

Long-Term Care COVID-19 Commission Meeting

Group Meeting with Staff - Eastern Ontario
on Thursday, January 28, 2021



77 King Street West, Suite 2020
Toronto, Ontario M5K 1A1

neesonsreporting.com | 416.413.7755

1	
2	
3	
4	
5	
6	MEETING OF THE LONG-TERM CARE COVID-19
7	COMMISSION
8	
9	
10	
11	
12	
13	-----
14	
15	--- Held via Zoom Videoconferencing, with all
16	participants attending remotely, on the 28th day
17	of January, 2021, commencing at 4:08 P.M.
18	-----
19	
20	
21	
22	
23	
24	
25	

1 BEFORE:

2 Frank N. Marrocco, Lead Commissioner

3 Dr. Jack Kitts, Commissioner

4

5

6 F A C I L I T A T O R S:

7 Dawn Palin Rokosh Director, Operations

8 Long-Term Care Commission

9 Secretariat

10 Lynn Mahoney Counsel, Gowling WLG

11

12

13 A T T E N D E E S:

14 Ida Bianchi Senior Legal Counsel

15 Long-Term Care Commission

16 Secretariat

17 Rose Bianchini Senior Policy Analyst

18 Long-Term Care Commission

19 Secretariat

20 Angeline Hawthorn Senior Policy Analyst

21 Long-Term Care Commission

22 Secretariat

23

24

25

1 P A R T I C I P A N T S :

2 Participant 1

3 Participant 2

4 Participant 3

5 Participant 4

6 Participant 5

7 Participant 6

8 Participant 7

9 Participant 8

10 Participant 9

11 Participant 10

12 Union Rep 1

13 Union Rep 2

14 Union Rep 3

15 Union Rep 4

16

17

18

19

20

21

22

23

24

25

1 --- Upon commencing at 4:08 p.m.

2

3 DAWN PALIN ROKOSH: Good afternoon,
4 everyone, and welcome. We're so pleased that
5 you could be here today. This is a group of
6 staff members of long-term care homes, largely
7 from western Ontario.

8 My name is Dawn Palin Rokosh and I'm a
9 Director with the Commission. And I'm joined
10 this afternoon by my co-facilitator Lynn
11 Mahoney, who's a senior counsel for the
12 Commission.

13 As well, we have the following team
14 members with us. We have Ida Bianchi who is
15 also a senior counsel with the Commission. And
16 many of you will have met Angeline Hawthorne
17 when you were coming through the waiting room
18 and also Rose Bianchini who both are policy
19 advisors for the Commission and helping to
20 organize and support this session.

21 As you may know, the Commission is led
22 by three Commissioners. And today we are joined
23 by two of them, Chief Commissioner Frank
24 Marrocco, who will be the lead Commissioner for
25 this meeting today, and also Commissioner Dr.

1 Jack Kitts.

2 Now, I want to just note at the outset
3 that Dr. Kitts had an unavoidable conflict this
4 evening, but he wanted to be here to hear as
5 much from you as possible. So he's going to be
6 able to be here until 5:45 today, which should
7 have us get most of the way through our meeting.

8 I'd like to acknowledge all of you for
9 joining us today. And I know that this may be a
10 stressful experience and in all likelihood each
11 of you are going to tell us about stories that
12 you've been through a lot.

13 And so we really want to acknowledge
14 you and acknowledge that you have put your hand
15 up to come and share what has happened and
16 recommendations for the future. And this will
17 contribute very strongly to the investigation of
18 this Commission.

19 I'd also like to recognize and thank,
20 as well, the Union representatives that are here
21 who have assisted us in making this opportunity
22 known amongst staff members, and for assisting
23 and identifying different participants for the
24 different meetings.

25 Now, obviously today's session is

1 being held over Zoom. So as Lynn was noting
2 earlier, it's possible that some of you may
3 experience connectivity issues or other
4 technical issues. If for some reason your
5 connection to the Zoom meeting fails, then just
6 follow the link and come back in again.

7 Likewise, if you are experiencing
8 technical issues, please send -- feel free to
9 send an email to Angeline Hawthorne and she's
10 the person that you received -- that you would
11 have received an email from and she will assist
12 you ASAP.

13 We note that many of you have your
14 cameras turned on, which is wonderful, also we
15 have one or two participants who have decided or
16 are not in a position to turn their camera on,
17 and that is fine as well. It is absolutely your
18 choice.

19 Because we are going to be going
20 through the meeting today in a way that is -- we
21 want to hear from individuals one by one, we are
22 asking that everyone keep their -- keep
23 themselves muted until you speak so that we can
24 avoid that feedback that sometimes happens.

25 Also I want to note that this session,

1 the words that are said on this session are
2 being recorded by our court reporter, who is
3 present on the call. Ms. Martineau who you will
4 see on the screen.

5 The transcripts will be posted on to
6 our website, but your names will not appear in
7 the transcript.

8 So when you are speaking, you will
9 appear -- your -- you will appear in the
10 transcript as participant number 10, for
11 instance, or whatever your participant number
12 is.

13 And also, if you wish to refer to
14 another person in the session, we'd ask that you
15 please refer to them by their participant number
16 as well, which is displayed on the screen.

17 And along those lines, although we
18 have ensured that you are anonymous both in our
19 correspondence with you and also for your
20 participation here today, the information that
21 you choose to share today will be posted on the
22 website through the transcript. So I just ask
23 that you be aware of any identifiable stories
24 that could reveal your identity, if that's a
25 concern to you.

1 Now, for the agenda today, we will
2 begin the session in a moment with some
3 introductory remarks from Commissioner Frank
4 Marrocco. And then we will proceed to question
5 1 and we'll hear responses from each participant
6 in numeric order. So we'll be calling on
7 participant 1 first and then going from there.
8 And we will repeat the same process for
9 question 2.

10 Once we finish hearing from all of the
11 participants on both questions, then we'll --
12 we'll have some concluding remarks and wrap up
13 the meeting.

14 As I mentioned earlier, in order to
15 hear from all of you on both questions, we're
16 asking that you do your best to be mindful of
17 the time and speak for up to about four minutes
18 in response to each one of the questions.

19 Now, we want to acknowledge right away
20 that it's highly unlikely that everything you've
21 been through could be crammed into four minutes.
22 But what we are asking of you today is to -- we
23 encourage you to focus, first, on conveying to
24 the Commissioners the most important things that
25 you want them to know about your experience and

1 also about any recommendations you have. And
2 then if there's something you aren't able to
3 cover in the first question, you could cover it
4 in your second speaking time. And likewise, the
5 opportunity to submit a further written
6 submission to the Commission following the
7 meeting is also possible.

8 So with that, I'd like to ask
9 Commissioner Marrocco to say a few words to the
10 participants today. Commissioner Marrocco.

11 LEAD COMMISSIONER MARROCCO: Well,
12 thank you for coming and thank you for
13 participating.

14 From our point of view, it's extremely
15 valuable because we could easily spend our time
16 talking about policies and procedures and so on,
17 and it's all very dry and very abstract. But
18 your experiences are very real and our belief,
19 as a Commission, is that in order for us to
20 truly get a sense of what we're dealing with, we
21 really do need to hear from the staff, the
22 families, and the residents. And that's what we
23 have set about doing, apart from hearing from a
24 lot of other people about a lot of other things.

25 So that's the general drill. We'll be

1 listening. We may ask questions, we may not.
2 We may just be listening and making some notes
3 for ourselves.

4 I think we should start by observing
5 one minute of silence for those who are not with
6 us any more.

7 (Minute of silence observed).

8 Thank you for that.

9 Just one other thing. I was Associate
10 Chief Justice of the Superior Court until I
11 retired in November. Dr. Kitts was the CEO of
12 Ottawa General Hospital in Ottawa until he
13 retired.

14 Neither our us are beholden to
15 anybody, so we're very anxious to understand
16 what you have to say. So let's go.

17 DAWN PALIN ROKOSH: Thank you so much,
18 Commissioner Marrocco.

19 So we'll begin with the first
20 question. And the first question is: Please
21 tell us about your experience working in a
22 long-term care home during the pandemic. How
23 has the pandemic impacted you, your job, and
24 your ability to provide care?

25 And we'll start, please, with

1 participant number 1.

2 PARTICIPANT 1: So glad I'm number
3 one.

4 So my time during the pandemic, it's
5 just hard. You try to care for the residents
6 and you've got a mask on your face and they
7 don't see you smile. They see your eyes, but
8 they don't see you smile. And, you know,
9 sometimes I'll move far away and I'll pull my
10 mask down and give them a little smile just to
11 make them smile.

12 And at the beginning it was hard too.
13 Like you had to -- everything was in lockdown.
14 You had no service to their rooms. Residents in
15 their rooms. We kept our residents safe, thank
16 goodness, but this time around we didn't. So it
17 ended up coming into the home.

18 And I think it had a lot to do with we
19 got a little lax after the summer because the
20 numbers went down and we weren't seeing COVID
21 and then all of a sudden it came back and it
22 came back fast and we weren't prepared.

23 So I think that the government could
24 have did a little bit more as per preparedness,
25 you know, making sure we had the staff that we

1 needed. We were short staffed for -- right when
2 the outbreak began because a lot of staff were
3 getting sick and then the residents were getting
4 sick.

5 And I wore many hats in that facility
6 for a while doing another jobs because we didn't
7 have enough people. So I think that -- it could
8 have been done a lot differently.

9 I'm good.

10 DAWN PALIN ROKOSH: Thank you very
11 much. Thank you very much, participant 1, I
12 appreciate that.

13 Participant 2?

14 PARTICIPANT 2: So just to give a
15 little bit of background, some folks might be
16 PSWs, nurses aids, nurses, et cetera. My
17 background is long-term care for 30 years. The
18 first 10 was as a PSW. I'm currently in the
19 activation department.

20 So just to display some of the
21 difference. Prior to COVID and currently now,
22 we're in a huge second wave. We'll get into
23 that -- I'm going to get into that in a minute.

24 The difference between -- so my job
25 prior to is like I'm the primary person that

1 would organize huge entertainment, bingo,
2 outings, that kind of thing. Great -- super
3 great job.

4 ; it's awesome. Hugely changed now.

5 We are currently in the second wave
6 outbreak. We didn't get greatly impact in the
7 first round.

8 I'm just going to let you know what my
9 day was like. Much different.

10 I'm sorry, if I'm a little emotional.
11 We are currently hugely going through this. It
12 is very new for us.

13 So my day was starting
14 the shift, we had two residents that were
15 positive. Everybody's on edge. Everybody's, Oh
16 my goodness, we have it in the building. We
17 haven't had it before. What are we going to do?
18 By mid-shift we had nine. By end of shift, we
19 had 14 more are coming with symptoms. More
20 staff are coming -- becoming ill.

21 The schools have been closed. We are
22 losing staff to childcare issues. There is very
23 little staff.

24

25 We have one wing that's

1 primarily affected, so I said, You know what?
2 I'm going to go. I'm going to go and help.

3
4
5
6
7 But the mixed messaging, the things
8 that are going on, it's like, No, you need to
9 wear this mask. No, you don't. You need to
10 change here. You need to don and doff over
11 here. It is like madness.

12 I left the other day and I came home
13 and I said, It is like a war zone. I have no
14 idea what's going on. Very, very mixed
15 messaging and I feel horrible because my
16 background is health and safety, I should know
17 this, right?

18 And management, you know, suggestions
19 coming forward prior to this. I kept saying, It
20 was a practice run. It was a practice run. We
21 didn't get it in. We should know what we're
22 doing by now. We're in a mess. It is a mess.

23 So, you know, in the activation
24 department, what am I doing now? I am doing
25 toileting, I'm doing care, I's doing -- I have

1 no training in mental health, but staff are
2 coming to me because they're breaking down,
3 they're crying. They are -- I have home issues.
4 I have all kinds of issues going on.

5 We have staff currently that are being
6 housed in a hotel and I'm trying to arrange for
7 them to get food, for goodness sakes. The
8 employer's not even sending -- they can't get
9 out to go get groceries. What are they going to
10 do if they don't have family to support them?
11 I'm not a social worker. I'm an activity worker
12 for goodness sakes.

13 So that is my current situation. I
14 just feel like -- how were we caught by
15 surprise? We knew it was coming. We know what
16 the effects are.

17 My last two shifts, I normally work an
18 8-hour shift, I worked a 12-hour shift just to
19 help the girls get through the day. We have no
20 housekeeping staff. We have no -- you know this
21 IPAC, Oh, we're going to do high touch areas
22 twice a day. Good luck. We don't even have
23 regular housekeeping staff down there. It's
24 quite a mess.

25 So from, Yay, we're playing bingo, to

1 what we're in now is hugely different. Hugely
2 different.

3 And, you know, I'm sorry to say that
4 as my title, I don't even get the bump, so kind
5 of a kick in the pants after all of that.

6 So that's my current experience.

7 DAWN PALIN ROKOSH: Participant 2,
8 thank you so much for sharing that. That sounds
9 like exceptionally difficult circumstances that
10 you're working in and I really appreciate you
11 detailing them in that way. Thank you.

12 I'd like to go to -- call on
13 participant 3 now, please.

14 PARTICIPANT 3: Hello, you guys can
15 hear me?

16 DAWN PALIN ROKOSH: We can hear you
17 very clearly.

18 PARTICIPANT 3: So for having life be
19 as a normal, going to an abnormal life, it's
20 totally different. By hearing participant 1 and
21 participant 2, it's nerve wracking, stressful,
22 filled with anxiety, physically, emotionally,
23 and it's very stressful related since the
24 pandemic has hit.

25 Staffing is a big, big, big issue in

1 the long-term facility. You have very shortage
2 of staff. You don't have enough staff to do or
3 cover all the shifts. You have people that are
4 working double or triple. You are even backing
5 up from evenings to days next day or doing
6 evenings and nights together.

7 The workload on nursing, on the
8 healthcare department -- on the PSWs is a lot.
9 12 residents to 1 or 2 PSWs, it's like you
10 barely can even do anything, even if you can
11 only finish their care, which is just getting
12 them changed, getting them toileted, getting
13 them to eat and drink and turning in
14 positioning. You don't have enough time on your
15 hand to do -- even to sit down with the resident
16 and just have a one-to-one conversation.

17 And more so that you don't get a clear
18 and consistent guidelines from the Ministry when
19 the pandemic started.

20 Like one time they said, Oh, you have
21 to wear the shield when you go to the floor.
22 The next thing they said, No, now you have to
23 wear the goggles with the mask.

