

# 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](http://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  
2           You know, you want to make it a  
3 special time, you can't. You know, it's  
4 impossible when you've got those numbers. So we  
5 need the minimum staffing levels.

6           And we need the people to do the work.  
7 We have to get some kind of incentive to get  
8 PSWs back in school or to have PSWs in  
9 school and to have the colleges put the courses  
10 in.

11   colleges cut the  
12 courses because there was low enrollment. So  
13 there was no opportunity, so people were having  
14 to go to the career colleges and paying 6 and  
15 \$9,000 for tuition to get a PSW course.

16           It's a situation, I think, that stems  
17 back to staffing levels and the wages. And I  
18 don't mean just for PSWs, I mean for everybody  
19 in long-term care because we all work hard.

20           I'll leave it there for now.

21           LYNN MAHONEY: Thank you very much.  
22 Those were some excellent recommendations and  
23 thoughts about the staffing issues and the wage  
24 issues. And the Commission has heard about  
25 those issues and it really helps paint a good

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

<p><b>exceptionally</b> 16:9 <b>excited</b> 19:7 <b>exempt</b> 25:15 <b>exhausted</b> 31:2 <b>expectations</b> 20:17 57:17 <b>expected</b> 23:20 <b>expense</b> 61:12 <b>experience</b> 5:10 6:3 8:25 10:21 16:6 28:2 32:17 33:13 48:2 49:24 <b>experienced</b> 23:25 <b>experiences</b> 9:18 48:5, 6, 20 50:12 <b>experiencing</b> 6:7 <b>extend</b> 70:25 71:11 <b>extended</b> 30:19 <b>extra</b> 24:11 <b>extremely</b> 9:14 <b>eye</b> 29:10, 16 <b>eyes</b> 11:7 26:25 60:1</p> <p>&lt; F &gt; <b>face</b> 11:6 25:20 30:19, 23 31:11 40:4 44:15 <b>faces</b> 49:3 <b>Facetime</b> 44:3 <b>Facetiming</b> 43:21 44:9, 16 <b>facilities</b> 18:2 20:21 28:19 55:21 56:4, 16 62:4 <b>facility</b> 12:5 17:1 19:3 28:10 37:14, 25 39:14 55:20, 24 58:20 <b>facing</b> 32:23 <b>fact</b> 53:23 <b>factory</b> 52:9 <b>failed</b> 25:21 43:4, 5 46:14, 15, 22 47:9</p>	<p><b>fails</b> 6:5 <b>fair</b> 51:10, 18 <b>falls</b> 21:9 <b>families</b> 9:22 24:8, 13, 18, 25 26:1 32:15 41:12 61:1 68:20 <b>family</b> 15:10 26:3 28:23 32:7 36:7 40:1 42:3, 4 43:21 <b>fantastic</b> 54:19 <b>fast</b> 11:22 18:9 34:2, 15, 19 35:1 <b>fatigue</b> 37:20 <b>fed</b> 43:20 44:18 47:1 51:20 <b>feed</b> 43:12, 19, 25 44:17 70:3, 4 <b>feedback</b> 6:24 <b>feeding</b> 44:22 47:6 61:19 <b>feel</b> 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 <b>feeling</b> 36:11 44:25 45:1 <b>feet</b> 31:16 <b>fell</b> 64:16 <b>felt</b> 19:9 23:18 25:20 <b>fever</b> 44:11 <b>fibs</b> 30:22 <b>fight</b> 