and it's just this cycle. And
25 I don't think there's a way to change that if

1 you don't treat us better and pay us better.

2 I agree with -- that we need paid sick
3 days. You shouldn't have to choose between I
4 don't want to take my germs to work and
5 potentially expose anybody, or feed my family.
6 I know my husband is also in nursing and so at
7 times we have kids -- just everybody's sick and
8 none of us are getting paid because we just
9 can't expose anybody to anything.

10 And I think we need PPE. And I think
11 decisions regarding PPE from Public Health, from
12 anywhere, shouldn't be, Oh, you know what? We
13 don't have enough money for the masks. We don't
14 have enough masks, therefore, it's okay that you
15 wear this less quality mask. You're changing
16 the rules because of money.

17 ALAIN DAOUST: Thank you very much,
18 Participant 8. And thank you very much for
19 sharing your observations and for bringing up
20 all those points to our attention to the
21 Commission.

22 So this concludes the second round of
23 questions and answers for today. So I would
24 like to thank everyone and all of you for taking
25 the time and for having the courage to share

1 your stories. We know, we're cognizant that
2 this is not easy to answer these types of
3 questions and to share your experiences with us,
4 so we really appreciate it.

5 And I would like now, if I may, to
6 hand it back to Commissioner Marrocco for the
7 final word for this afternoon's session. Thank
8 you.

9 COMMISSION CHAIR FRANK MARROCCO: You
10 know, thanks very much. It is so hard when
11 you're writing about what happened to get a
12 sense of reality because none of us were there,
13 and that's what you're providing. And so it may
14 have been in the past that your voices weren't
15 listened to but we're listening, we really are.
16 And we will find a way to work it into our
17 report.

18 Now, once we report then it falls to
19 others to implement. And you may -- we may all
20 be called upon to be a little more vigilant
21 about the implementation, but we have to get it
22 written down first.

23 And what you've done the last two
24 hours is very helpful for us in terms of
25 understanding where the deficiencies really were

1 and in appreciating the un-Canadian experience
2 that you've all had and we will try to respect
3 that.

4 But -- and finally, as I said at the
5 beginning, we do understand that it is not easy
6 to relive this and we recognize the sacrifice
7 you all make in putting yourselves through that.

8 And finally, let me thank the Union
9 representatives for their assistance in
10 assembling you all here.

11 So thank you, good night, and we'll go
12 back to work.

13 COMMISSIONER ANGELA COKE: Thank you,
14 everybody.

15 -- Meeting ended at 5:23 p.m.

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1 REPORTER'S CERTIFICATE

2
3 I, HELEN MARTINEAU, CSR, Certified
4 Shorthand Reporter, certify;

5 That the foregoing meeting was taken
6 before me at the time and date therein set
7 forth;

8 All discussions had by the
9 participants were recorded stenographically by
10 me and were thereafter transcribed;

11 That the foregoing is a true and
12 accurate transcript of my shorthand notes so
13 taken. Dated this 10th day of February, 2021.

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