24 So it's very confused and mixed
25 guidelines and the conversation that's coming

1 from the ministry or the government. So that's
2 why the people -- the long-term facilities that
3 are hit with the outbreak, they don't know where
4 they have to do or what they have to do because
5 there's no proper guidelines set to, okay, now
6 this is happening. First step is this, the
7 second step is that. That's why people don't
8 know what's happening, what to do, and they're
9 burning really fast.

10 That's pretty much it from my side
11 because it's very tough situation now, now with
12 the pandemic that's going on.

13 DAWN PALIN ROKOSH: Thank you,
14 participant 3. It certainly does sound like a
15 very tough situation and thank you for sharing
16 that.

17 PARTICIPANT 3: No problem.

18 DAWN PALIN ROKOSH: Thank you.

19 I'd like to now call on participant 4
20 to respond to the question.

21 PARTICIPANT 4: Okay. Thank you for
22 allowing me to come and present. I do have some
23 notes for myself because I didn't want to get
24 too far off track.

25 I'm a 45-year PSW

1 . I do believe the system was broken
2 before COVID, but it got worse once COVID hit.

3 Luckily my facility, we have not had
4 any cases with the residents and to this day
5 we're still clear and they have their first
6 vaccination shots , so I was really
7 excited to see that.

8 But during the last year, myself and
9 my co-workers have felt the emotional and
10 physical impact of the pandemic.

11 To the physical part, we have
12 increased staff shortages, more than I've ever
13 seen in 45 years. There's more injuries among
14 the staff for cutting corners and overexerting
15 themselves to try and get the work done.
16 They're not taking their breaks. They're
17 staying after work. They're coming in early
18 without compensation.

19 And it's not -- no longer a one-off
20 situation. It seems to happen on a regular
21 basis to try and get things done and it's not --
22 and it's because we're -- it's because of the
23 residents. We don't want to see the residents
24 left.

25 The one-site order has also had

1 implications with regarding to our staffing.
2 It's forced people to pick a place to work.
3 Some of them, it's precarious work because
4 they're not guaranteed full-time hours if they
5 pick one site. And then there's an issue of
6 money. They're going to go where they can make
7 more money if they're forced to work at one
8 site.

9 So that's also caused a lot of
10 problems with our staffing. There has been an
11 increase in workload and forced overtime. So if
12 there's not enough people to come to work or are
13 available, we are forced to stay for up to four
14 hours or up to a full shift.

15 There's been a real decrease in
16 morale. It seems the more we do, the higher the
17 expectations are and the more that's put on us
18 to do with less hands.

19 There are requirements under the
20 Long-Term Care Act for restorative minutes that
21 boost funding to the facilities for staffing,
22 and there's added pressure to write them in
23 whether or not they're being done.

24 So the RAI co-ordinators will come
25 around and say, Well, you didn't put that in.

1 And I say, Well, I can't put in what I didn't
2 do.

3 I'm looking after the basic -- the
4 very basic of needs for the residents.

5 And then if we don't -- they're
6 telling us well, if we don't put them in, then
7 we're going to get an unmet standard by the
8 Ministry, so then that pressure comes down and
9 falls on us.

10 To the mental health and the emotional
11 impact. The lack of engagement from the
12 frontline staff on all fronts devalues us. We
13 feel like -- and what I hear at work most is, We
14 went from heroes to zeros. And that's the line
15 I get all the time.

16 We're not seen as -- the value and the
17 contribution that we make to the people that we
18 look after and try and enhance their lives.

19 Part of the example for that is BSO,
20 which is the behavioural support staff. I've
21 seen an increase in behaviours and mental health
22 issues not in the residents, but with the staff
23 as well. We're actually starting to have
24 behaviours with the staff that we have to deal
25 with. And there's a big sense of isolation and

1 I think that's a large part of it. And talking
2 with my co-workers, there's been a large -- a
3 marked increase in anxiety and the use of
4 medication to deal with the anxiety.

5 It's not unusual to have someone come
6 in to work and say that their stomach's in
7 knots, that when they woke up they had a sense
8 of dread, they didn't know if they could make it
9 in, but they come in any way.

10 Many staff have left the industry due
11 to the stress of trying to juggle the needs of
12 the many with the hands of the few.

13 Tasks are completed as we try and
14 prioritize them. And if you're asking for
15 support, we're told that all tasks are to be
16 done regardless. You make sure you get it done.

17 So the threat of discipline always
18 moves over your head, so then, again, that adds
19 to the stress.

20 The acuity levels in long-term care
21 have changed. We've got a lot of people with
22 dual diagnoses. We have residents as young as
23 20 and as old as 105, and you're trying to
24 juggle that and what their needs are.

25 We have to decide whether to follow

1 our hearts or our heads on a daily basis.

2 So we had an incident where
3 we had a gentleman that was a palliative. We
4 knew he was -- well, he became active palliative
5 very quickly. And the RPN, we were short
6 staffed, so we had one RPN for 58 residents. We
7 had five PSWs for 58 residents. And this
8 gentleman was dying. And we tried the best we
9 could to get into that room and spend as much
10 time as we could doing care, positioning, making
11 sure, mouth care, you know, the usual stuff that
12 you would do for palliative care was done, but
13 unfortunately he still died alone. We weren't
14 there when he died.

15 And the RPN that was on, when she left
16 work, she was being driven by another staff
17 member, she cried all the way home because she
18 felt so guilty because he died alone.

19 And then once the resident passes,
20 you're expected to pull yourself together and
21 heaven forbid you should be emotionally attached
22 to this person and move on to the next task at
23 hand with just, you know, a snap. You know,
24 that timeframe has to be hit.

25 And I've experienced this first hand

1 whether during the COVID or pre-pandemic.
2 Somebody passes, Well, you know what? Get to
3 it. You have a job to do.

4 From my perspective, and I guess
5 that's one of the reasons why I've been in it so
6 long, is you do get emotionally involved. I
7 don't care what anybody tells you. You become
8 the substitute families. They know our voices,
9 they know our touch, and that's important. And
10 I believe it's inhumane not to be able to spend
11 any extra time with a dying person or somebody
12 that's lonely or has an issue.

13 And due to the pandemic, many families
14 are not able to come in and sit with the
15 residents. We have the designated caregiver
16 that can come in. They're thankfully a little
17 bit more than they used to. But a lot of other
18 families can't come in that easily.

19 And if they have, it's a time
20 restriction or they have it on Zoom. You get to
21 do a Zoom call. Well, that doesn't really help,
22 especially if you've got somebody with dementia.

23 So even the designated caregiver stuff
24 has implemented -- has made it harder on
25 families and staff at emotional times when

1 somebody's not doing well.

2 And I think what I wanted to say is
3 that we have to remember that it's the final
4 destination of many of the people in our home.
5 And I think that's what gets lost in long-term
6 care. It is a business, but it's their home.

7 And, I mean, we get drilled on that,
8 you know, resident bill of rights and all this,
9 but it's hard to deal with that. It sometimes
10 ends up being treated like an assembly line and
11 I don't think -- or a warehouse or an
12 institution.

13 There's a few problems where the PSWs
14 receive the pandemic pay and all other
15 classifications were exempt, it further
16 demoralized the workplace and created divisions
17 where they were not there beforehand. All
18 departments in long-term care work hard and are
19 there for the benefit of the residents.

20 It felt like a slap in the face. I
21 think the difference that people failed to
22 recognize is that when you work in long-term
23 care, all staff interact with the residents, not
24 just the nursing staff, PSWs and the RPNs.

25 Again, we build relationships with the

1 residents and their families. It's an issue of
2 trust. They've entrusted us with their most
3 precious possessions, their family member. And
4 we as a society have forgotten to honour our
5 seniors and recognize the contribution they've
6 made to our society. Long-term care workers
7 have not. We fight for it and we try to do what
8 we can.

9 And after that, I'm not going to say
10 any more at the moment.

11 DAWN PALIN ROKOSH: Thank you so much.
12 Thank you so much for all that you've just
13 shared, participant 4. I really appreciate it.
14 And we'll look forward to hearing more from you
15 for the second question.

16 Participant 5, I'd like to invite you
17 to speak in response to question number 1.

18 PARTICIPANT 5: Hello.

19 DAWN PALIN ROKOSH: Hi.

20 PARTICIPANT 5: So just a bit of my
21 history. I am not a long-term care nurse. I'm
22 a semi-retired acute care who, when COVID hit
23 last year, one of my local long-term care homes
24 required help, so I went in to help. And my
25 eyes were opened. I'm still employed there as

1 the COVID assessment.

2 Infection control. How can you do
3 infection control with four people in a room?
4 We know what needs to be done, but we cannot
5 physically do it. There's no plan. There was
6 absolutely no plan for infection control when
7 this hit. Blew me away.

8 Again, just -- it's aggravating, it's
9 tiring. You talk to management about what needs
10 to be done and you feel like you're hitting your
11 head against a brick wall.

12 You've got the PSWs, the RPNs and
13 some of the RNs too who absolutely have no
14 idea. They're just -- again, they're in tears,
15 they're shocked. They don't know what to do.

16 And you've got management that can't
17 direct them as to proper protocols.

18 I agree with everything that the past
19 participants said. I'm not going to repeat any
20 more of that, but my big thing is this is not
21 going to be the last pandemic. This wasn't the
22 first. Why has it taken so long for plans to be
23 in place? My big question. That's all I've got
24 to say.

25 DAWN PALIN ROKOSH: And an impactful

1 one at that. Thank you. Thank you very much,
2 participant 5, for sharing your experience.
3 Thank you.

4 Participant 6, I'd like to call on you
5 now to respond to question 1, please.

6 PARTICIPANT 6: Good evening,
7 everyone. I want to start off by thanking all
8 of you for taking the time to listen to my
9 concerns, views and the impact COVID-19 has had
10 on me and in the long-term care facility in
11 which I work.

12 , I have been fighting along
13 with many of my colleagues for a minimum
14 standard of care for these precious souls that
15 we care so deeply for.

16 I strongly believe long-term care has
17 been greatly understaffed and ignored for many
18 years. And now this pandemic has totally
19 devastated our facilities and absolutely wreaked
20 havoc on the -- sorry, wreaked havoc on the
21 countless lives. The death toll is astounding
22 and so many loved ones have died alone without
23 family and friends at their side.

24 Prior to COVID, I struggled to keep up
25 with the demands, and now with COVID, it is 10

1 times worse. My unit normally consists of 27
2 residents, but it now only is 20 due to the need
3 to keep residents in separate rooms. My
4 medication pass is heavy and many of my
5 residents need much encouragement to take their
6 medication.

7 I have eight residents who require
8 vital signs prior to medication administration.
9 Many of my residents take two, three, four
10 different types of eye drops as well as puffers.
11 Because we have been in lockdown due to COVID
12 outbreak on one of the units, every resident is
13 in their room and full PPE must be put on.
14 Donning and doffing properly absolutely eats up
15 precious time. And every item taken into a
16 room, such as eye drops, puffers and the BP
17 machine, must be thoroughly sanitized prior to
18 bringing it back out.

19 To be more specific, we must use a
20 different sanitizing wipe with every item prior
21 to bringing it out of that room. And each and
22 every time, our hands must be sanitized and new
23 gloves applied for each item. The time involved
24 to give medication has more than doubled because
25 these strict protocols must be followed.

1 I started my med pass at
2 6:30 and was not finished until
3 11 o'clock. I had dressings and treatments as
4 well as documentation to complete. While
5 completing one dressing, another resident became
6 short of breath and then I needed to go to him.

7 I was only able to have a couple of
8 sips of water at the nursing station before
9 starting my next round of medication. I've
10 asked for help and there was no one to help.

11 I arrive at work early every morning
12 just after 5:00 a.m. to set up for the day, but
13 I'm not technically on the clock until 5:45. I
14 am constantly running and do not usually get any
15 break at all. To make matters worse, we are no
16 longer able to have an enclosed water bottle on
17 our med carts so we cannot quench our thirst.
18 And if you have ever worn a surgical mask and
19 face shield for an extended period of time while
20 working, you will understand how difficult this
21 is. Many of these masks feel like they were
22 made out of the same fibs as used in insulation
23 and they make your face and nose itch.

24 The workload is overwhelming and many
25 times I have ended up in tears, which is totally

1 unprofessional, but I can't help it. I am so
2 mentally and physically exhausted.

3 management are monitoring each and every
4 move with infection protocols and procedures.
5 If you make a mistake, you are quickly told
6 about, and this is just -- all adds to the
7 pressure.

8 An example is when I was gowned up and
9 ready to go into another resident's room near
10 the end of the day and I realized I had left my
11 face shield hanging to dry at the previous
12 resident's door. I went to get it and even
13 though I had sanitized and completely did
14 everything right, I had to start the whole
15 donning and doffing procedure again because I
16 had walked 10 feet in the hallway with my PPE
17 on.

18 The worst part of all of this is to
19 witness these people slowly dying, refusing to
20 eat or drink, and just so despondent. The
21 loneliness and despair breaks my heart and it is
22 devastating to witness these people just giving
23 up.

24 Many of these residents used to enjoy
25 interacting with each other and visiting and now

1 they sit alone and no longer talk.

2 Every time I go into a room, I witness
3 the changes and declining in the residents'
4 health and well-being.

5 The work, the stress sitting with
6 declining and dying residents, as well as trying
7 to console family members on the phone, is
8 taking a terrible toll on my own health and
9 happiness.

10 I have never -- I'm never settled when
11 I go home. I wake up throughout the night
12 worrying about my residents and my staff members
13 who are frightened. My husband wants me to
14 quit, but I can't. I feel these people and
15 their families rely on me to help maintain some
16 semblance of normalcy and continuity of care.

17 I know this whole experience is aging
18 me and it is also very overwhelming and
19 devastating. Thank you.

20 DAWN PALIN ROKOSH: Participant 6,
21 thank you so much for sharing that and I can
22 only imagine on how difficult it is on top of
23 everything else that you have been facing, which
24 you've just detailed for us. Thank you very
25 much and please know that we've got it all down.

1 We've written it all down, what you've just
2 said. Thank you very much.

3 Participant 7, can you hear me?

4 PARTICIPANT 7: Yes, I can hear you.

5 DAWN PALIN ROKOSH: Wonderful. Okay,
6 thank you. Can I call on you now to provide a
7 response to question 1, please?

8 PARTICIPANT 7: Yes, but can I just
9 ask you to repeat question 1 for me?

10 DAWN PALIN ROKOSH: Certainly you can.
11 Absolutely.

12 So question 1 is: Please tell us
13 about your experience working in a long-term
14 care home during the pandemic. How has the
15 pandemic impacted you, your job and your ability
16 to provide care?