26:7 <b>fighting</b> 28:12 <b>filled</b> 16:22 <b>final</b> 25:3 <b>find</b> 45:7, 13 <b>finding</b> 57:20 <b>fine</b> 6:17 50:17 52:4 <b>finish</b> 8:10 17:11 <b>finished</b> 30:2 44:16, 22 <b>flashbacks</b> 45:23 46:10 48:23</p>	<p><b>floor</b> 17:21 34:12 43:14 44:23 62:17 <b>floors</b> 44:1 <b>flu</b> 35:1 <b>fluids</b> 45:22 <b>focus</b> 8:23 <b>folks</b> 12:15 55:2 <b>follow</b> 6:6 22:25 <b>followed</b> 29:25 <b>following</b> 4:13 9:6 <b>food</b> 15:7 46:16 <b>foot</b> 54:6, 7 <b>forbid</b> 23:21 <b>forced</b> 20:2, 7, 11, 13 51:9 62:3 <b>Ford</b> 65:16 <b>foregoing</b> 73:5, 11 <b>forgotten</b> 26:4 <b>for-profit</b> 38:7 53:1, 3 54:25 61:10 63:7 65:20 <b>forth</b> 73:7 <b>forward</b> 14:19 26:14 33:24 49:9 <b>four-hour</b> 38:23 <b>fourth</b> 43:14 <b>Frank</b> 2:2 4:23 8:3 <b>free</b> 6:8 <b>friends</b> 28:23 <b>frightened</b> 32:13 36:7 <b>front</b> 63:10 <b>frontline</b> 21:12 35:14 57:10 62:12, 13, 16 64:12 <b>fronts</b> 21:12 <b>full</b> 20:14 29:13 68:17 <b>full-time</b> 20:4 52:16 56:24 62:2 <b>funding</b> 20:21 <b>future</b> 5:16</p> <p>&lt; G &gt;</p>	<p><b>gap</b> 55:20, 21 <b>gas</b> 58:12 <b>gasping</b> 46:8 <b>Gatineau</b> 64:21 <b>general</b> 9:25 10:12 <b>gentleman</b> 23:3, 8 <b>girls</b> 15:19 <b>give</b> 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 <b>given</b> 36:25 56:2 <b>gives</b> 51:19 <b>giving</b> 31:22 58:21 63:23 65:1 <b>glad</b> 11:2 <b>gloves</b> 29:23 <b>God</b> 50:25 <b>goggles</b> 17:23 40:12, 13 <b>Good</b> 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 <b>goodness</b> 11:16 13:16 15:7, 12 <b>government</b> 11:23 18:1 35:22 36:5 49:17 51:16 61:23 63:12, 23 64:7, 24 65:16 <b>government's</b> 71:21 <b>Gowling</b> 2:10 <b>gowned</b> 31:8 <b>gowns</b> 38:13 <b>grappling</b> 49:6 <b>gratitude</b> 71:1, 11 <b>Great</b> 13:2, 3 54:19 <b>greatly</b> 13:6 28:17 71:8 <b>groceries</b> 15:9</p>	<p><b>group</b> 4:5 43:18 69:18 <b>guaranteed</b> 20:4 52:9 <b>guess</b> 24:4 35:21 <b>guidelines</b> 17:18, 25 18:5 62:5 <b>guilt</b> 46:25 <b>guilty</b> 23:18 47:3 <b>guys</b> 16:14</p> <p>&lt; H &gt; <b>hallway</b> 31:16 <b>hand</b> 5:14 17:15 23:23, 25 56:7 62:8 <b>hands</b> 20:18 22:12 29:22 <b>hands-on</b> 61:24 62:1 <b>hanging</b> 31:11 <b>happen</b> 19:20 51:15 60:17 <b>happened</b> 5:15 40:7 46:9 47:19 72:1 <b>happening</b> 18:6, 8 54:20 <b>happens</b> 6:24 57:24 62:6 <b>happiness</b> 32:9 <b>happy</b> 68:12 <b>hard</b> 11:5, 12 25:9, 18 34:6 36:22 37:25 38:12 47:21 52:3 59:19 68:18 71:9 <b>harder</b> 24:24 <b>Harris</b> 38:24 <b>hat</b> 38:20 <b>hats</b> 12:5 39:20 <b>havoc</b> 28:20 <b>Hawthorn</b> 2:20 <b>Hawthorne</b> 4:16 6:9 <b>head</b> 22:18 27:11 34:10 <b>heads</b> 23:1 <b>health</b> 14:16 15:1 21:10, 21</p>
---	--	--	---	--