17 PARTICIPANT 7: Well, first of all,
18 thank you for having me and thank you for
19 hearing us.

20 Looking back at what all
21 had said, I totally stand in solidation (sic)
22 with them. The emotion, the staffing, and the
23 COVID. One thing, I realized with COVID, COVID
24 just brought forward all the wrongs that's been
25 in long-term care for a long time.

1 And I really didn't want to get
2 emotionally this fast, but listening to
3 , it's throughout all the nursing
4 homes.

5 I worked in one of them that was hit
6 very hard in and I'm still struggling.
7 I'm still struggling with the aftermath because
8 I was in there with my residents.

9 I'm a very person and one of
10 my residents that I can't get out of my head was
11 asking for a drink of water. And by the time my
12 co-worker and I -- and this was the first floor
13 that got impact in our home. And it was just
14 staff there for an entire unit. And we
15 couldn't get to a resident fast enough that was
16 asking for some water. So here I am, still
17 struggling with the thought of Is she thirsty
18 still on her journey? Because I couldn't get
19 the water to her fast enough. By the time I'm
20 going for the water, someone else is calling or
21 calling out.

22 I know COVID, it taught us all a
23 lesson. We weren't prepared for it. We didn't
24 understand it.

25 In my home, I think we treated it as

1 the flu. The PPE didn't come out fast enough.
2 And then when some of us start learning of what
3 it is, how dangerous it is, how it could spread,
4 is by listening to the daily COVID updates that
5 we will get on television.

6 And then when they couldn't get it
7 right about what mask could keep us safe, they
8 were talking about the N95 mask or what it was
9 and when we asked for them at work, we were told
10 that it wasn't necessary at that time to give
11 them out.

12 But then yet still, we as PSW, which I
13 am a PSW, we will see like RPNs and people that
14 are not really frontline workers, like PSWs
15 are in the N95. And when we ask for them, we
16 were told it wasn't necessary at that time.

17 So, yeah, a lot of us, like everybody
18 else, we didn't know what it was. We didn't
19 understand it. So it caught a lot of us and it
20 caught a lot of homes offguard.

21 But something that I guess the
22 government have known for a long time,
23 understaffed. You know, we have problems with
24 staffing even before COVID. So imagine when
25 COVID, the ones who were there were left holding

1 the bag.

2 And I stand also in solidarity with
3 the ones in Montreal that walked off the job
4 because if it didn't do that, then I don't think
5 the government would have looked closely at what
6 was the problem. That we were left with the
7 staff that were frightened. They have family at
8 home not understanding what they were going to
9 bring home.

10 So how did it make me feel? Horrible.
11 Still feeling horrible. Hoping that the second
12 wave will not come back to my home, but looking
13 at the management team and looking at, you know,
14 the resources that they're getting from
15 hospitals and all that stuff, it makes me feel
16 more comfortable. The second wave have gone
17 through the area in where I worked and it has
18 not come back to our home and I think it's
19 because of the lessons learned in the first
20 wave.

21 Because, like I said, in the first
22 wave it hit us hard and I think our management
23 team learned a lot. Right now, we have PPE
24 that, you know, we don't even need to ask twice.
25 We ask once and it's given to us. And I just

1 hope that out of this Commission, changes really
2 do come about. Not just for the staff, but also
3 for the residents that are in long-term care.

4 Thank you.

5 DAWN PALIN ROKOSH: Thank you so much
6 participant 7. I really appreciate that.

7 Participant 8, can we call on you now
8 to speak in response to question 1, please?

9 PARTICIPANT 8: Hi. Am I unmuted?

10 DAWN PALIN ROKOSH: You're perfect,
11 yes.

12 PARTICIPANT 8: Okay.

13 So my background is I work for the
14 same facility for about years now. I am a
15 PSW, but right now I'm not working in the
16 capacity of a PSW because, as everybody else was
17 saying, these problems have been here for a
18 long, long time in long-term care.

19 So, when a laundry position came up, I
20 took it because I had compassion fatigue. I was
21 going home, I was crying, I couldn't give my
22 residents the care they needed, which made me
23 feel really, really horrible inside.

24 And then now COVID has hit. So I'm
25 from a facility that's been hit very, very hard.

1
2 And it's
3 the same as everybody else is saying: There's
4 not enough staffing.

5 So when it was -- when workers at
6 long-term care had to choose one employer, I
7 work for a for-profit home. They picked the
8 municipal homes, the city homes, right? So
9 wages meant something and the ratio of staff to
10 residents.

11 So, yeah, it's been very, very, very
12 hard. Working in laundry when it hit, the one
13 time use gowns, the workload was like 10-folds.
14 And they didn't have enough money to put more
15 hours into laundering. And, yeah, it's just
16 horrible. It's horrible.

17 And I'm just emotionally and basically
18 spent working overtime, taking PSW shifts, and
19 working laundry shifts, and going back-and-forth
20 and trying to change my hat, working as a
21 screener.

22 It comes down to staffing. The
23 four-hour minimum care, like losing it under
24 Mike Harris, long-term care has not recovered.
25 It's just -- these poor people.

1 Thank you.

2 DAWN PALIN ROKOSH: Thank you so much,
3 participant 8.

4 Participant 9, can I call on you?

5 PARTICIPANT 9: Hello, can you hear
6 me?

7 DAWN PALIN ROKOSH: Yes, we can hear
8 you, participant 9. Please go ahead.

9 PARTICIPANT 9: Hello. Thank you for
10 having me and thanks for everybody that
11 talked -- all the participants that talked
12 before me.

13 What COVID has taught me is that I'm
14 an RPN and I work in one facility for 19 years.
15 Long-term care home has been broken long time
16 before COVID.

17 My workload right now has been
18 different, more than usual. I have 41 to 43
19 residents to give medication, one RPN.

20 I wear different hats right now.
21 Sometimes I work as an RN, sometimes I work as a
22 screener for people coming in to screen their
23 spouse, sometimes too I become social worker
24 because you have to -- I work on a -- the
25 dementia unit that you have the residents that

1 haven't seen their family for so long. The
2 residents, they love to see you. When you give
3 them their medication, you laugh with them.
4 They see your face, now you have a mask on.

5 One thing that COVID taught me, you
6 need universal infection control for all
7 long-term care because when this happened, we
8 really didn't know what we were doing.

9 As my other colleagues have said,
10 first we have to wear the shield with the mask,
11 first the mask and then the shield, then we told
12 we have to wear goggles. We have the mask and
13 the goggles. And then we have to go -- we have
14 to know that the residents that are not -- they
15 come in the common area, they have to wear
16 masks. So most of the residents that we have to
17 talk to, they have masks on and they don't even
18 know. Sometimes you talk to them and they can't
19 hear you through the mask. They can't hear
20 anything we're saying. And they are the
21 residents with dementia and they have
22 Alzheimer's and all behaviours.

23 My home, we're having the first -- the
24 first one, we didn't get it. This time we
25 haven't get it, any of the resident, there might

1 be one or two staff, but they didn't bring it to
2 the home, so things have been good, which is I'm
3 a very religious person.

4 But my thing is, we need staff.
5 Staffing, staffing, staffing, staffing, because
6 when they announced that you cannot work in two
7 places, we lost a lot of staff, from PSW to
8 housekeeping to RPNs to RNs, we lost a lot of
9 staff because most of them choose the municipal
10 homes that they pay more.

11 So when people are working to support
12 their families, they are not going to stay in a
13 home that they make less. They're going to the
14 home that they make more money and less work.

15 We are short sometimes. Some weeks, I
16 work 6 days in a 7-day week. Sometimes we have
17 to work doubles. Sometimes we have to work
18 evening and go back on the day shift. Sometimes
19 we have to work nights. Like, we are
20 struggling.

21 You see all your residents. You don't
22 even have enough time to be able to one-on-one
23 with your resident or because you have to put on
24 your PPE, you take your PPE off, you have to go
25 to another room, you put another PPE, it's

1 overwhelming.

2 You have a resident who is a
3 palliative and the family cannot have. They all
4 wear PPE and the person is dying. The family is
5 coming, how comforting? How can the person even
6 know who the person is coming to visit them
7 during their last time?

8 Long-term care needs help. We are
9 struggling. We are emotionally, physically, we
10 are overwhelmed, overworked and this COVID has
11 taught me so, so much. Our system was broken,
12 but it's really worse now.

13 Thank you.

14 DAWN PALIN ROKOSH: Thank you so much,
15 participant 9, for sharing that.

16 And now we'll move to participant 10
17 and ask you to respond to question 1, please.

18 PARTICIPANT 10: Hi, can you hear me?

19 DAWN PALIN ROKOSH: Yes, I can,
20 perfectly.

21 PARTICIPANT 10: Okay. I work as a
22 recreation therapist for 13 years in the same
23 home in Toronto. And the first outbreak we got
24 hit so badly, we lost 70 residents and we got --
25 there's like over 60 staff get really, really

1 sick.

2 From the beginning of the pandemic, we
3 don't really know that much, so -- but the
4 management -- I feel like the management failed
5 us. They failed to protect us.

6 The beginning of the pandemic, we used
7 to ask, like, PPE, mask, anything that could
8 help us. Like if you ask for mask, they
9 question us, What do you need mask for?

10 They sent me example, like that day,
11 they sent me to -- because we're short staffed,
12 so we help feed the residents. And there's six
13 units in the home and I'm basically on the
14 fourth floor, so I'm in charge with the two
15 units for the activity. So that's 56 residents.
16 There's only one activation in two -- in 56
17 residents.

18 So we can't have group activities at
19 that time, so they sent me to help feed. So I
20 did fed the residents and I did Zoom for --
21 Facetiming for their family members. And this
22 one particular resident, the management knew
23 that we already have COVID because they been
24 testing them and we already have an outbreak,
25 but they're still sending us to help feed to

1 different floors without protection. Absolutely
2 nothing.

3 That morning, I did Facetime with one
4 of the residents that she came back from the
5 hospital because they send her to the hospital
6 the day before that, but the hospital sent her
7 back because the hospital can't do nothing about
8 it. So they send her back.

9 So I Facetiming with her -- one of her
10 daughters and then -- but at the same time, the
11 residents have this fever, coughing, all the
12 symptoms. And I was so close to her because she
13 can't hear and she can't hold the iPad, so I was
14 holding the iPad and the same time she was
15 coughing right in my face.

16 And after I finished Facetiming with
17 her, I went to the other unit and helped feed
18 more residents in there. I fed two residents
19 after that, so that's before 10:00 o'clock
20 because in that unit they only have two PSW out
21 of 28 residents.

22 So after I finished feeding, my
23 supervisor was on the other floor, so I called
24 her and said, You know what? I don't feel good.
25 I'm starting to have that feeling like

1 feeling -- I feel chill. So I said, I don't
2 feel good. And then I said, I think I'm going
3 to go get tested." So she said, Okay, go ahead.
4 So I went to the hospital and get tested. And
5 then I came home the next day. I got -- I
6 checked my email, because you can log in to your
7 thing, and then -- so I find out I was positive.

8 I stayed home and isolated. So that
9 was April 11. April 19th, I got really, really
10 sick. My daughter called the ambulance. They
11 took me to the hospital. Right then I was
12 intubated. I was in the hospital. I didn't
13 find out after May, when I woke up, I was in the
14 hospital for a month. I was in ICU for two
15 weeks. I was on ventilator for 12 days, and I
16 was in a coma for 10 days.

17 And I have -- and now I'm on therapy
18 and I -- when I woke up and when I get -- after
19 like a few weeks, they send me instead of coming
20 home, they send me to rehab because I have to
21 learn how to walk again. And I have to thicken
22 my fluids for over a month. And now all the
23 flashbacks that I have to deal with it.

24 I witnessed one -- when I was in ICU,
25 when I woke up there's another patient and he

1 was an elderly. And that night, he was dying,
2 so I was watching them working on him. And they
3 didn't even -- because they were so -- the team
4 so -- everyone just rushing in and out the door,
5 they didn't close the curtain, so I was lying
6 down there and watching them, what they was
7 doing to him, and I could hear, and he was
8 gasping for air and I really don't know what
9 happened.

10 And all these flashbacks that I'm
11 dealing with. And my employer didn't even care.
12 Like nothing. And they are those -- they are --
13 they are the organization that they're known to
14 help people, but they failed to protect us.
15 They failed to help us. Like, they have
16 warehouse and warehouse of donation of food and
17 we're so many of us, as I said, get sick and
18 they didn't even put any, just a little bit of a
19 care package and send to us.

20 Like it was so bad that a lot of us
21 are now still suffering. Suffering because of
22 the management failed to protect us. No PPEs.
23 They question us why we need PPEs for and they
24 knew they have.

25 Now is the guilt of knowing that two

1 residents before I went to get tested that I fed
2 them, they died.

3 And I feel guilty about it like
4 knowing that I'm still questioning myself that
5 did I give it to them? Did I pass it to them?
6 Because when I was feeding them, I was so close
7 to them and I didn't -- I wasn't protected.

8 So that's why the man -- I kept saying
9 management failed to protect us because they
10 should protect us for us to protect the
11 residents. That's why there's so many residents
12 died, 70 of them.

13 Like in one day, there's like seven of
14 them. It's like one after another. And then
15 some of them, they run out of body bags because
16 we don't have enough body bags.

17 Thank you.

18 DAWN PALIN ROKOSH: Participant 10, I
19 am so sorry for everything that has happened to
20 you. And I thank you very much for sharing it
21 with us and I know how hard that must have been.

22 Thank you very much.

23 PARTICIPANT 10: You're welcome.

24 DAWN PALIN ROKOSH: Thank you.

25 And I want to thank all of the

1 participants who have shared their responses and
2 their experience. We've now heard from everyone
3 in response to question 1.

4 And I really want to acknowledge how
5 difficult it has been to share your experiences
6 and how difficult those experiences have been.
7 I thank you so much for the valuable information
8 that you have shared and for everything you've
9 been doing.

10 And I want to ask now my colleague,
11 Lynn Mahoney, to lead us through discussion of
12 recommendations.

13 LYNN MAHONEY: Thanks, Dawn. Thank
14 you and can everybody hear me okay?

15 And I'd like to echo Dawn's comments
16 and the Chair's comments at the outset of the
17 meeting, that it really is through -- I know how
18 difficult -- I can imagine how difficult. I've
19 been through some difficult things in my life,
20 not exactly the same experiences that you've
21 shared, and I know how traumatic it is and I can
22 understand, participant 10, when you talk about
23 the flashbacks that you've had to those events,
24 it must be very traumatic for you and for all of
25 you. My heart goes out to you all.

1 And I really do thank you for sharing
2 this with us because it really truly is only
3 through -- you really do put faces and you put
4 words and you put stories to all of the issues
5 that the Commissioners have been hearing about
6 and have been grappling with. So thank you for
7 that.

8 It took a lot of courage for all of
9 you to come forward and to share it. And I can
10 tell you that the people of Ontario and the
11 people who you care so much about, the residents
12 of these long-term care homes, they will benefit
13 from and you will continue to do right by them
14 by sharing these stories, because it will help
15 the Commission to write a report that will make
16 recommendations to the various parts of this
17 whole sector with the government, the owners,
18 various actors in this whole process. So we
19 thank you for that.

20 And I am going to ask you, if you
21 could, because you're the ones who've lived it,
22 you're the ones who've lived it for years. I've
23 heard about all of your cumulative years of
24 experience. You've worked in these long-term
25 care homes. One participant has worked in

1 there, I think I got it right, for 45 years.

2 So I think we could really hear and
3 would really benefit from your recommendations
4 to the Commissioners about -- because that's
5 what this is all about. The good thing that can
6 come out of all of this, because there's so many
7 terrible things, but the good thing that can
8 come out is some change.

9 So if you have -- if you could share
10 with us and as Dawn indicated, if you could take
11 a few minutes, and I'll go around and ask each
12 of you to share your experiences.

13 So, participant 1, are you okay to
14 lead us off again or would you like me to start
15 at the back end with participant 10 and go
16 backwards?

17 PARTICIPANT 1: No, it's fine, I'm
18 good with recommendations. Story telling,
19 there's just too many stories to tell. Like,
20 you know, there's just a lot. We've lost a lot
21 of people.

22 LYNN MAHONEY: Yes.

23 PARTICIPANT 1: A lot of them I've had
24 to put in bags myself.

25 LYNN MAHONEY: God help us.

1 PARTICIPANT 1: Like it's not good.
2 It's awful. And we loved these people.

3 The recommendations I have for this is
4 like, a lot of -- everybody's saying staffing.
5 Staffing is a huge, huge issue in long-term care
6 homes. Sometimes we're staffed appropriately
7 and then all of a sudden we get one sick call
8 and we're told Oh, you can't replace that as
9 overtime. So they're forced to work short,
10 which is not fair for the residents because they
11 get minimal care already.

12 So I think maybe having certain ratios
13 because I don't think that we'll ever get away
14 from profit homes. It will take a long time for
15 that to happen.

16 But the government mandating that
17 there has to be a certain amount of ratios. One
18 PSW for six residents, I think that's fair.
19 That gives them enough time to be washed, to be
20 changed, to be loved, to be cared for, to be fed
21 and they don't have enough time. There's not
22 enough time.

23 And the pay. If you want to retain
24 staff, you need to pay them better. Some places
25 are \$17 an hour. That's ridiculous. Some

1 places you work for a municipality, they're
2 making \$26 an hour as a PSW.

3 They do the hard work. And we all
4 have our roles in the building and that's fine.
5 A lot of us make a little bit more money because
6 we have different roles. But those PSWs do
7 backbreaking work and they're not compensated
8 for it. A lot of them leave to go work at a
9 factory because they're guaranteed hours and
10 benefits. You work part time, you don't get
11 nothing. You get no benefits.

12 What is wrong with our healthcare
13 system? We're taking care of people, but we
14 can't be taken care of. Why as a part-time
15 nurse do I not get benefits? I don't get
16 vacation. I get nothing, but I work full-time
17 hours.

18 I think that's all I got to say.

19 LYNN MAHONEY: Thank you. Those were
20 some excellent recommendations and thank you for
21 that. Thank you for sharing those with us.

22 Participant 2, can I ask you for your
23 recommendations, please?

24 PARTICIPANT 2: For sure.

25 So I don't know if I mentioned prior

1 to this, but I do work for a for-profit home.
2 There does seem to be some difference when
3 working for for-profit home.

4 One of the sections where they can
5 actually make money, and one of the other
6 participants had talked about the laundry,
7 laundry, housekeeping, the new screeners, they
8 pay them minimum wage,

9

.

10 That's a huge part of where they can
11 save money. Working in long-term care for 30
12 plus years, I've seen the difference honestly
13 from when I first started to where we are now.

14 They've pared down the housekeeping,
15 and again it's not mandated. There's no
16 standard, there's no anything for those
17 departments. That's where they can make their
18 money. And that's where they do make money.

19 So to me, putting some kind of a
20 standard, and, yes, I absolutely agree with
21 participant 1, hopefully we're going to get a
22 standard soon for the nursing care, but we have
23 to look at -- we know -- we know for a fact that
24 COVID is droplet precaution. We know that
25 sanitizing, we know that the cleaning needs to

1 get done. Why are we so pared down? We have
2 such minimal staff in that department and
3 they're allowed to make money here.

4 I think a standard for cleaning, for
5 sanitizing, I don't know how that -- what that
6 would look like, perhaps per square foot, so
7 many hours per square foot, I don't know what
8 that looks like. Some kind of a standard for
9 those -- for the cleaning and sanitizing,
10 absolutely.

11 Accountability, I think, is another
12 huge part of that. We've had, in my home, we've
13 had the IPAC team. We've had the health unit
14 walk through. Mind you, with management, with
15 the director of care, with administration. They
16 should be connected, I believe, to the health
17 and safety committees, to the worker reps, to
18 the workers. You can put a policy in place,
19 which is great and looks fantastic on paper.
20 What is actually happening the homes? What is
21 actually getting done? We need to look at that.
22 So that connection, I think, needs to be made.

23 EAPs -- employee assistance, to
24 spell it out for everybody. Employee assistance
25 programs. In a for-profit home, we don't have

1 one. Huge difference. We have such mental
2 health issues and a lot of the folks have
3 pointed it out. We need that. That should be a
4 standard. That should be a standard in every
5 long-term care home.

6 LYNN MAHONEY: Those are excellent,
7 excellent recommendations. And your initial
8 recommendation about sanitization and the
9 environmental practices and cleaning is
10 something that we've heard about and it's a
11 really important point. So thank you. Thank
12 you for the thought you put into those
13 recommendations.

14 Participant number 3, could I ask you
15 to share your recommendations, please?

16 PARTICIPANT 3: Hi, everyone. Thank
17 you for the opportunity, again, to speak.

18 My recommendations are we should have
19 allocating more resources to the long-term
20 facility, especially to equalize the pay gap and
21 the benefit gap between the long-term facilities
22 and hospitals.

23 As new nurses who could come and
24 actually help the long-term facility, especially
25 from the hospitals in this dire need of

1 pandemic, would be really helpful, especially if
2 they could be given better pay.

3 We need to decrease the workload in
4 some of the areas in long-term facilities. As
5 some of the participants have talked about, 40
6 and up residents for all the RPNs or all the
7 nurses division to give -- or hand out the
8 medications and do the treatment and all of the
9 other necessities. And also the 12 resident to
10 one healthcare aid ratio. It's not equalizing
11 and it's not beneficial for nor the resident nor
12 the staff.

13 It would be really helpful if more
14 support could be actually taken from the
15 hospitals in terms of allocating more staff from
16 the hospitals to our facilities.

17 Also, one of the most important parts
18 that I would love to say is re-allocating the
19 unessential services, that the services I'm
20 talking about, for example, the BSO team or you
21 can call it as behavioural services that come
22 in. If we could actually have them and equalize
23 as our staffing in dire need of staffing issues
24 when we are really short, and all the full-time
25 employees or all the other staff are pitching

1 and doing whatever they can do to provide the
2 care that these residents need in this time.

3 Thank you so much.

4 LYNN MAHONEY: Thank you very much,
5 participant 3.

6 Participant 4, can I ask you to share
7 your thoughts on recommendations?

8 PARTICIPANT 4: Yes, thank you.

9 One of the first things that we've
10 talked about at work is engaging the frontline
11 workers from day one. We seem to have been left
12 out of the conversation as to how we could
13 manage anything in the workload. And we know
14 the work. We know what we can and can't do.
15 And it seems that the people that are making the
16 decisions are not being realistic. And the
17 expectations far outweigh anything that we can
18 do. It has to be brought back to us.

19 We have to be more pro-active and less
20 reactive to the situations because we're finding
21 out things on a daily basis. You know, You're
22 going to have to do this today. You're going to
23 have to do that today. And we're only getting it
24 piecemeal. So then what happens is, it's not
25 done properly.

1 It's the same thing with the cleaning.
2 One day it's, You're going to do this. The next
3 day, You're going to have to do something else.
4 We need to have things put in place so that
5 we're more prepared.

6 When it comes to staffing, I think
7 provisional wage rates for all classifications
8 in long-term care would make more sense and it
9 would help to retain staff.

10 People are leaving the industry in
11 droves. I have members that are looking at
12 going to work in a gas bar or going to get a job
13 at Costco because they can't take it anymore.
14 And they can make more money working at Costco.
15 I was told that today by somebody. Oh, I'm
16 looking at Costco because at the end of it I can
17 make \$27 an hour and I can go home. I don't
18 have to worry about anything.

19 Minimum staffing levels will make a
20 difference. RPNs at our facility, right now
21 because we are so short staffed, are giving meds
22 to 58 residents on a day shift.

23
24
25

1 picture of it through your eyes, so thank you
2 for that.

3 Participant number 5, could I have
4 your thoughts?

5 PARTICIPANT 5: I've got a few
6 recommendations.

7 Obviously staffing and that goes
8 across the board PSWs, RPNs, RNs. With the
9 acuity of the patient care, of the patients that
10 are being seen in long-term care homes now, we
11 need to be able to provide more education to the
12 staff also.

13 Designated isolation rooms I think
14 needs to be in place. And a workable isolation
15 plan, because this, as I said, this is not the
16 first time and this will not be the last time
17 that this will happen.

18 How many PSWs, how many healthcare
19 workers have to give up their lives because we
20 can't get it together? I don't think we have to
21 be -- we shouldn't have to die in order to do
22 our jobs. So there has to be a workable,
23 workable isolation plan.

24 And accountability. I'm a nurse. I'm
25 accountable to the college. I'm accountable to

1 my patients and to my families. Why are these
2 long-term care homes not being held accountable?
3 I do not understand.

4 And that's basically all I have to
5 say.

6 LYNN MAHONEY: Thank you for that.
7 That was very helpful. Thank you.

8 Participant 6?

9 PARTICIPANT 6: Hi. So I feel we
10 really need to end the for-profit homes. I
11 don't believe that they should be making huge
12 profits at the discomfort and the expense of our
13 elderly. Their health and welfare and dignity
14 should come before that.

15 I think there needs to be legislated
16 appropriate staffing levels for resident and
17 staff ratio, for unit nurses, and PSWs, to
18 ensure adequate care such as treatments,
19 dressings, repositioning, bathing, feeding and
20 toileting.

21 Too many residents are left sitting
22 for hours. Hours, literally hours, and not
23 being toileted. The government needs to mandate
24 a minimum four hours of hands-on care. We
25 already have plenty of managers. We don't need

1 any more managers. We need hands-on care.

2 More full-time jobs are needed so that
3 staff are not forced to work in two or three
4 facilities to make a decent living.

5 We need to ensure guidelines are in
6 place for protocols. If a pandemic happens, as
7 it will, and everything changes daily in regards
8 to PPE. There was never enough on hand.

9 Ensure all staffing in long-term care
10 receive a decent living wage and better overall
11 communication between management and staff
12 instead of blaming frontline workers. Make sure
13 there is support for the frontline workers and
14 be there to support them.

15 Charge nurses have to support the
16 frontline workers, the PSWs and the nurses on
17 the floor, not be in care of managers and the
18 director of care as a business.

19 That's my thoughts.

20 LYNN MAHONEY: Thank you. Thank you
21 for taking the time to prepare those thoughts.
22 That was -- that's very helpful. Thank you.

23 Participant 7, can I call on you,
24 please?

25 PARTICIPANT 7: Yes, you may. Can

1 everyone hear me?

2 LYNN MAHONEY: Yes.

3 PARTICIPANT 7: Okay.

4
5 Like, first of all, I'm with
6 her to get rid of all the profit nursing homes,
7 the for-profit nursing homes.

8 I remember when we had the pandemic
9 in -- at my home, the MP for that area, she was
10 out in front of the building and she was having
11 meetings with the media because she was vowed to
12 have the government take over that home.

13 I'm not a politician. I don't know
14 much about politics, but what I do know is I
15 agree with that I do not
16 think nonprofit nursing homes should be
17 profiting at this time, especially through the
18 pandemic.

19 The PPE and nursing -- staffing you
20 hear, well, it's been the complaint of all
21 PSWs, all nursing homes now that I'm hearing.
22 It's been staffing issues all along. And the
23 government may think we're giving enough for
24 staffing and the nursing home will say, Well, we
25 don't have enough for staffing. Well, who holds

1 the nursing home accountable that if we give you
2 money for staffing, is it going to staffing?

3 I think there's need to be more
4 accountability. And I think the profit -- the
5 homes that are profiting off these times, yes, I
6 agree with the MP, they should be taken over by
7 the government. We've all struggled through
8 this pandemic.

9 I am a viewer of Zoom, that Zoomer
10 television channel, and the other day they were
11 talking about the pandemic

12 they always blame the frontline
13 workers, the PSW. Well, we're the one that got
14 it into the homes. We're the ones from one job
15 to another. And it seems like everything just
16 fell on our shoulders because it came into the
17 home.

18 But, no, I disagree totally because
19 like you see the home in Montreal where the PSW
20 walk off the job. The ladies that owned that
21 nursing home, they had a home in Gatineau. They
22 were nowhere near the pandemic.

23 So I personally, what I would like to
24 see, is the government hold these homes
25 accountable. Accountable for the monies that

1 you're giving them. Accountable for whatever
2 they send back to you that says, Well, this is
3 what we're doing with the money. I think they
4 need to be more accountable and that's my take
5 on it.

6 LYNN MAHONEY: Thank you, participant
7 7. Well said. Thank you.

8 Participant number 8?

9 PARTICIPANT 8: Hi. So
10 , staffing is
11 the very first thing. Like I said when I spoke
12 earlier, I've been working here for years and
13 years and it's always been a staffing issue
14 since we lost the minimum standard of care.

15 So we need to get that and we know
16 that the Ford government is implementing it, but
17 over four or five years. Well, we don't have
18 that long. I mean, it's been years and years.
19 We need it now. It's not good enough.

20 And, yes, these for-profit home
21 operators need to be held accountable for
22 everything, for the money they spend, for all
23 the policies they implement where there's no
24 inspections going on, to hold them accountable
25 that they are being done.