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

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



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

<p><b>problems</b> 20:10 25:13 35:23 37:17 <b>procedure</b> 31:15 <b>procedures</b> 9:16 31:4 <b>proceed</b> 8:4 <b>process</b> 8:8 49:18 <b>profit</b> 51:14 63:6 64:4 <b>profiting</b> 63:17 64:5 <b>profits</b> 61:12 <b>program</b> 69:18 <b>programs</b> 54:25 <b>proper</b> 18:5 27:17 <b>properly</b> 29:14 57:25 <b>protect</b> 43:5 46:14, 22 47:9, 10 <b>protected</b> 47:7 <b>protection</b> 44:1 <b>protocols</b> 27:17 29:25 31:4 62:6 <b>provide</b> 10:24 33:6, 16 57:1 60:11 <b>provisional</b> 58:7 <b>PSW</b> 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 <b>PSWs</b> 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 <b>puffers</b> 29:10, 16 <b>pull</b> 11:9 23:20 <b>put</b> 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 <b>putting</b> 53:19 70:20 72:5  &lt; Q &gt; <b>quench</b> 30:17 <b>question</b> 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 <b>questioning</b> 47:4 <b>questions</b> 8:11, 15, 18 10:1 <b>quickly</b> 23:5 31:5 <b>quit</b> 32:14 <b>quite</b> 15:24  &lt; R &gt; <b>RAI</b> 20:24 <b>raising</b> 66:6 <b>rates</b> 58:7 <b>ratio</b> 38:9 56:10 61:17 <b>ratios</b> 51:12, 17 <b>reactive</b> 57:20 <b>ready</b> 31:9 <b>real</b> 9:18 20:15 <b>realistic</b> 57:16 <b>realized</b> 31:10 33:23 <b>re-allocating</b> 56:18 <b>really</b> 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 <b>reason</b> 6:4 68:10 <b>reasons</b> 24:5 <b>receive</b> 25:14 62:10</p>	<p><b>received</b> 6:10, 11 <b>recognize</b> 5:19 25:22 26:5 <b>recommendation</b> 55:8 66:9 67:13, 23 <b>recommendation</b> 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 <b>recorded</b> 7:2 73:9 <b>recount</b> 71:25 <b>recovered</b> 38:24 <b>recreation</b> 42:22 69:22 <b>refer</b> 7:13, 15 <b>refusing</b> 31:19 <b>regarding</b> 20:1 <b>regardless</b> 22:16 <b>regards</b> 62:7 <b>regular</b> 15:23 19:20 <b>rehab</b> 45:20 <b>related</b> 16:23 <b>relationships</b> 25:25 <b>religious</b> 41:3 <b>rely</b> 32:15 <b>remarks</b> 8:3, 12 73:8 <b>remember</b> 25:3 63:8 72:3 <b>remotely</b> 1:16 <b>Rep</b> 3:12, 13, 14, 15 <b>repeat</b> 8:8 27:19 33:9 <b>replace</b> 51:8 <b>report</b> 49:15 66:5 70:22 71:21 72:3 <b>reporter</b> 7:2 73:4, 18 <b>REPORTER'S</b> 73:1 <b>repositioning</b> 61:19</p>	<p><b>representatives</b> 5:20 <b>reps</b> 54:17 <b>require</b> 29:7 <b>required</b> 26:24 <b>requirements</b> 20:19 <b>resident</b> 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 <b>residents</b> 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 <b>resident's</b> 31:9, 12 <b>resources</b> 36:14 55:19 <b>respond</b> 18:20 28:5 42:17 <b>response</b> 8:18 26:17 33:7 37:8 48:3 <b>responses</b> 8:5 48:1 <b>responsibility</b> 71:20 <b>restorative</b> 20:20 <b>restriction</b> 24:20 <b>retain</b> 51:23 58:9 <b>retired</b> 10:11, 13</p>	<p><b>reveal</b> 7:24 <b>rid</b> 63:6 <b>ridiculous</b> 51:25 <b>rights</b> 25:8 <b>RN</b> 39:21 67:5, 6 <b>RNs</b> 27:13 41:8 60:8 66:13 <b>Rokosh</b> 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 <b>roles</b> 52:4, 6 <b>room</b> 4:17 23:9 27:3 29:13, 16, 21 31:9 32:2 41:25 <b>rooms</b> 11:14, 15 29:3 60:13 <b>Rose</b> 2:17 4:18 <b>round</b> 13:7 30:9 <b>RPN</b> 23:5, 6, 15 39:14, 19 67:7 <b>RPNs</b> 25:24 27:12 35:13 41:8 56:6 58:20 60:8 66:12, 17, 24 67:4 <b>run</b> 14:20 47:15 <b>running</b> 30:14 <b>rushing</b> 46:4  &lt; S &gt; <b>safe</b> 11:15 35:7 <b>safety</b> 14:16 54:17 <b>sakes</b> 15:7, 12 <b>sanitization</b> 55:8 <b>sanitized</b> 29:17, 22 31:13 <b>sanitizing</b> 29:20 53:25 54:5, 9 <b>save</b> 53:11 <b>school</b> 59:8, 9 <b>schools</b> 13:21 <b>screen</b> 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 <b>thirst</b> 30:17 <b>thirsty</b> 34:17 <b>thoroughly</b> 29:17 <b>thought</b> 34:17 55:12 <b>thoughtful</b> 70:16 <b>thoughts</b> 57:7 59:23 60:4 62:19, 21 70:21 <b>threat</b> 22:17 <b>time</b> 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 <b>timeframe</b> 23:24 <b>timer</b> 68:11, 14, 16 <b>timers</b> 68:7 <b>times</b> 24:25 29:1 30:25 64:5 <b>tiring</b> 27:9 <b>title</b> 16:4 <b>today</b> 4:5, 22, 25 5:6, 9 6:20 7:20, 21 8:1, 22 9:10 57:22, 23 58:15 <b>today's</b> 5:25 <b>toileted</b> 17:12 61:23 <b>toileting</b> 14:25 61:20 <b>told</b> 22:15 31:5 35:9, 16 40:11 51:8 58:15 <b>toll</b> 28:21 32:8 <b>tonight</b> 70:10</p>	<p><b>top</b> 32:22 <b>Toronto</b> 42:23 <b>totally</b> 16:20 28:18 30:25 33:21 64:18 <b>touch</b> 15:21 24:9 <b>tough</b> 18:11, 15 <b>track</b> 18:24 <b>training</b> 15:1 <b>transcribed</b> 73:10 <b>transcript</b> 7:7, 10, 22 73:12 <b>transcripts</b> 7:5 <b>traumatic</b> 48:21, 24 <b>treated</b> 25:10 34:25 <b>treatment</b> 56:8 <b>treatments</b> 30:3 61:18 <b>triple</b> 17:4 <b>true</b> 73:11 <b>truly</b> 9:20 49:2 <b>trust</b> 26:2 <b>trying</b> 15:6 22:11, 23 32:6 38:20 <b>tuition</b> 59:15 <b>turn</b> 6:16 <b>turned</b> 6:14 <b>turning</b> 17:13 <b>types</b> 29:10</p> <p>&lt; U &gt; <b>unavoidable</b> 5:3 <b>understaffed</b> 28:17 35:23 <b>understand</b> 10:15 30:20 34:24 35:19 48:22 61:3 <b>understanding</b> 36:8 <b>unessential</b> 56:19 <b>unfortunately</b> 23:13 <b>Union</b> 3:12, 13, 14, 15 5:20 <b>unit</b> 29:1 34:14 39:25 44:17, 20 54:13 61:17 69:6</p>	<p><b>units</b> 29:12 43:13, 15 <b>universal</b> 40:6 66:21 67:13, 24 <b>unmet</b> 21:7 <b>unmuted</b> 37:9 <b>unprofessional</b> 31:1 <b>unusual</b> 22:5 <b>unwell</b> 71:5 <b>updates</b> 35:4 <b>usual</b> 23:11 39:18</p> <p>&lt; V &gt; <b>vacation</b> 52:16 68:8 <b>vaccination</b> 19:6 <b>valuable</b> 9:15 48:7 70:17 <b>value</b> 21:16 <b>various</b> 49:16, 18 <b>ventilator</b> 45:15 <b>Videoconferenci</b> <b>ng</b> 1:15 <b>view</b> 9:14 <b>viewer</b> 64:9 <b>views</b> 28:9 <b>visit</b> 42:6 <b>visiting</b> 31:25 <b>vital</b> 29:8 <b>voices</b> 24:8 <b>vowed</b> 63:11</p> <p>&lt; W &gt; <b>wage</b> 53:8 58:7 59:23 62:10 <b>wages</b> 38:9 59:17 <b>waiting</b> 4:17 <b>wake</b> 32:11 <b>walk</b> 45:21 54:14 64:20 <b>walked</b> 31:16 36:3 <b>walking</b> 71:19 <b>wall</b> 27:11 <b>wanted</b> 5:4 25:2 70:25 <b>wants</b> 32:13 <b>war</b> 14:13 <b>warehouse</b> 25:11 46:16</p>	<p><b>washed</b> 51:19 <b>watching</b> 46:2, 6 <b>water</b> 30:8, 16 34:11, 16, 19, 20 <b>wave</b> 12:22 13:5 36:12, 16, 20, 22 <b>wear</b> 14:9 17:21, 23 39:20 40:10, 12, 15 42:4 <b>website</b> 7:6, 22 <b>week</b> 41:16 <b>weeks</b> 41:15 45:15, 19 <b>welfare</b> 61:13 <b>well-being</b> 32:4 <b>western</b> 4:7 <b>wheelchair</b> 69:17 <b>who've</b> 49:21, 22 <b>wing</b> 13:25 <b>wipe</b> 29:20 <b>wish</b> 7:13 <b>witness</b> 31:19, 22 32:2 <b>witnessed</b> 45:24 <b>WLG</b> 2:10 <b>woke</b> 22:7 45:13, 18, 25 <b>wonderful</b> 6:14 33:5 <b>words</b> 7:1 9:9 49:4 <b>wore</b> 12:5 <b>work</b> 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 <b>workable</b> 60:14, 22, 23</p>	<p><b>worked</b> 15:18 34:5 36:17 49:24, 25 <b>worker</b> 15:11 39:23 54:17 <b>workers</b> 26:6 35:14 38:5 54:18 57:11 60:19 62:12, 13, 16 64:13 <b>working</b> 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 <b>workload</b> 17:7 20:11 30:24 38:13 39:17 56:3 57:13 67:2 <b>workplace</b> 25:16 <b>worn</b> 30:18 <b>worry</b> 58:18 <b>worrying</b> 32:12 <b>worse</b> 19:2 29:1 30:15 42:12 <b>worst</b> 31:18 <b>wracking</b> 16:21 <b>wrap</b> 8:12 <b>wreaked</b> 28:19, 20 <b>write</b> 20:22 49:15 71:21, 22 <b>written</b> 9:5 33:1 <b>wrong</b> 52:12 <b>wrongs</b> 33:24</p> <p>&lt; Y &gt; <b>Yay</b> 15:25 <b>yeah</b> 35:17 38:11, 15 <b>year</b> 19:8 26:23 <b>years</b> 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 <b>young</b> 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