1 So, yes, accountability and staffing
2 levels. Thank you.

3 LYNN MAHONEY: Thank you, participant
4 8. Yes, the issue of inspections was the
5 subject of an interim report that the
6 Commissioners made, so thank you for raising
7 that issue.

8 Participant number 9?

9 PARTICIPANT 9: My recommendation is
10 it would be good, like, good that every nursing
11 home across the board, maybe in Ontario, in
12 Canada, from PSW to housekeeping to RPNs to
13 RNs, RNs nowadays where they work, are they
14 working in long-term care or working in
15 hospital, they all get paid no difference, like
16 maybe \$2 or a dollar difference. When it comes
17 to PSW, when you come to RPNs, when it comes to
18 housekeeping, even activation, everybody, every
19 nursing home pay different than the other. We
20 don't have like a standard pay for -- the
21 universal pay for everybody.

22 I have colleagues that they've been in
23 my home. They used to be PSW and now they are
24 RPNs. They all left. They went to the
25 hospital because the hospital's paying them more

1 than what the long-term care is paying them. So
2 they choose hospital because workload is less
3 and more money.

4 We as an RPNs, we get paid the same
5 amount as RN to the College of Nurses. We get
6 accountable -- for the same amount as RN, the
7 same amount as RPN. But when it comes to our
8 pay, I work in this home again different pay
9 than the person working in the next home, maybe
10 closer to my home area, a little bit far or
11 less.

12 We have to change that. That's my
13 recommendation. They have to have a universal
14 pay for everywhere in long-term care in the
15 hospital. I teach sometimes, I do PSW clinicals
16 sometimes because what I was making wasn't
17 enough, so I have to have another job and I used
18 to do that before pandemic.

19 And all the PSW that I did clinicals
20 with them, they all choose hospitals, most of
21 them, because they said, they go to there and
22 make more money than long-term care.

23 So my recommendation is we need a
24 universal pay for every long-term care and every
25 hospital. Everywhere that you work, you have to

1 have enough pay. Because we are saying that
2 owe, we have to work two jobs, they go to one
3 place and another, they bring the COVID and they
4 bring the disease from one home to another home.
5 But people need to work to survive. One work
6 wasn't enough.

7 Where I used to work, the part timers
8 used to get sick benefits. You get a vacation
9 pay, you get everything. They cut everything
10 off. The reason why I stay where I was because
11 when I was a part timer, I was getting benefits
12 I was happy. It was only home around the area
13 where I live that they give you benefit as a
14 part timer, but they took everything away a few
15 years back.

16 And you were a part timer, you work
17 full time hours, but don't get any benefits.
18 That has to stop because we work so hard, we
19 need to be able to take care of ourselves and
20 our families. Thank you.

21 LYNN MAHONEY: Thank you, participant
22 9.

23 Participant 10, can I call on you,
24 please?

25 PARTICIPANT 10: Yes.

1 I would like to see management
2 accountability. I work in a not-for-profit
3 home. And it's the same issue with all my
4 colleagues, I hear from them, it's the staffing
5 issue.

6 Before pandemic, every unit we have 28
7 residents and there's only 3 PSW. So staffing
8 is always the big issue before pandemic. It's
9 just now because of the pandemic, so now
10 everyone sees it, but it's been there for years.
11 It's been there for a long time.

12 It's like the activation, it's like me
13 as I said, I have 56 residents every day before
14 pandemic. How could I give them attention? How
15 many minutes I could give it to them? 56
16 residents and most of them have dementia and
17 most of them in the wheelchair. So if I do a
18 group program, like 10 residents, so I have to
19 get one-on-one, so I have to porter them.

20 So it's the issue is staffing,
21 staffing, staffing. And it doesn't matter which
22 department, nursing, recreation, cleaning
23 housekeeping, dietary, because it comes to meal
24 time, we all help.

25 Like, my job, I can't have -- I can't

1 take my break at 12 o'clock. I have to have my
2 lunch before 12 or I have to have my lunch after
3 1 o'clock, because at 12 o'clock, I have to feed
4 the -- help to feed the residents.

5 So staffing is the most important
6 for -- to a long term care. That's all I can
7 say. Thank you.

8 LYNN MAHONEY: Well, thank you very
9 much, participant 10, and I think you echoed the
10 sentiments of your colleagues here tonight where
11 the issues with staffing and the work conditions
12 and the pay issues and benefits have been
13 brought up by most participants here. So thank
14 you very much for that.

15 So I just want to thank you all for
16 your very thoughtful recommendations and for
17 your insights. They are very valuable and will
18 be very beneficial to the Commissioners as they
19 are considering everything that they've heard
20 throughout this Commission and are putting
21 together their thoughts and the recommendations
22 in their report.

23 So I just want to thank you all for --
24 Commissioner Marrocco will conclude the meeting
25 momentarily, but I personally wanted to extend

1 to all of you our gratitude. The gratitude of
2 all the staff who work with the Commission for
3 your co-operation and for making the time. We
4 know how busy you are. We know some of you have
5 been very unwell and for taking the time to do
6 this with us at the end of a day in the pandemic
7 and to talk about such difficult issues is
8 greatly appreciated. And your courage and the
9 hard work that you all do looking after the
10 residents of long-term care homes. I want to
11 extend to you our deepest gratitude for that.

12 So thank you all very much and I'd
13 like to ask Commissioner Marrocco to close the
14 meeting.

15 LEAD COMMISSIONER MARROCCO: Well,
16 speaking on behalf of Commissioner Kitts and
17 myself, I want to thank you.

18 You know, we have no other way of
19 walking in your shoes if we don't do something
20 like this, and yet we have the responsibility to
21 write the report that the government's asked us
22 to write. And this is the only way that we can
23 get a sense of what it's like to be you.

24 And this will serve us in good stead,
25 as painful as it is for some of you to recount

1 what's happened, this is very helpful and very
2 important for us to hear it and hopefully
3 remember it when we're working on the report.

4 So thank you for taking the time and
5 thank you for putting yourselves back through
6 some of these memories again, but we were paying
7 attention and we'll do our best.

8 Thank you very much. Good night.

9 LYNN MAHONEY: Thank you, everybody.

10 DAWN PALIN ROKOSH: Thank you.

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

REPORTER'S CERTIFICATE

I, HELEN MARTINEAU, CSR, Certified
Shorthand Reporter, certify;

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

That all remarks made at the time
were recorded stenographically by me and were
thereafter transcribed;

That the foregoing is a true and
accurate transcript of my shorthand notes so
taken. Dated this 28th day of January, 2021.



PER: HELEN MARTINEAU
CERTIFIED SHORTHAND REPORTER

WORD INDEX

< \$ >

\$17 51:25
\$2 66:16
\$26 52:2
\$27 58:17
\$9,000 59:15

< 1 >

1 3:2, 12 8:5, 7
11:1, 2 12:11
16:20 17:9
26:17 28:5
33:7, 9, 12 37:8
42:17 48:3
50:13, 17, 23
51:1 53:21 70:3
10 3:11 7:10
12:18 28:25
31:16 42:16, 18,
21 45:16 47:18,
23 48:22 50:15
68:23, 25 69:18
70:9
10:00 44:19
105 22:23
10-folds 38:13
11 30:3 45:9
12 17:9 45:15
56:9 70:1, 2, 3
12-hour 15:18
13 42:22
14 13:19
19 39:14
19th 45:9

< 2 >

2 3:3, 13 8:9
12:13, 14 16:7,
21 17:9 52:22,
24
20 22:23 29:2
2021 1:17 73:13
27 29:1
28 44:21 69:6
28th 1:16 73:13

< 3 >

3 3:4, 14 16:13,
14, 18 18:14, 17
55:14, 16 57:5
69:7
30 12:17 53:11

< 4 >

4 3:5, 15 18:19,
21 26:13 57:6, 8
4:08 1:17 4:1
40 56:5
41 39:18
43 39:18
45 19:13 50:1
45-year 18:25

< 5 >

5 3:6 26:16, 18,
20 28:2 60:3, 5
5:00 30:12
5:45 5:6 30:13
56 43:15, 16
69:13, 15
58 23:6, 7 58:22

< 6 >

6 3:7 28:4, 6
32:20 41:16
59:14 61:8, 9
6:30 30:2
60 42:25

< 7 >

7 3:8 33:3, 4, 8,
17 37:6 62:23,
25 63:3 65:7
70 42:24 47:12
7-day 41:16

< 8 >

8 3:9 37:7, 9,
12 39:3 65:8, 9
66:4
8-hour 15:18

< 9 >

9 3:10 39:4, 5,
8, 9 42:15 66:8,
9 68:22

< A >

a.m 30:12
ability 10:24
33:15
abnormal 16:19
absolutely 6:17
27:6, 13 28:19
29:14 33:11
44:1 53:20

54:10
abstract 9:17
Accountability
54:11 60:24
64:4 66:1 69:2
accountable
60:25 61:2
64:1, 25 65:1, 4,
21, 24 67:6
accurate 73:12
acknowledge
5:8, 13, 14 8:19
48:4
Act 20:20
activation 12:19
14:23 43:16
66:18 69:12
active 23:4
activities 43:18
activity 15:11
43:15
actors 49:18
acuity 22:20
60:9
acute 26:22
added 20:22
adds 22:18
31:6
adequate 61:18
administration
29:8 54:15
advisors 4:19
after 11:19
16:5 19:17
21:3, 18 26:9
30:12 44:16, 19,
22 45:13, 18
47:14 70:2 71:9
aftermath 34:7
afternoon 4:3,
10
agenda 8:1
aggravating
27:8
aging 32:17
agree 27:18
53:20 63:15
64:6
ahead 39:8
45:3
aid 56:10
aids 12:16
air 46:8
allocating 55:19

56:15
allowed 54:3
allowing 18:22
Alzheimer's
40:22
ambulance
45:10
amount 51:17
67:5, 6, 7
Analyst 2:17, 20
Angeline 2:20
4:16 6:9
announced 41:6
anonymous
7:18
anxiety 16:22
22:3, 4
anxious 10:15
anybody 10:15
24:7
anymore 58:13
apart 9:23
appear 7:6, 9
applied 29:23
appreciate
12:12 16:10
26:13 37:6
appreciated
71:8
appropriate
61:16
appropriately
51:6
April 45:9
area 36:17
40:15 63:9
67:10 68:12
areas 15:21
56:4
arrange 15:6
arrive 30:11
ASAP 6:12
asked 30:10
35:9 71:21
asking 6:22
8:16, 22 22:14
34:11, 16
assembly 25:10
assessment
27:1
assist 6:11
assistance
54:23, 24
assisted 5:21

assisting 5:22
Associate 10:9
astounding
28:21
attached 23:21
attending 1:16
attention 69:14
72:7
available 20:13
avoid 6:24
aware 7:23
awesome 13:4
awful 51:2

< B >
back 6:6 11:21,
22 29:18 33:20
36:12, 18 41:18
44:4, 7, 8 50:15
57:18 59:8, 17
65:2 68:15 72:5
back-and-forth
38:19
backbreaking
52:7
background
12:15, 17 14:16
37:13
backing 17:4
backwards
50:16
bad 46:20
badly 42:24
bag 36:1
bags 47:15, 16
50:24
bar 58:12
barely 17:10
basic 21:3, 4
basically 38:17
43:13 61:4
basis 19:21
23:1 57:21
bathing 61:19
becoming 13:20
began 12:2
beginning
11:12 43:2, 6
behalf 71:16
behavioural
21:20 56:21
behaviours
21:21, 24 40:22
beholden 10:14
belief 9:18

believe 19:1
24:10 28:16
54:16 61:11
beneficial 56:11
70:18
benefit 25:19
49:12 50:3
55:21 68:13
benefits 52:10,
11, 15 68:8, 11,
17 70:12
best 8:16 23:8
72:7
better 51:24
56:2 62:10
Bianchi 2:14
4:14
Bianchini 2:17
4:18
big 16:25
21:25 27:20, 23
69:8
bill 25:8
bingo 13:1
15:25
bit 11:24 12:15
24:17 26:20
46:18 52:5
67:10
blame 64:12
blaming 62:12
Blew 27:7
board 60:8
66:11
body 47:15, 16
boost 20:21
bottle 30:16
BP 29:16
break 30:15
70:1
breaking 15:2
breaks 19:16
31:21
breath 30:6
brick 27:11
bring 36:9 41:1
68:3, 4
bringing 29:18,
21
broken 19:1
39:15 42:11
brought 33:24
57:18 70:13
BSO 21:19

56:20
build 25:25
building 13:16
52:4 63:10
bump 16:4
burning 18:9
business 25:6
62:18
busy 71:4

< C >
call 7:3 16:12
18:19 24:21
28:4 33:6 37:7
39:4 51:7
56:21 62:23
68:23
called 44:23
45:10
calling 8:6
34:20, 21
camera 6:16
cameras 6:14
Canada 66:12
capacity 37:16
CARE 1:6 2:8,
15, 18, 21 4:6
10:22, 24 11:5
12:17 14:25
17:11 20:20
22:20 23:10, 11,
12 24:7 25:6,
18, 23 26:6, 21,
22, 23 28:10, 14,
15, 16 32:16
33:14, 16, 25
37:3, 18, 22
38:6, 23, 24
39:15 40:7
42:8 46:11, 19
49:11, 12, 25
51:5, 11 52:13,
14 53:11, 22
54:15 55:5
57:2 58:8
59:19 60:9, 10
61:2, 18, 24
62:1, 9, 17, 18
65:14 66:14
67:1, 14, 22, 24
68:19 70:6
71:10
cared 51:20
career 59:14

caregiver 24:15,
23
carts 30:17
cases 19:4
caught 15:14
35:19, 20
caused 20:9
CEO 10:11
certain 51:12, 17
certainly 18:14
33:10
CERTIFICATE
73:1
Certified 73:3,
18
certify 73:4
cetera 12:16
Chair's 48:16
change 14:10
38:20 50:8
67:12
changed 13:4
17:12 22:21
51:20
changes 32:3
37:1 62:7
channel 64:10
charge 43:14
62:15
checked 45:6
Chief 4:23
10:10
childcare 13:22
chill 45:1
choice 6:18
choose 7:21
38:6 41:9 67:2,
20
circumstances
16:9
city 38:8
classifications
25:15 58:7
cleaning 53:25
54:4, 9 55:9
58:1 69:22
clear 17:17
19:5
clearly 16:17
clinicals 67:15,
19
clock 30:13
close 44:12
46:5 47:6 71:13

closed 13:21
closely 36:5
closer 67:10
co-facilitator
4:10
colleague 48:10
colleagues
28:13 40:9
66:22 69:4
70:10
college 60:25
67:5
colleges 59:9,
11, 14
coma 45:16
come 5:15 6:6
18:22 20:12, 24
22:5, 9 24:14,
16, 18 35:1
36:12, 18 37:2
40:15 49:9
50:6, 8 55:23
56:21 61:14
66:17
comes 21:8
38:22 58:6
66:16, 17 67:7
69:23
comfortable
36:16
comforting 42:5
coming 4:17
9:12 11:17
13:19, 20 14:19
15:2, 15 17:25
19:17 39:22
42:5, 6 45:19
commencing
1:17 4:1
comments
48:15, 16
COMMISSION
1:7 2:8, 15, 18,
21 4:9, 12, 15,
19, 21 5:18 9:6,
19 37:1 49:15
59:24 70:20
71:2
Commissioner
2:2, 3 4:23, 24,
25 8:3 9:9, 10,
11 10:18 70:24
71:13, 15, 16

Commissioners
4:22 8:24 49:5
50:4 66:6 70:18
committees
54:17
common 40:15
communication
62:11
compassion
37:20
compensated
52:7
compensation
19:18
complaint 63:20
complete 30:4
completed 22:13
completely
31:13
completing 30:5
concern 7:25
concerns 28:9
conclude 70:24
concluding 8:12
conditions
70:11
conflict 5:3
confused 17:24
connected 54:16
connection 6:5
54:22
connectivity 6:3
considering
70:19
consistent 17:18
consists 29:1
console 32:7
constantly 30:14
continue 49:13
continuity 32:16
contribute 5:17
contribution
21:17 26:5
control 27:2, 3,
6 40:6
conversation
17:16, 25 57:12
conveying 8:23
co-operation
71:3
co-ordinators
20:24
corners 19:14
correspondence
7:19

<p>Costco 58:13, 14, 16 coughing 44:11, 15 Counsel 2:10, 14 4:11, 15 countless 28:21 couple 30:7 courage 49:8 71:8 course 59:15 courses 59:9, 12 court 7:2 10:10 cover 9:3 17:3 COVID 11:20 12:21 19:2 24:1 26:22 27:1 28:24, 25 29:11 33:23 34:22 35:4, 24, 25 37:24 39:13, 16 40:5 42:10 43:23 53:24 68:3 COVID-19 1:6 28:9 co-worker 34:12 co-workers 19:9 22:2 crammed 8:21 created 25:16 cried 23:17 crying 15:3 37:21 CSR 73:3 cumulative 49:23 current 15:13 16:6 currently 12:18, 21 13:5, 11 15:5 curtain 46:5 cut 59:11 68:9 cutting 19:14</p> <p>< D > daily 23:1 35:4 57:21 62:7 dangerous 35:3 date 73:6 Dated 73:13 daughter 45:10 daughters 44:10 Dawn 2:7 4:3, 8 10:17 12:10</p>	<p>16:7, 16 18:13, 18 26:11, 19 27:25 32:20 33:5, 10 37:5, 10 39:2, 7 42:14, 19 47:18, 24 48:13 50:10 72:10 Dawn's 48:15 day 1:16 13:9, 13 14:12 15:19, 22 17:5 19:4 30:12 31:10 41:18 43:10 44:6 45:5 47:13 57:11 58:2, 3, 22 64:10 69:13 71:6 73:13 days 17:5 41:16 45:15, 16 deal 21:24 22:4 25:9 45:23 dealing 9:20 46:11 death 28:21 decent 62:4, 10 decide 22:25 decided 6:15 decisions 57:16 declining 32:3, 6 decrease 20:15 56:3 deepest 71:11 deeply 28:15 demands 28:25 dementia 24:22 39:25 40:21 69:16 demoralized 25:16 department 12:19 14:24 17:8 54:2 69:22 departments 25:18 53:17 designated 24:15, 23 60:13 despair 31:21 despondent 31:20 destination 25:4 detailed 32:24 detailing 16:11 devalues 21:12</p>	<p>devastated 28:19 devastating 31:22 32:19 diagnoses 22:22 die 60:21 died 23:13, 14, 18 28:22 47:2, 12 dietary 69:23 difference 12:21, 24 25:21 53:2, 12 55:1 58:20 66:15, 16 different 5:23, 24 13:9 16:1, 2, 20 29:10, 20 39:18, 20 44:1 52:6 66:19 67:8 differently 12:8 difficult 16:9 30:20 32:22 48:5, 6, 18, 19 71:7 dignity 61:13 dire 55:25 56:23 direct 27:17 Director 2:7 4:9 54:15 62:18 disagree 64:18 discipline 22:17 discomfort 61:12 discussion 48:11 disease 68:4 display 12:20 displayed 7:16 division 56:7 divisions 25:16 documentation 30:4 doff 14:10 doffing 29:14 31:15 doing 9:23 12:6 14:22, 24, 25 17:5 23:10 25:1 40:8 46:7 48:9 57:1 65:3 dollar 66:16 don 14:10 donation 46:16</p>	<p>Donning 29:14 31:15 door 31:12 46:4 double 17:4 doubled 29:24 doubles 41:17 dread 22:8 dressing 30:5 dressings 30:3 61:19 drill 9:25 drilled 25:7 drink 17:13 31:20 34:11 driven 23:16 droplet 53:24 drops 29:10, 16 droves 58:11 dry 9:17 31:11 dual 22:22 due 22:10 24:13 29:2, 11 dying 23:8 24:11 31:19 32:6 42:4 46:1</p> <p>< E > EAPs 54:23 earlier 6:2 8:14 65:12 early 19:17 30:11 easily 9:15 24:18 eat 17:13 31:20 eats 29:14 echo 48:15 echoed 70:9 edge 13:15 education 60:11 effects 15:16 elderly 46:1 61:13 email 6:9, 11 45:6 emotion 33:22 emotional 13:10 19:9 21:10 24:25 emotionally 16:22 23:21 24:6 34:2 38:17 42:9 employed 26:25</p>	<p>employee 54:23, 24 employees 56:25 employer 38:6 46:11 employer's 15:8 enclosed 30:16 encourage 8:23 encouragement 29:5 ended 11:17 30:25 ends 25:10 engagement 21:11 engaging 57:10 enhance 21:18 enjoy 31:24 enrollment 59:12 ensure 61:18 62:5, 9 ensured 7:18 entertainment 13:1 entire 34:14 entrusted 26:2 environmental 55:9 equalize 55:20 56:22 equalizing 56:10 especially 24:22 55:20, 24 56:1 63:17 evening 5:4 28:6 41:18 evenings 17:5, 6 events 48:23 everybody 35:17 37:16 38:3 39:10 48:14 54:24 59:18 66:18, 21 72:9 Everybody's 13:15 51:4 exactly 48:20 example 21:19 31:8 43:10 56:20 excellent 52:20 55:6, 7 59:22</p>
--	---	--	--	--

exceptionally 16:9
excited 19:7
exempt 25:15
exhausted 31:2
expectations 20:17 57:17
expected 23:20
expense 61:12
experience 5:10 6:3 8:25 10:21 16:6 28:2 32:17 33:13 48:2 49:24
experienced 23:25
experiences 9:18 48:5, 6, 20 50:12
experiencing 6:7
extend 70:25 71:11
extended 30:19
extra 24:11
extremely 9:14
eye 29:10, 16
eyes 11:7 26:25 60:1

< F >

face 11:6 25:20 30:19, 23 31:11 40:4 44:15
faces 49:3
Facetime 44:3
Facetiming 43:21 44:9, 16
facilities 18:2 20:21 28:19 55:21 56:4, 16 62:4
facility 12:5 17:1 19:3 28:10 37:14, 25 39:14 55:20, 24 58:20
facing 32:23
fact 53:23
factory 52:9
failed 25:21 43:4, 5 46:14, 15, 22 47:9

fails 6:5
fair 51:10, 18
falls 21:9
families 9:22 24:8, 13, 18, 25 26:1 32:15 41:12 61:1 68:20
family 15:10 26:3 28:23 32:7 36:7 40:1 42:3, 4 43:21
fantastic 54:19
fast 11:22 18:9 34:2, 15, 19 35:1
fatigue 37:20
fed 43:20 44:18 47:1 51:20
feed 43:12, 19, 25 44:17 70:3, 4
feedback 6:24
feeding 44:22 47:6 61:19
feel 6:8 14:15 15:14 21:13 27:10 30:21 32:14 36:10, 15 37:23 43:4 44:24 45:1, 2 47:3 61:9
feeling 36:11 44:25 45:1
feet 31:16
fell 64:16
felt 19:9 23:18 25:20
fever 44:11
fibs 30:22
fight 26:7
fighting 28:12
filled 16:22
final 25:3
find 45:7, 13
finding 57:20
fine 6:17 50:17 52:4
finish 8:10 17:11
finished 30:2 44:16, 22
flashbacks 45:23 46:10 48:23

floor 17:21 34:12 43:14 44:23 62:17
floors 44:1
flu 35:1
fluids 45:22
focus 8:23
folks 12:15 55:2
follow 6:6 22:25
followed 29:25
following 4:13 9:6
food 15:7 46:16
foot 54:6, 7
forbid 23:21
forced 20:2, 7, 11, 13 51:9 62:3
Ford 65:16
foregoing 73:5, 11
forgotten 26:4
for-profit 38:7 53:1, 3 54:25 61:10 63:7 65:20
forth 73:7
forward 14:19 26:14 33:24 49:9
four-hour 38:23
fourth 43:14
Frank 2:2 4:23 8:3
free 6:8
friends 28:23
frightened 32:13 36:7
front 63:10
frontline 21:12 35:14 57:10 62:12, 13, 16 64:12
fronts 21:12
full 20:14 29:13 68:17
full-time 20:4 52:16 56:24 62:2
funding 20:21
future 5:16

< G >

gap 55:20, 21
gas 58:12
gasping 46:8
Gatineau 64:21
general 9:25 10:12
gentleman 23:3, 8
girls 15:19
give 11:10 12:14 29:24 35:10 37:21 39:19 40:2 47:5 56:7 60:19 64:1 68:13 69:14, 15
given 36:25 56:2
gives 51:19
giving 31:22 58:21 63:23 65:1
glad 11:2
gloves 29:23
God 50:25
goggles 17:23 40:12, 13
Good 4:3 12:9 15:22 28:6 41:2 44:24 45:2 50:5, 7, 18 51:1 59:25 65:19 66:10 71:24 72:8
goodness 11:16 13:16 15:7, 12
government 11:23 18:1 35:22 36:5 49:17 51:16 61:23 63:12, 23 64:7, 24 65:16
government's 71:21
Gowling 2:10
gowned 31:8
gowns 38:13
grappling 49:6
gratitude 71:1, 11
Great 13:2, 3 54:19
greatly 13:6 28:17 71:8
groceries 15:9

group 4:5 43:18 69:18
guaranteed 20:4 52:9
guess 24:4 35:21
guidelines 17:18, 25 18:5 62:5
guilt 46:25
guilty 23:18 47:3
guys 16:14

< H >
hallway 31:16
hand 5:14 17:15 23:23, 25 56:7 62:8
hands 20:18 22:12 29:22
hands-on 61:24 62:1
hanging 31:11
happen 19:20 51:15 60:17
happened 5:15 40:7 46:9 47:19 72:1
happening 18:6, 8 54:20
happens 6:24 57:24 62:6
happiness 32:9
happy 68:12
hard 11:5, 12 25:9, 18 34:6 36:22 37:25 38:12 47:21 52:3 59:19 68:18 71:9
harder 24:24
Harris 38:24
hat 38:20
hats 12:5 39:20
havoc 28:20
Hawthorn 2:20
Hawthorne 4:16 6:9
head 22:18 27:11 34:10
heads 23:1
health 14:16 15:1 21:10, 21

<p>32:4, 8 54:13, 16 55:2 61:13 healthcare 17:8 52:12 56:10 60:18 hear 5:4 6:21 8:5, 15 9:21 16:15, 16 21:13 33:3, 4 39:5, 7 40:19 42:18 44:13 46:7 48:14 50:2 63:1, 20 69:4 72:2 heard 48:2 49:23 55:10 59:24 70:19 hearing 8:10 9:23 16:20 26:14 33:19 49:5 63:21 heart 31:21 48:25 hearts 23:1 heaven 23:21 heavy 29:4 Held 1:15 6:1 61:2 65:21 HELEN 73:3, 17 Hello 16:14 26:18 39:5, 9 help 14:2 15:19 24:21 26:24 30:10 31:1 32:15 42:8 43:8, 12, 19, 25 46:14, 15 49:14 50:25 55:24 58:9 69:24 70:4 helped 44:17 helpful 56:1, 13 61:7 62:22 72:1 helping 4:19 helps 59:25 heroes 21:14 Hi 26:19 37:9 42:18 55:16 61:9 65:9 high 15:21 higher 20:16 highly 8:20 history 26:21 hit 16:24 18:3 19:2 23:24</p>	<p>26:22 27:7 34:5 36:22 37:24, 25 38:12 42:24 hitting 27:10 hold 44:13 64:24 65:24 holding 35:25 44:14 holds 63:25 home 10:22 11:17 14:12 15:3 23:17 25:4, 6 32:11 33:14 34:13, 25 36:8, 9, 12, 18 37:21 38:7 39:15 40:23 41:2, 13, 14 42:23 43:13 45:5, 8, 20 53:1, 3 54:12, 25 55:5 58:17 63:9, 12, 24 64:1, 17, 19, 21 65:20 66:11, 19, 23 67:8, 9, 10 68:4, 12 69:3 homes 4:6 26:23 34:4 35:20 38:8 41:10 49:12, 25 51:6, 14 54:20 60:10 61:2, 10 63:6, 7, 16, 21 64:5, 14, 24 71:10 honestly 53:12 honour 26:4 hope 37:1 hopefully 53:21 72:2 Hoping 36:11 horrible 14:15 36:10, 11 37:23 38:16 Hospital 10:12 44:5, 6, 7 45:4, 11, 12, 14 66:15, 25 67:2, 15, 25 hospitals 36:15 55:22, 25 56:15, 16 67:20 hospital's 66:25 hotel 15:6</p>	<p>hour 51:25 52:2 58:17 hours 20:4, 14 38:15 52:9, 17 54:7 61:22, 24 68:17 housed 15:6 housekeeping 15:20, 23 41:8 53:7, 14 66:12, 18 69:23 huge 12:22 13:1 51:5 53:10 54:12 55:1 61:11 Hugely 13:4, 11 16:1 husband 32:13</p> <p>< I > ICU 45:14, 24 Ida 2:14 4:14 idea 14:14 27:14 identifiable 7:23 identifying 5:23 identity 7:24 ignored 28:17 ill 13:20 imagine 32:22 35:24 48:18 impact 13:6 19:10 21:11 28:9 34:13 impacted 10:23 33:15 impactful 27:25 implement 65:23 implemented 24:24 implementing 65:16 implications 20:1 important 8:24 24:9 55:11 56:17 70:5 72:2 impossible 59:4 incentive 59:7 incident 23:2 increase 20:11 21:21 22:3 increased 19:12 indicated 50:10 individuals 6:21</p>	<p>industry 22:10 58:10 Infection 27:2, 3, 6 31:4 40:6 information 7:20 48:7 inhumane 24:10 initial 55:7 injuries 19:13 inside 37:23 insights 70:17 inspections 65:24 66:4 instance 7:11 institution 25:12 insulation 30:22 interact 25:23 interacting 31:25 interim 66:5 introductory 8:3 intubated 45:12 investigation 5:17 invite 26:16 involved 24:6 29:23 IPAC 15:21 54:13 iPad 44:13, 14 I's 14:25 isolated 45:8 isolation 21:25 60:13, 14, 23 issue 16:25 20:5 24:12 26:1 51:5 65:13 66:4, 7 69:3, 5, 8, 20 issues 6:3, 4, 8 13:22 15:3, 4 21:22 49:4 55:2 56:23 59:23, 24, 25 63:22 70:11, 12 71:7 itch 30:23 item 29:15, 20, 23</p> <p>< J > Jack 2:3 5:1 January 1:17 73:13</p>	<p>job 10:23 12:24 13:3 24:3 33:15 36:3 58:12 64:14, 20 67:17 69:25 jobs 12:6 60:22 62:2 68:2 joined 4:9, 22 joining 5:9 journey 34:18 juggle 22:11, 24 Justice 10:10</p> <p>< K > kept 11:15 14:19 47:8 kick 16:5 kind 13:2 16:4 53:19 54:8 59:7 kinds 15:4 Kitts 2:3 5:1, 3 10:11 71:16 knew 15:15 23:4 43:22 46:24 knots 22:7 knowing 46:25 47:4 known 5:22 35:22 46:13</p> <p>< L > lack 21:11 ladies 64:20 large 22:1, 2 largely 4:6 laugh 40:3 laundering 38:15 laundry 37:19 38:12, 19 53:6, 7 lax 11:19 Lead 2:2 4:24 9:11 48:11 50:14 71:15 learn 45:21 learned 36:19, 23 learning 35:2 leave 52:8 59:20 leaving 58:10 led 4:21</p>
---	---	--	--	---

<p>left 14:12 19:24 22:10 23:15 31:10 35:25 36:6 57:11 61:21 66:24 Legal 2:14 legislated 61:15 lesson 34:23 lessons 36:19 levels 22:20 58:19 59:5, 17 61:16 66:2 life 16:18, 19 48:19 likelihood 5:10 Likewise 6:7 9:4 lines 7:17 link 6:6 listen 28:8 listening 10:1, 2 34:2 35:4 literally 61:22 live 68:13 lived 49:21, 22 lives 21:18 28:21 60:19 living 62:4, 10 local 26:23 lockdown 11:13 29:11 log 45:6 loneliness 31:21 lonely 24:12 long 24:6 27:22 33:25 35:22 37:18 39:15 40:1 51:14 65:18 69:11 70:6 longer 19:19 30:16 32:1 LONG-TERM 1:6 2:8, 15, 18, 21 4:6 10:22 12:17 17:1 18:2 20:20 22:20 25:5, 18, 22 26:6, 21, 23 28:10, 16 33:13, 25 37:3, 18 38:6, 24 39:15 40:7 42:8 49:12, 24 51:5</p>	<p>53:11 55:5, 19, 21, 24 56:4 58:8 59:19 60:10 61:2 62:9 66:14 67:1, 14, 22, 24 71:10 looked 36:5 looking 21:3 33:20 36:12, 13 58:11, 16 71:9 looks 54:8, 19 losing 13:22 38:23 lost 25:5 41:7, 8 42:24 50:20 65:14 lot 5:12 9:24 11:18 12:2, 8 17:8 20:9 22:21 24:17 35:17, 19, 20 36:23 41:7, 8 46:20 49:8 50:20, 23 51:4 52:5, 8 55:2 love 40:2 56:18 loved 28:22 51:2, 20 low 59:12 luck 15:22 Luckily 19:3 lunch 70:2 lying 46:5 Lynn 2:10 4:10 6:1 48:11, 13 50:22, 25 52:19 55:6 57:4 59:21 61:6 62:20 63:2 65:6 66:3 68:21 70:8 72:9 < M > machine 29:17 made 24:24 26:6 30:22 37:22 54:22 66:6 73:8 madness 14:11 Mahoney 2:10 4:11 48:11, 13 50:22, 25 52:19 55:6 57:4 59:21 61:6</p>	<p>62:20 63:2 65:6 66:3 68:21 70:8 72:9 maintain 32:15 making 5:21 10:2 11:25 23:10 52:2 57:15 61:11 67:16 71:3 man 47:8 manage 57:13 management 14:18 27:9, 16 31:3 36:13, 22 43:4, 22 46:22 47:9 54:14 62:11 69:1 managers 61:25 62:1, 17 mandate 61:23 mandated 53:15 mandating 51:16 marked 22:3 Marrocco 2:2 4:24 8:4 9:9, 10, 11 10:18 70:24 71:13, 15 Martineau 7:3 73:3, 17 mask 11:6, 10 14:9 17:23 30:18 35:7, 8 40:4, 10, 11, 12, 19 43:7, 8, 9 masks 30:21 40:16, 17 matter 69:21 matters 30:15 meal 69:23 meant 38:9 med 30:1, 17 media 63:11 medication 22:4 29:4, 6, 8, 24 30:9 39:19 40:3 medications 56:8 meds 58:21 MEETING 1:6 4:25 5:7 6:5, 20 8:13 9:7 48:17 70:24 71:14 73:5</p>	<p>meetings 5:24 63:11 member 23:17 26:3 members 4:6, 14 5:22 32:7, 12 43:21 58:11 memories 72:6 mental 15:1 21:10, 21 55:1 mentally 31:2 mentioned 8:14 52:25 mess 14:22 15:24 messaging 14:7, 15 met 4:16 mid-shift 13:18 Mike 38:24 Mind 54:14 mindful 8:16 minimal 51:11 54:2 minimum 28:13 38:23 53:8 58:19 59:5 61:24 65:14 Ministry 17:18 18:1 21:8 minute 10:5, 7 12:23 minutes 8:17, 21 20:20 50:11 69:15 mistake 31:5 mixed 14:7, 14 17:24 moment 8:2 26:10 momentarily 70:25 money 20:6, 7 38:14 41:14 52:5 53:5, 11, 18 54:3 58:14 64:2 65:3, 22 67:3, 22 monies 64:25 monitoring 31:3 month 45:14, 22 Montreal 36:3 64:19 morale 20:16</p>	<p>morning 30:11 44:3 mouth 23:11 move 11:9 23:22 31:4 42:16 moves 22:18 MP 63:9 64:6 municipal 38:8 41:9 municipality 52:1 muted 6:23 < N > N95 35:8, 15 names 7:6 near 31:9 64:22 necessary 35:10, 16 necessities 56:9 needed 12:1 30:6 37:22 62:2 needs 21:4 22:11, 24 27:4, 9 42:8 53:25 54:22 60:14 61:15, 23 Neither 10:14 nerve 16:21 new 13:12 29:22 53:7 55:23 night 32:11 46:1 72:8 nights 17:6 41:19 nonprofit 63:16 normal 16:19 normalcy 32:16 normally 15:17 29:1 nose 30:23 note 5:2 6:13, 25 notes 10:2 18:23 73:12 not-for-profit 69:2 noting 6:1 November 10:11 nowadays 66:13 number 7:10, 11, 15 11:1, 2</p>
--	---	--	--	---

<p>26:17 55:14 60:3 65:8 66:8 numbers 11:20 59:4 numeric 8:6 nurse 26:21 52:15 60:24 nurses 12:16 55:23 56:7 61:17 62:15, 16 67:5 nursing 17:7 25:24 30:8 34:3 53:22 63:6, 7, 16, 19, 21, 24 64:1, 21 66:10, 19 69:22</p> <p>< O > observed 10:7 observing 10:4 o'clock 30:3 44:19 70:1, 3 offguard 35:20 old 22:23 one-off 19:19 one-on-one 41:22 69:19 ones 28:22 35:25 36:3 49:21, 22 64:14 one-site 19:25 one-to-one 17:16 Ontario 4:7 49:10 66:11 opened 26:25 Operations 2:7 operators 65:21 opportunity 5:21 9:5 55:17 59:13 order 8:6, 14 9:19 19:25 60:21 organization 46:13 organize 4:20 13:1 Ottawa 10:12 outbreak 12:2 13:6 18:3 29:12 42:23 43:24 outings 13:2</p>	<p>outset 5:2 48:16 outweigh 57:17 overall 62:10 overexerting 19:14 overtime 20:11 38:18 51:9 overwhelmed 42:10 overwhelming 30:24 32:18 42:1 overworked 42:10 owe 68:2 owned 64:20 owners 49:17</p> <p>< P > P.M 1:17 4:1 package 46:19 paid 66:15 67:4 painful 71:25 paint 59:25 Palin 2:7 4:3, 8 10:17 12:10 16:7, 16 18:13, 18 26:11, 19 27:25 32:20 33:5, 10 37:5, 10 39:2, 7 42:14, 19 47:18, 24 72:10 palliative 23:3, 4, 12 42:3 pandemic 10:22, 23 11:4 16:24 17:19 18:12 19:10 24:13 25:14 27:21 28:18 33:14, 15 43:2, 6 56:1 62:6 63:8, 18 64:8, 11, 22 67:18 69:6, 8, 9, 14 71:6 pants 16:5 paper 54:19 pared 53:14 54:1 part 19:11 21:19 22:1 31:18 52:10</p>	<p>53:10 54:12 68:7, 11, 14, 16 Participant 3:2, 3, 4, 5, 6, 7, 8, 9, 10, 11 7:10, 11, 15 8:5, 7 11:1, 2 12:11, 13, 14 16:7, 13, 14, 18, 20, 21 18:14, 17, 19, 21 26:13, 16, 18, 20 28:2, 4, 6 32:20 33:3, 4, 8, 17 37:6, 7, 9, 12 39:3, 4, 5, 8, 9 42:15, 16, 18, 21 47:18, 23 48:22 49:25 50:13, 15, 17, 23 51:1 52:22, 24 53:21 55:14, 16 57:5, 6, 8 60:3, 5 61:8, 9 62:23, 25 63:3 65:6, 8, 9 66:3, 8, 9 68:21, 23, 25 70:9 participants 1:16 5:23 6:15 8:11 9:10 27:19 39:11 48:1 53:6 56:5 70:13 participating 9:13 participation 7:20 particular 43:22 parts 49:16 56:17 part-time 52:14 pass 29:4 30:1 47:5 passes 23:19 24:2 patient 45:25 60:9 patients 60:9 61:1 pay 25:14 41:10 51:23, 24 53:8 55:20 56:2 66:19, 20, 21 67:8, 14, 24 68:1, 9 70:12</p>	<p>paying 59:14 66:25 67:1 72:6 people 9:24 12:7 17:3 18:2, 7 20:2, 12 21:17 22:21 25:4, 21 27:3 31:19, 22 32:14 35:13 38:25 39:22 41:11 46:14 49:10, 11 50:21 51:2 52:13 57:15 58:10 59:6, 13 68:5 perfect 37:10 perfectly 42:20 period 30:19 person 6:10 7:14 12:25 23:22 24:11 34:9 41:3 42:4, 5, 6 67:9 personally 64:23 70:25 perspective 24:4 phone 32:7 physical 19:10, 11 physically 16:22 27:5 31:2 42:9 pick 20:2, 5 picked 38:7 picture 60:1 piecemeal 57:24 pitching 56:25 place 20:2 27:23 54:18 58:4 60:14 62:6 68:3 places 41:7 51:24 52:1 plan 27:5, 6 60:15, 23 plans 27:22 playing 15:25 pleased 4:4 plenty 61:25 plus 53:12 point 9:14 55:11 pointed 55:3 policies 9:16 65:23</p>	<p>Policy 2:17, 20 4:18 54:18 politician 63:13 politics 63:14 poor 38:25 porter 69:19 position 6:16 37:19 positioning 17:14 23:10 positive 13:15 45:7 possessions 26:3 possible 5:5 6:2 9:7 posted 7:5, 21 PPE 29:13 31:16 35:1 36:23 41:24, 25 42:4 43:7 62:8 63:19 PPEs 46:22, 23 practice 14:20 practices 55:9 precarious 20:3 precaution 53:24 precious 26:3 28:14 29:15 pre-pandemic 24:1 prepare 62:21 prepared 11:22 34:23 58:5 preparedness 11:24 present 7:3 18:22 pressure 20:22 21:8 31:7 pretty 18:10 previous 31:11 primarily 14:1 primary 12:25 Prior 12:21, 25 14:19 28:24 29:8, 17, 20 52:25 prioritize 22:14 pro-active 57:19 problem 18:17 36:6</p>
--	---	--	---	---

<p>problems 20:10 25:13 35:23 37:17 procedure 31:15 procedures 9:16 31:4 proceed 8:4 process 8:8 49:18 profit 51:14 63:6 64:4 profiting 63:17 64:5 profits 61:12 program 69:18 programs 54:25 proper 18:5 27:17 properly 29:14 57:25 protect 43:5 46:14, 22 47:9, 10 protected 47:7 protection 44:1 protocols 27:17 29:25 31:4 62:6 provide 10:24 33:6, 16 57:1 60:11 provisional 58:7 PSW 12:18 18:25 35:12, 13 37:15, 16 38:18 41:7 44:20 51:18 52:2 59:15 64:13, 19 66:12, 17, 23 67:15, 19 69:7 PSWs 12:16 17:8, 9 23:7 25:13, 24 27:12 35:14 52:6 59:8, 18 60:8, 18 61:17 62:16 63:21 puffers 29:10, 16 pull 11:9 23:20 put 5:14 20:17, 25 21:1, 6 29:13 38:14 41:23, 25 46:18 49:3, 4 50:24</p>	<p>54:18 55:12 58:4 59:9 putting 53:19 70:20 72:5 < Q > quench 30:17 question 8:4, 9 9:3 10:20 18:20 26:15, 17 27:23 28:5 33:7, 9, 12 37:8 42:17 43:9 46:23 48:3 questioning 47:4 questions 8:11, 15, 18 10:1 quickly 23:5 31:5 quit 32:14 quite 15:24 < R > RAI 20:24 raising 66:6 rates 58:7 ratio 38:9 56:10 61:17 ratios 51:12, 17 reactive 57:20 ready 31:9 real 9:18 20:15 realistic 57:16 realized 31:10 33:23 re-allocating 56:18 really 5:13 9:21 16:10 18:9 19:6 24:21 26:13 34:1 35:14 37:1, 6, 23 40:8 42:12, 25 43:3 45:9 46:8 48:4, 17 49:1, 2, 3 50:2, 3 55:11 56:1, 13, 24 59:25 61:10 reason 6:4 68:10 reasons 24:5 receive 25:14 62:10</p>	<p>received 6:10, 11 recognize 5:19 25:22 26:5 recommendation 55:8 66:9 67:13, 23 recommendation s 5:16 9:1 48:12 49:16 50:3, 18 51:3 52:20, 23 55:7, 13, 15, 18 57:7 59:22 60:6 70:16, 21 recorded 7:2 73:9 recount 71:25 recovered 38:24 recreation 42:22 69:22 refer 7:13, 15 refusing 31:19 regarding 20:1 regardless 22:16 regards 62:7 regular 15:23 19:20 rehab 45:20 related 16:23 relationships 25:25 religious 41:3 rely 32:15 remarks 8:3, 12 73:8 remember 25:3 63:8 72:3 remotely 1:16 Rep 3:12, 13, 14, 15 repeat 8:8 27:19 33:9 replace 51:8 report 49:15 66:5 70:22 71:21 72:3 reporter 7:2 73:4, 18 REPORTER'S 73:1 repositioning 61:19</p>	<p>representatives 5:20 reps 54:17 require 29:7 required 26:24 requirements 20:19 resident 17:15 23:19 25:8 29:12 30:5 34:15 40:25 41:23 42:2 43:22 56:9, 11 61:16 residents 9:22 11:5, 14, 15 12:3 13:14 17:9 19:4, 23 21:4, 22 22:22 23:6, 7 24:15 25:19, 23 26:1 29:2, 3, 5, 7, 9 31:24 32:3, 6, 12 34:8, 10 37:3, 22 38:10 39:19, 25 40:2, 14, 16, 21 41:21 42:24 43:12, 15, 17, 20 44:4, 11, 18, 21 47:1, 11 49:11 51:10, 18 56:6 57:2 58:22 61:21 69:7, 13, 16, 18 70:4 71:10 resident's 31:9, 12 resources 36:14 55:19 respond 18:20 28:5 42:17 response 8:18 26:17 33:7 37:8 48:3 responses 8:5 48:1 responsibility 71:20 restorative 20:20 restriction 24:20 retain 51:23 58:9 retired 10:11, 13</p>	<p>reveal 7:24 rid 63:6 ridiculous 51:25 rights 25:8 RN 39:21 67:5, 6 RNs 27:13 41:8 60:8 66:13 Rokosh 2:7 4:3, 8 10:17 12:10 16:7, 16 18:13, 18 26:11, 19 27:25 32:20 33:5, 10 37:5, 10 39:2, 7 42:14, 19 47:18, 24 72:10 roles 52:4, 6 room 4:17 23:9 27:3 29:13, 16, 21 31:9 32:2 41:25 rooms 11:14, 15 29:3 60:13 Rose 2:17 4:18 round 13:7 30:9 RPN 23:5, 6, 15 39:14, 19 67:7 RPNs 25:24 27:12 35:13 41:8 56:6 58:20 60:8 66:12, 17, 24 67:4 run 14:20 47:15 running 30:14 rushing 46:4 < S > safe 11:15 35:7 safety 14:16 54:17 sakes 15:7, 12 sanitization 55:8 sanitized 29:17, 22 31:13 sanitizing 29:20 53:25 54:5, 9 save 53:11 school 59:8, 9 schools 13:21 screen 7:4, 16 39:22</p>
--	---	---	--	---

screeener 38:21
39:22
screeners 53:7
Secretariat 2:9,
16, 19, 22
sections 53:4
sector 49:17
semblance
32:16
semi-retired
26:22
send 6:8, 9
44:5, 8 45:19,
20 46:19 65:2
sending 15:8
43:25
Senior 2:14, 17,
20 4:11, 15
seniors 26:5
sense 9:20
21:25 22:7
58:8 71:23
sentiments
70:10
separate 29:3
serve 71:24
service 11:14
services 56:19,
21
session 4:20
5:25 6:25 7:1,
14 8:2
set 9:23 18:5
30:12 73:6
settled 32:10
share 5:15
7:21 48:5 49:9
50:9, 12 55:15
57:6
shared 26:13
48:1, 8, 21
sharing 16:8
18:15 28:2
32:21 42:15
47:20 49:1, 14
52:21
shield 17:21
30:19 31:11
40:10, 11
shift 13:14, 18
15:18 20:14
41:18 58:22
shifts 15:17
17:3 38:18, 19

shocked 27:15
shoes 71:19
short 12:1 23:5
30:6 41:15
43:11 51:9
56:24 58:21
shortage 17:1
shortages 19:12
Shorthand 73:4,
12, 18
shots 19:6
shoulders 64:16
sic 33:21
sick 12:3, 4
43:1 45:10
46:17 51:7 68:8
side 18:10
28:23
signs 29:8
silence 10:5, 7
sips 30:8
sit 17:15 24:14
32:1
site 20:5, 8
sitting 32:5
61:21
situation 15:13
18:11, 15 19:20
59:16
situations 57:20
slap 25:20
slowly 31:19
smile 11:7, 8,
10, 11
snap 23:23
social 15:11
39:23
society 26:4, 6
solidarity 36:2
solidation 33:21
Somebody 24:2,
11, 22 58:15
somebody's
25:1
soon 53:22
sorry 13:10
16:3 28:20
47:19
souls 28:14
sound 18:14
sounds 16:8
speak 6:23
8:17 26:17
37:8 55:17

speaking 7:8
9:4 71:16
special 59:3
specific 29:19
spell 54:24
spend 9:15
23:9 24:10
65:22
spent 38:18
spoke 65:11
spouse 39:23
spread 35:3
square 54:6, 7
staff 4:6 5:22
9:21 11:25
12:2 13:20, 22,
23 15:1, 5, 20,
23 17:2 19:12,
14 21:12, 20, 22,
24 22:10 23:16
24:25 25:23, 24
32:12 34:14
36:7 37:2 38:9
41:1, 4, 7, 9
42:25 51:24
54:2 56:12, 15,
25 58:9 60:12
61:17 62:3, 11
71:2
staffed 12:1
23:6 43:11
51:6 58:21
Staffing 16:25
20:1, 10, 21
33:22 35:24
38:4, 22 41:5
51:4, 5 56:23
58:6, 19 59:5,
17, 23 60:7
61:16 62:9
63:19, 22, 24, 25
64:2 65:10, 13
66:1 69:4, 7, 20,
21 70:5, 11
stand 33:21
36:2
standard 21:7
28:14 53:16, 20,
22 54:4, 8 55:4
65:14 66:20
start 10:4, 25
28:7 31:14
35:2 50:14
started 17:19
30:1 53:13

starting 13:13
21:23 30:9
44:25
station 30:8
stay 20:13
41:12 68:10
stayed 45:8
staying 19:17
stead 71:24
stems 59:16
stenographically
73:9
step 18:6, 7
stomach's 22:6
stop 68:18
stories 5:11
7:23 49:4, 14
50:19
Story 50:18
stress 22:11, 19
32:5
stressful 5:10
16:21, 23
strict 29:25
strongly 5:17
28:16
struggled 28:24
64:7
struggling 34:6,
7, 17 41:20 42:9
stuff 23:11
24:23 36:15
subject 66:5
submission 9:6
submit 9:5
substitute 24:8
sudden 11:21
51:7
suffering 46:21
suggestions
14:18
summer 11:19
super 13:2
Superior 10:10
supervisor
44:23
support 4:20
15:10 21:20
22:15 41:11
56:14 62:13, 14,
15
surgical 30:18
surprise 15:15
survive 68:5

symptoms
13:19 44:12
system 19:1
42:11 52:13

< T >
talk 27:9 32:1
40:17, 18 48:22
71:7
talked 39:11
53:6 56:5 57:10
talking 9:16
22:1 35:8
56:20 64:11
task 23:22
Tasks 22:13, 15
taught 34:22
39:13 40:5
42:11
teach 67:15
team 4:13
36:13, 23 46:3
54:13 56:20
tears 27:14
30:25
technical 6:4, 8
technically
30:13
television 35:5
64:10
tells 24:7
term 70:6
terms 56:15
terrible 32:8
50:7
tested 45:3, 4
47:1
testing 43:24
thankfully 24:16
thanking 28:7
thanks 39:10
48:13
therapist 42:22
therapy 45:17
thicken 45:21
thing 10:9 13:2
17:22 27:20
33:23 40:5
41:4 45:7 50:5,
7 58:1 65:11
things 8:24
9:24 14:7
19:21 41:2
48:19 50:7

<p>57:9, 21 58:4 thirst 30:17 thirsty 34:17 thoroughly 29:17 thought 34:17 55:12 thoughtful 70:16 thoughts 57:7 59:23 60:4 62:19, 21 70:21 threat 22:17 time 8:17 9:4, 15 11:4, 16 17:14, 20 21:15 23:10 24:11, 19 28:8 29:15, 22, 23 30:19 32:2 33:25 34:11, 19 35:10, 16, 22 37:18 38:13 39:15 40:24 41:22 42:7 43:19 44:10, 14 51:14, 19, 21, 22 52:10 57:2 59:3 60:16 62:21 63:17 68:17 69:11, 24 71:3, 5 72:4 73:6, 8 timeframe 23:24 timer 68:11, 14, 16 timers 68:7 times 24:25 29:1 30:25 64:5 tiring 27:9 title 16:4 today 4:5, 22, 25 5:6, 9 6:20 7:20, 21 8:1, 22 9:10 57:22, 23 58:15 today's 5:25 toileted 17:12 61:23 toileting 14:25 61:20 told 22:15 31:5 35:9, 16 40:11 51:8 58:15 toll 28:21 32:8 tonight 70:10</p>	<p>top 32:22 Toronto 42:23 totally 16:20 28:18 30:25 33:21 64:18 touch 15:21 24:9 tough 18:11, 15 track 18:24 training 15:1 transcribed 73:10 transcript 7:7, 10, 22 73:12 transcripts 7:5 traumatic 48:21, 24 treated 25:10 34:25 treatment 56:8 treatments 30:3 61:18 triple 17:4 true 73:11 truly 9:20 49:2 trust 26:2 trying 15:6 22:11, 23 32:6 38:20 tuition 59:15 turn 6:16 turned 6:14 turning 17:13 types 29:10</p> <p>< U > unavoidable 5:3 understaffed 28:17 35:23 understand 10:15 30:20 34:24 35:19 48:22 61:3 understanding 36:8 unessential 56:19 unfortunately 23:13 Union 3:12, 13, 14, 15 5:20 unit 29:1 34:14 39:25 44:17, 20 54:13 61:17 69:6</p>	<p>units 29:12 43:13, 15 universal 40:6 66:21 67:13, 24 unmet 21:7 unmuted 37:9 unprofessional 31:1 unusual 22:5 unwell 71:5 updates 35:4 usual 23:11 39:18</p> <p>< V > vacation 52:16 68:8 vaccination 19:6 valuable 9:15 48:7 70:17 value 21:16 various 49:16, 18 ventilator 45:15 Videoconferenci ng 1:15 view 9:14 viewer 64:9 views 28:9 visit 42:6 visiting 31:25 vital 29:8 voices 24:8 vowed 63:11</p> <p>< W > wage 53:8 58:7 59:23 62:10 wages 38:9 59:17 waiting 4:17 wake 32:11 walk 45:21 54:14 64:20 walked 31:16 36:3 walking 71:19 wall 27:11 wanted 5:4 25:2 70:25 wants 32:13 war 14:13 warehouse 25:11 46:16</p>	<p>washed 51:19 watching 46:2, 6 water 30:8, 16 34:11, 16, 19, 20 wave 12:22 13:5 36:12, 16, 20, 22 wear 14:9 17:21, 23 39:20 40:10, 12, 15 42:4 website 7:6, 22 week 41:16 weeks 41:15 45:15, 19 welfare 61:13 well-being 32:4 western 4:7 wheelchair 69:17 who've 49:21, 22 wing 13:25 wipe 29:20 wish 7:13 witness 31:19, 22 32:2 witnessed 45:24 WLG 2:10 woke 22:7 45:13, 18, 25 wonderful 6:14 33:5 words 7:1 9:9 49:4 wore 12:5 work 15:17 19:15, 17 20:2, 3, 7, 12 21:13 22:6 23:16 25:18, 22 28:11 30:11 32:5 35:9 37:13 38:7 39:14, 21, 24 41:6, 14, 16, 17, 19 42:21 51:9 52:1, 3, 7, 8, 10, 16 53:1 57:10, 14 58:12 59:6, 19 62:3 66:13 67:8, 25 68:2, 5, 7, 16, 18 69:2 70:11 71:2, 9 workable 60:14, 22, 23</p>	<p>worked 15:18 34:5 36:17 49:24, 25 worker 15:11 39:23 54:17 workers 26:6 35:14 38:5 54:18 57:11 60:19 62:12, 13, 16 64:13 working 10:21 16:10 17:4 30:20 33:13 37:15 38:12, 18, 19, 20 41:11 46:2 53:3, 11 58:14 65:12 66:14 67:9 72:3 workload 17:7 20:11 30:24 38:13 39:17 56:3 57:13 67:2 workplace 25:16 worn 30:18 worry 58:18 worrying 32:12 worse 19:2 29:1 30:15 42:12 worst 31:18 wracking 16:21 wrap 8:12 wreaked 28:19, 20 write 20:22 49:15 71:21, 22 written 9:5 33:1 wrong 52:12 wrongs 33:24</p> <p>< Y > Yay 15:25 yeah 35:17 38:11, 15 year 19:8 26:23 years 12:17 19:13 28:18 37:14 39:14 42:22 49:22, 23 50:1 53:12 65:12, 13, 17, 18 68:15 69:10 young 22:22</p>
--	--	---	--	---

< Z >

zeros 21:14

zone 14:13

Zoom 1:15 6:1,

5 24:20, 21

43:20 64:9

Zoomer 64:9